



ARCH INSURANCE COMPANY
(A Missouri Corporation)

Home Office Address:
2345 Grand Blvd, Suite 900
Kansas City, MO 64108

Administrative Address:
Harborside 3
210 Hudson Street, Suite 300
Jersey City, NJ 07311-1107
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**ARCH ESSENTIAL MISCELLANEOUS PROFESSIONAL LIABILITY INSURANCE
POLICYSM**

DECLARATIONS

Policy Number: SPL0062383-05

Renewal Of: SPL0062383-04

Producer Name: Paul Bondy (Ashburn, VA)

THIS POLICY PROVIDES CLAIMS-MADE COVERAGE. CLAIMS MUST FIRST BE MADE AGAINST THE INSURED DURING THE POLICY PERIOD AND MUST BE REPORTED IN WRITING TO THE COMPANY NO LATER THAN SIXTY (60) DAYS AFTER THE END OF THE POLICY PERIOD, OR THE EXTENDED REPORTING PERIOD, IF EXERCISED. THE PAYMENT OF CLAIM EXPENSES REDUCES THE LIMITS OF INSURANCE. PLEASE READ THE ENTIRE POLICY CAREFULLY.

Item 1. Named Insured: E to P, LLC DBA Keller Williams Realty

**Item 2. Mailing Address: 50 Seawall St. 2nd Floor
Portland, ME 04102**

**Item 3. Policy Period: From: 01/27/2024 To: 01/27/2025
(12:01 A.M. Standard time at the address stated in Item 2.)**

Item 4. Retroactive Date: 01/27/2003

Item 5. Prior or Pending Litigation Date: 01/27/2019

Item 6. Professional Liability Limit of Liability and Retention:

- A. Each Claim Limit of Liability: \$1,000,000**
- B. Aggregate Limit of Liability Each Policy Period: \$1,000,000**
- C. Retention Each Claim: \$5,000**

Item 7. Sub-limits of Liability (part of and not in addition to the Professional Liability Limit of Liability):

	Each Claim Sub-Limit of Liability
Data Incident Response Expenses	\$25,000
Non-Party Investigation Expenses	\$25,000



Signature Page

IN WITNESS WHEREOF, Arch Insurance Company has caused this policy to be executed and attested.

A handwritten signature in cursive script that reads "Brian D. First".

Brian D. First
President

A handwritten signature in cursive script that reads "Regan A. Shulman".

Regan Shulman
Secretary

**MISCELLANEOUS PROFESSIONAL LIABILITY POLICY
SCHEDULE OF ENDORSEMENTS**

NAMED INSURED: E to P, LLC DBA Keller Williams Realty	TERM: January 27, 2024 to January 27, 2025
POLICY NUMBER: SPL0062383-05	

ENDT. NO.	FORM #	TITLE
	05 ML0002 00 12 14	SIGNATURE PAGE (ARCH INSURANCE)
	00 MPL0117 00 11 14	ARCH ESSENTIAL MISCELLANEOUS PROFESSIONAL LIABILITY INSURANCE POLICY
4	00 MPL0158 20 03 17	MAINE AMENDATORY ENDORSEMENT
1	00 MPL0252 00 06 21	TCPA VIOLATION DEFENSE SUB-LIMIT ENDORSEMENT
2	00 MPL0137 00 11 16	ADD INSURED FOR VICARIOUS LIABILITY ONLY
3	00 MPL0186 00 08 18	ADD INSURED FOR VICARIOUS LIABILITY ONLY
5	00 MPL0152 00 03 17	ADD INSURED ENDORSEMENT
6	00 MPL0195 00 10 18	PLATINUM REAL ESTATE AGENTS & BROKERS ENDORSEMENT
7	00 MPX0414 00 10 18	AMEND PENDING AND PRIOR LITIGATION ENDORSEMENT
8	00 MPX0486 00 09 19	AMEND CLAIM DEFINITION ENDORSEMENT AND DISCIPLINARY PROCEEDING COVERAGE
9	00 MPX0500 00 12 19	AMEND DEFENSE & SETTLEMENT OF CLAIMS (PLATINUM VERSION)
	00 ML0065 00 06 07	U.S. TREASURY DEPARTMENT S OFFICE OF FOREIGN ASSETS CONTROL (OFAC)

**ARCH ESSENTIAL MISCELLANEOUS PROFESSIONAL LIABILITY INSURANCE
POLICYSM**

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ARCH ESSENTIAL MISCELLANEOUS PROFESSIONAL LIABILITY INSURANCE POLICYSM

In consideration of the payment of the premium and in reliance upon the **Application**, the **Insurer** specified in the Declarations (the “**Insurer**”) and the **Insureds** agree as follows:

1. INSURING AGREEMENTS

A. PROFESSIONAL LIABILITY

The **Insurer** shall pay **Loss**, in excess of the Retention, on behalf of any **Insured** resulting from a **Claim** first made against such **Insured** during the **Policy Period** or Extended Reporting Period, if applicable, for a **Wrongful Act** committed on or subsequent to the **Retroactive Date**.

B. DATA INCIDENT RESPONSE EXPENSES

The **Insurer** shall pay **Data Incident Response Expenses**, in excess of the Retention, on behalf of an **Insured** resulting from a **Network Security Breach** or **Privacy Violation** occurring during the **Policy Period**, provided that **Data Incident Response Expenses** will not exceed the applicable Sub-limit of Liability stated in Item 7 of the Declarations per **Policy Period**.

C. NON-PARTY INVESTIGATION EXPENSES

The **Insurer** shall reimburse an **Insured** for **Non-Party Investigation Expenses** arising out of **Professional Services**, in excess of the Retention, resulting from an investigation that first commenced during the **Policy Period**, provided that **Non-Party Investigation Expenses** will not exceed the applicable Sub-limit of Liability stated in Item 7 of the Declarations per **Policy Period**.

2. SPOUSAL, DOMESTIC PARTNER, ESTATE AND LEGAL REPRESENTATIVE COVERAGE

Coverage shall apply to a **Claim**, otherwise covered under this Policy, made against the lawful spouse or **Domestic Partner** of an **Insured**, or if an **Insured** dies, becomes incapacitated, or files for bankruptcy, such **Insured’s** estate, heirs, assigns, or legal representatives, provided that:

A. such **Claim** arises solely out of:

- a. such person’s status as a spouse, **Domestic Partner**, trustee, heir, assignee or legal representative of such **Insured**; or
- b. such person’s ownership of property sought as recovery for a **Wrongful Act**;

B. the **Insured** is named in such **Claim** along with such persons or entities; and

C. no coverage shall apply to any **Claim** for a **Wrongful Act** of such persons or entities.

3. DEFINITIONS

The following terms shall have the meanings specified below:

- A. “**Application**” means any application, including any information or materials provided for any insurance policy in an uninterrupted series of policies issued by the **Insurer** or any

insurance company controlling, controlled by or under common control with the **Insurer**, of which this Policy is a direct or indirect renewal or replacement.

B. “Bodily Injury” means physical injury to the body, sickness or disease sustained by a person including death resulting there from. **“Bodily Injury”** also means mental injury, mental anguish, mental tension, emotional distress, pain and suffering, or shock, whether or not resulting in or from physical injury to the body, sickness, disease or death of any person.

C. “Claim” means any:

1. written demand for monetary damages or non-monetary relief commenced by the receipt by any **Insured** of such demand;
2. civil proceeding against any **Insured** for monetary or non-monetary relief commenced by the receipt by, or the service upon, any **Insured** of a complaint or similar pleading;
3. administrative or regulatory proceeding commenced by the receipt by, or service upon, any **Insured** of a notice of charges or similar document;
4. civil, administrative, or regulatory investigation of an **Insured** commenced upon such **Insured’s** receipt of a formal order of investigation, or once such **Insured** is identified by name by an investigating authority as a person or entity against whom a proceeding described in 2 or 3 above may be commenced;
5. written request to an **Insured** to toll or waive a period or statute of limitations regarding a potential **Claim** as described in 1 – 3 above commenced by the receipt by such **Insured** of such request;
6. **Network Security Breach** or **Privacy Violation**, but only with respect to Insuring Agreement B. Data Incident Response Expenses; or
7. civil, administrative or regulatory investigation of any person or entity other than an **Insured** brought by a disciplinary or regulatory official, board or agency, commenced by the filing of or the service upon any **Insured**, of a subpoena, summons, investigative demand or formal investigative order or similar document, but only with respect to Insuring Agreement C. Non-Party Investigation Expenses.

All **Claims** arising out of the same **Wrongful Act** or any **Interrelated Wrongful Acts** shall be deemed to be a single **Claim** first made on the earliest date that:

1. any of such **Claims** was commenced, even if such date is before the **Policy Period**;
2. notice of such **Wrongful Act** or any **Interrelated Wrongful Act** was given to the **Insurer** pursuant to Section 9.B; or
3. notice of any fact, circumstance, or situation including such **Wrongful Act** or any **Interrelated Wrongful Act** was given under any prior policy of which this Policy is a renewal or replacement.

No coverage is provided for any **Claim** made, or deemed first made, before the **Policy Period**.

D. “Claim Manager” means any natural person:

1. chief executive officer;

2. chief operating officer;
3. chief financial officer;
4. general counsel;
5. chief compliance officer; or
6. risk manager,

of an **Insured Organization**.

E. “Computer System” means any computer hardware, software or firmware, and components thereof including data stored thereon, that is owned or leased by an **Insured Organization** and is under the direct operational control of an **Insured Organization**.

F. “Data Incident Response Expenses” means reasonable and necessary fees and expenses incurred by an **Insured**, with the **Insurer’s** prior written consent, for:

1. legal services by an attorney selected from the **Insurer’s** panel of lawyers regarding any **Network Security Breach** or **Privacy Violation** to:
 - a. provide counsel on the obligations of any applicable Privacy Law; and
 - b. draft notices required by any applicable **Privacy Law**;
2. computer forensic investigatory services by a third party information security professional selected from the **Insurer’s** panel to determine the cause of the **Network Security Breach** and identities of those who may have been victims from any **Privacy Violation**;
3. notifying individuals who may have been victims of any **Privacy Violation**;
4. public relations firm, crisis management firm or law firm services to mitigate reputational damage resulting from any **Network Security Breach** or **Privacy Violation**; and
5. credit monitoring services, but only if the disclosure of **Private Information** from any **Network Security Breach** or **Privacy Violation** could result in the opening of a personal financial account.

