

LAWYERS' MUTUAL INSURANCE COMPANY
PROFESSIONAL LIABILITY POLICY
THE DECLARATIONS

POLICY NUMBER : LPDL03404
RNL. OF POL. NO.: LPDK03404

NAMED INSURED AND ADDRESS:
MICHAEL A. CARTY
INDIVIDUAL
228 E. VICTORIA STREET
SANTA BARBARA, CA 93101

LAWYERS WHO ARE PARTNERS OF, STOCKHOLDERS IN, OR
EMPLOYEES OF THE NAMED INSURED:
SEE PRIOR ACTS INCLUSION ENDORSEMENT ATTACHED

PREDECESSOR FIRM:
NONE

EFFECTIVE DATE OF THIS POLICY: 01-27-2014
12:01 A.M. PACIFIC STANDARD TIME

PIRATION DATE OF THIS POLICY: 01-27-2015
12:01 A.M. PACIFIC STANDARD TIME

POLICY PREMIUM: \$1,610

LIMITS OF LIABILITY: Agency Fee: \$200.00
LIMIT OF LIABILITY EACH CLAIM : 1,000,000
LIMIT OF LIABILITY POLICY AGGREGATE : 3,000,000
DEDUCTIBLE (CLAIMS EXPENSES & DAMAGES): 5,000

- SEE POLICY PROVISIONS FOR FULL DESCRIPTION -

FORMS AND ENDORSEMENTS FORMING A PART OF THIS POLICY:

FORM 1 REVISED 6/87 PAIE SPAE TRIA-2002

THESE DECLARATIONS, FORM 1 REVISED 6/87 AND ENDORSEMENTS AS
LISTED IN ITEM 8 ABOVE, CONSTITUTE THIS POLICY, NUMBERED ABOVE.

LAWYERS' MUTUAL INSURANCE COMPANY

DATE OF TRANSACTION: 02-07-2014

BY 

WALTER R. ANDERSON

INSURANCE SERVICES, INC.

Specializing in Professional Liability Since 1981
3757 State St. Suite 2B • Santa Barbara, CA 93105
(805) 682-8885 • Fax (805) 563-1160

Insured
CARTY, MICHAEL A.

Prior Acts
Inclusion Date
10-01-1987

Coverage
Termination Date

B. Section 1.9 (b) of the policy is hereby deleted and replaced with the following:

(b) Any Lawyer who is a partner of, stockholder in, or employee of the Named Insured at the effective date of this Policy for so long as such Lawyer remains a partner of, stockholder in or employee of the Named Insured. The individuals listed in Item 2 of the Declarations will be conclusively presumed to constitute all such individuals at the effective date of this policy. With respect to acts, errors, or omissions or Personal Injuries which happen on or after the effective date of the first policy issued on or after June 1, 1987 to the Named Insured or to any Predecessor Firm by the Company and continuously renewed and maintained in effect to the inception of this policy period, status as an Insured under this Section 1.9(b) applies solely with respect to acts on behalf of the Named Insured or Predecessor Firm.

C. Section 1.17A is hereby added to the policy to provide in full as follows:

"PRIOR ACTS INCLUSION DATE"

means with respect to an insured, the date specified in Section above adjacent to the name of such insured.

LAWYERS' MUTUAL INSURANCE COMPANY

By 

ENDORSEMENT DATE: 01-27-2014

ATTACHED TO AND FORMING A PART OF POLICY NO: LPDL03404

NAME OF INSURED: MICHAEL A. CARTY

**UNDERWRITTEN BY FARMERS INSURANCE EXCHANGE
AN INTER-INSURANCE EXCHANGE, HEREIN CALLED THE COMPANY**
23175 NW Bennett St. Hillsboro, OR 97124



FARMERS

Policy Type: Auto DECLARATIONS

Transaction Type: OFFER OF RENEWAL

This Declarations Page contains important information about your policy. Please keep it in a safe place.

NAMED INSURED:
MICHAEL A CARTY
228 E VICTORIA ST
SANTA BARBARA CA 931012021

This is not a bill
Your bill, with the amount of your first scheduled payment, will be mailed separately.

Policy Edition Number: 04
POLICY NUMBER: 16416-75-45
Effective: 12:01 A.M. on 02-05-2014
Expiration: 12:01 A.M. on 08-05-2014

YOUR AGENT:
JOSEPH MEHM
Phone: (805) 688-6106
Email: jmehm@farmersagent.com

Premiums/Fees	
Policy Premium Total	\$ 615.10
Fees* (in addition to premium above)	\$ 0.90
*See Information on Additional Fees on the reverse	

YOUR HOUSEHOLD DRIVERS

Division/Policy	Driver Status	Marital Status	Date of Birth	Driver License No.
MICHAEL A CARTY	RATED	MARRIED	**--1947	*****50
DEBORAH CARTY	RATED	MARRIED	**--1962	*****26
LINDEN HOPE CARTY	RATED	SINGLE	**--1996	*****37

YOUR VEHICLE DESCRIPTIONS

Details	Vehicle 1
Year	2013
Make	FORD TRUCK
Model	EXPLORER 4D 4X2 XLT
VIN #	1FM5K7D84DGC29962
Rating ZIP	93463
Garaging ZIP	
Usage	COMMUTER USE
Lienholder or Other Interest	FORD MOTOR CR CO PO BOX 390910 MINNEAPLS MN 55439
Discounts	See Supplemental Declarations Page

YOUR POLICY COVERAGES / FEES

Coverage/Fees	Limits (these apply at a policy level)	PREMIUMS Vehicle 1
Bodily Injury Liability	\$ 500,000 Each Person/\$ 500,000 Each Occurrence	\$ 235.80
Property Damage Liability	\$ 500,000 Each Occurrence	INCLUDED
Guaranteed Benefits	\$ 15,000 Each Person	\$ 36.10
Uninsured Motorist Bodily Injury	\$ 500,000 Each Person/\$ 500,000 Each Occurrence	\$ 63.80
Comprehensive Collision		\$ 42.60
Additional Equipment		\$ 0.00
Uninsured Mot Prop Damage w/ Collision		\$ 3.00
Glass Deductible Buyback		\$ 2.10
Other Fees Per Vehicle		\$ 19.00
		\$ 0.90
Vehicle Premium Total* (not including fees)		\$ 615.10

*See Information on Additional Fees on the reverse

UNDERWRITTEN BY FARMERS INSURANCE EXCHANGE
 AN INTER-INSURANCE EXCHANGE, HEREIN CALLED THE COMPANY
 23175 NW Bennett St. Hillsboro, OR 97124



FARMERS®

Policy Type: Auto **SUPPLEMENTAL DECLARATIONS**

Transaction Type: OFFER OF RENEWAL

This Supplemental Declarations Page is a continuation of your Declarations Page.

NAMED INSURED:

MICHAEL A CARTY
 228 EVICTORIA ST
 SANTA BARBARA CA 931012021

Policy Edition Number: 04
POLICY NUMBER: 16416-75-45
Effective: 12:01 A.M. on 02-05-2014
Expiration: 12:01 A.M. on 08-05-2014

ADDITIONAL HOUSEHOLD DRIVERS

Driver on Policy	Driver Status	Marital Status	Date of Birth	Driver License No.

ENDORSEMENTS - THESE ARE MODIFICATIONS TO YOUR COVERAGE

Endorsement	Rate	Rate Description	Applies to Vehicle

DISCOUNTS AND SURCHARGES

Discounts	Applies to Vehicle	Surcharges	Applies to Vehicle
ANTI-LOCK BRAKES	1		
GOOD DRIVER	1		
PASS RESTRAINT	1		
MULTIPLE CAR GROUP	1		
STABILITY CONTROL PERSISTENCY	1		

DATES OF LOSSES AND CITATIONS

Driver Name	Loss	Citation	Driver Name	Loss	Citation
MICHAEL A CARTY		10-31-2011			

ADDITIONAL LIENHOLDERS OR OTHER INTERESTS

Veh.	Lienholder or Other Interest	Veh.	Lienholder or Other Interest	Veh.	Lienholder or Other Interest

LAWYERS' MUTUAL INSURANCE COMPANY
P.O. BOX 10996
BURBANK, CALIFORNIA 91510-0996
(818) 565-5512 OR (800) 252-2045

TRANSACTION DATE: 10-01-2014

SAMUEL K. EATON
ATTORNEY
2 SANTA BARBARA STREET
SANTA BARBARA, CA 93101

POLICY NUMBER	INSURANCE COMPANY	EFFECTIVE DATE	EXPIRATION DATE	REMARKS	PREMIUM AMOUNT
LE12857	LMIC	10-25-2014	10-25-2015	REN - FIN	\$1,744

DESCRIPTION OF COVERAGE:
LAWYERS PROFESSIONAL LIABILITY

LIMITS OF LIABILITY:
PER CLAIM : \$1,000,000
AGGREGATE : \$3,000,000
DEDUCTIBLE: \$ 5,000

REV 8/1497

PREMIUM FINANCING INSTRUCTIONS

ANNUAL PREMIUM =	1,744.00	DOWNPAYMENT	174.40	AMOUNT FINANCED	1,569.60
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PLEASE CONTACT THE COMPANY FOR MORE INFORMATION.
(800) 252-2045

ATTORNEY: SAMUEL K. EATON Ph: (805) 963-2014 F: (805) 966-2120

LAWYERS' MUTUAL INSURANCE COMPANY
PROFESSIONAL LIABILITY POLICY
THE DECLARATIONS

POLICY NUMBER : LPLD12857
RNL. OF POL. NO.: LPLC12857

NAMED INSURED AND ADDRESS:

SAMUEL K. EATON
ATTORNEY
INDIVIDUAL
1032 SANTA BARBARA STREET
SANTA BARBARA, CA 93101

LAWYERS WHO ARE PARTNERS OF, STOCKHOLDERS IN, OR
EMPLOYEES OF THE NAMED INSURED:
SEE SCHEDULED LAWYERS ENDORSEMENT ATTACHED

PREDECESSOR FIRM:
NONE

4. EFFECTIVE DATE OF THIS POLICY:
12:01 A.M. PACIFIC STANDARD TIME

10-25-2013

5. EXPIRATION DATE OF THIS POLICY:
12:01 A.M. PACIFIC STANDARD TIME

10-25-2014

6. POLICY PREMIUM:

7. LIMITS OF LIABILITY:
LIMIT OF LIABILITY EACH CLAIM : 1,000,000
LIMIT OF LIABILITY POLICY AGGREGATE : 3,000,000
DEDUCTIBLE (CLAIMS EXPENSES & DAMAGES): 5,000

- SEE POLICY PROVISIONS FOR FULL DESCRIPTION -

8. FORMS AND ENDORSEMENTS FORMING A PART OF THIS POLICY:

FORM 1 REVISED 6/87 SLE SPAE TRIA-2002

THESE DECLARATIONS, FORM 1 REVISED 6/87 AND ENDORSEMENTS AS
LISTED IN ITEM 8 ABOVE, CONSTITUTE THIS POLICY, NUMBERED ABOVE.

