



State of Rhode Island  
Office of the Secretary of State

Fee: \$230.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

Professional Corporation  
Articles of Incorporation

(Section 7-1.2 of the General Laws of Rhode Island, 1956, as amended)

ARTICLE I

The name of the corporation is Richards CPA & Tax Associates Inc.

This is a close corporation pursuant to § 7-1.2-1701 of the General Laws, 1956, as amended. (Uncheck if inapplicable.)

ARTICLE II

The profession to be practiced through the professional service corporation is:

ACCOUNTING, BOOKKEEPING AND TAX CONSULTING SERVICES

ARTICLE III

The total number of shares which the corporation has authority to issue is:

(Unless otherwise stated all authorized shares are deemed to have a nominal or par value of \$0.01 per share.)

Class of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>
STK	\$0.0100	1,000.00

If you desire, you may include a statement of all or any of the designations and the power, preferences, and rights, including voting rights, and the qualifications, limitations, or restrictions of them which are permitted by the provisions or RIGL 7-1.2. State any provisions here (optional):

ARTICLE IV

The street address (post office boxes are not acceptable) of the initial registered office of the corporation is:

No. and Street: 100 COTTAGE STREET

City or Town: PAWTUCKET

State: RI

Zip: 02860

The name of its initial registered agent at such address is KENNETH RICHARDS, CPA

ARTICLE V

The corporation shall have perpetual existence until dissolved or terminated in accordance with RIGL 7-1.2.

**ARTICLE VI**

Additional provisions, if any, not consistent with Chapter 7-1.2 which the incorporators elect to have set forth in these Articles of Incorporation:

**ARTICLE VII**

The name and address of the each incorporator is:

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
INCORPORATOR	KENNETH RICHARDS CPA	100 COTTAGE STREET PAWTUCKET, RI 02860 USA

**ARTICLE VIII**

These Articles of Incorporation shall be effective upon filing unless a specified date is provided which shall be no later than the 90th day after the date of this filing.

Later Effective Date:

**Signed this 15 Day of July, 2023 at 6:50:39 PM by the incorporator(s).** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-5.1 and 7-1.2.*

<BR> KENNETH RICHARDS CPA

Form No. 112  
Revised 09/07

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## AICPA PROFESSIONAL LIABILITY INSURANCE PROGRAM

*The Experience To Protect Your Future*

1100 Virginia Drive, Suite 250  
Fort Washington, PA 19034-3278  
Phone: (800) 221-3023  
Fax: (800) 853-5227  
[www.cpoi.com](http://www.cpoi.com)

December 30, 2022

Kenneth Richards, CPA  
Richards CPA & Tax Associates  
Mr. Kenneth Richards  
100 Cottage Street  
Pawtucket, RI 02860-2220

Customer No: 0513442000  
Policy Number: APL-713745883  
Policy Period: 1/01/23 To 1/01/24

Dear Mr. Richards:

Thank you for your firm's participation in the CPA Value Plan, underwritten by a CNA member company. Your policy is enclosed and is effective as of the date listed above.

Please remember to notify us if you plan to merge, acquire or otherwise materially affect the present composition of your firm (including areas of practice and professional staff) during the policy period. You may be required to submit a new application in advance of the change for underwriting analysis and coverage amendments.

Should you have any questions about your coverage, please don't hesitate to call us toll free at **1-800-221-3023**. We look forward to serving your professional liability insurance needs now and in the future.

Sincerely,

**Alvin Fennell III**

Aon Insurance Services  
AICPA Program Administrator  
CPOL

Aon Insurance Services is a division of Affinity Insurance Services, Inc.; in CA, MN & OK, (CA License #0795465) Aon Insurance Services is a division of AIS Affinity Insurance Agency, Inc.; and in NY, AIS Affinity Insurance Agency.

One or more of the CNA companies provide the products and/or services described. The information is intended to present a general overview for illustrative purposes only. It is not intended to constitute a binding contract. Please remember that only the relevant insurance policy can provide the actual terms, coverages, amounts, conditions and exclusions for an insured. All products and services may not be available in all states and may be subject to change without notice. CNA is a service mark registered with the United States Patent and Trademark Office. Copyright © 2008 CNA. All rights reserved.

**DECLARATIONS**  
**ACCOUNTANTS PROFESSIONAL LIABILITY POLICY**

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PRODUCER BRANCH PREFIX POLICY NUMBER  
**003613 970 APL 713745883**  
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INSURANCE IS PROVIDED BY  
CONTINENTAL CASUALTY COMPANY  
151 N. Franklin Street, CHICAGO, IL 60606  
A STOCK INSURANCE COMPANY  
REFERRED TO IN THIS POLICY AS WE, US, OR OUR.

1. Named Insured and Mailing Address

Kenneth Richards, CPA  
Richards CPA & Tax Associates  
100 Cottage Street  
Pawtucket, RI 02860-2220

\* \* \* \* NOTICE \* \* \* \* \*

THIS IS A CLAIMS-MADE AND REPORTED POLICY AND COVERS  
ONLY CLAIMS FIRST MADE AGAINST AN INSURED AND REPORTED  
IN WRITING TO THE COMPANY DURING THE POLICY PERIOD.  
PLEASE READ THIS POLICY CAREFULLY AND DISCUSS THE  
COVERAGE WITH YOUR INSURANCE AGENT.

-----  
2. POLICY PERIOD: FROM: 1/01/23 TO: 1/01/24 at 12:01 A.M.  
Standard time at your address shown above.  
-----

3. PRIOR ACTS DATE: 1/01/23 at 12:01 A.M.  
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4. DEDUCTIBLE: Per Claim Deductible \_\_\_\_\_ or Aggregate Deductible \$5,000  
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5. LIMITS OF LIABILITY: **(INCLUDES CLAIM EXPENSES UNLESS AMENDED BY ENDORSEMENT)**  
\$100,000 PER CLAIM  
\$250,000 AGGREGATE  
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6. FOR NON-RENEWAL: 30 days notice will be given you in accordance with policy conditions.  
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7. PRINTED ENDORSEMENTS ATTACHED AT POLICY ISSUANCE INCLUDE:

- G-127136-A(1/16) Policy
- G-127137-A(7/12) Declarations Page
- G-127157-A(6/97) Nuclear Energy & Pollution Exclusion
- G-127164-A38(8/97) Amend. Termination Provisions - RI
- G-127160-A(3/03) Sole Owner & Disability Ext. Claims Rptg
- G-127165-A38(8/97) Amend. Endorsement - RI
- G-141584-A(6/03) Policyholder Notice
- CNA90673XX-(11/17) Amend Limits of Liability Endorsement
- G-127152-AC(5/06) Claim Expenses Outside Limits

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8.            \$190.00                        ANNUAL PREMIUM

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9.        WHO TO CONTACT TO REPORT A CLAIM OR POTENTIAL CLAIM:

Director of Claims  
Accountants Professional Liability  
CNA Insurance Companies  
151 N. Franklin Street  
Chicago, IL 60606  
APLNewLoss@CNA.com

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THIS POLICY IS NOT VALID UNTIL SIGNED BY OUR AUTHORIZED REPRESENTATIVE.

*Paul H. Chase*

\_\_\_\_\_  
Authorized Representative

CONTINENTAL CASUALTY COMPANY

ACCOUNTANTS PROFESSIONAL LIABILITY POLICY

Amendatory Endorsement
Nuclear Energy and Pollution Exclusion

We agree with you that the following EXCLUSIONS are added to your Policy:

We will not defend or pay under this Policy any claim based upon or arising out of any loss, cost or expense:

- 1. under any circumstances, due to nuclear reaction, radiation, or contamination, regardless of cause.
2. which would not have happened in whole or in part, but for the actual, alleged or threatened discharge, dispersal, seepage, migration, release or escape of pollutants at any time.
3. arising out of any:
a. Request, demand or order that any insured or others test for, monitor, clean up, remove, contain, treat, detoxify or neutralize, or in any way respond to, or assess the effects of pollutants; or
b. Claim or suit by or on behalf of a governmental authority for damage because of testing for, monitoring, cleaning up, containing, treating, detoxifying or neutralizing, or in any way responding to, or assessing the effects of pollutants.

"Pollutants" means any solid, liquid, gaseous or thermal irritant or contaminant, including smoke, vapor, soot, fumes, acids, alkalis, chemicals and waste. Waste includes materials to be recycled, reconditioned or reclaimed.

ALL OTHER PROVISIONS OF THIS POLICY REMAIN UNCHANGED.

This endorsement is a part of your policy and takes effect on the effective date of your policy, unless another effective date is shown below.

Table with 2 columns: ENDT. NO. (001) and POLICY NO. (APL-713745883). Header: Must Be Completed

Table with 2 columns: ISSUED TO (Kenneth Richards, CPA) and EFFECTIVE DATE OF THIS ENDORSEMENT (1/01/2023). Header: Complete Only When This Endorsement Is Not Prepared with the Policy Or Is Not to be Effective with the Policy

Countersigned by [Signature]
Authorized Representative

CONTINENTAL CASUALTY COMPANY

ACCOUNTANTS PROFESSIONAL LIABILITY POLICY  
AMENDMENT OF TERMINATION PROVISIONS -  
RHODE ISLAND

We agree with **you** that any cancellation or non-renewal provisions contained in the Policy to which this endorsement is attached are deleted and replaced by the following:

- I. Cancellation
  - A. This Policy can be canceled by either the **Named Insured** or us.
    1. The **Named Insured** can cancel this Policy at any time. To do so, the **Named Insured** must:
      - a. return the Policy to us or any of our authorized representatives; or
      - b. mail a written notice to us;  
stating when the cancellation is to be effective. We must receive the Policy or written notice before the cancellation date.
    2. We can cancel this Policy by giving written notice to the **Named Insured** at least:
      - a. 10 days, if cancellation is for nonpayment of premium. However, **you** may continue the coverage by payment in full at any time prior to the effective date of the cancellation; or
      - b. 30 days, if cancellation is for any other reason;  
before the effective date of termination.
  - B. We will give, mail or deliver notice to the **Named Insured** at the last mailing address known to us. A copy shall also be mailed or delivered to the **Named Insured's** agent.
  - C. Notice of cancellation will state the effective date of cancellation. The policy will end on that date. The grounds for such cancellation shall also be stated, and upon the **Named Insured's** written request, we shall furnish the facts upon which the cancellation is based, provided that the **Named Insured** agrees in writing to hold us harmless from liability for any communication giving notice of or specifying a reason for cancellation or non-renewal or for any statement made in connection with an attempt to discover or verify the existence of conditions which would be a reason for cancellation or non-renewal.
  - D. If notice is mailed, proof of mailing will be sufficient proof of notice.
  - E. If this Policy is canceled, we will send the **Named Insured** any premium refund due. If we cancel, the refund will be pro-rata. If the **Named Insured** cancels, the refund may be less than pro-rata.  
  
However, if this Policy is financed under a premium finance agreement and we cancel at the request of the premium finance company upon default of the **Named Insured**, the refund will be pro rata.  
  
The cancellation will be effective even if we have not made or offered a refund.
  - F. If this policy has been in effect for more than 60 days, or is a renewal, we shall not terminate this policy except for one or more of the following conditions:
    1. nonpayment of premium;
    2. any:
      - a. fraud or material misrepresentation made by **you** or with **your** knowledge in obtaining or continuing the policy, or in presenting a claim under the policy;
      - b. activities or omissions on the part of **you** which increase any hazard insured against, including a failure to comply with loss control recommendations;

- c. change in the risk which increases the risk of loss after insurance coverage has been issued or renewed, including but not limited to increase in exposure due to regulation, legislation or court decision;
- d. loss or decrease of our reinsurance covering all or part of the risk or exposure covered by the policy;
- e. determination by the Commissioner of Insurance that the continuation of the policy would jeopardize our solvency or would place us in violation of the insurance laws of this state;
- f. owner or occupant incendiarism;
- g. violation or breach of any policy terms or conditions by any of **you**;
- h. constructive or actual total loss of any covered property;
- i. other reasons as may be approved by the Commissioner of Insurance.

II. Non-Renewal

A. If we decide not to renew this Policy, we will give, mail or deliver to the **Named Insured** at the address shown in this Policy, and the **Named Insured's** agent, as well as any Mortgage Holder, written notice of non-renewal at least 30 days before:

- 1. the expiration of the policy; or
- 2. an anniversary date of the policy, if the policy is written for a term longer than one year or with no fixed expiration date.

The notice shall include the reason for such non-renewal.

B. The above provision shall not apply in the event:

- 1. of nonpayment of premium, in which case any Mortgage Holder will be given 10 days notice;
- 2. we have consented to renewal; or
- 3. the **Named Insured** has:
  - a. requested or agreed to non-renewal; or
  - b. insured elsewhere or agreed in writing to obtain replacement coverage.

C. If we offer to renew this Policy at less favorable terms as to the dollar amount of coverage, deductibles, higher rates or rating plans, such less favorable terms will take effect on the renewal date if we have notified the **Named Insured** of the less favorable terms at least 30 days prior to the expiration date of this Policy.

If we have not given such advance notice, the **Named Insured** may cancel the renewal policy within 30 days after receiving notice, and any earned premium shall be calculated on a pro-rata basis at the lower of the current or prior year's rate.

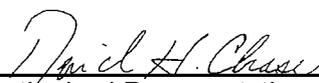
III. Mailing of Notice

If any notice required under I. or II. above is mailed, we will use certified mail, return receipt requested. We will also obtain a written receipt from the United States Postal Service, showing the name and address of the **Named Insured**, and of any Mortgage Holder stated in the policy. This receipt will be sufficient proof of mailing.

ALL OTHER PROVISIONS OF THE POLICY REMAIN UNCHANGED.

Must Be Completed	
ENDT. NO. 002	POLICY NO. APL-713745883

Complete Only When This Endorsement Is Not Prepared with the Policy <u>Or</u> Is Not to be Effective with the Policy	
ISSUED TO Kenneth Richards, CPA	EFFECTIVE DATE OF THIS ENDORSEMENT 1/01/2023

Countersigned by   
Authorized Representative

CONTINENTAL CASUALTY COMPANY  
ACCOUNTANTS PROFESSIONAL LIABILITY POLICY

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**Amendatory Endorsement  
Sole Owner Death and Disability Extended Claim Reporting Period**

We agree with **you** that the following amendments are made a part of **your** Policy:

For the purposes of this endorsement, Section I., DEFINITIONS, the definition of **You** and **Your** is deleted in its entirety and replaced with the following: **You** and **Your** means an individual who is the sole owner of the **Named Insured** where such sole owner is an officer, director or employee who renders **professional services** on behalf of the **Named Insured**.

Section I., DEFINITIONS, is amended to add the following new paragraph:

**"Totally and permanently disabled"** means that **you** are so disabled as to be wholly prevented from rendering of **professional services** provided that such disability:

1. did not preexist the inception date of this Policy;
2. has existed continuously for not less than six (6) months; and
3. is reasonably expected to be continuous and permanent.

Section VII., EXTENDED CLAIM REPORTING PERIOD is amended to add the following new paragraphs:

**Death or disability extended claim reporting period**

1. If **you** die or become **totally and permanently disabled** during the **policy period** then upon the latter of the expiration of: the **policy period**; any renewal or successive renewal of this Policy; or any automatic or optional **extended claim reporting period**, **you** shall be provided with a death or disability **extended claim reporting period** as provided below:
  - a. In the event of death, **your** estate, heirs, executors or administrators must, within sixty (60) days of the expiration of the **policy period**, provide us with written proof of the date of death. This **extended claim reporting period** is provided to **your** estate, heirs, executors and administrators until the executor or administrator of the estate of **your** estate is discharged.
  - b. If **you** become **totally and permanently disabled**, **you** or **your** legal guardian must, within sixty (60) days of the expiration of the **policy period**, provide us with written proof that **you** are **totally and permanently disabled**, including the date the disability commenced, certified by **your** physician. We retain the right to contest the certification made by **your** physician, and it is a condition precedent to this coverage that **you** agree to submit to medical examinations by any physician designated by us. This **extended claim reporting period** is provided until **you** shall no longer be **totally or permanently disabled** or until **your** death, in which case subparagraph a. hereof shall apply.
2. No additional premium will be charged for any death or disability **extended claim reporting period**.
3. Separate death or disability **extended claim reporting period** limits of liability

Our limit of liability for all **claims** first made against **you** and reported to us during any death or disability **extended claim reporting period** shall be reinstated to the limits of liability applicable to this Policy as set forth in the Declarations and Section III., Limits of Liability.

ALL OTHER PROVISIONS OF THE POLICY REMAIN UNCHANGED.

This endorsement is a part of **your** Policy and takes effect on the effective date of **your** Policy, unless another effective date is shown below.

<i>Must Be Completed</i>		<i>Complete Only When This Endorsement Is Not Prepared with the Policy <u>Or</u> Is Not to be Effective with the Policy</i>	
ENDT. NO.	POLICY NO.	ISSUED TO	EFFECTIVE DATE OF THIS ENDORSEMENT
003	APL-713745883	Kenneth Richards, CPA	1/01/2023

G-127160-A  
Ed. 3/03

Page 2 of 2

Countersigned by   
Authorized Representative

CONTINENTAL CASUALTY COMPANY

ACCOUNTANTS PROFESSIONAL LIABILITY POLICY

AMENDATORY ENDORSEMENT  
RHODE ISLAND

We agree with **you** that Section III., LIMITS OF LIABILITY, paragraph F., Supplementary Benefits, is amended to include the following new paragraph:

If we reject a written settlement offer made by the plaintiff that is equal to or less than the limits of liability stated in the Declarations as Per **claim** , we agree to pay prejudgment interest awarded against **you** on the entire judgment.

ALL OTHER PROVISIONS OF THE POLICY REMAIN UNCHANGED.

<i>Must Be Completed</i>	
ENDT. NO. 004	POLICY NO. APL-713745883

<i>Complete Only When This Endorsement Is Not Prepared with the Policy Or Is Not to be Effective with the Policy</i>	
ISSUED TO Kenneth Richards, CPA	EFFECTIVE DATE OF THIS ENDORSEMENT 1/01/2023

Countersigned by David H. Chase  
Authorized Representative



## POLICYHOLDER NOTICE

Ethics and proper business conduct has been the cornerstone of CNA since 1897. While much has changed during the last century, our commitment to these core values has not wavered. We strongly believe that proper business conduct is more than the practice of avoiding wrong; it is also a matter of choosing to do right. Nowhere is this more essential than helping in the fight against terrorism. As such, we are committed to complying with U.S. Department of Treasury Office of Foreign Asset Control (OFAC) requirements.

Through a variety of laws, OFAC administers and enforces economic sanctions against countries and groups of individuals, such as terrorists and narcotics traffickers. These laws prohibit all United States citizens (including corporations and other entities) and permanent residents from engaging in transactions with sanctioned countries and with individuals and entities on the Specially Designated Nationals (SDN) list. Because all U.S. citizens and companies are subject to this law, we wanted to be sure you were aware of its scope and restrictions. If you haven't already done so, you may want to consider discussing this issue with your legal counsel to ensure you are in compliance.

For insurance companies, accepting premium from, issuing a policy to, insuring property of, or making a claim payment to an individual or entity that is the subject of U.S.-imposed economic sanctions or trade embargoes usually are violations of these laws and regulations. Fines for violating OFAC requirements can be substantial. CNA has established an OFAC compliance program part which includes the use of exclusionary policy language. We believe this makes good business sense for CNA and you.

Our records indicate that you have insurance coverage coming up for renewal with us. The purpose of this letter is to advise you that your renewal policy includes OFAC exclusionary policy language, which may reduce or eliminate certain coverage. Specifically, if it is determined that your policy violates certain Federal or State laws or regulations, such as the U.S. list of Specially Designated Nationals or Blocked Persons (organizations or individuals associated with terrorist groups), any term or condition of your policy will be null and void to the extent it violates the applicable laws or regulations of the United States.

We're sure you share our commitment to compliance and thank you for your cooperation.

Your policy language reads as follows:

## **ECONOMIC AND TRADE SANCTIONS CONDITION**

The following condition is added to the Policy:

### **ECONOMIC AND TRADE SANCTIONS CONDITION**

In accordance with laws and regulations of the United States concerning economic and trade embargoes, this policy is void from its inception with respect to any term or condition of this policy that violates any laws or regulations of the United States concerning economic and trade embargoes including, but not limited to the following:

1. Any insured under this Policy, or any person or entity claiming the benefits of such insured, who is or becomes a Specially Designated National or Blocked Person or who is otherwise subject to U.S. economic or trade sanctions;
2. Any claim or suit that is brought in a Sanctioned Country or by a Sanctioned Country Government, where any action in connection with such claim or suit is prohibited by U.S. economic or trade sanctions;
3. Any claim or suit that is brought by any Specially Designated National or Blocked Person or any person or entity who is otherwise subject to U.S. economic or trade sanctions;
4. Property that is located in a Sanctioned Country or that is owned by, rented to or in the care, custody or control of a Sanctioned Country Government, where any activities related to such property are prohibited by U.S. economic or trade sanctions; or
5. Property that is owned by, rented to or in the care, custody or control of a Specially Designated National or Blocked Person, or any person or entity who is otherwise subject to U.S. economic or trade sanctions.

As used in this endorsement a Specially Designated National or Blocked Person is any person or entity that is on the list of Specially Designated Nationals and Blocked Persons issued by the U.S. Treasury Department's Office of Foreign Asset Control (O.F.A.C.) as it may be from time to time amended.

As used in this endorsement a Sanctioned Country is any country that is the subject of trade or economic embargoes imposed by the laws or regulations of the United States of America.