Data Incident Response Expenses shall exclude any: (i) compensation or overhead of any **Insured**; (ii) payments made as compensation for any injury or damages resulting from any **Network Security Breach** or **Privacy Violation**; or (iii) **Loss**.

G. “Defense Costs” means reasonable and necessary fees and expenses incurred in the defense or appeal of a **Claim**. **Defense Costs** shall include the premium for any appeal, attachment or similar bond, provided that the **Insurer** shall have no obligation to furnish such bond. **Defense Costs** exclude any compensation, benefit, expenses or overhead of, or paid to, any **Insured**.

H. “Domestic Partner” means any natural person who enters into a civil union or qualifies as a domestic partner under any federal, state or local law or under the provisions of any formal program established by the **Named Insured**.

- I. “**Insured**” means:
1. the **Insured Organization**;
 2. any current or former principal, partner, executive officer, director, employee or any independent contractor under contract with and indemnified by the **Insured Organization** but only with respect to the performance of **Professional Services** on behalf of the **Insured Organization**.
- J. “**Insured Organization**” means:
1. the **Named Insured**; or
 2. any **Subsidiary**.
- K. “**Interrelated Wrongful Acts**” means **Wrongful Acts** that have as a common nexus any fact, circumstance, situation, event, transaction, cause or series of causally connected facts, circumstances, situations, events, transactions or causes.
- L. “**Loss**” means **Defense Costs**, damages, settlements, judgments, pre- and post-judgment interest, and punitive, exemplary or multiple damages to the extent such damages are insurable under applicable law. Notwithstanding 5. below, the insurability of **Loss** shall be governed by the laws of any applicable jurisdiction that does not prohibit coverage for such **Loss**.
- Loss**, other than **Defense Costs**, excludes any:
1. taxes, fines or penalties imposed by law;
 2. amount for which the **Insureds** are not liable or for which the claimants are without legal recourse to the **Insureds**;
 3. non-monetary or injunctive relief;
 4. fees, deposits, commissions or charges;
 5. matters that are uninsurable pursuant to applicable law;
 6. **Data Incident Response Expenses**; or
 7. **Non-Party Investigation Expenses**.
- M. “**Malicious Code**” means any virus, Trojan, worm or other similar malicious software program, code or script designed to infect, harm, harm data on, or steal data from, a **Computer System**.
- N. “**Named Insured**” means the organization specified in Item 1 of the Declarations.
- O. “**Network Security Breach**” means any:
1. unauthorized access to, or unauthorized use of, a **Computer System**; or
 2. transmission of **Malicious Code** into or from a **Computer System**.

- P.** “**Non-Party Investigation Expenses**” reasonable and necessary legal fees and expenses incurred (excluding any compensation, benefit, expenses or overhead of, or paid to an **Insured**), with the **Insurer’s** consent, for responding to any formal civil, administrative or regulatory investigation, brought by a disciplinary or regulatory official, board or agency, commenced by the filing of or the service upon any **Insured**, of a subpoena, summons, investigative demand or formal investigative order or similar document to investigate any person or entity other than an **Insured**.
- Q.** “**Private Information**” means any individual’s name in combination with any of the following:
1. social security number;
 2. drivers license number or any other state identification number;
 3. medical or healthcare data, including protected health information;
 4. non-public personal information as defined in any **Privacy Law**; or
 5. confidential or proprietary business information of a third-party that is protected under a written non-disclosure agreement between such third-party and an **Insured**.
- R.** “**Personal Injury**” means any actual or alleged:
1. false arrest, detention, imprisonment or malicious prosecution;
 2. wrongful entry or eviction;
 3. invasion of the right of privacy or
 4. libel, slander or other defamatory or disparaging material; or a publication or an utterance in violation of an individual’s right of privacy.
- S.** “**Policy Period**” means the period specified in Item 3 of the Declarations, subject to any cancellation prior to the scheduled expiration date.
- T.** “**Pollutants**” means any solid, liquid, gaseous, biological, radiological or thermal contaminant or irritant including without limitation, smoke, vapor, soot, fumes, acids, alkalis, chemicals, mold, fungi, odors, noise, lead, oil or oil products, radiation, asbestos or asbestos containing products, waste or any electric, magnetic or electromagnetic field of any frequency. **Pollutants** also includes, without limitation, materials to be recycled, reconditioned or reclaimed.
- U.** “**Privacy Law**” means those parts of the following statutes or regulations regulating the use and protection of non-public personal information (as defined in such statutes or regulation):
1. Health Insurance Portability and Accountability Act of 1996 (HIPAA);
 2. Gramm-Leach Bliley Act of 1999 (GLBA);
 3. consumer protection and unfair and deceptive trade practice laws enforced by state Attorneys General or the Federal Trade Commission, including but not limited to Section 5(a) of the Federal Trade Commission Act, 15. U.S.C § 45 (a), as amended;

4. security breach notification laws that require notice to individuals of the actual or potential theft of their non-public personal information, including but not limited to the California Security Breach Notification Act of 2003 (CA SB1386); or
 5. other state, federal or foreign privacy laws requiring reasonable SECURITY for non-public personal information, or a privacy policy limiting the sale, disclosure or sharing of non-public personal information or providing individuals with the right to access or correct non-public personal information.
- V. **“Privacy Violation”** means any:
1. theft or unauthorized copying of **Private Information** while in the care, custody or control of an **Insured**; or
 2. violation of a **Privacy Law** by an **Insured**.
- W. **“Professional Services”** means only those services performed by the Insured for others for a fee and described by endorsement (if applicable).
- X. **“Property Damage”** means:
1. physical injury to, loss or destruction of, tangible property, including loss of use thereof; or
 2. loss of use of tangible property which has not been physically injured, lost, damaged or destroyed.
- Y. **“Retroactive Date”** means the date set forth in Item 4. of the Declarations.
- Z. **“Subsidiary”** means any entity engaged in the performance of **Professional Services**:
1. identified in the **Application** for this Policy; and
 2. in which the **Named Insured** has an ownership interest of greater than 50% of the assets of such entity prior to the inception date of this Policy or any entity which becomes a **Subsidiary** pursuant to the provisions of Section 13 of this Policy.
- AA. **“Wrongful Act”** means any actual or alleged act, error or omission, misstatement, misleading statement, breach of duty or neglect or **Personal Injury** committed by any Insured; or by any other person for whom the **Insured Organization** is legally responsible, solely in the performance of or failure to perform **Professional Services**.

4. **COVERAGE TERRITORY**

The insurance afforded by this Policy applies worldwide. Where suits are brought or **Claims** are made outside of the United States of America and its territories and possessions, Puerto Rico, or Canada, the following additional provisions apply:

- A. The **Insurer** shall have the right but not the duty to investigate, defend or settle any such **Claims** brought against an **Insured**;
- B. If the **Insurer** elects not to investigate, defend or settle any such **Claim**, the **Insured** shall, under the **Insurer’s** supervision, arrange for such investigation and defense thereof as is reasonably necessary and subject to the **Insurer’s** prior authorization, shall effect such settlement thereof as the **Insurer** and the **Insured** deem expedient;

- C. The **Insurer** will reimburse the **Insured** for the reasonable cost of such investigation and defense and the amount of any settlement or judgment in excess of the Retention amount stated in the Declarations, all subject to and within the Limits of Liability stated in the Declarations; and
- D. Such reimbursement shall be made in United States currency at the rate of exchange prevailing on the date the judgment is rendered or the date that the amount of the settlement is agreed upon or the date expenditure is made.

5. EXTENDED REPORTING PERIOD

A. Automatic Extended Claims Reporting Period

- 1. If the **Insurer** or the **Named Insured** terminates or non-renews this Policy for any reason, other than nonpayment of premium, the **Named Insured's** failure to comply with any term and condition, fraud or material misrepresentation, the **Named Insured** shall be entitled to a period of sixty (60) days from the date of policy termination to report **Claims** which are made against the **Insured** prior to such termination date and that arise out of a **Wrongful Act** occurring prior to such termination date.
- 2. This Automatic Extended Claims Reporting Period may not be canceled by the **Insurer** and does not require the payment of an additional premium. This Automatic Extended Claims Reporting Period shall be included within the Optional Extended Claims Reporting Period if such is purchased.
- 3. The fact that the period during which the **Claims** can be made against the **Insured** and reported to the **Insurer** is extended by virtue of the Automatic Extended Claims Reporting Period shall not in any way increase the Limits of Liability of this Policy.

B. Optional Extended Claims Reporting Period

- 1. If this Policy is cancelled or non-renewed, for any reason other than non-payment of premium, and the **Named Insured** does not obtain replacement coverage as of the effective date of such cancellation or non-renewal, the **Named Insured** shall have the right, upon payment of the additional premium stated in Item 9 of the Declarations, to elect a continuation of coverage afforded by this Policy for the Additional Period stated in Item 9 of the Declarations (the "Optional Extended Reporting Period"). If elected, the Optional Extended Reporting Period shall commence upon the effective date of such cancellation or nonrenewal. Such continuation of coverage shall apply only to a **Claim**, otherwise covered by this Policy, first made against the **Insureds** during the Optional Extended Reporting Period for a **Wrongful Act** occurring prior to the end of the **Policy Period**.
- 2. The rights contained in this Section shall terminate unless a written notice of election together with the additional premium due stated in Item 9 of the Declarations is received by the **Insurer** within 30 days after the effective date of cancellation or nonrenewal.
- 3. The additional premium for the Optional Extended Reporting Period shall be fully earned at the inception of the Optional Extended Reporting Period. The Optional Extended Reporting Period is not cancelable.
- 4. There is no separate Limit of Liability for the Optional Extended Reporting Period.

