



### HAZMATPro Insurance Program

Professional Risk Matrix Society (051319 MPL)

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} |
|---------------|---------------|--------------------------------|--------------------|

|           |   |
|-----------|---|
| 1. GROUP: | Eligible Members of Professional Risk Matrix Society, Ltd.<br>150 E 22 <sup>nd</sup> Street, Lombard IL 60148 |
|-----------|---|

|                  |               |
|------------------|---------------|
| 2. NAMED INSURED | {ContactName} |
|------------------|---------------|

|                    |   |
|--------------------|---|
| 3. MAILING ADDRESS | {ContactAddress1}, {ContactAddress2}<br>{ContactCity}, {ContactState}, {ContactZip} |
|--------------------|---|

|  |                   |                       |                    |                        |
|--|-------------------|-----------------------|--------------------|------------------------|
| 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 <b>Claim</b> | \$ | {ContactCustomField01} |
|                        | b. Policy Aggregate  | \$ | {ContactCustomField02} |

|               |                      |    |                        |
|---------------|----------------------|----|------------------------|
| 6. DEDUCTIBLE | a. Each <b>Claim</b> | \$ | {ContactCustomField06} |
|---------------|----------------------|----|------------------------|

|  |   |
|--|---|
| 7. DEFINITION OF PROFESSIONAL SERVICES/PROFESSION: | Hazardous Materials Consultant, Health & Safety Consultant, Manager, Inspector, Trainer |
|--|---|

|                      |                        |
|----------------------|------------------------|
| 8. RETROACTIVE DATE: | {ContactCustomField07} |
|----------------------|------------------------|

|                               |  |
|-------------------------------|--|
| 9. EXTENDED REPORTING PERIOD: | 12 Months 125%, 24 Months 175%, 36 Months 225% |
|-------------------------------|--|

|          |                            |    |                              |
|----------|----------------------------|----|------------------------------|
| 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 Amended Mold Exclusion Endorsement |
|---|---|

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@DWFClaims.com](mailto:Reed.Millsaps@DWFClaims.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.

**INSURED:** Eligible Members of Professional Risk Matrix Society

Group Number: DCPRMS-2019

Amended **Bodily Injury, Property Damage or Personal Injury** Exclusion

Effective inception, in consideration of the premium charged, it is hereby understood and agreed that Exclusion 1. is deleted and replaced with the following:

1. or based upon **Bodily Injury, Property Damage or Personal Injury**; but this Exclusion shall not apply to **Claims or Claims Expenses** resulting from the Insured's **Professional Services**.

Amended **Professional Services** Definition

Effective inception, in consideration of the premium charges, it is hereby understood and agreed that the **Professional Services** definition is deleted and replaced with the following:

**Professional Services** means solely in the rendering or failure to render the **Professional Services** as shown in **Item 7.** of the Declarations by any **Insured** for others for a fee, whether separate or included in overall charges.  
ALL OTHERS TERMS AND CONDITIONS REMAIN UNCHANGED.

c{ContactName}

PRMS19-{PolicyNum}