

BUSINESSOWNERS DECLARATION BUSINESSOWNERS RENEWAL DECLARATIONS

13

RENEWAL OF OLD 9558152

Policy Number	Policy Period From To		Coverage is Provided in the	Agency Code
OLD-9558152-01	05/23/2013	05/23/2014	HANOVER LLOYDS INSURANCE COMPANY	160901300

Named Insured and Address

REALITY BASED GROUP DBA MYSTERY SHOPPERS, INC

PO BOX 10027

AUSTIN TX 78766

Agent

512-477-6745

HIGGINBOTHAM INS AGY INC **DBA WM GAMMON INS**

1615 GUADALUPE

AUSTIN, TX 78701 Policy Period: Beginning and Ending at 12:01 a.m. Standard Time at the Location of the Described Premises.

Business Type: CORPORATION (SINGLE).

Mortgagee/Loss Payable:

Business of the Named Insured:

OFFICE.

In consideration of the premium, insurance is provided the Named Insured with respect to those premises described in the Schedule below and with respect to those coverages and kinds of property for which a specific Limit of Insurance is shown, subject to all of the terms of this policy including forms and endorsements made a part hereof:

LOCATION SCHEDULE

Described Premises:

NO. 1 8701 N MOPAC EXPY, AUSTIN, TX 78759

Property Coverage	Limits of Insurance							
	Loc No 001	Bldg No 001	Loc No	Bldg No	Loc No	Bldg No		
Deductible Amt	\$ 1,000		\$		\$			
Building Amount Valuation	NOT COVERED							
Bus Personal Prop	\$ 82,4	7 2						
Valuation	F	RC						
Business Income	ACTUAL BUSI	NESS LOSS SUS	TAINED NOT	EXCEEDING 12 (#ONTHS		
Business Income	ACTUAL BUSINESS LOSS SUSTAINED NOT EXCEEDING 12 CONSECUTIVE MONTHS Excluded / None / 24 hour / 48 hour / 72 hour							
Waiting Period	24 HOUR							
Coverage	Limits of Insurance							
Liability and Medical Payments: Except for Property Damage Legal Liability, each paid claim for the following coverages								
reduced the Amount of Insurance we provide during the applicable annual period. Please refer to Paragraph D.4. of Section II-								
Liability of the Businessowners Coverage form.								
Business Liability \$ 1		\$1,000,000	Per Occurre	ence	\$2,000,000	Aggregate		
Medical Expenses		\$ 5,000	Each Perso			333		
Property Damage Legal	Liability	bility \$ 300,000 Any one Fire, Explosion, Lightning, Smoke or Leakage						
Form 391-1002 (6-05)				, , , , ,	<u> </u>	Page 1 of 2		

Date Issued: 03/20/2013

ORIGINAL/INSURED

Payment Type: DIRECT BILL



PLUS Professional Lines Underwriting Specialists, Inc.

The premier D&O and E&O broker in the Southwest

INSURANCE BINDER

THE TERMS AND CONDITIONS OF THIS CONFIRMATION OF INSURANCE MAY NOT COMPLY WITH THE SPECIFICATIONS SUBMITTED FOR CONSIDERATION. TO ENSURE THE SUITABILITY OF THE PROTECTION BEING PROVIDED TO YOUR CLIENT, PLEASE READ THIS CONFIRMATION CAREFULLY AND COMPARE/REVIEW IT WITH THE OFFER, THE SUBMISSION DOCUMENTS AND THE POLICY FORMS FOR FULL COMPREHENSION OF THE ACTUAL COVERAGES PROVIDED.

IN ACCORDANCE WITH YOUR INSTRUCTIONS, AND IN RELIANCE UPON THE STATEMENTS MADE BY THE RETAIL BROKER IN THE INSURED'S APPLICATION/SUBMISSION, WE HAVE OBTAINED INSURANCE PER YOUR REQUEST AS FOLLOWS:

DATE ISSUED:

June 4, 2013

PRODUCER:

William Gammon Insurance

1615 Guadalupe, Austin, TX 78701

INSURED:

Reality Based Group; Mystery Shoppers, Inc.