6. EXCLUSIONS

The **Insurer** shall not pay **Loss, Data Incident Response Expenses or Non-Party Investigation Expenses**:

- A. of an **Insured** for, based upon, arising from, or in any way related to the gaining of any personal profit, remuneration or advantage to which such **Insured** was not legally entitled, if established by any final non-appealable adjudication adverse to such **Insured**; provided this exclusion will not apply to **Defense Costs**;
- B. of an **Insured** for, based upon, arising from, or in any way related to any deliberately fraudulent or criminal act or omission or any willful violation of law by such **Insured** if established by any final non-appealable adjudication adverse to such **Insured**; provided this exclusion will not apply to **Defense Costs**;
- C. in connection with any **Claim** for, based upon, arising from, or in any way related to any fact, circumstance or situation that, before the inception date of this Policy, was the subject of any notice given under any Policy of which this Policy is a renewal or replacement;
- D. in connection with any **Claim** for, based upon, arising from, or in any way related to any **Wrongful Act** or **Interrelated Wrongful Act** committed thereafter that any **Insured** had knowledge of prior to the first policy issued to the **Named Insured** and continuously renewed by the **Insurer** and had a reasonable basis to believe that such **Wrongful Act** or **Interrelated Wrongful Act** committed thereafter could give rise to a **Claim**;
- E. in connection with any **Claim** alleging, based upon, arising out of, or resulting from, directly or indirectly, any demand, suit or proceeding pending, or order, decree or judgment made or initiated against the **Insured** on or prior to the Prior or Pending Litigation Date specified in Item 5 of the Declarations or which has a common nexus, fact, circumstance, situation, event, transaction, cause or series of causally connected facts, circumstances, situations, events, transactions or causes underlying or alleged therein;
- F. for any **Bodily Injury** or **Property Damage**, provided that this exclusion shall not apply to any mental injury, mental anguish, mental tension, emotional distress, pain and suffering, or shock, resulting in or from **Personal Injury**;
- G. in connection with any **Claim** by or on behalf of any **Insured** against any other **Insured**;
- H. for any actual or alleged violation of: (i) the Securities Act of 1933; (ii) the Securities Exchange Act of 1934; (iii) the Investment Company Act of 1940; (iv) the Investment Advisors Act; (v) any foreign, federal, state or local blue sky or securities laws; (vi) the Racketeer Influenced and Corrupt Organizations Act; (vii) any workers' compensation, unemployment, social security, disability or pension benefits laws; (viii) the Employee Retirement Income Security Act of 1974 (except Section 510 thereof); (ix) the National Labor Relations Act; (x) the Worker Adjustment and Retraining Notification Act; (xi) the Consolidated Omnibus Budget Reconciliation Act of 1985; (xii) the Occupational Safety and Health Act, or (xiii) any similar laws or any order, ruling or regulation issued pursuant to those laws mentioned in (i) through (xii) above;
- I. in connection with any **Claim** for, based upon, arising from, or in any way related to any liability of others assumed by the **Insured** under any contract, warranty, guarantee, cost estimate or promise or the **Insureds** breach of any contract, warranty, guarantee, cost estimate or promise. This exclusion does not apply; however, to the extent liability would attach to the **Insured** in the absence of such contract(s), warranty(ies), guarantee(ies), cost estimate(s) or promise(s);

- J. in connection with any **Claim** for, based upon, arising from, or in any way related to any **Insured's** service at any time as a director, officer, trustee, regent, governor, independent contractor or equivalent executive, or as an employee, of any entity other than an **Insured Organization** even if such service is with the knowledge and consent, or at the request, of an **Insured Organization**;
- K. in connection with any **Claim** for, based upon, arising from, or in any way related to any actual or alleged misappropriation, theft, plagiarism, infringement or violation of any patent, copyright, trademark, trade secret, trade dress, trade name, service mark, service name, title or slogan;
- L. in connection with any **Claim** for, based upon, arising from, or in any way related to any actual, alleged or threatened discharge, dispersal, seepage, migration, release, emission escape or transportation of **Pollutants**, including, without limitation any direction, request or order to test for, monitor, clean up, remove, contain, treat, detoxify or neutralize, or in any way respond to, or assess the effects of **Pollutants**;
- M. for any actual or alleged failure to effect or maintain any insurance or bond;
- N. in connection with any **Claim** for, based upon, arising from, or in any way related to any unsolicited electronic faxes, emails, telephone calls or unsolicited communications, including without limitation, **Claims** arising out of unsolicited electronic messages, chat room postings, bulletin board postings, newsgroup postings, "pop-up" or "pop-under" Internet advertising or fax-blasting, direct mailing or telemarketing, or **Claims** involving actual or alleged violations of: (i) the Telephone Consumer Protection Act (TCPA); (ii) the Controlling the Assault of Non-Solicited Pornography and Marketing Act (CAN-SPAM Act of 2003); (iii) the Drivers Privacy Protection Act, (iv) the Fair Credit Reporting Act (FCRA), (v) the Fair and Accurate Credit Transaction Act (FACTA of 2003); or (vi) any other foreign, federal, state or local statute, regulation or ordinance that addresses, limits or prohibits the printing, dissemination, disposal, collecting, recording, sending, transmitting, communicating or distribution of material or information;
- O. in connection with any **Claim** for, based upon, arising from, or in any way related to any actual or alleged wrongful employment practice, including, without limitation, any discrimination, harassment, hostile work environment, wrongful dismissal, discharge or termination, retaliation, wrongful disciplinary action, deprivation of career opportunity, failure to employ or promote, inadequate work place, policies or procedures, the Fair Labor Standard Act or negligent evaluation of employees;
- P. in connection with any **Claim** for, based upon, arising from, or in any way related to any actual or alleged discrimination, humiliation or harassment in any form or manner, including, but not limited to, race, creed, color, religion, ethnic background, national origin, age, handicap, disability, gender, sex, sexual orientation or preference, pregnancy, marital status, retaliation, or any other protected class under any federal, state, local or other law;
- Q. in connection with any **Claim** for, based upon, arising from, or in any way related to any actual or alleged conversion, commingling, availability or misuse of funds or any form of money or any guarantee of a specified rate of return or interest;
- R. in connection with any **Claim** for, based upon, arising from or in any way related to any actual or alleged false advertising or misrepresentation in advertising of the **Professional Services** performed by an **Insured**;
- S. in connection with any **Claim** for, based upon, arising from or in any way related to any actual or alleged unauthorized or illegal collection or intentional sharing of **Private**

Information, including but not limited to the collection of **Private Information** using cookies, spyware, or other malicious code, or the failure to provide adequate notice that **Private Information** is being collected or shared;

- T. of an **Insured** for, based upon, arising from, or in any way related to a **Network Security Breach** or **Privacy Violation**, however this exclusion will not apply to **Data Incident Response Expenses**.

7. LIMIT OF LIABILITY & RETENTION

- A. Subject to subparagraph B. below, the Each Claim Limit of Liability specified in Item 6.A. of the Declarations shall be the maximum amount for each **Claim**. The **Data Incident Response Expenses** and **Non-Party Investigation Expenses** Sub-limits of Liability shall be part of, and not in addition to, the Each Claim Limit of Liability.
- B. The Aggregate Limit of Liability specified in Item 6.B of the Declarations is the maximum aggregate amount that the **Insurer** shall pay for all **Loss, Data Incident Response Expenses** or **Non-Party Investigation Expenses** under this Policy regardless of the number of **Claims** made. If the Limit of Liability is exhausted, the premium for this Policy shall be fully earned.
- C. **Defense Costs** shall be part of, and not in addition to, each applicable Limit of Liability. Payment of **Defense Costs** by the **Insurer** shall reduce each applicable Limit of Liability.
- D. The **Insurer** shall pay covered **Loss, Data Incident Response Expenses** or **Non-Party Investigation Expenses** arising from each **Claim** covered under this Policy only to the extent that such **Loss** is in excess of the applicable Retention specified in Item 6.C of the Declarations. The Retention shall be paid by the **Insured** and shall be applicable to each **Claim** and shall include all **Loss, Data Incident Response Expenses** and **Non-Party Investigation Expenses** up to the Retention amount for each **Claim**. The **Insurer** may at its sole discretion advance the payment of **Loss** within the Retention. Any **Loss, Data Incident Response Expenses** and **Non-Party Investigation Expenses** paid by the **Insurer** pursuant to a duty to defend or otherwise that is within any applicable Retention shall be reimbursed by any **Insured** upon the **Insurer's** written request within 30 days
- E. The **Insurer** shall pay covered **Loss, Data Incident Response Expenses** or **Non-Party Investigation Expenses** only to the extent such **Loss, Data Incident Response Expenses** or **Non-Party Investigation Expenses** exceed the applicable Retention. The Retention shall be borne by the **Insureds** uninsured at the **Insureds'** own risk.

8. DEFENSE & SETTLEMENT OF CLAIMS

- A. The **Insurer** shall have the right and duty to defend each **Claim** for which the **Insurer** receives notice, even if such **Claim** is groundless, false or fraudulent. The **Insurer** may make any investigation it deems appropriate.
- B. The **Insurer's** duty to defend any **Claim** shall end upon exhaustion of any applicable Limit of Liability. If the Limit of Liability is exhausted, the premium for this Policy shall be fully earned.
- C. The **Insureds** shall not admit nor assume any liability, make any settlement offer, enter into any settlement agreement, stipulate to any judgment, or incur any **Defense Costs** without the prior written consent of the **Insurer**, such consent not to be unreasonably withheld. The

Insurer shall not be liable for any admission, assumption, offer, settlement, stipulation, or **Defense Costs** to which it has not consented.

