



CONFIRMATION OF COVERAGE BOUND
 Business and Management (BAM)
 Indemnity Insurance Coverage

Item 1.	Parent Company & Mailing Address:	The Texas 1031 Exchange Company	Policy No:	EK13263317	
		516 N. Austin		Carrier:	Scottsdale Indemnity Company
		Sequin, TX 78155			

Principal Address, if different from mailing address:

Item 2. **Policy Period:** From 7/15/2018 to 7/15/2019
 12:01 A.M. local time at Principal Address shown above.

Item 3. Coverage Section and Limit of Liability
 Miscellaneous Professional Services Coverage Section

1. Limit of Liability:
 - a. \$500,000 each **Claim** for this Coverage Section
 - b. \$500,000 in the aggregate for this Coverage Section
2. **Additional Covered Expenses** Limit of Liability:
 - a. \$500 per day all **Additional Covered Expenses** for each **Insured**
 - b. \$10,000 in the aggregate all **Additional Covered Expenses** for all **Insureds**
3. Retention \$15,000 each **Claim**
4. **Retroactive Date:** 4/20/2007 for any **Loss** payable as respects the first \$250,000 of the above limit of liability.
 7/15/2017 for any **Loss** payable as respects the above limit of liability in excess of \$250,000
5. **Continuity Date:** 7/15/2015 for any **Loss** payable as respects the first \$250,000 of the above limit of liability.
 7/15/2017 for any **Loss** payable as respects the above limit of liability in excess of \$250,000
6. Professional Services Definition - Solely in the performance of providing 1031 exchange services for others for a fee.

Item 4. Premium: \$4,881

Item 5. **Discovery Period** options:

1. One (1) year = 100% of the premium
2. Two (2) years = 125% of the premium
3. Three (3) years = 150% of the premium