



**LAWYERS PROFESSIONAL LIABILITY POLICY
DECLARATIONS**

Agency:
700324

Branch:
912

Policy Number:
287147596

Insurance is provided by Continental Casualty Company,
333 S. Wabash Ave. Chicago, IL 60604
A Stock Insurance Company.

1A. NAMED INSURED AND MAILING ADDRESS:

Dewrell Sacks, LLP
100 Galleria Parkway, Suite 1850
Atlanta, GA 30339

NOTICE TO POLICYHOLDERS:

This is a Claims Made and Reported policy. It applies only to those claims that are both first made against the insured and reported in writing to the Company during the policy period. Please review the policy carefully and discuss this coverage with your insurance agent or broker.

1B. PREDECESSOR FIRM(S): See Declarations Addendum

2. POLICY PERIOD:

Inception: 07/01/2007
at 12:01 A.M. Standard Time at the address shown above

Expiration: 07/01/2008

3. LIMITS OF LIABILITY:

Inclusive of Claims Expenses

Each Claim: \$1,000,000

Aggregate: \$1,000,000

Death or Disability and Non-Practicing
Extended Reporting Period Limit of Liability:

Each Claim: \$1,000,000

Aggregate: \$1,000,000

4. DEDUCTIBLES:

Inclusive of Claims Expenses

Aggregate: \$5,000

5. POLICY PREMIUM:

Total Policy Premium:

\$9,775.00

Includes CNA Risk Management Seminar Credit of

\$ 0.00

6. FORMS AND ENDORSEMENTS ATTACHED AT INCEPTION:

G-118011-A (Ed. 07/2001), G-118012-A (Ed. 03/1999), G-118016-A (Ed. 09/1996), G-118024-A (Ed. 09/1996), G-118029-A (Ed. 09/1996), G-118039-A10 (Ed. 06/2001), G-118045-A99 (Ed. 01/1999), G-118062-A10 (Ed. 06/2001), G-145126-A (Ed. 08/2003), G-145184-A (Ed. 06/2003)

7. WHO TO CONTACT:

To report a claim:
CNA Insurance Companies
333 S. Wabash, 39 South
Chicago, IL 60685
Att: Regional Director, GSL Lawyers Claims
Phone 312-822-1151 Fax 312-817-0528

Countersignature

Date

Authorized Representative

Date