LAWYERS' MUTUAL INSURANCE COMPANY

BY

DATE OF TRANSACTION: 10-01-2013



UNITED SERVICES AUTOMOBILE ASSOCIATION

(A RECIPROCAL INTERINSURANCE EXCHANGE)
 9800 Fredericksburg Road - San Antonio, Texas 78288
 CALIFORNIA AUTO POLICY
 RENEWAL DECLARATIONS
 (ATTACH TO PREVIOUS POLICY)

ADDL INFO ON NEXT PAGE MAIL MCH-M-I
 RENEWAL OF

State	15 19 23 24	Vel		POLICY NUMBER
CA	485485485485	X	X	00101 38 59U 7101
POLICY PERIOD:		(12:01 A.M. standard time)		
EFFECTIVE JUL 04 2014 TO JAN 04 2015		OPERATORS		
		01 MR SAMUEL K EATON JR		
		03 MERILEE M EATON		

Insured and Address

MR SAMUEL K EATON JR
 2116 MCNELL RD
 OJAI CA 93023-9318

Description of Vehicle(s)

YEAR	TRADE NAME	MODEL	BODY TYPE	ANNUAL MILEAGE	IDENTIFICATION NUMBER	VEH USE*		WORK/SCH	
						SYM		Miles Per Wk	D P W
94	DODGE	RAM 1500	2 DOOR	1500	1B7HC16Z7RS651164				
00	CHIEF	OTHER	01442	800	5CDCNB518YG002568				
08	SMART	FORTWO	2 DOOR	15000	WMEEJ31X58K186457				
10	VOLKS	CC	4 DOOR	12000	WVWML7AN5AE503233			37	

Vehicle(s) described herein is principally garaged at the above address unless otherwise stated. W/C=Work/School; B=Business; F=Farm; P=Personal
 H 15 OJAI CA 93023-9318 VEH 23 OJAI CA 93023-9318
 H 19 OJAI CA 93023-9318 VEH 24 OJAI CA 93023-9318

This policy provides ONLY those coverages where a premium is shown below. The limits shown may be reduced by policy provisions and may not be combined regardless of the number of vehicles for which a premium is listed unless specifically authorized elsewhere in this policy.

COVERAGES	LIMITS OF LIABILITY ("ACV" MEANS ACTUAL CASH VALUE)	VEH 15		VEH 19		VEH 23		VEH 24	
		D=DED AMOUNT	6-MONTH PREMIUM \$	D=DED AMOUNT	6-MONTH PREMIUM \$	D=DED AMOUNT	6-MONTH PREMIUM \$	D=DED AMOUNT	6-MONTH PREMIUM \$
RT A - LIABILITY									
BODILY INJURY	EA PER \$1,000,000 EA ACC \$1,000,000		64.23		34.32		114.95		108.4
PROPERTY DAMAGE	EA ACC \$ 100,000		35.82		20.03		57.71		53.1
RT B - MEDICAL PAYMENTS									
	EA PER \$ 5,000		3.44				5.93		5.0
EXTENDED BENEFITS									
WAGE EARNER DISAB	\$1,000 PER 30-DAY PERIOD								
ESSENTIAL SVCS DISAB	\$45 WK		2.83				2.91		2.1
RT B - MISC VEH MED PAY									
	EA PER \$ 5,000				9.91				
RT C - UNINSURED MOTORISTS									
BODILY INJURY	EA PER \$1,000,000 EA ACC \$1,000,000		29.04		58.07		42.20		43.1
WAIVER OF COLL DEDUCTIBLE			1.92		3.85		2.80		2.1
RT D - PHYSICAL DAMAGE COVERAGE									
COMPREHENSIVE LOSS	ACV LESS	D 250	15.18	D 250	10.10	D 250	23.90	D 250	45.1
COLLISION LOSS	ACV LESS	D 250	52.69	D 250	41.15	D 250	108.58	D 250	194.1
TOTAL PREMIUM - SEE FOLLOWING PAGE(S)									

SS PAYEE
 + 24 VOLKSWAGON FINANCIAL C/O PDP SVCS, MINNEAPOLIS MN

ASSIGNMENTS: ADDED 07-04-14 - NONE
 MAIN IN EFFECT (REFER TO PREVIOUS POLICY) - A400CA(03) A100CA(05) AOASA(01)
 A099(01) 5100CA(01)
 INFORMATION FORMS: NIPFCA(04) CADS(03) 13580(03) 94629(01)

15 XXX99D00N | | | | | 19 XXX99D00N | | | | | 23 RMM50D00N | | | | | 24 RMF51D00N | | | | |

WITNESS WHEREOF, the Subscribers at UNITED SERVICES AUTOMOBILE ASSOCIATION have caused these presents to be signed by their Attorney-in-Fact on this date JUNE 5, 2014

Laura Bishop
 Laura Bishop

President, USAA Reciprocal Attorney-in-Fact, Inc.



Interinsurance Exchange of the Automobile Club

Automobile Insurance Policy Coverages and Limits Policy Change Declarations



Insurance is in effect only for the vehicles, coverages, and limits of liability shown on this declarations page and as set forth in the insurance policy and endorsements. These declarations, together with the contract and the endorsements in effect, complete your policy.

MED INSURED (Item 1.)		AUTO POLICY NUMBER: CAA 078516225
MAYES, DOUGLAS RUSSELL 1 E ARRELLAGA ST SANTA BARBARA CA 93101-1903		POLICY PERIOD (PACIFIC STANDARD TIME) POLICY EFFECTIVE DATE: 12-10-13 12:01 A.M. POLICY EXPIRATION DATE: 12-10-14 12:01 A.M. POLICY CHANGE EFFECTIVE DATE: 04-11-14 12:01 A.M.

SUBJECT OF POLICY CHANGE **THIS IS NOT A BILL**
 ADD/CHANGE VEHICLE This policy change will increase your premium by \$730.

VEHICLE NUMBER	YEAR	MAKE	MODEL	IDENTIFICATION NUMBER	VEHICLE USE	GARAGE ZIP CODE	ANNUAL MILES	VERIFIED MILEAGE
1	2000	CHEV	TAHOE	1GNEC13T2YJ171466	PLEASURE	93101	4,501 - 5,500	VERIFIED
2	1990	VLKS	VANAGON GL/CARAT	WV2YB0254LG109385	PLEASURE	93101	1,501 - 2,500	VERIFIED
3	1999	MBNZ	E CLASS 320	WDBJF65H9XA952891	PLEASURE	93101	7,501 - 10,000	VERIFIED
4	2002	PORS	911 COUPE 2WD/4WD C	WP0AA29912S620555	PLEASURE	93101	2,501 - 3,500	VERIFIED

COVERAGES AND LIMITS		ANNUAL PREMIUMS							
Coverage is not in effect unless a premium or the word "included" is shown.									
COVERAGES	LIMITS OF LIABILITY				Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	Vehicle
Liability									
Bodily Injury	\$1,000,000	each person/	\$1,000,000	each occurrence	\$ 313	\$ 123	\$ 208	\$ 146	
Property Damage	\$100,000	each occurrence			\$ 192	\$ 74	\$ 150	\$ 87	
Medical									
Medical Payments	\$25,000	each person			\$ 77	\$ 42	\$ 44	\$ 51	
Physical Damage	(Actual Cash Value unless otherwise stated, less deductible)								
	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	Vehicle				
Comprehensive	ACV	ACV	ACV	ACV		\$ 81	\$ 35	\$ 43	\$ 390
Comprehensive Deductible)	\$250	\$250	\$250	\$250					
Collision	ACV	ACV	ACV	ACV		\$ 276	\$ 53	\$ 239	\$ 420
Collision Deductible)	\$250	\$250	\$250	\$250					
Rental Expense									
(per Day)	No Coverage	No Coverage	No Coverage	No Coverage		No Coverage	No Coverage	No Coverage	No Coverage
Insured Motorist									
Bodily Injury -	\$1,000,000	each person/	\$1,000,000	each accident	\$ 138	\$ 62	\$ 58	\$ 73	
Uninsured & Underinsured Vehicles									
Uninsured Deductible Waiver					Included	Included	No Coverage	Included	
Uninsured Collision					No Coverage	No Coverage	No Coverage	No Coverage	
Total Premium					\$ 1077	\$ 389	\$ 742	\$ 1167	

PREMIUM DISCOUNTS
Please refer to the enclosed document entitled "Premium Discounts Applied to Your Automobile Policy."

If at any time you choose to pay less than the full balance outstanding, finance charges of up to 1.5% per month of the balance outstanding will apply as explained in your billing statements, which are part of these declarations.

"No Coverage" indicates coverage not purchased.

Adjusted Total Annual Premium* (Includes all applicable discounts.)	\$ 3375
Less Policyholder Savings Dividend (Previously applied to your premium balance)	\$ 260
Adjusted Net Annual Premium* (Balance after previous dividend)	\$ 3115

Interinsurance Exchange of the Automobile Club

Automobile Insurance Policy Coverages and Limits

Policy Change Declarations (continued)

UTO POLICY NUMBER: CAA 078516225

POLICY CHANGE EFFECTIVE DATE: 04-11-2014

DRIVERS (UNLESS LISTED AS EXCLUDED)

DR. NUMBER	NAME	GENDER	MARITAL STATUS	YEAR FIRST LICENSED
1	HAYES, DOUGLAS R			
2	RICHARDSON, ROSS W - EXCLUDED*	MALE	MARRIED	1961
3	HAYES, ANNE E	MALE	SINGLE	
4	HAYES, PAUL W	FEMALE	SINGLE	2001
5	HAYES, CAROLINE B	MALE	SINGLE	2003
		FEMALE	SINGLE	2006

* IMPORTANT: NO COVERAGE IS PROVIDED BY THIS POLICY WHILE ANY VEHICLE IS BEING OPERATED BY AN EXCLUDED DRIVER. PLEASE READ THE "EXCLUSION OF DESIGNATED PERSON ENDORSEMENT" AGREEMENT PREVIOUSLY PROVIDED TO YOU. (Endorsement No. 2184.)

DRIVER NUMBER	DRIVING RECORD					DRIVER STATUS	RATED VEHICLE NUMBER	
	NUMBER OF PRINCIPALLY AT-FAULT ACCIDENTS	NUMBER OF TRAFFIC CONVICTIONS						
		MINOR	SERIOUS	MAJOR	SEVERE			SUSPENSIONS
1						PRIMARY	3	
2						EXCLUDED		
3						ADDITIONAL		
4						ADDITIONAL		
5						PRIMARY	1	

ENDORSEMENTS AND CERTIFICATES

NUMBER	TITLE
2014	MEMBER'S AUTOMOBILE POLICY - POLICY NUMBER CHANGE
21	EXCLUSION OF DESIGNATED PERSON
2231	GUARANTEED RENEWAL

SPECIAL EQUIPMENT**			SOUND EQUIPMENT**			
VEH. NO.	CAMPER/VAN CONV.	OTHER	2-WAY RADIO	TELEPHONE	RADIO	OTHER
1						
2						
3						
4						

** Coverage is indicated by a "YES" in the appropriate equipment column. Coverage limitations apply unless coverage was purchased specifically for certain equipment.

ANY PHYSICAL DAMAGE LOSS MAY BE MADE PAYABLE TO YOU AND ANY INTEREST LISTED BELOW:

Click AAA.com/myaccount to access your policy information online, pay your bill or print additional proof of insurance cards

LAWYERS' MUTUAL INSURANCE COMPANY
PROFESSIONAL LIABILITY POLICY
THE DECLARATIONS

POLICY NUMBER : LPDL03171
RNL. OF POL. NO.: LPDK03171

NAMED INSURED AND ADDRESS:
DOUGLAS RUSSELL HAYES
INDIVIDUAL
125 EAST VICTORIA STREET, SUITE H
SANTA BARBARA, CA 93101

LAWYERS WHO ARE PARTNERS OF, STOCKHOLDERS IN, OR
EMPLOYEES OF THE NAMED INSURED:
SEE PRIOR ACTS INCLUSION ENDORSEMENT ATTACHED

PREDECESSOR FIRM:
NONE

EFFECTIVE DATE OF THIS POLICY: 12-15-2013
12:01 A.M. PACIFIC STANDARD TIME

EXPIRATION DATE OF THIS POLICY: 12-15-2014
12:01 A.M. PACIFIC STANDARD TIME

POLICY PREMIUM: \$3,402

LIMITS OF LIABILITY:

LIMIT OF LIABILITY EACH CLAIM : 1,000,000
LIMIT OF LIABILITY POLICY AGGREGATE : 3,000,000
DEDUCTIBLE (CLAIMS EXPENSES & DAMAGES): 5,000

Agency Fee: \$200.00

- SEE POLICY PROVISIONS FOR FULL DESCRIPTION -

FORMS AND ENDORSEMENTS FORMING A PART OF THIS POLICY:

FORM 1 REVISED 6/87 PAIE TRIA-2002

THESE DECLARATIONS, FORM 1 REVISED 6/87 AND ENDORSEMENTS AS
LISTED IN ITEM 8 ABOVE, CONSTITUTE THIS POLICY, NUMBERED ABOVE.

LAWYERS' MUTUAL INSURANCE COMPANY

DATE OF TRANSACTION: 12-02-2013

BY 

Rev. 8/1997

WALTER A. ANDERSON

INSURANCE SERVICES, INC.

Specializing in Professional Liability Since 1981
2727 Calle O Gilta OR • Santa Barbara, CA 93105

TOTAL P.01

REPORT/AUDIT PERIOD	CODE	STANDARD CLASSIFICATION	RATE	PREMIUM	
FROM	TO				
4/1/13	4/01/14	8820-1 ATTORNEYS-ALL EMPLOYEES	20703.50	1.06	219.46
TOTAL BASE PREMIUM					219.46
RATING PLAN MODIFIER APPLIED			.84867		186.25
PREMIUM DISCOUNT MODIFIER APPLIED			1.00000		186.25
TOTAL PREMIUM FOR 4/01/13 - 4/01/14					186.25
MINIMUM PREMIUM					250.00
PAID THIS POLICY TERM					186.33CR

5-2-14

IF YOU HAVE QUESTIONS CONCERNING THIS BILLING, PLEASE CONTACT
STATE FUND AT 1-888-782-8338
N/R

63.67

DUES BILLS NOT PAID

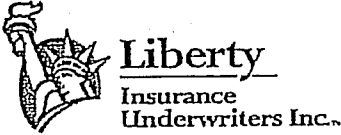
IGA SURCHARGE 2.0000% OF	250.00	LESS	.00	=	5.00
SHF (.28590%) + LEC (.27470%) = .56060% OF	250.00	LESS	0.00	=	1.40
EBT (.34100%) + SIBT (.17070%) = .51170% OF	250.00	LESS	0.00	=	1.28
CA (1.37040%) + WCFA (.38810%) = 1.75850% OF	250.00				
LESS PREVIOUSLY PAID WCA/WCFA SURCHARGE	0.00			=	4.40

SEE REVERSE SIDE IF PAYMENT HAS BEEN MADE.

250	1899247-13	PAY THIS AMOUNT	→	\$75.75
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STATE FUND
P.O. BOX 7441
SAN FRANCISCO, CA 94120-7441

STOP See the back for important payment instructions.



WALTER R. ANDERSON

INSURANCE SERVICES, INC.

Specializing in Professional Liability Since 1981
3757 State St. Suite 2B • Santa Barbara, CA 93105
(805) 682-8885 • Fax (805) 563-1160

LIU 1401 Ed. 02 08

LIBERTY INSURANCE UNDERWRITERS, INC.

LAWYERS PROFESSIONAL LIABILITY POLICY

DECLARATIONS

NOTICE: THIS IS A CLAIMS MADE AND REPORTED POLICY. THIS POLICY COVERS ONLY CLAIMS FIRST MADE DURING THE POLICY PERIOD OR EXTENDED REPORTING PERIOD, IF APPLICABLE, AND REPORTED DURING THE POLICY PERIOD OR EXTENDED REPORTING PERIOD, IF APPLICABLE, AND OTHERWISE COVERED BY THIS INSURANCE. PLEASE READ THE POLICY CAREFULLY AND DISCUSS THE COVERAGE WITH YOUR INSURANCE AGENT OR BROKER.

POLICY NUMBER: LPA308164-0114

RENEWAL OF:

PRODUCER AND ADDRESS: Affinity Insurance Services, Inc.
159 E. County Line Road
Hathoro, PA 19040

NAMED INSURED AND ADDRESS: James L. Crowder
Attorney at Law
140 E Figueroa Street
Santa Barbara, CA 93101-2113

The Named Insured is: Individual Partnership
 Corporation Limited Liability Partnership
 Limited Liability Corporation Other

POLICY PERIOD: From: 7/01/2014 To: 7/01/2015
(12:01 A.M. at the Named Insured's address set forth above)

LIMIT OF LIABILITY: \$500,000 Each Claim
\$1,000,000 Aggregate

DEDUCTIBLE: \$5,000 Each Claim

PREMIUM: \$1,933.00 Policy Fee: \$125.00
Agency Fee: \$100.00

ENDORSEMENTS FORMING PART OF THIS POLICY AT ISSUANCE:

LIU1400 (02/08) LIU1405 (07/08)CA
LIU1317 (11/00) LIU3022 (04/02) LIU3090 (03/12) OFAC (08/09)

This Declarations page, together with the Application, the attached Lawyers Professional Liability Insurance Policy, and all endorsements thereto, shall constitute the contract between Liberty Insurance Underwriters, Inc. and the Named Insured identified above. This policy is valid only if signed below by a duly authorized representative of Liberty Insurance Underwriters, Inc.

Steven Marks
Authorized Representative

July 03, 2014
Issue Date



CERTIFICATE OF INSURANCE

SUCH INSURANCE AS RESPECTS THE INTEREST OF THE CERTIFICATE HOLDER NAMED BELOW WILL NOT BE CANCELED OR OTHERWISE TERMINATED WITHOUT GIVING 10 DAYS PRIOR WRITTEN NOTICE TO THE CERTIFICATE HOLDER, BUT IN NO EVENT SHALL THIS CERTIFICATE BE VALID MORE THAN 30 DAYS FROM THE DATE WRITTEN. THIS CERTIFICATE OF INSURANCE DOES NOT CHANGE THE COVERAGE PROVIDED BY ANY POLICY DESCRIBED BELOW.

This certifies that: STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY of Bloomington, Illinois
 STATE FARM FIRE AND CASUALTY COMPANY of Bloomington, Illinois
 STATE FARM COUNTY MUTUAL INSURANCE COMPANY OF TEXAS of Dallas, Texas
 STATE FARM INDEMNITY COMPANY of Bloomington, Illinois, or
 STATE FARM GUARANTY INSURANCE COMPANY of Bloomington, Illinois

has coverage in force for the following Named Insured as shown below:

NAMED INSURED: CROWDER, JAMES							
ADDRESS OF NAMED INSURED: 704 LADERA LN SANTA BARBARA CA 93108-1624							
POLICY NUMBER	C60 4395-B06-55E						
EFFECTIVE DATE OF POLICY	02/06/14-08/06/14						
DESCRIPTION OF VEHICLE (Including VIN)	08 BMW 550I VIN:WBANW53518CT4 8700						
LIABILITY COVERAGE	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
LIMITS OF LIABILITY							
a. Bodily Injury							
Each Person	250,000						
Each Accident	500,000						
b. Property Damage							
Each Accident	100,000						
c. Bodily Injury & Property Damage Single Limit							
Each Accident							
PHYSICAL DAMAGE COVERAGES							
a. Comprehensive	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	\$ 100 Deductible	\$ 500 Deductible	\$ Deductible	\$ Deductible	\$ Deductible	\$ Deductible	\$ Deductible
b. Collision	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	\$ 500 Deductible	\$ 500 Deductible	\$ Deductible	\$ Deductible	\$ Deductible	\$ Deductible	\$ Deductible
EMPLOYERS NON-OWNED CAR LIABILITY COVERAGE	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
HIRED CAR LIABILITY COVERAGE	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
FLEET - COVERAGE FOR ALL OWNED AND LICENSED MOTOR VEHICLES	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

Paul Cashman

Signature of Authorized Representative: Paul Cashman Title: Agent 1812 Agent's Code Number: 07/23/2014 Date

Name and Address of Certificate Holder	Name and Address of Agent
	Paul Cashman 3433 State Street Suite B Santa Barbara, CA 93105

INTERNAL STATE FARM USE ONLY: Request permanent Certificate of Insurance for liability coverage.
 Request Certificate Holder to be added as an Additional Insured.

122429.3 Rev. 07-26-2005



Liberty
Insurance
Underwriters Inc.

WALTER R. ANDERSON
INSURANCE SERVICES, INC.
Specializing in Professional Liability Since 1981
3757 State St. Suite 2B • Santa Barbara, CA 93105
(805) 682-8885 • Fax (805) 563-1160

LIU 1401 Ed. 02 08

LIBERTY INSURANCE UNDERWRITERS, INC.

LAWYERS PROFESSIONAL LIABILITY POLICY

DECLARATIONS

NOTICE: THIS IS A CLAIMS MADE AND REPORTED POLICY. THIS POLICY COVERS ONLY CLAIMS FIRST MADE DURING THE POLICY PERIOD OR EXTENDED REPORTING PERIOD, IF APPLICABLE, AND REPORTED DURING THE POLICY PERIOD OR EXTENDED REPORTING PERIOD, IF APPLICABLE, AND OTHERWISE COVERED BY THIS INSURANCE. PLEASE READ THE POLICY CAREFULLY AND DISCUSS THE COVERAGE WITH YOUR INSURANCE AGENT OR BROKER.

POLICY NUMBER: LPA306073-0114

RENEWAL OF: LPA306073-0113

PRODUCER AND ADDRESS: Affinity Insurance Services, Inc.
159 E. County Line Road
Hathoro, PA 19040

NAMED INSURED AND ADDRESS: Robert Goodman
Attorney at Law
1114 State Street
Suite 312
Santa Barbara, CA 93101-2736

The Named Insured is: Individual Partnership
 Corporation Limited Liability Partnership
 Limited Liability Corporation Other

POLICY PERIOD: From: 4/16/2014 To: 4/16/2015
(12:01 A.M. at the Named Insured's address set forth above)

LIMIT OF LIABILITY: \$1,000,000 Each Claim
\$1,000,000 Aggregate

DEDUCTIBLE: \$5,000 Each Claim

PREMIUM: \$3,364.00 Policy Fee: \$125.00
Agency Fee: \$100.00

ENDORSEMENTS FORMING PART OF THIS POLICY AT ISSUANCE:

LIU1400 (02/08) LIU1405 (07/08)CA
LIU1317 (11/00) LIU3022 (04/02) LIU3090 (03/12) OFAC (08/09)

This Declarations page, together with the Application, the attached Lawyers Professional Liability Insurance Policy, and all endorsements thereto, shall constitute the contract between Liberty Insurance Underwriters, Inc. and the Named Insured identified above. This policy is valid only if signed below by a duly authorized representative of Liberty Insurance Underwriters, Inc.

Kathryn Marshall
Authorized Representative

April 23, 2014
Issue Date



PROOF OF INSURANCE



PROOF OF INSURANCE

Interinsurance Exchange of the Automobile Club
NAIC #: 15598

VEHICLES ON POLICY

YEAR 2000 MAKE VLVO VEHICLE I.D. # YVTVS2557YF503303
2012 HYUN KMBJU3AC7OU518683

Named Insured
GOODMAN, ROBERT A

Policy Number: CAA 062954598

Effective Date: 02-09-14 Expiration Date: 02-09-15

This policy provides at least the minimum amounts of liability insurance required by the CA VEH CODE SECTION 16086 for the specified vehicles and named insureds and may provide coverage for other persons and other vehicles as provided by the insurance policy.

FOLD HERE

DRIVERS ON POLICY
GOODMAN, ROBERT A
GOODMAN, JACOB N



LAWYERS' MUTUAL INSURANCE COMPANY
PROFESSIONAL LIABILITY POLICY
THE DECLARATIONS

POLICY NUMBER : LPLD13115
RNL. OF POL. NO.: LPLC13115

NAMED INSURED AND ADDRESS:
TARA HAALAND-FORD
ATTORNEY AT LAW
INDIVIDUAL
1215 DE LA VINA STREET, SUITE I
SANTA BARBARA, CA 93101

LAWYERS WHO ARE PARTNERS OF, STOCKHOLDERS IN, OR
EMPLOYEES OF THE NAMED INSURED:
SEE SCHEDULED LAWYERS ENDORSEMENT ATTACHED

PREDECESSOR FIRM:
NONE

EFFECTIVE DATE OF THIS POLICY: 09-15-2014
12:01 A.M. PACIFIC STANDARD TIME

EXPIRATION DATE OF THIS POLICY: 09-15-2015
12:01 A.M. PACIFIC STANDARD TIME

POLICY PREMIUM: \$1,578

LIMITS OF LIABILITY:
LIMIT OF LIABILITY EACH CLAIM : 1,000,000
LIMIT OF LIABILITY POLICY AGGREGATE : 3,000,000
DEDUCTIBLE (CLAIMS EXPENSES & DAMAGES): 5,000

- SEE POLICY PROVISIONS FOR FULL DESCRIPTION -

FORMS AND ENDORSEMENTS FORMING A PART OF THIS POLICY:

FORM 1 REVISED 6/87 SLE SPAE TRIA-2002

THESE DECLARATIONS, FORM 1 REVISED 6/87 AND ENDORSEMENTS AS
LISTED IN ITEM 8 ABOVE, CONSTITUTE THIS POLICY, NUMBERED ABOVE.

LAWYERS' MUTUAL INSURANCE COMPANY

DATE OF TRANSACTION: 09-01-2014

BY



SLE

SCHEDULED LAWYERS ENDORSEMENT

THE DECLARATIONS ARE BASED ON THIS SCHEDULE OF PARTNERS OF, SHAREHOLDER
IN, OR LAWYERS EMPLOYED BY THE NAMED INSURED EFFECTIVE 12:01 A.M.
PACIFIC STANDARD TIME AS FOLLOWS:

	<u>DATE COVERAGE EFFECTIVE</u>	<u>DATE COVERAGE CANCELLED</u>
ALAND-FORD, TARA KRISTEN	09-15-2011	

LAWYERS' MUTUAL INSURANCE COMPANY

BY 

ENDORSEMENT EFFECTIVE DATE: 09-15-2014

ATTACHED TO AND FORMING A PART OF POLICY NO.: LPLD13115



USAA CASUALTY INSURANCE COMPANY

(A Stock Insurance Company)

9800 Fredericksburg Road - San Antonio, Texas 78288

CALIFORNIA AUTO POLICY RENEWAL DECLARATIONS (ATTACH TO PREVIOUS POLICY)

ADDL INFO ON NEXT PAGE MAIL MCH-M-1 RENEWAL OF

Table with columns: State (04, 05), VEH (CA, 489, 489), POLICY NUMBER (00791 46 91C 7101 6)

POLICY PERIOD: (12:01 A.M. standard time) EFFECTIVE AUG 17 2014 TO FEB 17 2015

OPERATORS

- 01 TARA K HAALAND-FORD
03 JONATHAN M FORD

Insured and Address

TARA K HAALAND-FORD
646 MEIGS RD
SANTA BARBARA CA 93109-1517

Table with columns: Year, Trade Name, Model, Body Type, Annual Mileage, Identification Number, VEH USE*, WORK/SCHOOL Miles One Way, Days Per Week

Vehicle(s) described herein is principally garaged at the above address unless otherwise stated. W/C=Work/School; B=Business; F=Farm; P=Pleasure

- 04 SANTA BARBARA CA 93109-1517
05 SANTA BARBARA CA 93109-1517

This policy provides ONLY those coverages where a premium is shown below. The limits shown may be reduced by policy provisions and may not be combined regardless of the number of vehicles for which a premium is listed unless specifically authorized elsewhere in this policy.

Table with columns: Averages, Limits of Liability, VEH 04 6-MONTH, VEH 05 6-MONTH, VEH, VEH. Rows include Liability, Uninsured Motorists, Physical Damage Coverage, etc.

MONTH PREMIUM \$ 668.76
PREMIUM DUE AT INCEPTION. THIS IS NOT A BILL, STATEMENT TO FOLLOW.

ADDITIONAL MESSAGE(S) - SEE FOLLOWING PAGE(S)

ADJUSTMENTS: ADDED 08-17-14 - NONE
IN EFFECT(REFER TO PREVIOUS POLICY)- A400CA(03) A100CA(05) AOASA(01)
99(01) 5100CA(01)
FORMATION FORMS: NIPFCA(05) CADS(03) 13580(03) 94629(01)

Table with columns: RMF25000N, 05, RMM27000N, etc.

IN WITNESS WHEREOF, we have caused this policy to be signed by our President and Secretary at San Antonio, Texas, on this date JULY 12, 2014

Signature of Steven Alan Bonnett, Secretary

Signature of Kevin J. ...



USAA CASUALTY INSURANCE COMPANY

(A Stock Insurance Company)
9800 Fredericksburg Road - San Antonio, Texas 78288

CALIFORNIA AUTO POLICY
RENEWAL DECLARATIONS

(ATTACH TO PREVIOUS POLICY)

med Insured and Address

TARA K HAALAND-FORD
646 MEIGS RD
SANTA BARBARA CA 93109-1517

State: CA, VEH: X, POLICY NUMBER: 00791 46 91C 7101 6
POLICY PERIOD: (12:01 A.M. standard time)
EFFECTIVE AUG 17 2014 TO FEB 17 2015

Description of Vehicle(s)

Table with columns: YEAR, TRADE NAME, MODEL, BODY TYPE, ANNUAL MILEAGE, IDENTIFICATION NUMBER, VEH USE (SYM), WORK/SCHOOL (Miles One Way, Days Per Week)

Vehicle(s) described herein is principally garaged at the above address unless otherwise stated. #W/C=Work/School; B=Business; F=Farm; P=Pleasure

This policy provides ONLY those coverages where a premium is shown below. The limits shown may be reduced by policy provisions and may not be combined regardless of the number of vehicles for which a premium is listed unless specifically authorized elsewhere in this policy.

Table with columns: OVERAGES, LIMITS OF LIABILITY ("ACV" MEANS ACTUAL CASH VALUE), VEH (D=DED AMOUNT, PREMIUM \$), VEH (D=DED AMOUNT, PREMIUM \$), VEH (D=DED AMOUNT, PREMIUM \$), VEH (D=DED AMOUNT, PREMIUM \$)

FOLLOWING COVERAGE(S) DEFINED IN THIS POLICY ARE NOT PROVIDED FOR:
VEH 04 - MEDICAL PAYMENTS, EXTENDED BENEFITS COVERAGE
VEH 5 - MEDICAL PAYMENTS, EXTENDED BENEFITS COVERAGE

WITNESS WHEREOF, we have caused this policy to be signed by our President and Secretary at San Antonio, Texas,

on this date JULY 12, 2014

Signature of Steven Alan Bennet, Secretary

Signature of Kevin Berger, President



INSURANCE BINDER

DATE (MM/DD/YYYY)

7/17/2014

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM

AGENCY alter R. Anderson Insurance 757 State Street Suite 2B Santa Barbara CA 93105		COMPANY Lawyers' Mutual Insurance Company		BINDER# B1471701939	
PHONE (C, No, Ext): (805) 682-8885		FAX (A/C, No): (805) 563-1160		THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY	
MODE: _____		SUB CODE: _____		PER EXPIRING POLICY #: LPDI06674	
AGENCY CUSTOMER ID: 00000872		DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location)			
INSURED Neil D. Levinson 933 Cliff Drive Suite 2 Santa Barbara CA 93109					

OVERAGES		LIMITS		
TYPE OF INSURANCE	COVERAGE/FORMS	DEDUCTIBLE	COINS %	AMOUNT
PROPERTY CAUSES OF LOSS BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPEC <input type="checkbox"/>				
GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE		\$
		DAMAGE TO RENTED PREMISES		\$
		MED EXP (Any one person)		\$
		PERSONAL & ADV INJURY		\$
		GENERAL AGGREGATE		\$
		PRODUCTS - COMP/OP AGG		\$
VEHICLE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS		COMBINED SINGLE LIMIT		\$
		BODILY INJURY (Per person)		\$
		BODILY INJURY (Per accident)		\$
		PROPERTY DAMAGE		\$
		MEDICAL PAYMENTS		\$
		PERSONAL INJURY PROT		\$
		UNINSURED MOTORIST		\$
				\$
VEHICLE PHYSICAL DAMAGE DED <input type="checkbox"/> ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES <input type="checkbox"/>		ACTUAL CASH VALUE		
COLLISION: _____		STATED AMOUNT		\$
OTHER THAN COL: _____				
TRAILER LIABILITY ANY AUTO		AUTO ONLY - EA ACCIDENT		\$
		OTHER THAN AUTO ONLY:		
		EACH ACCIDENT		\$
		AGGREGATE		\$
CESS LIABILITY UMBRELLA FORM OTHER THAN UMBRELLA FORM	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE		\$
		AGGREGATE		\$
		SELF-INSURED RETENTION		\$
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY		WC STATUTORY LIMITS		
		E.L. EACH ACCIDENT		\$
		E.L. DISEASE - EA EMPLOYEE		\$
		E.L. DISEASE - POLICY LIMIT		\$
SPECIAL PROFESSIONAL LIABILITY INSURANCE- CLAIMS MADE POLICY CONDITIONS/OTHER LIMITS: \$1,000,000/ \$3,000,000 DEDUCTIBLE: \$5,000 OVERAGES PRIOR ACTS: 8/24/06		FEES		\$
		TAXES		\$
		ESTIMATED TOTAL PREMIUM		\$

NAME & ADDRESS		MORTGAGEE	ADDITIONAL INSURED
		LOSS PAYEE	
		LOAN #	
		AUTHORIZED REPRESENTATIVE	
		Elaine Clark/ELAINE	<i>Elaine Clark</i>



**Lawyers'
Professional Liability
Insurance
Policy Declarations**

Hereinafter known as the Company

THIS IS A CLAIMS MADE AND REPORTED POLICY. PLEASE REVIEW THE POLICY CAREFULLY.

NOTICE: EXCEPT AS MAY BE OTHERWISE PROVIDED HEREIN, THE COVERAGE OF THIS POLICY IS LIMITED TO LIABILITY FOR COVERED ACTS COMMITTED SUBSEQUENT TO THE RETROACTIVE DATE, IF APPLICABLE, FOR WHICH CLAIMS ARE FIRST MADE AGAINST YOU WHILE THE POLICY IS IN FORCE AND WHICH ARE REPORTED TO US NO LATER THAN SIXTY (60) DAYS AFTER THE TERMINATION OF THIS POLICY. THE COVERAGE OF THIS POLICY DOES NOT APPLY TO CLAIMS FIRST MADE AGAINST YOU AFTER THE TERMINATION OF THIS POLICY UNLESS, AND IN SUCH EVENT ONLY TO THE EXTENT, AN EXTENDED REPORTING PERIOD OPTION APPLIES.

POLICY NUMBER: LPL-3000844-0913

Replacing: LPL-4976-0912
Producer Code: WRAOPEN

1. NAMED INSURED: Law Offices of Gregory I. McMurray
ADDRESS: 1035 Santa Barbara Street, 2nd Floor
Santa Barbara, CA 93101
2. PERIOD OF INSURANCE: FROM: 09/01/13 TO: 09/01/14
12.01AM STANDARD TIME AT THE ADDRESS SHOWN IN ITEM 1 ABOVE.
3. LIMITS OF LIABILITY
(a) \$1,000,000.00 EACH CLAIM
(b) \$1,000,000.00 in the AGGREGATE
including Defense Costs
4. DEDUCTIBLE
(a) \$5,000.00 EACH CLAIM
(b) \$0.00 in the AGGREGATE
including Defense Costs
5. PREMIUM US \$3,631.00
6. RETROACTIVE DATE: 09/01/2004
7. Notice to insurer: Protective Insurance Company Tel.: (800) 494-6586
199 N. Meridian Street Fax: (800) 331-2546
Indianapolis, IN 46204 Email: claims@protectivespecialty.com
Attn: Professional Liability Claims Manager
8. Forms and endorsements attached at inception of coverage. Refer to schedule of forms.

Disclosure 9.2011	LPLPOL 01	LPLNOT 01 (01/13)
LPLNOT 02	LPLEN 00	LPLEN 37
LPLEN 38	LPLEN 00	

Issued on: August 27, 2013 at Allendale, New Jersey

for Jorgensen & Company
Authorized Representative and Managers for The Legal Professionals'
Purchasing Group, Inc

Countersigned at Allendale, New Jersey
on: August 27, 2013

by: 

LAWYERS' MUTUAL INSURANCE COMPANY
P.O. BOX 10996
BURBANK, CALIFORNIA 91510-0996
(818) 565-5512 OR (800) 252-2045

TRANSACTION DATE:08-29-2013

LAW OFFICES OF NEIL D. LEVINSON
133 CLIFF DRIVE SUITE 2
MOUNTAIN VIEW, CA 93109

*First Insurance Funding Corp.
450 Skokie Blvd., Suite 1000
Northbrook, IL 60062*

POLICY NUMBER	INSURANCE COMPANY	EFFECTIVE DATE	EXPIRATION DATE	REMARKS	PREMIUM AMOUNT
LPDH06674	LMIC	08-24-2013	08-24-2014	REN - FIN	\$3,602

DESCRIPTION OF COVERAGE:
LAWYERS PROFESSIONAL LIABILITY

LIMITS OF LIABILITY:
PER CLAIM : \$1,000,000
AGGREGATE : \$3,000,000
DEDUCTIBLE: \$ 5,000

-R Rev. 8/1997

PREMIUM FINANCING INSTRUCTIONS

ANNUAL PREMIUM = 3,602.00 - DOWNPAYMENT 367.04 = AMOUNT FINANCED 3,234.96 APR: 4.99%

Broker: ANDERSON, WALTER INSURANCE SERVICES Ph:(805)682-8885 F:(805)563-1160

LAWYERS' MUTUAL INSURANCE COMPANY
P.O. BOX 10996
BURBANK, CALIFORNIA 91510-0996
(818) 565-5512 OR (800) 252-2045

TRANSACTION DATE:08-29-2013

LAW OFFICES OF NEIL D. LEVINSON
133 CLIFF DRIVE SUITE 2
MOUNTAIN VIEW, CA 93109

*First Insurance Funding Corp.
450 Skokie Blvd., Suite 1000
Northbrook, IL 60062*

POLICY NUMBER	INSURANCE COMPANY	EFFECTIVE DATE	EXPIRATION DATE	REMARKS	PREMIUM AMOUNT
LPDH06674	LMIC	08-24-2013	08-24-2014	REN - FIN	\$3,602

DESCRIPTION OF COVERAGE:
LAWYERS PROFESSIONAL LIABILITY

LIMITS OF LIABILITY:
PER CLAIM : \$1,000,000
AGGREGATE : \$3,000,000
DEDUCTIBLE: \$ 5,000

-R Rev. 8/1997

PREMIUM FINANCING INSTRUCTIONS

ANNUAL PREMIUM = 3,602.00 - DOWNPAYMENT 367.04 = AMOUNT FINANCED 3,234.96 APR: 4.99%

Broker: ANDERSON, WALTER INSURANCE SERVICES Ph:(805)682-8885 F:(805)563-1160



a CIG Company

Insured's Copy

Name & Address of Insured

Levinson, Jill
1933 Cliff Drive, #2
Santa Barbara, CA 93109

Servicing Agency

Hub International Insurance Services Inc. - 10470
P.O. Box 3310
Santa Barbara, CA 93130
For Customer Service, Contact: (866) 430-0372

Policy #: 1-PAC-1-1076042

Declaration Type: Extension

Effective: 05/04/2014

Policy Period: From 05/04/2014 To 11/04/2014 12:01 a.m. standard time at the address of the Named Insured as stated herein.

This is Declaration #: 32 and when attached to the applicable forms, it completes the policy.

Transaction Description:

Extension

Vehicles

Auto #	Year	Make	Model	Vehicle Identification Number	Comp Sym	Coll Sym	Veh Age	Rated Driver	Princ/Occ Excess	Driver Class Code
	2013	MBNZ	E350 4MATIC AWD	WDDHH8JB3DA728119	60	59	2	Jill	P	84D005
	2012	TYTA	SIENNA LE	5TDKK3DC6CS177663	18	19	3	Neil	P	88B004

Listed Drivers

Name:	Date of Birth	License #	Good Driver	Mature Driver	Good Student	Start Smart Teen	Years Driving
Jill Levinson	05/04/1968	C4597650	Yes	No	No	No	30
Neil Levinson	09/03/1959	C0084825	Yes	No	No	No	38

Policy Summary

Total Policy Premium \$1,144.00

This is not a Bill. Any premium due will be applied to the Account Bill.

Authorized Signature

TO REPORT A CLAIM, CONTACT THE CLAIM SERVICE CENTER: (800) 986-9974

Named Insured: Levinson, Jill
 Policy #: 1-PAC-1-1076042

Declaration Type: Extension

Automobile Insurance Declaration Page
 Effective: 05/04/2014

Coverages/Premiums

Coverage	Liability Limits		Auto 1		Auto 2		Auto		Auto	
	Each Person	Each Accident	Deduct	Premium	Deduct	Premium	Deduct	Premium	Deduct	Premium
Bodily Injury Liability	\$250,000	\$500,000		117		104				
Property Damage Liability		\$100,000		58		52				
Medical Payments	\$5,000			7		6				
Uninsured Motorist Bodily Injury Liability	\$250,000	\$500,000		32		29				
Uninsured Motorist Property Damage	Actual Cash Value with \$3,500 Maximum Limit			3		3				
Comprehensive	Actual Cash Value Less Deductible		250	120	250	37				
Collision	Actual Cash Value Less Deductible		500	369	500	153				
Optional Coverages (see details in Section below)				27		27				
Total Premium Per Vehicle				\$733		\$411				

Optional Coverages

Coverage	Limit	Auto 1		Auto 2		Auto		Auto	
		Limit	Premium	Limit	Premium	Limit	Premium	Limit	Premium
Auto Card 100 Program Roadside Protection	Up to 100 miles; or \$100 per occurrence		8		8				
Transportation Expense - Extended Coverage	\$50 per day and \$1,500 per occurrence		19		19				

Discounts and Additional Rating

Good driver discount	Auto(s) 1, 2	Renewal Credit	Auto(s) 1, 2
Citation free discount	Auto(s) 1, 2	Multi-Policy discount	Auto(s) None
Accident free discount	Auto(s) 1, 2	Airbag discount	Auto(s) 1, 2
Multi-Car discount	Auto(s) 1, 2	Anti-Theft Device discount	Auto(s) 1, 2
Good Student discount	Auto(s) None	Vehicle Performance Surcharge	Auto(s) 1
Start Smart Teen discount	Auto(s) None		

Annual Mileage

Auto Number	11/04/2013 to 05/04/2014 (Prior Term)	05/04/2014 to 11/04/2014 (Current Term)	Vehicle Use
1	12,500	12,500	Pleasure
2	8,500	8,500	Pleasure

IMPORTANT: Please take a moment to review your Annual Mileage (shown above) and contact your Independent Insurance Advisor to make any changes.

Garaging Address

Auto 1	Territory - 94	1656 San Leandro Ln, Santa Barbara, CA 93108
Auto 2	Territory - 94	1656 San Leandro Ln, Santa Barbara, CA 93108

Forms

Policy Forms	PP 00 01 12 89, 03-337 (03-01), 03-342 (04-01), 03-488 (06-06), 2135 (12-11)
Auto 1 Forms	03-020 (12-11), 03-603 (12-11), 08-034 (12-11)
Auto 2 Forms	03-020 (12-11), 03-603 (12-11), 08-034 (12-11)

LAWYERS' MUTUAL INSURANCE COMPANY
PROFESSIONAL LIABILITY POLICY
THE DECLARATIONS

POLICY NUMBER : LPLJ11211
RNL. OF POL. NO.: LPLI11211

1. NAMED INSURED AND ADDRESS:

MARLIES D. MENDOZA
ATTORNEY AT LAW
INDIVIDUAL
P. O. BOX 90831
SANTA BARBARA, CA 93190

2. LAWYERS WHO ARE PARTNERS OF, STOCKHOLDERS IN, OR
EMPLOYEES OF THE NAMED INSURED:

SEE SCHEDULED LAWYERS ENDORSEMENT ATTACHED

3. PREDECESSOR FIRM:

NONE

4. EFFECTIVE DATE OF THIS POLICY:
12:01 A.M. PACIFIC STANDARD TIME

05-01-2014

5. EXPIRATION DATE OF THIS POLICY:
12:01 A.M. PACIFIC STANDARD TIME

05-01-2015

6. POLICY PREMIUM:

\$630

7. LIMITS OF LIABILITY:

LIMIT OF LIABILITY EACH CLAIM : 1,000,000
LIMIT OF LIABILITY POLICY AGGREGATE : 3,000,000
DEDUCTIBLE (CLAIMS EXPENSES & DAMAGES): 5,000

- SEE POLICY PROVISIONS FOR FULL DESCRIPTION -

8. FORMS AND ENDORSEMENTS FORMING A PART OF THIS POLICY:

FORM 1 REVISED 6/87 SLE SPAE TRIA-2002

THESE DECLARATIONS, FORM 1 REVISED 6/87 AND ENDORSEMENTS AS
LISTED IN ITEM 8 ABOVE, CONSTITUTE THIS POLICY, NUMBERED ABOVE.

LAWYERS' MUTUAL INSURANCE COMPANY

DATE OF TRANSACTION: 05-09-2014

BY 

Allstate Indemnity Company

Policy Number : 9 27 976175 05/21
 Policy Effective Date: May 21, 2014

Your Agent: Marschowski Ins. (805) 684-7717

COVERAGE FOR VEHICLE # 1 2008 GMC Acadia

COVERAGE	LIMITS		DEDUCTIBLE	PREMIUM
Automobile Liability Insurance			Not Applicable	\$214.84
• Bodily Injury	\$1,000,000	each person		
	\$1,000,000	each occurrence		
• Property Damage	\$500,000	each occurrence		
Uninsured Motorists Insurance for Bodily Injury	\$1,000,000	each person	Not Applicable	\$70.90
	\$1,000,000	each accident		
Automobile Medical Payments	\$25,000	each person	Not Applicable	\$34.32
Auto Collision Insurance	Actual Cash Value		\$500	\$95.48
Waiver of deductible applies				
Auto Comprehensive Insurance	Actual Cash Value		\$100	\$44.02
Towing and Labor Costs Coverage	\$50	each disablement	Not Applicable	\$2.48
Total Premium for 08 GMC Acadia				\$462.04

DISCOUNTS Your premium for this vehicle reflects the following discounts:
 Anti-theft \$2.32 Good Driver 20% Multiple Policy \$20.85
 Distinguished Driver \$72.68

RATING INFORMATION Your premium is determined based on certain information, including the following:
 This vehicle is driven 10-20 miles to work/school, married female licensed 25 years

Allstate uses mileage information as one factor to help determine your premium amount.

Important Note: The annual mileage figure applicable to this vehicle for the expiring policy period was: 12,500 - 12,999. The annual mileage figure applicable to this vehicle for the current policy period is: 13,000 - 13,499.

The required odometer information to calculate your annual mileage for the current policy period was obtained from a vendor because odometer information was not provided by you, was illegible, or the most recent odometer reading we received was less than a previous reading.

The following odometer information was used to determine your annual mileage for current policy period:

Odometer Reading:	58,760	Odometer Reading:	67,788
Date:	01/18/2012	Date:	09/25/2012

If any of the information shown above is incorrect, missing or changes in the future, please contact your Allstate representative. Please keep in mind that a change in any of the information may result in an adjustment to your premium.

Lawyers Professional Liability Insurance

CLAIMS MADE WARNING FOR DECLARATIONS: THIS POLICY PROVIDES COVERAGE ON A CLAIMS MADE AND REPORTED BASIS SUBJECT TO ITS TERMS. THIS POLICY APPLIES ONLY TO ANY CLAIM FIRST MADE AGAINST THE INSUREDS AND REPORTED TO THE INSURER DURING THE POLICY PERIOD OR ANY EXTENDED REPORTING PERIOD THAT MAY APPLY.

PLEASE READ AND REVIEW THE POLICY CAREFULLY AND DISCUSS THE COVERAGE WITH YOUR INSURANCE AGENT OR BROKER.

Whenever printed in this Declarations Page, the boldface type terms shall have the same meanings as indicated in the Policy.

Policy Form: LPL 29300 (04-09)

Policy Number: 1267157

Item 1. Name and Address of Named Insured:
William L. Duval, Jr.
Suite 240
1114 State Street
Santa Barbara, CA 93101

Person designated to receive all correspondence from the Insurer:
William L. Duval
Owner

Item 2. Policy Period: From March 19, 2014 (inception date) to March 19, 2015 (expiration date)
(Both dates at 12:01 a.m. Standard Time at the address of the Named Insured)

Item 3. Limit of Liability for the Policy Period (inclusive of Damages and Claims Expense):
A. \$1,000,000 each Claim, but in no event exceeding
B. \$1,000,000 in the aggregate for all Claims.

Item 4. Applicable Deductible: \$10,000
Item 5. Premium: \$6,974

Item 6. Endorsements attached:
LPL 292012 (04-09) Addition to Section II. Non-Practicing Extended Reporting Period
LPL 294310 (04-09) Addition to Section IV. Past Acts Exclusion
LPL 298030 11-13 Modification to Section VIII. B. Proposal

Item 7. Notice to the Insurer as provided in sections VII. A. and VII. B. and any information furnished to the Insurer as provided in section VI. A. shall be sent to:

Monitor Liability Managers, Claims Department
Address: 2850 West Golf Road, Suite 800, Rolling Meadows, IL 60008-4039
Fax: (847) 806-4017 Email: newclaim@monitorliability.com

All other notices required to be given to the Insurer under this Policy shall be sent to:
Monitor Liability Managers
Address: 2850 West Golf Road, Suite 800, Rolling Meadows, IL 60008-4039
Fax: (847) 806-6282

WALTER R. ANDERSON
INSURANCE SERVICES, INC.
Specializing in Professional Liability Since 1981
3757 State St, Suite 2B • Santa Barbara, CA 93105
(805) 682-8885 • Fax (805) 563-1160

These Declarations along with the completed and signed Proposal and the Lawyers Professional Liability Insurance Policy shall constitute the contract between the Insureds and the Insurer.

Authorized Representative: [Signature]

Date Issued: March 18, 2014

Lawyers Professional Liability Insurance

CLAIMS MADE WARNING FOR DECLARATIONS: THIS POLICY PROVIDES COVERAGE ON A CLAIMS MADE AND REPORTED BASIS SUBJECT TO ITS TERMS. THIS POLICY APPLIES ONLY TO ANY CLAIM FIRST MADE AGAINST THE INSUREDS AND REPORTED TO THE INSURER DURING THE POLICY PERIOD OR ANY EXTENDED REPORTING PERIOD THAT MAY APPLY.

PLEASE READ AND REVIEW THE POLICY CAREFULLY AND DISCUSS THE COVERAGE WITH YOUR INSURANCE AGENT OR BROKER.

Whenever printed in this Declarations Page, the boldface type terms shall have the same meanings as indicated in the Policy.

Policy Form: LPL 29300 (04-09)

Policy Number: 1267157

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Person designated to receive all correspondence from the Insurer:

William L. Duval
Owner

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(Both dates at 12:01 a.m. Standard Time at the address of the Named Insured)

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A. \$1,000,000 each Claim, but in no event exceeding
B. \$1,000,000 in the aggregate for all Claims.

Item 4. Applicable Deductible: \$10,000
Item 5. Premium: \$6,974

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LPL 292012 (04-09) Addition to Section II. Non-Practicing Extended Reporting Period
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LPL 298030 11-13 Modification to Section VIII. B. Proposal

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Address: 2850 West Golf Road, Suite 800, Rolling Meadows, IL 60008-4039
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Monitor Liability Managers
Address: 2850 West Golf Road, Suite 800, Rolling Meadows, IL 60008-4039
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WALTER R. ANDERSON
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These Declarations along with the completed and signed Proposal and the Lawyers Professional Liability Insurance Policy shall constitute the contract between the Insureds and the Insurer.

Authorized Representative: *[Signature]*

Date Issued: March 18, 2014

REPORT/AUDIT PERIOD		CODE	STANDARD CLASSIFICATION	PAYROLL	RATE	PREMIUM
FROM	TO					
/13	4/01/14	8820-1	ATTORNEYS-ALL EMPLOYEES	20703.50	1.06	219.46
TOTAL BASE PREMIUM						219.46
RATING PLAN MODIFIER APPLIED				.84867		186.25
PREMIUM DISCOUNT MODIFIER APPLIED				1.00000		186.25
TOTAL PREMIUM FOR 4/01/13 - 4/01/14						186.25
MINIMUM PREMIUM						250.00
PAID THIS POLICY TERM						186.33CR

5-2-14

IF YOU HAVE QUESTIONS CONCERNING THIS BILLING, PLEASE CONTACT
STATE FUND AT 1-888-782-8338

N/R 63.67

UNPAID BILLS

WCA SURCHARGE 2.0000% OF	250.00 LESS	.00	=	5.00
LEC (.28590%) + LEC (.27470%) = .56060% OF	250.00 LESS	0.00	=	1.40
SIBT (.34100%) + SIBT (.17070%) = .51170% OF	250.00 LESS	0.00	=	1.28
WCFA (1.37040%) + WCFA (.38810%) = 1.75850% OF	250.00			
PREVIOUSLY PAID WCA/WCFA SURCHARGE	0.00		=	4.40

DISREGARD IF PAYMENT HAS BEEN MADE.

