

**Rice Insurance Services Company, LLC**  
 CERTIFICATE OF COVERAGE  
 REAL ESTATE LICENSEE'S ERRORS & OMISSIONS INSURANCE

ROBERT RUSSELL  
 PO BOX 52075  
 SHREVEPORT, LA 71135

I hereby certify that the following licensee is insured as stated below:

Insured: ROBERT RUSSELL  
 License #: 12590  
 Policy Number: 12 EO 0010LA / 00488288  
 Individual Policy Period: 1/1/2012 to 1/1/2013  
 Policy Limits: \$100,000 per Claim / \$300,000 annual aggregate  
 Deductible Damages: \$1,000 each Claim  
 Claims Expenses: \$0 each Claim

Insurance Company: Continental Casualty Company

The policy referenced above is a CLAIMS MADE AND REPORTED POLICY. A Claim must be reported in writing to the Company as soon as possible after the Claim is first made but no later than the policy (90) days after the insured became aware of such Claim. The Claim must be made and reported during the policy period or during the Extended Reporting Period in order to qualify for coverage. A Claim is written demand for money or services received by the insured or service of lawsuit or institution of arbitration or mediation proceedings against the insured, seeking Damages or Expenses, or a judgment or award of damages or performance of Professional Services. It is essential to protect the insured's interests and to assure that coverage conditions are not violated, that Claims be properly reported. Immediate action required by the real estate licensee and/or broker.

To report a Claim, visit our website [www.riceco.com](http://www.riceco.com) or call our Claims Examiner at our administrative office at (800) 637-7319 for a Notice of Claim form. Complete and submit the Notice of Claim form and other pertinent documents to the Company.

All terms, conditions, deductibles and exclusions are addressed in the policy. For a copy of the policy click the link below, go to the following website or contact our office at (800) 637-7319.  
[http://www.riceco.com/LouisianaLA\\_2012%20DEC\\_POLICY\\_OFAC.pdf](http://www.riceco.com/LouisianaLA_2012%20DEC_POLICY_OFAC.pdf)

Authorized Representative: 

Date: 1/1/2012  
 Agency: Rice Insurance Services Company, LLC  
 Address: 4211 Norbourne Blvd, Louisville, KY 40207  
 Phone: (800) 637-7319  
 Fax: (502) 897-7174

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**ENDORSEMENT**

The following spaces preceded by an asterisk(\*) need not be completed if this endorsement and the policy have the same inception date.

ATTACHED TO AND FORMING PART OF POLICY NUMBER	EFFECTIVE DATE OF ENDORSEMENT	ISSUED TO
12 EO 0010LA	1/1/2012 TO 1/1/2013	ROBERT RUSSELL

This Endorsement Changes The Policy. Please Read It Carefully.

**DECLARATIONS AMENDATORY ENDORSEMENT**

It is agreed that the following amendment is made part of the Policy:

The following items of the Declarations are deleted in their entirety and replaced by the following:

- Item 3a \$250,000 per Licensee per Claim
- Item 3b \$750,000 Aggregate per Licensee

All other provisions of the Policy remain unchanged.

G - 145105 - A17 (1/03)