D. The **Insurer** may, with the written consent of the **Insureds**, settle any **Claim** for a monetary amount that the **Insurer** deems reasonable. If the **Insured** refuses to consent to any settlement of a **Claim** recommended by the **Insurer** and acceptable to a claimant, and elects to contest the **Claim**, then the **Insurer** shall not pay **Loss** for such **Claim** in excess of:

1. the amount of the proposed settlement plus **Defense Costs** incurred prior to such refusal; and
2. 50% of **Loss** incurred for such **Claim** in excess of the amount specified in 1. above.

E. The **Insureds** shall give to the **Insurer** all information and cooperation as the **Insurer** may reasonably request. Upon the **Insurer's** request, the **Insureds** shall attend hearings, trials, and any other such proceedings shall assist in effecting settlements, securing and giving evidence, obtaining the attendance of witnesses and conducting the defense of any **Claim**.

F. **Mediation**

If the Company and the Insured agree to use mediation to resolve a claim brought against the insured and if such **Claim** is resolved thereby, the Retention stated in the Declarations shall be reduced by 50% for such **Claim** subject to a maximum reduction of \$25,000.

9. CLAIM AND POTENTIAL CLAIM NOTICES

A. As a condition precedent to coverage, any **Claim Manager** shall give the Insurer written notice of any **Claim** as soon as practicable after any **Claim Manager** becomes aware of such **Claim**, but no later than: (i) 60 days after the end of the **Policy Period**; or (ii) the end of the Extended Reporting Period, if applicable. Notwithstanding the foregoing, if the **Insurer** provides written notice that this Policy is being canceled for nonpayment of premium, then written notice of any **Claim** shall be given to the **Insurer** prior to the effective date of cancellation.

B. If any **Claim Manager** becomes aware of a **Wrongful Act** during the **Policy Period** that may reasonably be expected to give rise to a **Claim** against an **Insured** for which coverage may be available, and if written notice of such **Wrongful Act** is given to the **Insurer** during the **Policy Period** specifying the (i) reasons for anticipating such a **Claim**, (ii) nature and date of the **Wrongful Act**, (iii) identity of the **Insureds** involved, (iv) injuries or damages sustained, (v) names of potential claimants and (vi) manner in which the **Insureds** first became aware of the **Wrongful Act**, then any **Claim** subsequently arising from such **Wrongful Act** shall be deemed to be a **Claim** first made at the time that the Insurer receives such notice.

10. ALLOCATION

If the **Insureds** incur **Loss**, **Data Incident Response Expenses** or **Non-Party Investigation Expenses** that is only partially covered by this Policy because a **Claim** includes both covered and uncovered matters or is made against both covered and uncovered parties, then the **Insurer** and the **Insureds** shall use their best efforts to allocate such **Loss**, **Data Incident Response Expenses** or **Non-Party Investigation Expenses** based upon: (i) the relative legal and financial exposures of any covered and uncovered parties or covered and uncovered matters; and (ii) if a settlement occurs, the relative benefit of the parties from settlement of such covered and uncovered portions of such **Claim**.

11. SUBROGATION

The **Insurer** shall be subrogated to all of the **Insureds'** rights of recovery regarding any payment of **Loss, Data Incident Response Expenses** or **Non-Party Investigation Expenses** under this Policy. The **Insureds** shall do everything necessary to secure and preserve such rights, including, without limitation, the execution of any documents necessary to enable the **Insurer** to effectively bring suit in the name of the **Insureds**. The **Insureds** shall do nothing to prejudice the **Insurer's** position or any rights of recovery. The **Insurer** shall not subrogate against any **Insured**.

12. OTHER INSURANCE

Coverage under this Policy shall apply only in excess of the applicable Retention herein, and over any other valid and collectible insurance regardless of whether such other insurance is stated to be primary, excess, contributory, contingent or otherwise, unless such other insurance is written specifically excess over the Limits of Liability of this Policy by reference in such other insurance to this Policy's Policy Number.

13. CHANGES IN CONTROL

A. Takeover of Named Insured

If, during the **Policy Period**:

1. any person or entity or group of persons and/or entities acting in concert acquires securities or voting rights resulting in ownership by such person(s) and/or entity(ies) of more than 50% of the outstanding securities representing the present right to vote for the election of directors or equivalent positions of the **Named Insured**; or
2. the **Named Insured** merges into or consolidates with another organization such that the **Named Insured** is not the surviving organization,

then coverage shall continue under this Policy, but only for **Wrongful Acts** occurring before such transaction. No coverage shall be available for any **Wrongful Act** occurring after such transaction. Upon such transaction, the entire premium for this Policy shall be deemed fully earned. The **Named Insured** shall give the **Insurer** written notice of such transaction as soon as practicable, but not later than 90 days after the effective date of such transaction.

B. Acquisition or Creation of a Subsidiary

If, during the **Policy Period**, any **Named Insured**:

1. acquires or creates a **Subsidiary**; or
2. merges with another organization such that the **Named Insured** is the surviving entity,

then such newly created, acquired or merged organization and its **Insureds** shall be covered for any **Wrongful Act** occurring after such acquisition, merger or creation. No coverage shall be available for any **Wrongful Act** of any new **Insureds** occurring before such transaction or for any **Interrelated Wrongful Acts** thereto.

If the current annual gross revenues of any newly acquired or merged organization exceeds 15% of the current annual gross revenues of the **Named Insured** as reflected in the most recent **Application** submitted with the **Insured**, then the **Named Insured** shall give the **Insurer** written notice of the acquisition or merger as soon as practicable but not later than 90 days after the effective date of such transaction. Subject to the expiration of the **Policy**

Period, any continuation of coverage for such newly acquired or merged entity and its **Insureds** beyond 90 days after the transaction shall be subject to any additional terms and conditions, including additional premium, required by the **Insurer**. The **Insureds** shall furnish all information regarding such transaction as the **Insurer** shall request.

C. Loss of Subsidiary Status

If, during or prior to the **Policy Period**, any entity ceases to be a **Subsidiary**, then coverage for such entity and its **Insureds** shall continue until termination of this Policy but only for any **Wrongful Act** occurring prior to the date such entity ceased to be a **Subsidiary**.

14. APPLICATION

A. The **Insureds** represent and agree that the statements and information contained the **Application** are true, accurate and complete; that each representation is deemed material to the acceptance of the risk assumed by the **Insurer** and that this Policy is issued in reliance upon the truth and accuracy of such representations contained within the **Application**. This Policy embodies all of the agreements existing between the **Insureds** and the **Insurer** and any of its representatives.

B. If the **Application** contains misrepresentations or omissions made with intent to deceive or that materially affect the acceptance of the risk or the hazard assumed by the **Insurer**, this Policy shall be void ab initio.

C. For the purpose of determining coverage:

1. the **Application** shall be construed as a separate application for coverage by each natural person **Insured**;
2. knowledge possessed by any natural person **Insured** shall not be imputed to any other natural person **Insured**; and
3. only knowledge possessed by the **Insured Organization's** chief executive officer, chief financial officer, or general counsel shall be imputed to an **Insured Organization**.

15. SUITS AGAINST THE INSURER AND DISPUTE RESOLUTION

A. No suit or other proceeding shall be commenced by any Insureds against the Insurer unless there shall have been full compliance with all the terms and conditions of this Policy.

B. No person or organization shall have any right under this Policy to join the Insurer as a party to any **Claim** against the **Insureds** nor shall the **Insurer** be impleaded by the **Insureds** in any such **Claim**.

C. In the event that a dispute arises in connection with rights and obligations owed under this Policy, the **Insured(s)** and the **Insurer** shall participate in a non-binding mediation in which the parties shall attempt in good faith to resolve such dispute. Either the **Insured(s)** or the Insurer shall have the right to commence a judicial proceeding, or if the parties agree, submit the dispute to a binding arbitration, in order to resolve such dispute. However, no judicial proceeding or arbitration shall be commenced prior to the termination of the mediation and until at least 90 days has passed from the termination of the mediation. The costs and expenses of any mediation, or any arbitration, shall be split equally by the parties.

16. NAMED INSURED'S AUTHORITY

The **Named Insured** shall act on behalf of all **Insureds** regarding all matters under this Policy, including, without limitation, cancellation, election of the Extended Reporting Period, transmission and receipt of notices, reporting of **Claims**, acceptance of endorsements, payment of premiums, and receipt of return premiums.

17. CANCELLATION

- A. The **Insurer** may cancel this Policy for non-payment of premium by sending not less than 10 days notice to the **Named Insured**. This Policy may not otherwise be cancelled by the **Insurer**.
- B. Except as otherwise provided, the **Named Insured** may cancel this Policy by sending written notice of cancellation to the **Insurer**. Such notice shall be effective upon receipt by the **Insurer** unless a later cancellation date is specified therein.
- C. If the **Insurer** cancels this Policy, unearned premium shall be calculated on a pro rata basis. If the **Named Insured** cancels this Policy, unearned premium shall be calculated at the **Insurer's** customary short rates. Payment of any unearned premium shall not be a condition precedent to the effectiveness of such cancellation. The **Insurer** shall refund any unearned premium as soon as practicable.

18. BANKRUPTCY

Bankruptcy or insolvency of any **Insured** shall not relieve the **Insurer** of any of its obligations under this Policy, nor deprive the **Insurer** of any of its rights and defenses under this Policy.

In the event of the bankruptcy or insolvency of any **Insured**, the **Insurer** shall advance **Loss** within the Retention, but shall have the right to assert any appropriate claim or demand in such proceeding for payment of any obligations of any **Insured**, including, without limitation, any amounts which the **Insurer** advances on behalf of any **Insured** within the Retention.

19. NOTICES

- A. Notices to the **Insured** shall be sent to the **Named Insured** at the address specified in Item 2. of the Declarations.
- B. Notices to the **Insurer** shall be sent to the applicable e-mail, facsimile, or other address specified in Item 10 of the Declarations, include the policy number of this Policy, and become effective upon receipt.

