



**PROFESSIONAL LIABILITY POLICY DECLARATIONS
(Claims-Made Form)**

Landmark American Insurance Company

(An Oklahoma Stock Co.)
(hereinafter called "the Company")

EXECUTIVE OFFICES: 945 East Paces Ferry Road, Suite 1800, Atlanta, GA 30326-1160

Policy Number: LHR720175

RENEWAL OF: NEW

Named Insured and Mailing Address:

Producer Name:

POTOMAC TITLE CORPORATION
108 SCHOOLHOUSE ROAD
SUITE 205
MADISON, VA 22727

Policy Period: From: 12/31/08 To: 12/31/09 at 12:01 A.M. Standard Time at the Named Insured address as stated herein.

IN CONSIDERATION OF THE PAYMENT OF THE PREMIUM, IN RELIANCE UPON THE STATEMENTS HEREIN OR ATTACHED HERETO, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, THE COMPANY AGREES WITH THE NAMED INSURED AS FOLLOWS:

- 1. **NAMED INSURED'S PROFESSIONAL SERVICES:** Abstractor/Searcher
- 2. **LIMITS OF LIABILITY:** \$ 1,000,000.00 Each Claim
\$ 1,000,000.00 Aggregate Limit
- 3. **DEDUCTIBLE:** \$ 10,000.00 Each Claim Applies to Indemnity and Expense
- 4. **RETROACTIVE DATE:** 12/31/2003
- 5. **PREMIUM:** \$ 12,500.00 Not Subject to Audit

Broker Fee: \$100.00
VA SL Tax: \$283.50
VA Assessment Fee: \$3.78

6. FORMS AND ENDORSEMENTS ATTACHED AT INCEPTION:

See attached forms list.

THESE DECLARATIONS TOGETHER WITH A SIGNED COPY OF THE NAME INSURED'S APPLICATION FOR THIS POLICY, COVERAGE FORM(S), FORMS AND ENDORSEMENTS, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.

NOTICE: EXCEPT TO SUCH EXTENT AS MAY OTHERWISE BE PROVIDED HEREIN, THE COVERAGE OF THIS POLICY IS LIMITED GENERALLY TO LIABILITY FOR ONLY THOSE CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED WHILE THE POLICY IS IN FORCE. PLEASE REVIEW THE POLICY CAREFULLY AND DISCUSS THE COVERAGE THEREUNDER WITH YOUR INSURANCE AGENCY OR BROKER.

01/07/2009

Date

By:

Authorized Representative

Subid#: 129230

BinderID#
Created By: