

Supplemental Addendum

File No.

Borrower	N/A				
Property Address	2327 Royal Crest Dr				
City	Escondido	County	State	CA	Zip Code 92025
Lender/Client	Greg Amat				

Dear Mr. Amat,

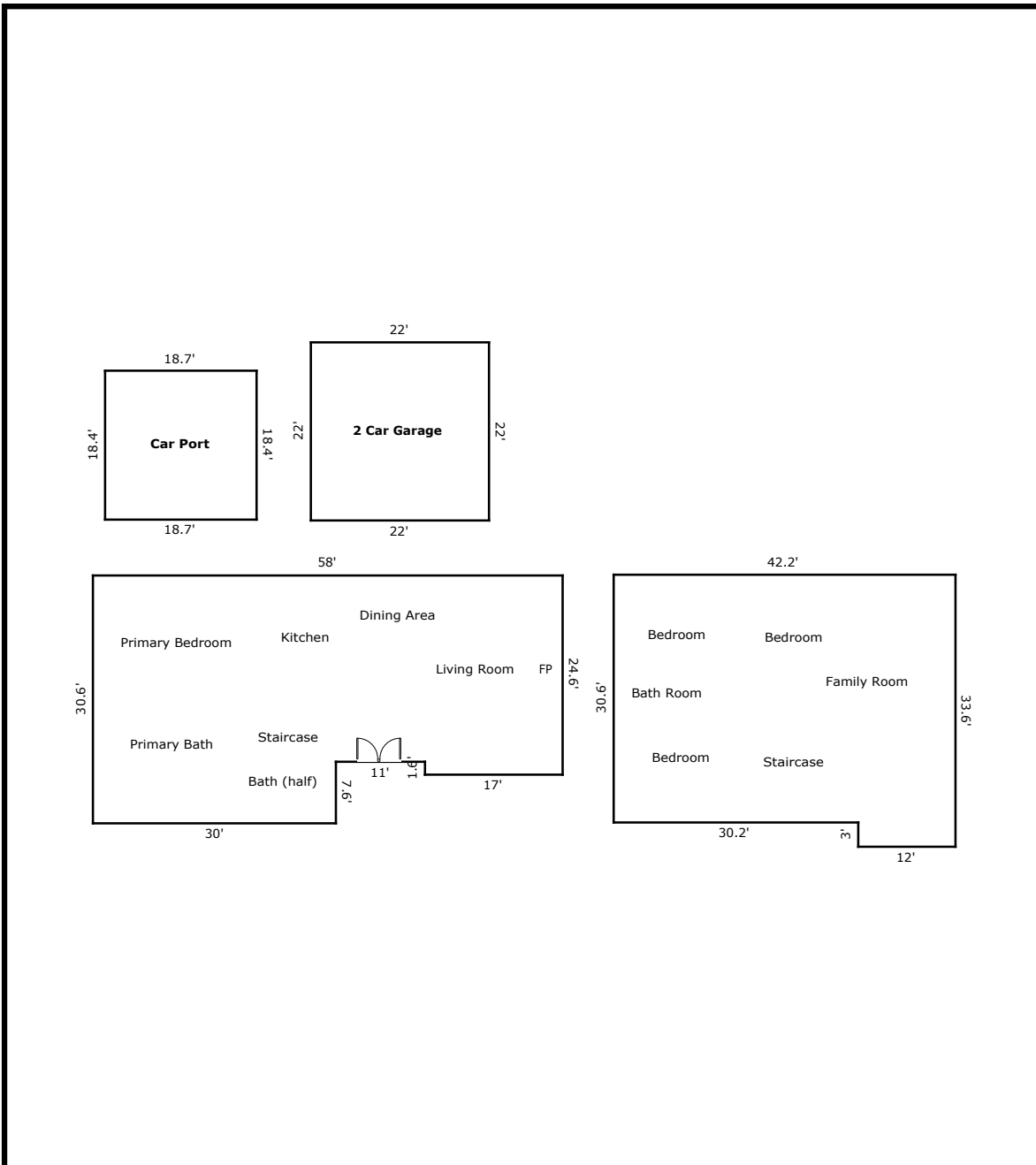
As per your request, I have measured your home and attached a copy of the floorplan.

Thank you,

Richard McDaniel
Anderson Appraisal Services
2180 Garnet Avenue, #3A
San Diego, CA 92130

Building Sketch

Borrower	N/A				
Property Address	2327 Royal Crest Dr				
City	Escondido	County	San Diego	State	CA
				Zip Code	92025
Lender/Client	Greg Amat				



TOTAL Sketch by a la mode

Area Calculations Summary

Living Area	Calculation Details	
First Floor	1589.2 Sq ft	30.6 × 30 = 918 28 × 23 = 644 17 × 1.6 = 27.2
Second Floor	1327.3 Sq ft	30.6 × 30.2 = 924.1 12 × 33.6 = 403.2
Total Living Area (Rounded):	2917 Sq ft	
Non-living Area		
Car Port	344.1 Sq ft	18.4 × 18.7 = 344.1
2 Car Garage	484 Sq ft	22 × 22 = 484

License





LIA Administrators & Insurance Services

**APPRAISAL AND VALUATION
PROFESSIONAL LIABILITY INSURANCE POLICY**



DECLARATIONS

ASPEN AMERICAN INSURANCE COMPANY

(A stock insurance company herein called the "Company")
175 Capitol Blvd, Suite 100
Rocky Hill, CT 06067

Date Issued	Policy Number	Previous Policy Number
04/27/2023	AAI000776-09	AAI000776-08

THIS IS A CLAIMS MADE AND REPORTED POLICY. COVERAGE IS LIMITED TO LIABILITY FOR ONLY THOSE CLAIMS THAT ARE FIRST MADE AGAINST THE **INSURED** DURING THE **POLICY PERIOD** AND THEN REPORTED TO THE COMPANY IN WRITING NO LATER THAN SIXTY (60) DAYS AFTER EXPIRATION OR TERMINATION OF THIS POLICY, OR DURING THE **EXTENDED REPORTING PERIOD**, IF APPLICABLE, FOR A **WRONGFUL ACT** COMMITTED ON OR AFTER THE **RETROACTIVE DATE** AND BEFORE THE END OF THE **POLICY PERIOD**. PLEASE READ THE POLICY CAREFULLY.

Item

<p>1. Customer ID: 110125 Named Insured: ANDERSON APPRAISAL SERVICES, INC. 2180 Garnet Avenue, Suite 3-A, San Diego, CA 92109</p>	
<p>2. Policy Period: From: 05/31/2023 To: 05/31/2024 12:01 A.M. Standard Time at the address stated in 1 above.</p>	
<p>3. Deductible: \$2,500 Each Claim</p>	
<p>4. Retroactive Date: 07/15/1996</p>	
<p>5. Inception Date: 05/31/2015</p>	
<p>6. Limits of Liability: A. \$1,000,000 Each Claim B. \$1,000,000 Aggregate</p>	
<p>7. Mail all notices, including notice of Claim, to: LIA Administrators & Insurance Services 1600 Anacapa Street Santa Barbara, California 93101 (800) 534-0657 Fax: (805) 967-0657</p>	
<p>8. Annual Premium: \$7,010.00</p>	
<p>9. Forms attached at issue: LIA002 (12/14) LIA CA (11/14) LIA012 (12/14)</p>	

This Declarations Page, together with the completed and signed Policy Application including all attachments and exhibits thereto, and the Policy shall constitute the contract between the Named Insured and the Company.

04/27/2023
Date

By 
Authorized Signature

LIA-001 (12/14)

Aspen American Insurance Company