**AMEND LIMITS OF LIABILITY ENDORSEMENT  
(Risk Management Incentives - Use of Engagement Letters)**

It is understood and agreed that the section entitled **LIMITS OF LIABILITY**, the sub-section entitled Risk Management Incentives, the paragraph entitled Use of Engagement Letters, the phrase "then we will reduce **your** deductible, applying to that **claim**, by 50%, up to a total amount of \$5,000" is amended to delete "\$5,000" and replace it with "\$10,000."

All other terms and conditions of the Policy remain unchanged.

This endorsement, which forms a part of and is for attachment to the Policy issued by the designated Insurers, takes effect on the effective date of said Policy at the hour stated in said Policy, unless another effective date is shown below, and expires concurrently with said Policy.



## AMENDATORY ENDORSEMENT - CLAIM EXPENSES OUTSIDE THE LIMITS

We agree with **you** that the following amendments are made part of **your** Policy:

1. Item 5, LIMITS OF LIABILITY of the Declarations is amended by deleting the phrase "Includes claims expenses". In addition, Item 5, LIMITS OF LIABILITY is amended to include the following new Limit of Liability.

**Claim expenses** \$ 100,000 per **claim**  
**Claim expenses** \$ 250,000 in the aggregate

2. Section II., COVERAGE AGREEMENTS, paragraph C. is deleted in its entirety and replaced as follows:

C. 1. **Payment of damages**

We are not obligated to investigate, defend, pay or settle a **claim** after the applicable limit of our liability has been exhausted by payment of **damages** or after we have tendered the remaining available limits of liability into a court of competent jurisdiction. In such case, we shall have the right to withdraw from the further investigation, defense or settlement of any **claim** by tendering control of said investigation, defense or settlement to **you**. We will initiate, and cooperate in, the transfer of control to **you** of any **claims** which were reported to us prior to the exhaustion of such limit. **You** must cooperate in the transfer of control of such **claims**. We agree to take the necessary steps, as we deem appropriate, to avoid a default in such **claims** until such transfer has been completed, provided **you** cooperate in completing such transfer. **You** must reimburse us for expenses we incur in taking those steps we deem appropriate to avoid a default.

2. **Payment of claim expenses**

We are not obligated to investigate or defend or continue to investigate or defend a **claim** after the limit of liability applicable to **claims expenses** as set forth in paragraph 4 of this Endorsement is exhausted. In such case we shall have the right to withdraw from the further investigation or defense of such **claim** by tendering control of said investigation, defense or settlement of the **claim** to **you**. However, we reserve the right to designate counsel, at our own expense, to associate with **you** in the continued defense of such **claim**. In such case, **you** shall not enter into any settlement or agreement without our prior written consent.

3. Section III., LIMITS OF LIABILITY paragraphs A and B are deleted in their entirety and replaced as follows:

A. **Damages Limit of Liability - Each Claim**

Subject to B. below, the limit of liability for **damages** for each **claim** shall not exceed the amount stated in the Declarations as "Per **Claim**".

B. **Damages Limit of Liability - Aggregate**

Subject to A. above, the limit of liability for **damages** for all **claims** shall not exceed the amount stated in the Declarations as "Aggregate".



4. Section III., LIMITS OF LIABILITY, is amended to add the following new paragraphs as follows:

• **Claim Expenses** Limit of Liability - Each **Claim**

Subject to the Aggregate **Claim Expenses** Limit of Liability below, the limit of liability for **claim expenses** for each **claim** shall not exceed the amount stated in Item 1 of this Endorsement as the "Per **Claim**" Limit of Liability for **claim expenses**.

• **Claim Expenses** Limit of Liability - Aggregate

Subject to the Each **Claim Claim Expenses** Limit of Liability above, the limit of liability for **claim expenses** for all **claims** shall not exceed the amount stated in Item 1 of this Endorsement as the "Aggregate" Limit of Liability for **claim expenses**.

**Claim expenses** are not payable under this Policy until all other valid and collectible insurance available to **you** for **claim expenses** has been exhausted.

All other terms and conditions of the Policy remain unchanged.

This endorsement is a part of **Your** Policy and takes effect on the effective date of **Your** Policy, unless another effective date is shown below.

<i>Must Be Completed</i>	
ENDT. NO. 006	POLICY NO. APL-713745883

<i>Complete Only When This Endorsement Is Not Prepared with the Policy <u>Or</u> Is Not to be Effective with the Policy</i>	
ISSUED TO Kenneth Richards, CPA	EFFECTIVE DATE OF THIS ENDORSEMENT 1/01/2023

Countersigned by \_\_\_\_\_  
Authorized Representative