



125 FLAT CREEK TRAIL, SUITE 200
FAYETTEVILLE, GEORGIA 30214

*This is a Claims Made Policy. Please read it carefully.
Lawyers Professional Liability Policy*

DECLARATIONS

Policy Number: 090786

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- Item 1. Named Insured: Rachel K. Iverson, P.C.

 Mailing Address: 5780 Windward Parkway
 Suite 225
 Alpharetta, GA 30005
- Item 2. Policy Period: From 3/1/2009 to 3/1/2010 at 12:01 A.M.
 Standard Time at Your Address Above
- Item 3. Limit of Liability: \$1,000,000 per claim
 \$1,000,000 total aggregate limit
- Item 4. Deductible: \$10,000 annual aggregate
- Item 5. Premium: \$1,216.00
- Item 6. Printed Endorsements Attached at Policy Issuance.

GLPL-101
GLPL-103
GLPL-108

GLPL-109
GLPL-112

THIS POLICY NOT VALID UNTIL SIGNED BY OUR AUTHORIZED REPRESENTATIVE

3/1/2009

Countersignature Date


Authorized Representative