20. ALTERATION, ASSIGNMENT & TITLES

- A. Notice to any agent or knowledge possessed by any agent or by any other person shall not effect a waiver or change in any part of this Policy nor prevent the **Insurer** from asserting any right under the terms of this Policy.
- B. Assignment of any interest under this Policy shall not bind the **Insurer** unless such assignment is acknowledged by a written endorsement issued by the **Insurer**.
- C. The titles of the sections of, and endorsements to, this Policy are for reference only. Such titles shall not be part of the terms and conditions of coverage.

21. REFERENCES TO LAWS

- A. Any statute, act, or code mentioned in this Policy shall be deemed to include all amendments of, and rules and regulations promulgated under, such statute, act, or code.
- B. Any statute, act, or code mentioned in this Policy that is followed by the phrase “or any similar law” shall be deemed to include all similar laws of all jurisdictions throughout the world, including, without limitation, any common law.

22. ENTIRE AGREEMENT

This Policy, including the Declarations, written endorsements, and the **Application** shall constitute the entire agreement between the **Insurer** and the **Insureds** or any of its agents regarding the insurance provided hereunder.

23. POLICY CHANGES

This Policy shall not be changed in any manner except by a written endorsement issued by the **Insurer**.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

MAINE AMENDATORY ENDORSEMENT

It is agreed that:

A. Definition **L.** “**Loss**” of Section **3. Definitions** is deleted in its entirety and replaced by the following:

L. “**Loss**” means **Defense Costs**, damages, settlements, judgments, pre-judgment interest, and punitive, exemplary or multiple damages to the extent such damages are insurable under applicable law. Notwithstanding 5. below, the insurability of **Loss** shall be governed by the laws of any applicable jurisdiction that does not prohibit coverage for such **Loss**.

Loss, other than **Defense Costs**, excludes any:

1. taxes, fines or penalties imposed by law;
2. amount for which the **Insureds** are not liable or for which the claimants are without legal recourse to the **Insureds**;
3. non-monetary or injunctive relief;
4. fees, deposits, commissions or charges;
5. matters that are uninsurable pursuant to applicable law;
6. **Data Incident Response Expenses**; or
7. **Non-Party Investigation Expenses**.

B. Definition **T.** “**Pollutants**” of Section **3. Definitions** is deleted in its entirety and replaced by the following:

T. “**Pollutants**” means any solid, liquid, gaseous, biological, radiological or thermal contaminant or irritant including without limitation, smoke, vapor, soot, fumes, acids, alkalis, chemicals, mold, fungi, odors, noise, oil or oil products, radiation, asbestos or asbestos containing products, waste or any electric or magnetic field of any frequency. **Pollutants** also includes, without limitation, materials to be recycled, reconditioned or reclaimed.

C. Subsection **B.** of Section **14. APPLICATION** is deleted in its entirety and replaced by the following:

B. If the **Application** contains misrepresentations or omissions made with intent to deceive or that materially affect the acceptance of the risk or the hazard assumed by the **Insurer**, coverage under this Policy may be denied.

D. Subsection **C.** of Section **15. SUITS AGAINST THE INSURER AND DISPUTE RESOLUTION** is deleted in its entirety and replaced by the following:

C. In the event that a dispute arises in connection with rights and obligations owed under this Policy, the **Insured(s)** and the **Insurer** shall participate in a non-binding mediation in which the parties shall attempt in good faith to resolve such dispute. Either the **Insured(s)** or the **Insurer** shall have the right to commence a judicial proceeding, or if the parties agree, submit the dispute to a non-binding arbitration, in order to resolve such dispute. However, no judicial proceeding or arbitration shall be commenced prior to the termination of the

mediation and until at least 90 days has passed from the termination of the mediation. The costs and expenses of any mediation, or any arbitration, shall be split equally by the parties.

E. Section 17. **CANCELLATION** is deleted in its entirety and replaced by the following:

17. **CANCELLATION**

A. The **Insurer** may cancel this Policy for non-payment of premium by sending notice to the **Named Insured** stating the reason for cancellation. The **Insurer** may cancel this Policy only for one of the following reasons:

1. Non-payment of premium;
2. Fraud or material misrepresentation made by or with the knowledge of the **Named Insured** in obtaining the Policy, continuing the Policy or in presenting a **Claim** under the Policy;
3. Substantial change in the risk which increases the risk of **Loss** after insurance coverage has been issued or renewed, including, but not limited to, an increase in exposure due to rules, legislation or court decision
4. Failure to comply with reasonable loss control recommendations;
5. Substantial breach of contractual duties, conditions or warranties; or
6. Determination by the Superintendent that the continuation of a class or block of business to which the policy belongs will jeopardize a **Insurer's** solvency or will place the **Insurer** in violation of the insurance laws of this State or any other state.

Cancellation will not be effective prior to 10 days after the receipt by the **Named Insured** of the notice of cancellation. This Policy may not otherwise be cancelled by the **Insurer**. Cancellation will not be effective prior to 10 days after the receipt by the **Named Insured** of the notice of cancellation. This Policy may not otherwise be cancelled by the **Insurer**.

B. Except as otherwise provided, the **Named Insured** may cancel this Policy by sending written notice of cancellation to the **Insurer**. Such notice shall be effective upon receipt by the **Insurer** unless a later cancellation date is specified therein.

C. If the **Insurer** cancels this Policy, unearned premium shall be calculated on a pro rata basis. If the **Named Insured** cancels this Policy, unearned premium shall be calculated at the **Insurer's** customary short rates. Payment of any unearned premium shall not be a condition precedent to the effectiveness of such cancellation. The **Insurer** shall refund any unearned premium as soon as practicable. A post office certificate of mailing to the **Named Insured** at the last known mailing address known to the **Insurer** will be conclusive proof of receipt of notice on the third calendar day after mailing.

F. The following Provision is added to the Policy:

NON-RENEWAL

If the **Insurer** decides not to renew this Policy, the **Insurer** shall mail or deliver written notice of nonrenewal to the **Named Insured**. Non-renewal will not be effective prior to 30 days after the receipt by the **Named Insured** of the notice of non-renewal.

Notice of nonrenewal shall state the reason for nonrenewal. Any notice of non-renewal shall be mailed or delivered to the **Named Insured** at the last mailing address known to the **Insurer**. A post office certificate of mailing to the **Named Insured** at the last known mailing address known to the **Insurer** will be conclusive proof of receipt of notice on the third calendar day after mailing.

All other terms and conditions of this Policy remain unchanged.

Endorsement Number: 4

Policy Number: SPL0062383-05

Named Insured: E to P, LLC DBA Keller Williams Realty

This endorsement is effective on the inception date of this Policy unless otherwise stated herein:

Endorsement Effective Date: January 27, 2024

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

TCPA VIOLATION DEFENSE SUB-LIMIT ENDORSEMENT

It is agreed that Section 6. **EXCLUSIONS, N.** is deleted and replaced by the following:

- N.** in connection with any **Claim** for, based upon, arising from, or in any way related to any unsolicited electronic faxes, emails, telephone calls or unsolicited communications, including without limitation, **Claims** arising out of unsolicited electronic messages, chat room postings, bulletin board postings, newsgroup postings, "pop-up" or "pop-under" Internet advertising or fax-blasting, direct mailing or telemarketing, or **Claims** involving actual or alleged violations of: (i) the Telephone Consumer Protection Act (TCPA); (ii) the Controlling the Assault of Non-Solicited Pornography and Marketing Act (CAN-SPAM Act of 2003); (iii) the Drivers Privacy Protection Act, (iv) the Fair Credit Reporting Act (FCRA), (v) the Fair and Accurate Credit Transaction Act (FACTA of 2003); or (vi) any other foreign, federal, state or local statute, regulation or ordinance that addresses, limits or prohibits the printing, dissemination, disposal, collecting, recording, sending, transmitting, communicating or distribution of material or information. Notwithstanding the foregoing, this exclusion shall not apply to any **Defense Costs** for a **Claim** brought under the Telephone Consumer Protection Act subject to a sublimit of Liability of \$10,000 which shall be part of and not in addition to the Aggregate Limit of Liability Each Policy Period specified in Item 6.B. of the Declarations.

All other terms and conditions of this Policy remain unchanged.

Endorsement Number: 1

Policy Number: SPL0062383-05

Named Insured: E to P, LLC DBA Keller Williams Realty

This endorsement is effective on the inception date of this Policy unless otherwise stated herein:

Endorsement Effective Date: January 27, 2024

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADD INSURED FOR VICARIOUS LIABILITY ONLY

It is agreed that:

1. Section 3. Definitions I. “**Insured**” is amended to include the below named entities, but solely for **Claims** arising out of a **Wrongful Act** of an **Insured Organization**.
2. This Policy does not apply to any **Claim** alleging, based upon, arising out of, or resulting from, directly or indirectly out of any act, error, omission, misstatement, misleading statement, breach of duty or neglect by the below named entities or any of its employees or representatives.

Keller Williams Realty, Inc.; 1221 S. Mopac Expw., Suite #400 Austin, TX 78746 And Keller Williams International; 1221 S. Mopac Expw., Suite #400 Austin, TX 78746

3. Solely for the purpose of determining the application of Section 6. Exclusions G. the entities listed above shall not be considered an **Insured**.

All other terms and conditions of this Policy remain unchanged.

Endorsement Number: 2

Policy Number: SPL0062383-05

Named Insured: E to P, LLC DBA Keller Williams Realty

This endorsement is effective on the inception date of this Policy unless otherwise stated herein:

Endorsement Effective Date: January 27, 2024

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADD INSURED FOR VICARIOUS LIABILITY ONLY

It is agreed that:

1. Section 3. **DEFINITIONS I. "Insured"** is amended to include the below named entities, but solely for **Claims** arising out of a **Wrongful Act** of an **Insured Organization**.
2. This Policy does not apply to any **Claim** alleging, based upon, arising out of, or resulting from, directly or indirectly out of any act, error, omission, misstatement, misleading statement, breach of duty or neglect by the below named entities or any of its employees or representatives.