250	1899247-13	PAY THIS AMOUNT	→	\$75.75
-----	------------	-----------------	---	---------

TE
ND
P.O. BOX 7441
SAN FRANCISCO, CA 94120-7441

STOP See the back for important payment instructions.



INSURANCE BINDER

DATE (MM/DD/YYYY)
1/27/2014

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM

AGENCY Walter R. Anderson Insurance 3757 State Street Suite 2B Santa Barbara CA 93105 PHONE (A/C, No, Ext): (805) 682-8885 FAX (A/C, No): (805) 563-1160 CODE: AGENCY CUSTOMER ID: 00000099 INSURED Daniel A. Murphy 228 E. Victoria Street Santa Barbara CA 93101		COMPANY Lawyers' Mutual Insurance Company BINDER # B1412701482 DATE EFFECTIVE TIME DATE EXPIRATION TIME 3/2/2014 12:01 PM 3/2/2015 12:01 AM THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #: LPDL03682 DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location)	
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COVERAGES		LIMITS		
TYPE OF INSURANCE	COVERAGE/FORMS	DEDUCTIBLE	COINS %	AMOUNT
PROPERTY CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPEC				
GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR	RETRO DATE FOR CLAIMS MADE.			EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
VEHICLE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$ MEDICAL PAYMENTS \$ PERSONAL INJURY PROT \$ UNINSURED MOTORIST \$
VEHICLE PHYSICAL DAMAGE DED <input type="checkbox"/> ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES <input type="checkbox"/> COLLISION <input type="checkbox"/> OTHER THAN COLL				ACTUAL CASH VALUE \$ STATED AMOUNT \$
GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY \$ EACH ACCIDENT \$ AGGREGATE \$
EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	RETRO DATE FOR CLAIMS MADE.			EACH OCCURRENCE \$ AGGREGATE \$ SELF-INSURED RETENTION \$
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY				WC STATUTORY LIMITS \$ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
SPECIAL PROFESSIONAL LIABILITY INSURANCE - CLAIMS MADE POLICY CONDITIONS/ OTHER COVERAGES LIMITS: \$1,000,000 / \$3,000,000 DEDUCTIBLE: \$5,000 PRIOR ACTS: 3-2-84				FEES \$ TAXES \$ ESTIMATED TOTAL PREMIUM \$

NAME & ADDRESS

MORTGAGEE	ADDITIONAL INSURED
LOSS PAYEE	
LOAN #	
AUTHORIZED REPRESENTATIVE	
Elaine Clark/ELAINE	<i>Elaine Clark</i>

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/04/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

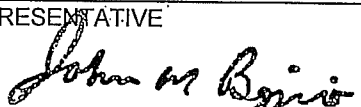
PRODUCER First Indemnity Insurance 87 Oxford Street Lynn, MA 01901	CONTACT NAME: Joshua Pratt PHONE (A/C, No, Ext): 781-581-2500 FAX (A/C, No, Ext): E-MAIL ADDRESS: jpratt@firstindemnity.net PRODUCER CUSTOMER ID #:															
INSURED Law Office of J' Aimee L. Oxtan, P.C. 1216 State Street, 6th Floor Santa Barbara, CA 93101	<table border="1"> <thead> <tr> <th colspan="2">INSURERS AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A:</td> <td>American Alternative Insurance</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td></td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> </tbody> </table>	INSURERS AFFORDING COVERAGE		NAIC #	INSURER A:	American Alternative Insurance		INSURER B:			INSURER C:			INSURER D:		
INSURERS AFFORDING COVERAGE		NAIC #														
INSURER A:	American Alternative Insurance															
INSURER B:																
INSURER C:																
INSURER D:																

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADD'L INSRD	SUBR WVD	POLICY NUMBER	POLICY EFF	POLICY EXP	LIMITS		
	GENERAL LIABILITY						EACH OCCURANCE		
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> _____ <input type="checkbox"/> _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						DAMAGE TO RENTED PREMISES (Ea occurrence)		
							MED EXP (Any one person)		
							PERSONAL & AND INJURY		
	AUTOMOBILE LIABILITY						GENERAL AGGREGATE		
	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> _____						PRODUCTS - COMP/OP AGG		
							COMBINED SINGLE LIMIT (Ea accident)		
							BODILY INJURY (Per person)		
	<input type="checkbox"/> Umbrella Liab <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> Excess Liab <input type="checkbox"/> OCCUR <input type="checkbox"/> DEDUCTIBLE RETENTION \$						BODILY INJURY (Per accident)		
							PROPERTY DAMAGE (Per accident)		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH) Y/N If yes, describe under DESCRIPTION OF OPERATIONS below <input type="checkbox"/>								
							WC STATUTORY LIMITS	OTHER	
								E.L. EACH ACCIDENT	
								E.L. DISEASE - EA EMPLOYEE	
								E.L. DISEASE - POLICY LIMIT	
A	Lawyers Professional			3LA2PL00001 12-00	08/19/14	08/19/15	Each Claim: \$ 1,000,000	General Aggregate: \$ 2,000,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACCORD 101, Additional Remarks Schedule, if more space is required)
 Claims made Coverage, Covering 1 Attorneys, Retroactive Date: 09/04/2014. Deductible is \$5,000.00 Per Claim and applies to Loss and Defense. Claims Expenses Are inside the limits of liability.

CERTIFICATE HOLDER	CANCELLATION
	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND TO THE INSURER, ITS AGENTS OR REPRESENTATIVES
	AUTHORIZED REPRESENTATIVE 

Lawyers Professional Liability Insurance

CLAIMS MADE WARNING FOR DECLARATIONS: THIS POLICY PROVIDES COVERAGE ON A CLAIMS MADE AND REPORTED BASIS SUBJECT TO ITS TERMS. THIS POLICY APPLIES ONLY TO ANY CLAIM FIRST MADE AGAINST THE INSUREDS AND REPORTED TO THE INSURER DURING THE POLICY PERIOD OR ANY EXTENDED REPORTING PERIOD THAT MAY APPLY.

PLEASE READ AND REVIEW THE POLICY CAREFULLY AND DISCUSS THE COVERAGE WITH YOUR INSURANCE AGENT OR BROKER.

Whenever printed in this Declarations Page, the boldface type terms shall have the same meanings as indicated in the Policy.

Policy Form: LPL 29300 (04-09)

Policy Number: 1324714

Item 1. Name and Address of Named Insured:
Law Offices of Gregory I. McMurray, P.C.
2nd Floor
1035 Santa Barbara Street
Santa Barbara, CA 93101

Person designated to receive all correspondence from the Insurer:
Sir / Madam

Item 2. Policy Period: From September 1, 2014 (inception date) to September 1, 2015 (expiration date)
(Both dates at 12:01 a.m. Standard Time at the address of the Named Insured)

Item 3. Limit of Liability for the Policy Period (inclusive of Damages and Claims Expense):
A. \$1,000,000 each Claim, but in no event exceeding
B. \$1,000,000 in the aggregate for all Claims.

Item 4. Applicable Deductible: \$5,000

Item 5. Premium: \$6,908

Item 6. Endorsements attached:
LPL 294310 (04-09) Addition to Section IV. Past Acts Exclusion
LPL 298030 11-13 Modification to Section VIII. B. Proposal

Item 7. Notice to the Insurer as provided in sections VII. A. and VII. B. and any information furnished to the Insurer as provided in section VI. A. shall be sent to:

Monitor Liability Managers, Claims Department
Address: 2850 West Golf Road, Suite 800, Rolling Meadows, IL 60008-4039
Fax: (847) 806-4017 Email: newclaim@monitorliability.com

All other notices required to be given to the Insurer under this Policy shall be sent to:
Monitor Liability Managers
Address: 2850 West Golf Road, Suite 800, Rolling Meadows, IL 60008-4039
Fax: (847) 806-6282

WALTER R. ANDERSON
INSURANCE SERVICES, INC.
Specializing in Professional Liability Since 1981
3757 State St. Suite 2B • Santa Barbara, CA 93105
(805) 682-8885 • Fax (805) 563-1160

These Declarations along with the completed and signed Proposal and the Lawyers Professional Liability Insurance Policy shall constitute the contract between the Insureds and the Insurer.

Authorized Representative: [Signature]

Date Issued: August 21, 2014

RENEWAL CERTIFICATE

LI

POLICY NUMBER 71 GK 4287-2

Personal Liability Umbrella Policy
 MAR 05 2014 to MAR 05 2015

DATE DUE SEE BALANCE DUE NOTICE

MAR 05 2014 \$149.00

AT1 004306 0001 G-23-1132-FG22-L-F

MC MURRAY, GREGORY
 425 W LOS OLIVOS ST UNIT B
 SANTA BARBARA CA 93105-4214

COVERAGES AND LIMITS

L Personal Liability	\$1,000,000
Self-Insured Retention	None

UNDERLYING EXPOSURES

Our records show the following underlying information. This information was used in determining the rate of the policy.

AUTOMOBILE EXPOSURES

Automobile(s)	1
Automobile Operator(s)	1

OTHER LIABILITY EXPOSURES

Personal Residential

Annual Premium	\$149.00
Amount Due	\$149.00

Forms and Endorsements


Personal Liability Umbrella	FP-7950.2
Mandatory Endorsement	FE-5835.1
Exclusion	FE-5837

Notify your agent immediately if the above listed Coverages and/or Underlying Exposures are incorrect. Your Coverages and/or bill can be affected if this information is not correct.

Required Underlying Insurance on reverse side

Thanks for letting us serve you...

33 201 11 Agent **DEREK MALMSTEN**
 Telephone (661) 964-0170

 Moving? See your State Farm agent.
 See reverse for important information.
 REB Prepared JAN 07 2014

CONTINUED FROM FRONT

Required Underlying Insurance

(Terms in Bold in this section are defined in the policy)
Minimum Underlying Limits

Type of Policy	Combined Limits (Bodily Injury and Property Damage)	Split Limits	
		Bodily Injury-	Property Damage-
Automobile Liability	\$ 500,000	\$ 250,000 Per Person \$ 500,000 Per Accident	\$ 100,000 Per Accident
Recreational Motor Vehicle Liability Including Passenger Bodily Injury	\$ 500,000	\$ 250,000 Per Person \$ 500,000 Per Accident	\$ 100,000 Per Accident
Personal Residential Liability	\$ 100,000		
Aircraft Liability	\$ 100,000		

NOTICE TO POLICYHOLDER:

Coverage changes requested before the "Date Prepared", which appear on this notice, are effective on the Effective Date of this policy unless otherwise indicated by a separate endorsement, binder, or amended declarations. Any coverage forms attached to this notice are also effective on the Effective Date of this policy.

Coverage changes requested after the "Date Prepared" will be sent to you as amended declarations or as an endorsement to your policy. Billing for any additional premium for such changes will be mailed at a later date.

Please keep this with your policy.