PO BOX 10027, Austin, TX 78766

INSURER:

Darwin Select Insurance Company

Non-Admitted

POLICY NO.:

0303-9539

COVERAGE:

Errors & Omissions / Misc. Classes

POLICY PERIOD:

5/23/2013 TO 5/23/2014

RETROACTIVE DATE:

05/23/2003

TERM:

12 Months

12:01 A.M. STANDARD TIME AT THE LOCATION ADDRESS OF THE NAMED INSURED. THIS INSURANCE BINDER WILL BE TERMINATED AND SUPERSEDED UPON DELIVERY OF THE FORMAL POLICY(IES) ISSUED TO REPLACE IT.

LIMITS/DEDUCTIBLE/PREMIUM:

Limits

\$1,000,000/\$1,000,000

per claim / aggregate

Deductible

\$5,000

per claim, loss & expense

Premium

\$10,473.00

FEES:

Broker Fee

\$100.00

TAXES:

\$519.13

TRIA PREMIUM:

NOT APPLICABLE

TOTAL:

\$11,092.13

Claims Made

(a)TERMS / CONDITIONS:

25% MINIMUM EARNED PREMIUM AT INCEPTION.

(b) ENDORSEMENTS / NOTABLE EXCLUSIONS:

Carrier/Form: Darwin Select Insurance Company / DRWN E3000 (10/2008) / Professional Liability Insurance

Endorsements:

- 1. PN 9022 (6/2007) Important Notice
- 2. s1006 DSI (3/2012) Service Of Suit
- 3. v1881 (1/2007) Delete Insuring Agreement B Employment Practices Liability
- 4. v1895 (01/2007) Financial And Investment Advice Endorsement

(c) ATTACHMENTS / SUBJECT TO:

As quoted, offered, and agreed.

Surplus Lines Paper // Claims-Made Coverage // Deductible applies per claim // Bilateral Extended Reporting Period: 1 year at 100% and 3 years at 150% // Policy cannot be cancelled by Darwin except for non-payment of premium // Defense Expenses are OUTSIDE the limit of liability // Includes Punitive damages sublimit at \$500,000

Insured's Profession(s):
Management Consultant (Non-Medical);
Marketing Consultant / Data Analysis (Non-Medical);
Public Opinion Polling / Tabulating Service

(d) ALL OTHER TERMS AND CONDITIONS APPLY PER FORM

CANCELLATION: THIS POLICY IS SUBJECT TO THE CANCELLATION PROVISIONS AS FOUND IN THE POLICY(IES) OR CERTIFICATE(S) CURRENTLY IN USE BY THE INSURER. THE INSURANCE EFFECTED UNDER THE INSURER'S BINDER CAN BE CANCELLED BY THE INSURER (SUBJECT TO STATUTORY REGULATIONS) BY MAILING, TO THE INSURED AT THE ADDRESS STATED ON THE FACE OF THIS CONFIRMATION OF INSURANCE, WRITTEN NOTICE STATING WHEN SUCH CANCELLATION SHALL BE EFFECTIVE. IN THE EVENT OF CANCELLATION BY THE INSURED, THE EARNED PREMIUM WOULD BE SUBJECT TO THE MINIMUM PREMIUM IF APPLICABLE.

THIS CONFIRMATION OF INSURANCE IS ISSUED BASED UPON THE INSURER'S AGREEMENT TO BIND AND IS ISSUED BY THE UNDERSIGNED WITHOUT ANY LIABILITY WHATSOEVER AS AN INSURER.

AUTHORIZED REPRESENTATIVE Stephen D. Sprowls, President

INSURED: , Reality Based Group; Mystery Shoppers, Inc. DATE ISSUED: June 4, 2013

Reference #:9937923 (To Fax:((512) 469-0443))