Keller Williams Realty, Inc.; 1221 S. Mopac Expw., Suite #400 Austin, TX 78746 And Keller Williams International; 1221 S. Mopac Expw., Suite #400 Austin, TX 78746

3. Solely for the purpose of determining the application of Section 6. **EXCLUSIONS G.** the entities listed above shall not be considered an **Insured**.

All other terms and conditions of this Policy remain unchanged.

Endorsement Number: 3

Policy Number: SPL0062383-05

Named Insured: E to P, LLC DBA Keller Williams Realty

This endorsement is effective on the inception date of this Policy unless otherwise stated herein:

Endorsement Effective Date: January 27, 2024

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADD INSURED ENDORSEMENT

It is agreed that Section 3, DEFINITIONS, I. **Insured** is amended to add:

Leading Edge Referral Network (retro: 1/27/2015)

All other terms and conditions of this Policy remain unchanged.

Endorsement Number: 5

Policy Number: SPL0062383-05

Named Insured: E to P, LLC DBA Keller Williams Realty

This endorsement is effective on the inception date of this Policy unless otherwise stated herein:

Endorsement Effective Date: January 27, 2024

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PLATINUM REAL ESTATE AGENTS & BROKERS ENDORSEMENT

It is agreed that:

1. Section 3. **DEFINITIONS, C. Claim** is deleted and replaced with the following:

C. "Claim" means any:

1. written demand for monetary damages or non-monetary relief commenced by the receipt by any **Insured** of such demand;
2. civil proceeding against any **Insured** for monetary or non-monetary relief commenced by the receipt by, or the service upon, any **Insured** of a complaint or similar pleading;
3. administrative or regulatory proceeding commenced by the receipt by, or service upon, any **Insured** of a notice of charges or similar document;
4. civil, administrative, or regulatory investigation of an **Insured** commenced upon such **Insured's** receipt of a formal order of investigation, or once such **Insured** is identified by name by an investigating authority as a person or entity against whom a proceeding described in 2 or 3 above may be commenced;
5. written request to an **Insured** to toll or waive a period or statute of limitations regarding a potential **Claim** as described in 1 – 3 above commenced by the receipt by such **Insured** of such request;
6. **Network Security Breach or Privacy Violation**, but only with respect to **INSURING AGREEMENT B., DATA INCIDENT RESPONSE EXPENSES**; or
7. civil, administrative or regulatory investigation of any person or entity other than an **Insured** brought by a disciplinary or regulatory official including the Consumer Financial Protection Bureau, board or agency, commenced by the filing of or the service upon any **Insured**, of a subpoena, summons, investigative demand or formal investigative order or similar document, but only with respect to **INSURING AGREEMENT C. NON –PARTY INVESTIGATION EXPENSES**.
8. proceeding by a regulatory or disciplinary official, board or agency to investigate charges of professional misconduct by an **Insured** in the performance of **Professional Services**.

Coverage for any disciplinary proceedings is subject to a sub-limit of \$100,000 which shall be a part of and not in addition to the annual aggregate limit of liability and no Retention shall apply.

All **Claims** arising out of the same **Wrongful Act** or any **Interrelated Wrongful Acts** shall be deemed to be a single **Claim** first made on the earliest date that:

1. any of such **Claims** was commenced, even if such date is before the **Policy Period**;
2. notice of such **Wrongful Act** or any **Interrelated Wrongful Act** was given to the **Insurer** pursuant to Section 9.B.; or

3. notice of any fact, circumstance, or situation including such **Wrongful Act** or any **Interrelated Wrongful Act** was given under any prior policy of which this Policy is a renewal or replacement.

No coverage is provided for any **Claim** made, or deemed first made, before the **Policy Period**.

2. Section 3. **DEFINITIONS, I. "Insured"** is amended to include the franchisor which has granted the **Insured Organization** a franchise, but solely for **Claims** arising out of a **Wrongful Act** of an **Insured Organization**. Provided, however this Policy does not apply to any **Claim** alleging, based upon, arising out of, or resulting from, directly or indirectly out of any act, error, omission, misstatement, misleading statement, breach of duty or neglect by such franchisor or any of its employees or representatives.
3. Section 3. **DEFINITIONS, I. "Insured"** is amended to include the legal entities established by real estate agents or their teams, but solely for their vicarious liability for **Claims** arising out of **Wrongful Acts** of an **Insured Organization**. This coverage does not apply to any **Claim** alleging, based upon, arising out of, or resulting from, directly or indirectly out of any act, error, omission, misstatement, misleading statement, breach of duty or neglect if it is not by or on behalf of an **Insured Organization**.
4. Section 3. **DEFINITIONS, J. "Insured Organization"** is amended to include entities formed by the **Named Insured** for the sole purpose of referring clients to a **Real Estate Agent** or third party real estate agent.
5. Section 3. **DEFINITIONS, W.** is deleted and replaced by:
 - W. **Professional Services** means advice given or services performed by an **Insured** for others as a **Real Estate Agent**, but solely when such services are performed on behalf of an **Insured** as a **Real Estate Agency**; and provided that the **Insured** is appropriately licensed by the state in which the **Insured** is doing business. **Professional Services** also means **Employed Lawyer Professional Services** or **Market Center Administrator/CFO/Comptroller Professional Services**.
6. Section 3. **DEFINITIONS** is amended by adding the following:
 - BB. "**Real Estate Agency**" means an entity doing business in the selling, leasing, appraising or marketing of commercial or residential real estate (including mobile homes) and/or, including **Property Manager, Short Term Escrow Agent, Business Broker** (solely with respect to that portion of the transaction that includes the purchase or sale of real estate) or notary public services.
 - CC. "**Market Center Administrator/CFO/Comptroller Claim**" means any **Claim** where the **Wrongful Act** is directly in connection with the actual or alleged performance of, or the actual or alleged failure to perform **Market Center Administrator/CFO/Comptroller Professional Services** by any natural person **Insured** who is named in the **Claim**.

Coverage for any **Market Center Administrator/CFO/Comptroller Claim** is subject to a sub-limit of \$50,000 which shall be a part of and not in addition to the annual aggregate limit of liability.
 - DD. "**Employed Lawyers' Claim**" means any **Claim** where the **Wrongful Act** is directly in connection with the actual or alleged performance of, or the actual or alleged failure to perform, **Employed Lawyer Professional Services** by any natural person **Insured** who is named in the **Claim**.

Coverage for any **Employed Lawyers' Claim** is subject to a sub-limit of \$1,000,000 which shall be a part of and not in addition to the annual aggregate limit of liability.

- EE. **"Employed Lawyer Professional Services"** means legal services provided by any natural person **Insured** who is duly admitted and authorized to practice law within the jurisdiction in which he or she is providing such services but only where such services are being rendered exclusively to an **Insured**.
 - FF. **"Market Center Administrator/CFO/Comptroller Professional Services"** means accounting services provided by any natural person **Insured** but only where such services are being rendered exclusively to an **Insured**.
 - GG. **"Business Broker"** means an **Insured** engaged in the brokering of the sale or purchase of a business which includes real estate, including leasing. The coverage for business brokering is only applicable to the part of the **Claim** made with respect to the real estate portion of a business brokering transaction.
 - HH. **"Principal"** means any individual who has an equity interest of 5% or more in the **Named Insured** prior to any **Claim**. **Principal** also means the Principal Broker.
 - II. **"Real Estate Agent"** means an **Insured** doing business as an agent, broker, referral agent, real estate appraiser, real estate auctioneer, real estate transaction coordinator, unlicensed assistants, real estate consultant or counselor in the sale or leasing of commercial or residential real estate, including **Short Term Escrow Agent**.
 - JJ. **"Short Term Escrow Agent"** means an **Insured** who, in connection with the sale or purchase of real property, receives or holds funds in, or distributes funds from, an escrow or trust account where all such funds are to be fully distributed within twelve (12) months from the date received on residential property transactions and twenty-four (24) months on commercial property transactions.
 - KK. **"Property Manager"** means any person or entity who manages real property, including leasing space, collecting rents, selecting tenants, and arranging for repair, renovation or maintenance by others of buildings or grounds, including services related to REOs, foreclosures, or short sales or the **Insured** making repairs which do not require a license or permit and are under \$1,000 in cost of materials.
 - LL. **"Guaranteed Sale Listing Contract"** means a written agreement between the **Insured** and the seller of real property, in which the **Insured** agrees to purchase such property if it is not sold under the listing agreement in the time frame specified by the agreement.
7. Paragraphs **A and B** of Section 6. **EXCLUSIONS** are amended by adding the following:
- With respect to **EXCLUSIONS A and B** only, no conduct or knowledge possessed by any natural person **Insured** shall be imputed to any other natural person **Insured**, and only knowledge possessed by the **Insured Organization's** chief executive officer, chief financial officer, or general counsel shall be imputed to an **Insured Organization**.
8. Section 6. **EXCLUSIONS, F** is deleted and replaced by the following:
- F. for any **Bodily Injury** or **Property Damage**, provided that this exclusion shall not apply to
 - (1) any mental injury, mental anguish, mental tension, emotional distress, pain and suffering, or shock, resulting in or from **Personal Injury** or to

- (2) any **Claim** resulting from the **Insured's** negligence in rendering or failing to render **Professional Services**;

With respect to coverage provided by 8. above **Insurer** shall not pay **Loss, Data Incident Response Expenses** or **Non-Party Investigation Expenses**:

