

Underwritten by: Scottsdale Indemnity Company  
 Home Office: One Nationwide Plaza • Columbus, Ohio 43215  
 Administrative Office: 8877 North Galney Center Drive • Scottsdale, Arizona 85258  
 1-800-423-7675 • A Stock Company

## BUSINESS AND MANAGEMENT INDEMNITY POLICY DECLARATIONS

THE LIABILITY COVERAGE SECTIONS OF THIS POLICY, OTHER THAN GENERAL LIABILITY, WHICHEVER ARE APPLICABLE, COVER ONLY CLAIMS FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD OR, IF ELECTED, THE DISCOVERY PERIOD AND REPORTED TO THE INSURER PURSUANT TO THE TERMS OF THE RELEVANT COVERAGE SECTION. THE AMOUNTS INCURRED TO DEFEND A CLAIM REDUCE THE APPLICABLE LIMIT OF LIABILITY AND ARE SUBJECT TO THE APPLICABLE RETENTION OR DEDUCTIBLE. PLEASE READ THIS POLICY CAREFULLY.

**TERMS THAT APPEAR IN BOLDFACE TYPE HAVE SPECIAL MEANING. PLEASE REFER TO THE APPROPRIATE DEFINITIONS SECTIONS OF THIS POLICY.**

Item 1.	<b>Parent Company &amp; Mailing Address:</b> The Texas 1031 Exchange Company 516 N. Austin Sequin, TX 78155	<b>Policy No:</b> EKI3299488 <b>Agent No:</b> 29406 <b>Renewal No:</b> EKI3263317 <b>Agent Name &amp; Mailing Address:</b> E-Risk Services, LLC Northwest Professional Center 227 US Hwy 206 Suite 302 Flanders, NJ 07836-9174
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Principal Address, if different from mailing address:

Item 2. **Policy Period:** From 7/15/2019 to 7/15/2020  
 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.

5. **Continuity Date:** 7/15/2015 for any **Loss** payable as respects the above limit of liability in excess of \$250,000  
7/15/2017 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

Item 4. Premium: \$7,001

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

As provided in Section H. of the General Terms and Conditions, only one of the above **Discovery Period** options may be