



# TaxPro Insurance Program

Professional Risk Matrix Society (012018 TP-MPL026)

PROFESSIONAL LIABILITY GROUP INSURANCE POLICY DECLARATIONS

**THIS IS A CLAIMS MADE & REPORTED POLICY. PLEASE READ THE ENTIRE POLICY CAREFULLY.**

GROUP NUMBER:	CIP-PRMS-2019	INDIVIDUAL CERTIFICATE NUMBER:	PRMS19-{PolicyNum}
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1. GROUP:	Eligible Members of Professional Risk Matrix Society, Ltd. 150 E 22 <sup>nd</sup> Street, Lombard IL 60148
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2. NAMED INSURED	{ContactName}
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3. MAILING ADDRESS	{ContactAddress1}, {ContactAddress2} {ContactCity}, {ContactState}, {ContactZip}
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4. POLICY PERIOD	a. inception date	{PolicyEffectiveDate}	b. expiration date	{PolicyExpirationDate}
At 12:01 A.M. Standard Time at your mailing address shown above.				

5. LIMITS OF LIABILITY	a. Each Claim	\$	{ContactCustomField01}
	b. Policy Aggregate	\$	{ContactCustomField02}

6. DEDUCTIBLE	a. Each Claim	\$	{ContactCustomField06}
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7. DEFINITION OF PROFESSIONAL SERVICES/PROFESSION: (Purchased/Not Purchased)	Tax Practitioner/Preparer;	Purchased
	Enrolled Agent; Notary Public; Expert Witness	Purchased
	Tax Advice;	{ContactCustomField03}
	Bookkeeping	{ContactCustomField04}

8. RETROACTIVE DATE:	{ContactCustomField07}
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9. EXTENDED REPORTING PERIOD:	12 Months 125%, 24 Months 175%, 36 Months 200%
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PREMIUM:	10. Annual Policy Premium	\$	{PolicyFullTerm}
	Surplus Lines Tax	\$	{ContactCustomField08}
	Stamping Fee	\$	{ContactCustomField09}
	11. Minimum Earned Premium		20% of Annual Policy Premium

12. FORMS AND ENDORSEMENTS ATTACHED AT INCEPTION:	See Group Policy Terms, Conditions and Certified Public Accountant and Licensed Accountant Endorsement
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THESE DECLARATIONS TOGETHER WITH THE APPLICATION, FORMS AND ENDORSEMENTS ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.

To report claims, please contact: [Reed.Millsaps@DWFCclaims.com](mailto:Reed.Millsaps@DWFCclaims.com)  
Reed Millsaps, DWF Claims, 740 Waukegan Road, Suite 204, Deerfield IL 60015, T: 847.607.9023

Countersigned: {Today}	By: <b>Kevin M. Ottley</b>
(Date)	(Authorized Representative)

**NOTICE TO POLICYHOLDERS:** This contract is issued, pursuant to Section 445 of the Illinois Insurance Code, by an insurer not authorized and licensed to transact business in Illinois and as such is not covered by the Illinois Insurance Guaranty Fund.