- A. in connection with any **Claim** for which coverage would be afforded under a standard general liability policy regardless of whether or not such coverage is in force at the time such **Bodily Injury** or **Property Damage** occurred;
- B. in connection with any **Claim** arising out of the ownership, maintenance, operation, use, loading or unloading of any motor vehicle, aircraft (other than drones) or water craft owned or operated by or rented or loaned to any **Insured**;
- C. in connection with any **Claim** for which the **Insured** or any insurer may be held liable under any workers' compensation, unemployment compensation or disability benefits law, or similar law; or
- D. in connection with any **Claim** for **Bodily Injury** to any employee of the **Insured** arising out of his or her employment by the **Insured** or to any obligation of the **Insured** to indemnify or contribute with another employer because of damages arising out of such injury.
- As a condition precedent to coverage provided by 8. above, the **Named Insured** agrees and warrants that comprehensive general liability insurance covering **Bodily Injury** and **Property Damage**, shall be kept in force during the **Policy Period** and any claim in which coverage may apply to such insurance shall be submitted for coverage to such general liability insurer. The amount of coverage shall be no less than \$1,000,000.
9. Section 6, **EXCLUSIONS, K.** is deleted and replaced by:
- K. in connection with any **Claim** for, based upon, arising from, or in any way related to any actual or alleged misappropriation, theft, plagiarism, infringement or violation of any patent, copyright, trademark, trade secret, trade dress, trade name, service mark, service name, title or slogan; provided however this exclusion shall not apply to copyright or trademark infringement in the advertising of a real estate listing subject to a sublimit of Liability of \$25,000 which shall be part of and not in addition to the Aggregate Limit of Liability Each Policy Period specified in Item 6.B. of the Declarations;
10. Section 6, **EXCLUSIONS, L.** and **P.** are deleted and replaced by:
- L. in connection with any **Claim** for, based upon, arising from, or in any way related to any actual, alleged or threatened discharge, dispersal, seepage, migration, release, emission escape or transportation of **Pollutants**, including, without limitation any direction, request or order to test for, monitor, clean up, remove, contain, treat, detoxify or neutralize, or in any way respond to, or assess the effects of **Pollutants**; provided however this exclusion shall not apply to the failure to disclose, report, detect or advise on **Pollutants**.
- P. in connection with any **Claim** for, based upon, arising from or in any way related to any actual or alleged discrimination, humiliation, or harassment in any form or manner, including, but not limited to, race, creed, color, religion, ethnic background, national origin, age, handicap, disability, gender, sex, sexual orientation, or preference, pregnancy, marital status, retaliation, or any other protected class under any federal, state, local or other law. However, this exclusion will not apply to any **Claim** alleging violations of Title VIII of the Civil

Rights Act of 1968, the Fair Housing Amendment Act of 1988, or any similar state or local law or ordinance

11. Section 6, **EXCLUSIONS, Q.** is deleted and replaced by:

Q. in connection with any **Claim** for, based upon, arising from, or in any way related to any actual or alleged conversion, commingling, availability or misuse of funds or any form of money or any guarantee of a specified rate of return or interest; provided however this exclusion shall not apply to **Defense Costs** for a **Claim** resulting from a client being intentionally deceived into wiring funds (which are partly or wholly unrecoverable) due to the negligence or error of an **Insured** in the provision of **Professional Services** subject to a sublimit of Liability of \$25,000 which shall be part of and not in addition to the Aggregate Limit of Liability Each Policy Period specified in Item 6.B. of the Declarations;

12. Section 6, **EXCLUSIONS** is amended by adding the following:

U. in connection with any **Claim** for, based upon, arising from, or in any way related to any formulation, promotion, syndication, offer, sale or management of any limited partnership, general partnership, real estate investment or other security, including any interest therein or obtaining any financing for any real property or development;

V. in connection with any **Claim** based upon, arising from, or in any way related to any transaction in which any **Insured** has a direct or indirect beneficial ownership interest or was constructed or developed by an **Insured**; provided however this exclusion shall not apply to:

1. services as a **Property Manager**, the purchase of real property, or the sale or purchase of raw land;
2. the actual or attempted sale of residential real property, consisting of a 1-4 family dwelling, owned by the **Insured**;
3. the actual or attempted sale of real property owned by the **Insured** if the property was acquired by the **Insured** under a **guaranteed sale listing contract**, and from acquisition to resale the title is held by the **Insured** for twelve (12) months or less, and continually offered for sale by the **Insured**;
4. the actual or attempted sale of commercial property or property constructed or developed by an **Insured** subject to a sublimit of Liability of \$50,000 which shall be part of and not in addition to the Aggregate Limit of Liability specified in Item 6. B. of the Declarations.

W. in connection with any **Claim** based upon, arising from, or in any way related to any investment failing to perform as expected or desired or any **Insured** making any express or implied warranties or guarantees, including but not limited to any express warranties or guarantees as to the present or future value of any property or business or the suitability of a property for a specific purpose;

X. in connection with any **Claim** arising out of the valuation or performance of any business;

Y. in connection with any **Claim** based upon, arising from, or in any way related to any violation or alleged violation of any antitrust price fixing, restraint of trade law, unfair competition or consumer protection laws; provided however this exclusion shall not apply to a Claim brought by the Consumer Financial Protection Bureau subject to a sublimit of Liability of \$35,000 which shall be part of and not in addition to the Aggregate Limit of Liability specified in Item 6. B. of the Declarations, and no Retention shall apply.

- Z.** in connection with any **Claim** brought by a person or entity which wholly or partly owns, operates, controls or manages an **Insured Organization**; which is operated, controlled or managed by an **Insured**; or in which any **Insured** has an ownership interest during or after the performance of **Professional Services** giving rise to the **Claim**; or by any entity for which any natural person **Insured** is a director, officer, trustee, regent, governor, independent contractor or equivalent executive at the time the **Claim** is made;
- AA.** in connection with any **Claim** based upon, arising from, or in any way related to any performance or failure to perform services as an insurance agent, insurance broker, mortgage banker/broker, lender, financing company, title agent, title abstractor, risk manager, loss control inspector, property developer, builder, general contractor, architect, engineer or construction manager; attorney (other than for an **Employed Lawyers' Claim**), accountant (other than for an **Market Center Administrator/CFO/Comptroller Claim**), actuary, tax preparer, tax consultant, securities broker, securities dealer, registered representative of a securities broker or dealer, financial planner or advisor, nurse, doctor of medicine, veterinary medicine or dentistry;
- BB.** in connection with any **Claim** based upon, arising from, or in any way related to any fee or commission disputes or the return or restitution of fees or commissions;
- CC.** in connection with any **Claim** based upon, arising from, or in any way related to any governmental intervention, cease and/or desist order, insolvency, receivership, bankruptcy or liquidation of any organization in which an **Insured** has placed client funds;
- DD.** in connection with any **Claim** based upon, arising from, or in any way related to any bankruptcy or insolvency of the **Insured**;
- EE.** in connection with any **Claim** based upon, arising from, or in any way related to any notarized certification or acknowledgment of a signature without the physical appearance at the time of said notarization before such notary public (unless authorized by state law);
- FF.** in connection with any **Employed Lawyers Claim** brought by or at the behest of, or on behalf of any joint venture or partnership in which any **Insured** is a partner or member;
- GG.** in connection with any **Employed Lawyers Claim** for fines, sanctions, taxes, costs or penalties incurred in connection with any disciplinary, disbarment or other similar proceeding brought by any provincial, territorial, state or federal bar association, law society or other equivalent regulatory body,
- 13.** It is agreed that Section 7. **LIMIT OF LIABILITY & RETENTION** is amended to state that notwithstanding anything contained in Paragraphs B & C to the contrary:
- i. the **Insured** shall be entitled to an additional **Defense Costs** limit of liability ("Additional Defense Costs Limit") as specified below;
 - ii. the Additional Defense Costs Limit shall apply in addition to the limit of liability otherwise applicable to the Policy;
 - iii. the Additional Defense Costs Limit shall apply to **Defense Costs** incurred on **Claims** that are covered under the Policy; and
 - iv. Payment of **Defense Costs** in excess of the Additional Defense Costs Limit by the **Insurer** shall reduce and erode any remaining each applicable Limit of Liability.

Additional Defense Costs Limit: \$1,000,000 per **Claim** and in the **Aggregate Each Policy Period**

14. Section 8. **DEFENSE & SETTLEMENT OF CLAIMS** is amended by adding the following:

G. The **Insured's** obligation to pay the Retention in the Declarations shall be waived in an amount not to exceed \$5,000 per **Claim** if conditions 1-4 below are met or if any real estate transaction is performed by a **Principal** as a buyers or sellers agent, and evidence of such is provided to the **Insurer** when notice of a **Claim** is received by the **Insurer**:

- (1) A seller disclosure form was signed by the **Insured** or the seller and acknowledged in writing by the buyer prior to closing; provided however this requirement shall not apply if it is not required by applicable state law;
- (2) A home warranty was purchased, or waived in writing by the buyer, prior to closing; or a warranty was provided by the builder of a new construction home;
- (3) A written home inspection report was issued by a licensed or certified home inspector, or was waived in writing by the buyer prior to closing; and
- (4) A state or local board approved standard sales contract or contract drafted by a licensed attorney was utilized;

H. For each **Policy Period** that the **Insureds** does not submit a **Claim** in consecutive **Policy Periods** to the **Insurer** the Retention shall be reduced by \$500 per **Claim**, up to a maximum of \$2,000 per **Claim**. A notice of circumstance given pursuant to 9.B. shall not be considered a **Claim** for the purposes of this amendment.

15. Section 8. **DEFENSE & SETTLEMENT OF CLAIMS, D.** is deleted and replaced by:

D. The **Insurer** may, with the written consent of the **Insureds**, settle any **Claim** for a monetary amount that the **Insurer** deems reasonable. If the **Insured** refuses to consent to any settlement of a **Claim** recommended by the **Insurer** and acceptable to a claimant, and elects to contest the **Claim**, then the **Insurer** shall not pay **Loss** for such **Claim** in excess of:

1. the amount of the proposed settlement plus **Defense Costs** incurred prior to such refusal; and
2. 80% of **Loss** incurred for such **Claim** in excess of the amount specified in 1. above.

16. Section 13. **CHANGES IN CONTROL, B. Acquisition or Creation of a Subsidiary** is deleted and replaced by:

B. Acquisition or Creation of a Subsidiary

If, during the **Policy Period**, any **Named Insured**:

1. acquires or creates a **Subsidiary** or absorbs another real estate agency; or
2. merges with another organization such that the **Named Insured** is the surviving entity,

then such newly created, acquired, absorbed real estate agency or merged organization and its **Insureds** shall be covered for any **Wrongful Act** occurring after such acquisition, absorption, merger or creation. No coverage shall be available for any **Wrongful Act** of any

new **Insureds** occurring before such transaction or for any **Interrelated Wrongful Acts** thereto.

