

PARTNERS SPECIALTY
GROUP, LLC.

THIS CONTRACT IS REGISTERED AND
DELIVERED AS A SURPLUS LINES COVERAGE
UNDER THE SURPLUS LINES INSURANCE LAW
AND THIS INSURER IS NOT AUTHORIZED TO
DO BUSINESS IN GEORGIA.

8/28/07

BINDER # 13428

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In accordance with your instructions, we have effected insurance as follows:

Insured: **Attorney's Title Insurance Corporation**
2296 Henderson Mill Road, Suite 403
Tucker, GA 30348

Producer: Gilsbar, Inc.
P. O. Box 998
Covington, LA 70434

Binder Period: 08/28/07 to 11/28/07 12:01 Standard Time at above location(s)

Policy Period: 08/28/07 to 08/28/08 12:01 Standard Time at above location(s)

Insurer Admiral Insurance Company Non-Adm

Policy # EO000007416-01

Coverage Professional Liability for Title Abstractors and Title Agents - Claims Made

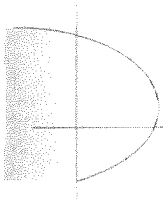
Limits \$1,000,000 Each Claim
\$1,000,000 Aggregate

Deductibles \$1,000 Per Claim - Include Expenses

Premium \$ 1,500.00 50 % Minimum Earned Premium in the event of cancellation.
GA S/L Tax 60.00
Total \$ 1,560.00

Conditions Named Insured's Business/Professional Service: Title Insurance Agents
Minimum Retained Premium: 50% Minimum Retained at Inception

Retroactive Date: 08/28/2007
Schedule of Forms & Endorsements
JA10010102COVER JACKET - ADMIRAL INSURANCE COMPANY
DE20290703 MISCELLANEOUS PROFESSIONAL LIABILITY DECLARATION
EO09421202 PROFESSIONAL LIABILITY INSURANCE Claims-Made
AE01900293 ESCROW AGENTS EXCLUSION
AE07210998 MINIMUM RETAINED PREMIUM
EO04590404 COVERAGE LIMITATION
EO07220804 WARRANTY OF GENERAL LIABILITY COVERAGE INCLUDING PRODUCTS AND COMPLETED OPERATIONS
EO09501202 TITLE ABSTRACTORS/TITLE INSURANCE AGENTS ADDITIONAL EXCLUSIONS
EO10010207 LIMITED LIABILITY COMPANY (LLC) AS AN INSURED
EO09820805 EXCLUSION - UNINSURED SUBCONSULTANTS
AI08370901 MICROORGANISMS, BIOLOGICAL ORGANISMS OR ORGANIC CONTAMINANTS EXCLUSION (PROFESSIONAL BROAD FORM)
AI09930106 PROFESSIONAL LIABILITY TERRORISM EXCLUSION (ABSOLUTE)
AI44020398 SERVICE OF SUIT
LIMIT AND DEDUCTIBLE AMOUNTS ARE REDUCED BY DAMAGES AND CLAIMS EXPENSE
AUTOMATIC EXTENDED CLAIM REPORTING PERIOD IS 60 DAYS WITHOUT CHARGE. OPTIONAL EXTENDED CLAIM REPORTING PERIOD - MAX 175% FOR 1 YEAR
CLAIMS EXTENSION OPTION: 12 MONTHS FOR ADDITIONAL PREMIUM NOT TO EXCEED 175



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Confirmation of Coverage cont..

PERCENT IF EXERCISED DURING THE 30 DAY EXTENSION PERIOD.

Date of issuance: August 28, 2007

PARTNERS SPECIALTY GROUP, LLC

Signature: _____

Paul Amburn

Forms applicable are subject in all respects to the terms, conditions and limitations of the policy(ies) or certificate(s) in current use by the company, unless otherwise specified.

CONDITIONS: The policy premium stated on the front page of this binder is due and payable to **Partners Specialty Group, LLC (hereafter "PSG")** within (20) days of the effective date of the binder. Failure of the insured to make timely payment of premium shall be considered a request by the insured for the company to cancel. In the event of such cancellation by the company for non-payment of premium, the minimum premium shall be immediately due and payable. Non-payment cancellation shall be rescinded at the discretion of the company if the insured remits the full premium due within (10) days of receiving the cancellation notice upon company verification that the subject of this insurance is in proper insurable condition.

This binder is based upon written correspondence and/or telephone advices from the insurer(s) stated on this binder and is issued by **PSG** without liability whatsoever as an insurer. This binder will be terminated and superseded upon delivery of formal policy(ies) or certificates issued to replace it.

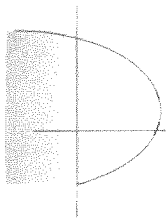
CANCELLATION: This binder may be cancelled by the insured by surrender thereof to **PSG** or any of its authorized agents, or by mailing to **PSG** written notice stating when thereafter the cancellation shall be effective. The insurance under this binder cannot be cancelled flat; earned premium must be paid for the time insurance has been in force. This binder may be cancelled by the insurer(s) or by **PSG** on behalf of the insurer(s) by mailing to the insured at the address stated on this binder, written notice stating when, not less than **FIVE (5)** days thereafter, such cancellation shall be effective. The mailing of notice as aforesaid shall be sufficient proof of notice. Delivery of such written notice either by the insured, the insurer(s), or by **PSG** shall be equivalent to mailing. In the event of cancellation by the insured, the earned premium will be computed short rate, the minimum premium shall be due and payable by the insured regardless of any conditions of the binder to the contrary, and if cancelled by the insurer, the earned premium will be computed pro rata.

CERTIFICATES OF INSURANCE: The responsibility for the accuracy of the information set forth in any certificate of insurance is the sole responsibility of the person or entity which issues the certificate.

Although **PSG** may retain copies of certificates of insurance forwarded to us, **PSG** does so strictly without prejudice as to their accuracy. Neither the insurers, their representatives, nor **PSG** will be responsible for any liability resulting from your issuance of any certificate of insurance.

We also draw your attention to the fact that unless the policy is physically endorsed, the issuance of a certificate does not amend, extend, or alter the coverage afforded by the policy or change the person(s) or entities to whom such coverage is afforded under the policy.

Moreover, neither the underwriters, their representatives, nor **PSG** will be responsible for any liability resulting from the issuance of any unauthorized endorsement or the issuance of an endorsement which has been authorized by the insurer but where the authorized wording has been amended or revised in any way, without the prior written approval



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of the insurers.

PLEASE REFER TO THE POLICY FORM FOR FULL DETAILS ON TERMS AND CONDITIONS. SAMPLE FORMS ARE AVAILABLE ON REQUEST.

THIS BINDER MAY NOT CONFORM TO THE TERMS AND CONDITIONS REQUESTED.