LIMITS OF LIABILITY

Each Claim \$ 1,000,000
 Annual Aggregate \$ 3,000,000
 Deductible Per Claim (Claims, Expenses & Damages) \$ 5,000

Option 1 - Payable in Full

Annual Policy Premium \$ 1,080
 Total Amount Due Now \$ 1,080

Option 2 - Finance

(Other financing options available upon request)
 Annual Policy Premium \$ 1,080
 Down Payment \$ 108.00
 Total Amount Due Now \$ 108.00

Billed for NINE equal installments of \$ 108.00
 The first installment is due on 08/03/2014

JUL 09 2014

Coverage will NOT be effective unless payment has been received (A) prior to the effective date of 07/03/2014 or (B) within 15 days following the quote date, whichever is later.
 It is also understood and agreed that this policy will not indemnify nor provide a defense for any claim(s) arising out of any acts, errors or omissions or personal injury occurring prior to 12:01 A.M. on the date specifically indicated following each lawyer named above.

Named Insured: JOSHUA ZANE WEBB
 Agreed and acknowledged by Owner or Partner(SIGN):

Quote Number: QA344301
 Title

Date

List of Lawyers to be Insured

Lawyer Name State Bar Number Prior Acts Date
 WEBB, JOSHUA ZANE 207570 07/03/2014

The Named Insured represents and warrants that the list of all lawyers who are partners of, stockholders in, of counsel to or employees of the Named Insured is true and complete as of date hereof.
 The Named Insured must inform the Company of any changes in such list in accordance with policy terms.

Please verify and complete the State Bar Number for every Lawyer.

NOTICE: Effective August 2, 2004, Lawyers' Mutual Insurance Company will begin processing your payment by sending an image of your check rather than the original check to your bank for payment. For questions, call (800) 252-2045.

If you have selected premium financing, by signing you acknowledge that you have read and understand the attached Premium Finance Agreement and that you hereby appoint Lawyers' Mutual Insurance Company and Its Officers as your attorney in fact to execute the Premium Finance Agreement on your behalf.

Allstate Indemnity Company

RENEWAL
Auto Policy Declarations

Summary

NAMED INSURED(S) Joshua Z Webb Diana De Lamadrid 1330 Carmelita Ave Santa Barbara CA 93101-1233	YOUR ALLSTATE AGENT IS Douglas Harlow (805) 963-3470 1215 De La Vina #A Santa Barbara CA 93101	YOUR BILL lists your payment options.
--	---	---

POLICY NUMBER 9 14 907520 07/28	POLICY PERIOD July 28, 2014 to Jan. 28, 2015 at 12:01 a.m. standard time
---	--

DRIVER(S) LISTED Josh Diana	DRIVER(S) EXCLUDED None
---------------------------------------	-----------------------------------

VEHICLES COVERED	VEHICLE ID NUMBER	LIENHOLDER
1. 07 Toy. Truck Fj Cruiser	JTEBU11F470076977	None
2. 12 Mercedes-B E350	WDDHF5KB3CA533428	None

Total Amount Due

Premium for 07 Toy. Truck Fj Cruiser	\$534.93
Premium for 12 Mercedes-B E350	\$501.65
CA Fraud Assessment Fee	\$1.80
TOTAL	\$1,038.38

✓ Your total premium reflects a combined discount of \$176.86
See the Important Payment and Coverage Information section for details about installment fees.

Your Policy Effective Date is July 28, 2014

AUTO *010000414060503034061502*



Information as of
June 5, 2014

Allstate Indemnity Company

Policy Number: 9 14 907520 07/28
Policy Effective Date: July 28, 2014

Your Agent: Douglas Harlow (805) 983-3470

COVERAGE FOR VEHICLE # 1

2007 Toy. Truck Fj Cruiser

COVERAGE	LIMITS	DEDUCTIBLE	PREMIUM
Automobile Liability Insurance			
• Bodily Injury	\$1,000,000 each person \$1,000,000 each occurrence	Not Applicable	\$294.13
• Property Damage	\$1,000,000 each occurrence		
Uninsured Motorists Insurance for Bodily Injury	\$1,000,000 each person \$1,000,000 each accident	Not Applicable	\$69.77
Auto Collision Insurance Waiver of deductible applies	Actual Cash Value	\$500	\$142.22
Auto Comprehensive Insurance	Actual Cash Value	\$500	\$28.81
Total Premium for 07 Toy. Truck Fj Cruiser			\$534.93

SURCHARGES Your premium for this vehicle reflects the following surcharges:
Minor Violation(s): 03/11/13

RATING INFORMATION Your premium is determined based on certain information, including the following:
This vehicle is driven 0-3 miles to work/school, married male licensed 25 years

Allstate uses mileage information as one factor to help determine your premium amount.

Important Note: The annual mileage figure applicable to this vehicle for the expiring policy period was: 3,000 - 3,499. The annual mileage figure applicable to this vehicle for the current policy period is: 4,000 - 4,499.

The required odometer information to calculate your annual mileage for the current policy period was not provided, was illegible, could not be obtained or the most recent odometer reading we received was less than a previous reading.

If any of the information shown above is incorrect, missing or changes in the future, please contact your Allstate representative. Please keep in mind that a change in any of the information may result in an adjustment to your premium.

Allstate Indemnity Company

Policy Number : 9 14 907520 07/28
 Policy Effective Date: July 28, 2014

Your Agent: Douglas Harlow (805) 983-3470

COVERAGE FOR VEHICLE # 2 2012 Mercedes-B E350

COVERAGE	LIMITS	DEDUCTIBLE	PREMIUM
Automobile Liability Insurance		Not Applicable	\$145.83
• Bodily Injury	\$1,000,000 each person \$1,000,000 each occurrence		
• Property Damage	\$1,000,000 each occurrence		
Uninsured Motorists Insurance for Bodily Injury	\$1,000,000 each person \$1,000,000 each accident	Not Applicable	\$54.16
Auto Collision Insurance Waiver of deductible applies	Actual Cash Value	\$500	\$256.86
Auto Comprehensive Insurance	Actual Cash Value	\$500	\$44.80
Total Premium for 12 Mercedes-B E350			\$501.65

DISCOUNTS Your premium for this vehicle reflects the following discounts:
 Anti-theft \$2.36 Good Driver 20% Distinguished Driver \$49.10

RATING INFORMATION Your premium is determined based on certain information, including the following:
 This vehicle is driven 3-9 miles to work/school, married female licensed 25 years

Allstate uses mileage information as one factor to help determine your premium amount. The estimated number of miles that this vehicle is driven annually is 5,000 - 5,499.

Important Note: The estimated annual mileage figure applicable to this vehicle for the expiring policy period was: 5,000 - 5,499. The estimated annual mileage figure applicable to this vehicle for the current policy period is: 5,000 - 5,499.

If any of the information shown above is incorrect, missing or changes in the future, please contact your Allstate representative. Please keep in mind that a change in any of the information may result in an adjustment to your premium.

AUTO *010000414060503034061503*



Information as of
 June 5, 2014

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 CA015180

PROGRESSIVE
P.O. BOX 31260
TAMPA, FL 33631

PROGRESSIVE
DIRECT

MEGAN K LEISZ
3943 LA COLINA
SANTA BARBARA, CA 93110

Policy Number: 62076394-5

Underwritten by:
Progressive Select Insurance Co
July 4, 2014
Policy Period: Jan 19, 2014 - Jul 19, 2014
Page 1 of 2

progressive.com

Online Service

Make payments, check billing activity, update
policy information or check status of a claim.

1-800-776-4737

For customer service and claims service,
24 hours a day, 7 days a week.

Auto Insurance Coverage Summary

This is your Declarations Page
Your policy information has changed

Your coverage began on January 19, 2014 at 12:01 a.m. This policy expires on July 19, 2014 at 12:01 a.m.

This coverage summary replaces your prior one. Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy contract is form 9610D CA (04/06). The contract is modified by forms Z445 CA (07/09) and Z538 (10/08).

Policy changes effective July 3, 2014

Premium change:	-\$3.00
Changes:	Coverage has been changed on your policy. The marital status of MEGAN K LEISZ has changed to married. JEFF DEORNELLAS has been added to the policy.

Underwriting Company

Progressive Select Insurance Co

Drivers and household residents

	Years Licensed	Years Experienced	Marital Status
MEGAN K LEISZ	02	15	Married
Additional Information:	Named insured		
JEFF DEORNELLAS	16	16	Married

Outline of coverage

2002 Acura Mdx Touring

VIN: 2HNYD18802H527407

Garaging zip code: 93110

Annual miles: 04100

Vehicle use: Commute

	Limits	Deductible	Premium
Liability To Others			\$467
Bodily Injury Liability	\$250,000 each person/\$500,000 each accident		
Property Damage Liability	\$100,000 each accident		
Uninsured/Underinsured Motorist	\$250,000 each person/\$500,000 each accident		29
Comprehensive	Actual Cash Value	\$500	36
Collision	Actual Cash Value	\$500	155
Rental Reimbursement	up to \$30 each day/maximum 30 days		52
Roadside Assistance			14
Subtotal policy premium			\$753.00
Anti-Fraud fee			0.90
Total 6 month policy premium			\$753.90

You paid installment fees of \$5.00 on this policy. In the future, you may reduce the amount you pay in installment fees by paying your premium in larger amounts and fewer installments. Please call 1-800-776-4737 for details. The following additional fees may apply:

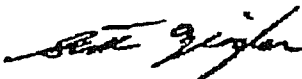
Cancel fee \$50.00

Fee for returned checks or refused payments \$20.00

Premium discount

Driver	
JEFF DEORNELLAS	Good Driver

Company officers



President



Secretary

Progressive Home Advantage

Issued by HOMESITE INSURANCE COMPANY OF CALIFORNIA
P.O. Box 5300
Binghamton, NY 13902-9953
Tel. (866) 960-8609 Fax (877) 273-2984

Evidence of Insurance For Policy Number 32737027

This policy covers the listed location(s) from:
12:01 AM July 4, 2014 through
12:01 AM July 4, 2015 (local time)

Insured Name and Mailing Address:

MEGAN LEISZ
3943 LA COLINA RD
SANTA BARBARA, CA 93110-

Send payment to:
PO Box 414356
Boston, MA 02241-4356

Insured Location

3943 LA COLINA RD SANTA BARBARA CA 93110-

Deductible: \$250

Coverage

Limit

Section I – Property

C. Personal Property \$15,000
D. Loss of Use \$3,000

Section II – Liability

E. Personal Liability \$500,000
F. Medical Payments to Others \$1,000

Total Policy Premium \$266.00

Total Amount Due \$0.00

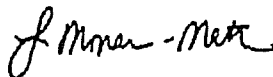
Total Amount Paid *\$266.00
*Please note that installment fees are not included in these totals and vary by payment plan option.

Notes:

H04 – Renters

All information and representations herein are subject to the policy terms and conditions. Coverage is contingent upon receipt of the initial payment of premium prior to the effective date of the policy.

Authorized Representative



Date July 5, 2014

This evidence of property insurance is issued as a matter of information only and confers no rights upon the certificate holder. This evidence of property insurance does not amend, extend or alter the coverage afforded by the policy above.