If the current annual gross revenues of any newly acquired, absorbed real estate agency or merged organization exceeds 15% of the current annual gross revenues of the **Named Insured** as reflected in the most recent **Application** submitted with the **Insured**, then the **Named Insured** shall give the **Insurer** written notice of the acquisition or merger as soon as practicable but not later than 90 days after the effective date of such transaction. Subject to the expiration of the **Policy Period**, any continuation of coverage for such newly acquired or merged entity and its **Insureds** beyond 90 days after the transaction shall be subject to any additional terms and conditions, including additional premium, required by the **Insurer**. The **Insureds** shall furnish all information regarding such transaction as the **Insurer** shall request.

17. It is agreed that an aggregate Retention equal to 300% of the per **Claim** Retention shall apply. The Per **Claim** Retention shall apply to each and every **Claim** under the Policy until the **Insured** has paid the amount of the Aggregate Retention in full.
18.
 - A. If during the **Policy Period**, the **Insured** receives a subpoena for documents or testimony arising out of **Professional Services** and the subpoena is not related to a **Claim** previously reported under this **Policy**, the **Insurer** will, at the written request of the **Insured** and upon receipt of a copy of the subpoena, retain legal counsel to advise the **Insured** regarding document production or represent the **Insured** during testimony.
 - B. The **Insurer** will reimburse the **Insured** for legal expenses incurred for retaining the services of legal counsel to assist the **Insured** in responding to such subpoena. The most the **Insurer** will pay for all such legal expenses is \$25,000 per **Policy Period**, which will be part of, and not in addition to, the limit of liability stated in the Declarations. No Retention shall apply to any supplemental payments made pursuant to the coverage provided by this endorsement.
 - C. The **Insured** must give the **Insurer** notice of a subpoena as soon as practicable, but in no event later than 60 days after the end of the **Policy Period**. Any notice the **Insured** gives the **Insurer** of a subpoena shall be deemed notification of an alleged negligent act, error or omission which might result in a **Claim** under Section 9. **CLAIMS AND POTENTIAL CLAIMS NOTICES** in the Policy.
19. The **Insurer** shall pay **Crisis Management Expenses** on behalf of an **Insured** resulting from a **Claim** occurring during the **Policy Period**.
 - A. The **Insurer's** maximum liability for all **Crisis Management Expenses** shall be a Sublimit of Liability of \$25,000 per **Claim** and in the Aggregate each **Policy Period**. Such Sublimit of Liability shall be the maximum aggregate amount that the **Insurer** shall pay under this Endorsement. Such Sublimit of Liability shall be part of, and not in addition to, the Limit of Liability. No Retention shall apply to this coverage.
 - B. "**Crisis Management Expenses**" means reasonable and necessary fees and expenses incurred by an **Insured**, with the **Insurer's** prior written consent, for an independent public relations consultant and the cost of associated advertising and public relations media and activities.
 - C. Section 3. L. "**Loss**" is amended to add:

"**Loss**" shall include **Crisis Management Expenses**.

- D. The **Insureds** shall give to the **Insurer** all information and cooperation as the **Insurer** may reasonably request.

All other terms and conditions of this Policy remain unchanged.

Endorsement Number: 6

Policy Number: SPL0062383-05

Named Insured: E to P, LLC DBA Keller Williams Realty

This endorsement is effective on the inception date of this Policy unless otherwise stated herein:

Endorsement Effective Date: January 27, 2024

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

AMEND PENDING AND PRIOR LITIGATION ENDORSEMENT

It is agreed that Paragraph **E.** of Section **6. EXCLUSIONS** is deleted and replaced by:

- E.** in connection with any **Claim** alleging, based upon, arising out of, or resulting from, directly or indirectly, any demand, suit or proceeding pending, or order, decree or judgment made or initiated against the **Insured** and which the **Insured** had knowledge of on or prior to the Prior or Pending Litigation Date specified in Item 5 of the Declarations or which has a common nexus, fact, circumstance, situation, event, transaction, cause or series of causally connected facts, circumstances, situations, events, transactions or causes underlying or alleged therein;

All other terms and conditions of this Policy remain unchanged.

Endorsement Number: 7

Policy Number: SPL0062383-05

Named Insured: E to P, LLC DBA Keller Williams Realty

This endorsement is effective on the inception date of this Policy unless otherwise stated herein:

Endorsement Effective Date: January 27, 2024

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**AMEND CLAIM DEFINITION ENDORSEMENT AND DISCIPLINARY PROCEEDING
COVERAGE**

1. It is agreed that Section 3. DEFINITIONS C. “**Claim**” is deleted and replaced by the following:

C. “**Claim**” means any:

1. written demand for monetary damages or non-monetary relief commenced by the receipt by any **Insured** of such demand;
2. civil proceeding against any **Insured** for monetary or non-monetary relief commenced by the receipt by, or the service upon, any **Insured** of a complaint or similar pleading;
3. written request to an **Insured** to toll or waive a period or statute of limitations regarding a potential **Claim** as described in 1 or 2 above commenced by the receipt by such **Insured** of such request;
4. **Network Security Breach or Privacy Violation**, but only with respect to **INSURING AGREEMENT B., DATA INCIDENT RESPONSE EXPENSES**.

All **Claims** arising out of the same **Wrongful Act** or any **Interrelated Wrongful Acts** shall be deemed to be a single **Claim** first made on the earliest date that:

1. any of such **Claims** was commenced, even if such date is before the **Policy Period**;
2. notice of such **Wrongful Act** or any **Interrelated Wrongful Act** was given to the **Insurer** pursuant to Section 9.B.; or
3. notice of any fact, circumstance, or situation including such **Wrongful Act** or any **Interrelated Wrongful Act** was given under any prior policy of which this Policy is a renewal or replacement.

No coverage is provided for any **Claim** made, or deemed first made, before the **Policy Period**.

2. A. If during the **Policy Period**, the **Insured** is subject to a proceeding by a regulatory or disciplinary official, board or agency to investigate charges of professional misconduct by an **Insured** in the performance of **Professional Services** the **Insurer** will, at the written request of the **Insured** pay **Loss** attributable to such proceeding. Coverage for any disciplinary proceedings is subject to a sub-limit of \$100,000 which shall be a part of and not in addition to the annual aggregate limit of liability and no Retention shall apply.
 - B. The **Claim Manager** must give the **Insurer** notice of such disciplinary proceeding as soon as practicable after any **Claim Manager** becomes aware of such disciplinary proceeding, but in no event later than: (i) 60 days after the end of the **Policy Period**; or (ii) the end of the Extended Reporting Period, if applicable. Any notice the **Claim Manager** gives the **Insurer** of a disciplinary proceeding shall be deemed notification of an alleged negligent act, error or omission which might result in a **Claim** under Section 9. **CLAIMS AND POTENTIAL CLAIMS NOTICES** in the Policy.
3. It is also agreed that if the definitions or amendments in this endorsement conflict with any other endorsement on the Policy then the definitions and amendments in this endorsement will apply.

All other terms and conditions of this Policy remain unchanged.

Endorsement Number: 8

Policy Number: SPL0062383-05

Named Insured: E to P, LLC DBA Keller Williams Realty

This endorsement is effective on the inception date of this Policy unless otherwise stated herein:

Endorsement Effective Date: January 27, 2024

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**AMEND DEFENSE & SETTLEMENT OF CLAIMS
(PLATINUM VERSION)**

It is agreed that Section **8. DEFENSE & SETTLEMENT OF CLAIMS, D.** in the Platinum Real Estate Agents and Brokers Endorsement is deleted and replaced by:

8. DEFENSE & SETTLEMENT OF CLAIMS

D. The **Insurer** may, with the written consent of the **Named Insured**, settle any **Claim** for a monetary amount that the **Insurer** deems reasonable. If the **Named Insured** refuses to consent to any settlement of a **Claim** recommended by the **Insurer** and acceptable to a claimant, and elects to contest the **Claim**, then the **Insurer** shall not pay **Loss** for such **Claim** in excess of:

1. the amount of the proposed settlement plus **Defense Costs** incurred prior to such refusal; and
2. 80% of **Loss** incurred for such **Claim** in excess of the amount specified in 1. above.

All other terms and conditions of this Policy remain unchanged.

Endorsement Number: 9

Policy Number: SPL0062383-05

Named Insured: E to P, LLC DBA Keller Williams Realty

This endorsement is effective on the inception date of this Policy unless otherwise stated herein:

Endorsement Effective Date: January 27, 2024

**U.S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN
ASSETS CONTROL ("OFAC")
ADVISORY NOTICE TO POLICYHOLDERS**

No coverage is provided by this Policyholder Notice nor can it be construed to replace any provisions of your policy. You should read your policy and review your Declarations page for complete information on the coverages you are provided.

This Notice provides information concerning possible impact on your insurance coverage due to directives issued by OFAC. **Please read this Notice carefully.**

The Office of Foreign Assets Control (OFAC) administers and enforces sanctions policy, based on Presidential declarations of "national emergency". OFAC has identified and listed numerous:

- Foreign agents;
- Front organizations;
- Terrorists;
- Terrorist organizations; and
- Narcotics traffickers;

as "Specially Designated Nationals and Blocked Persons". This list can be located on the United States Treasury's web site – <http://www.treas.gov/ofac>.

In accordance with OFAC regulations, if it is determined that you or any other insured, or any person or entity claiming the benefits of this insurance has violated U.S. sanctions law or is a Specially Designated National and Blocked Person, as identified by OFAC, this insurance will be considered a blocked or frozen contract and all provisions of this insurance are immediately subject to OFAC. When an insurance policy is considered to be such a blocked or frozen contract, no payments nor premium refunds may be made without authorization from OFAC. Other limitations on the premiums and payments also apply.