

**ERRORS & OMISSIONS LIABILITY  
COVERAGE PART DECLARATIONS**

**CERTIFICATE NUMBER** 293384

Item 1. Named Insured Address: **D'NO MARCACCIO**  
9400 DOLIVER DRIVE, #13  
HOUSTON TX 77063

Item 2. Policy Period: 08/29/2007 To 08/29/2008

Item 3. Named Insured's Profession: **ACCOUNTANT**

Item 4. Limits of Liability:  
Each Claim: **\$ 1,000,000**  
Annual Aggregate: **\$ 1,000,000**

Item 5. Deductible applicable to each and every claim. **\$ 2,500**

Item 6. Premium: **\$ 1,035.00**  
Premium is 25% minimum earned. No Flat Cancellations allowed

Item 7. Endorsements and/or forms attached and applying hereto:  
**SEE SCHEDULE OF FORMS AND ENDORSEMENTS**

Item 8. Location Address:  
**9400 DOLIVER DRIVE, #13**  
HOUSTON TX 77063

The following applies if indicated by an  [ X ] below:

[ X ] **WARRANTED:** Insured will maintain a Commercial General Liability Policy of Insurance with equal limits or greater as provided hereunder throughout the term of this policy

[ X ] **BACKDATED PRIOR ACTS EXCLUSION:** in consideration of the premium charged, it is hereby agreed that this policy provides coverage for loss arising from claims by reason of Wrongful Acts (defined as any act, error or omission in professional services; occurring on or after 08/29/2007 and before the cancellation or termination date of this policy. All other terms and conditions remain unaltered.

NEW

# CERTIFICATE OF INSURANCE

Certificate Number

Renewal of Number

COMMON POLICY DECLARATIONS

293384

This Declaration is attached to and forms part of certificate provisions (Form SLC-3 USA)

**ITEM 1. NAMED INSURED AND MAILING ADDRESS**

AUTHORITY REF. NO.

DINO MARCACCIO

MAP48\*

9400 DOLIVER DRIVE, #13  
HOUSTON TX 77063

**AGENT NAME AND ADDRESS**

CRAVENS DARGEN INSURANCE GROUP, LLP  
30833 NORTHWESTERN HIGHWAY SUITE #220  
FARMINGTON HILLS MI 48334

**ITEM 2. POLICY PERIOD** From: 08/29/2007 To: 08/29/2008 Term: 12 MONTHS

12:01 A.M., Standard Time at your mailing address

**BUSINESS DESCRIPTION:** ACCOUNTANT

Insurance is effective with certain

**UNDERWRITERS AT LLOYD'S, LONDON.**

**FORM OF BUSINESS:**  Individual  Joint Venture  Partnership  Organization  Corporation

Audit Period: Annual unless otherwise stated

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS CERTIFICATE, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS CERTIFICATE.

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

	PREMIUM
Commercial Property Coverage Part - Section 1	\$ NOT COVERED
Commercial General Liability Coverage Part - Section 2	\$ NOT COVERED
Commercial Crime Coverage Part - Section 3	\$ NOT COVERED
Commercial Inland Marine Coverage Part - Section 4	\$ NOT COVERED
Professional Liability Coverage Part - Section 5	\$ NOT COVERED
Errors & Omissions Liability Coverage Part - Section 6	\$ 1,035.00
Liquor Liability Coverage Part - Section 7	\$ NOT COVERED
	\$ NOT COVERED
<b>TOTAL</b>	<b>\$ 1,035.00</b>

POLICY FEE \$ 150.00

STAMPING FEE \$ 0.71  
SURPLUS LINES TAX \$ 57.48

\$ 1,243.19

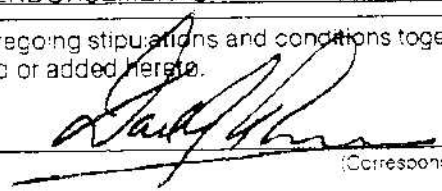
Premium shown is payable: \$ at inception. \$

Forms applicable to all Coverage Parts:

**SEE SCHEDULE OF FORMS AND ENDORSEMENTS**

This certificate of Insurance is made and accepted subject to the foregoing stipulations and conditions together with such other provisions, agreement or conditions as may be endorsed or added hereto.

Dated at: 09/04/2007 KS/LW

By:  (Correspondent)