



ARCH INSURANCE COMPANY
A Missouri Corporation

ADMINISTRATIVE OFFICE
One Liberty Plaza
53rd Floor
New York, NY 10006
Tel: 800-817-3252

HOME OFFICE
2345 Grand Blvd, Suite 900
Kansas City, MO 64108

LAWYERS PROFESSIONAL LIABILITY INSURANCE POLICY

THIS IS A CLAIMS-MADE AND REPORTED POLICY. PLEASE REVIEW YOUR POLICY CAREFULLY. THE POLICY IS LIMITED TO LIABILITY FOR ONLY THOSE CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED AND REPORTED TO THE COMPANY DURING THE POLICY PERIOD UNLESS AND TO THE EXTENT THAT AN EXTENDED REPORTING PERIOD OPTION APPLIES.

DECLARATIONS

Policy Number: 11LPL10563800

Renewal of:

Item 1. Named Insured and Address
The Law Offices of Mark B. Plummer, PC
18552 Oriente Drive
Yorba Linda, CA 92886

Item 2. Producer Name
Mercer Health & Benefits Insurance Services LLC
345 California Street
Suite 1300
San Francisco, CA 94104

Item 3. Policy Period From To 12:01 A.M. Standard Time at the address
5/26/2016 5/26/2017 of the Named Insured as stated herein.

Item 4. Limit Liability
\$ 100,000 Each Claim
\$ 300,000 Aggregate
a. Claims expenses are included within the Limit of Liability.

Item 5. Deductible
\$ 5,000 Per Claim

The deductible amount specified above applies to both damages and claim expenses.

Item 6. Premium
\$ 2,280.00 Amount No. of Lawyers 1

Item 7. Forms Attached at Issue
00 LPL 00034 00 0506 Prior Acts
05 LPL 0002 05 06 09 Policy Form
00 LPL 0174 00 0915 Data Breach Expenses Endorsement
00 ML 0065 00 0607 OFAC

By acceptance of this policy the insured agrees that the statements in the Declarations and the Application and any attachments hereto are its insured's agreements and representations and that this policy embodies all the agreements existing between the insured and the Company or any of its representatives relating to the insurance.

Do Not Write In This Box	Remarks	Countersigned At	Issue Date
		Sun Francisco	6/6/2016



 Authorized Representative

 6/6/2016
 Countersign Date