



Declarations

Agency	Branch	Prefix	Policy Number
078990	969	RNP	00518394009

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

1. NAMED INSURED AND MAILING ADDRESS:

Geiger, Geiger and Associates, Inc.
PO Box 321354
Cocoa Beach, FL 32932

NOTICE TO POLICYHOLDERS:
The Errors and Omissions Liability coverage
afforded by this policy is on a Claims Made
Basis. Please review the policy carefully
and discuss this Coverage with your
insurance agent or broker.

2. POLICY PERIOD: Inception: 04/17/2009 Expiration: 04/17/2010
at 12:01 A.M. Standard Time at your address shown above.

3. ERRORS AND OMISSIONS LIABILITY:

A. Limits of Liability:	Each Claim:	\$500,000	Aggregate:	\$500,000
B. Lockbox Limit of Liability:				\$50,000
(SUBLIMIT INCLUDED WITHIN THE LIMITS OF LIABILITY)				
C. Discrimination Limits of Liability:				\$100,000
D. Deductible:	Each Claim:			\$2,500
E. First Coverage Date:		04/17/1987		

4. PREMIUM:	\$906.00
ENVIRONMENTAL HAZARDS:	\$100.00
DISCRIMINATION (Optional \$100,000 Sublimit):	\$0.00
RESIDENTIAL OWNERSHIP:	\$125.00
TOTAL PREMIUM:	\$1,131.00
Florida Catastrophe Hurricane Fund	\$11.31
FIGA 2006 Special Assessment	\$5.77
FIGA Surcharge Regular 2007	\$22.62

Countersigned by Authorized Representative

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/2/2009

PRODUCER (321)757-8686 FAX: (321)757-8687
Brown and Brown Insurance of Brevard
6767 N. Wickham Road, Ste. 214

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

Melbourne FL 32940

INSURERS AFFORDING COVERAGE

NAIC #

INSURED
Geiger, Geiger & Assoc.
P.O. Box 321354

INSURER A Continental Casualty

20443

INSURER B

INSURER C

INSURER D

INSURER E

Cocoa Beach FL 32932-1354

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR/ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
	AUTOMOBILE 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 (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY AGG \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATU-TORY LIMITS OTH-ER E L EACH ACCIDENT \$ E L DISEASE - EA EMPLOYEE \$ E L DISEASE - POLICY LIMIT \$
A	OTHER Errors & Omissions	RNP00518394008	4/17/2009	4/17/2010	Aggregate Limit \$500,000 Deductible \$2500

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

RE: William Geiger, Sr, SRA, Bill Geiger, Jr., SRA, Deborah J. Hampton, Gerry Matheson, Marlene S. O'Dell, Charles E.O'Dell, Clarabeth Puleo

CERTIFICATE HOLDER

Proof Of Insurance Only
Geiger, Geiger & Assoc
P O Box 321354
Cocoa Beach, FL 32932-1354

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 UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE
Paul Corbley/CAT

Paul Corbley