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TEXAS DEPARTMENT OF INSURANCE  
AUSTIN, TEXAS  
APPROVED

**Anco Insurance Managers, Inc. / Common Sense Markets  
Errors & Omissions Statement of Coverage**

OCT 10 2017

*In addition to a Certificate of Insurance for your E&O policy, please have this Statement of Coverage form completed and signed by your E&O insurer or broker. This form is for information purposes only.*

Named Insured:	E&O Insurer:
Address:	E&O Policy #:
City, State, Zip:	Policy Term:

**Select Yes or No by placing an X on the line following the answer.**

Does the E&O policy referenced above exclude any claim based upon or arising out of any actual, alleged or threatened incident related to pollutants or hazardous substances?

Yes \_\_\_\_\_ No \_\_\_\_\_

**If the answer to the above question is "Yes," please answer the following question.**

Does this exclusion apply for any claim caused by the Named Insured's alleged or actual failure to effect, maintain, service, or comply with the terms of any insurance policy or bond for any customer or client of the Named Insured?

Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
(Business Name of Entity Authorized to Complete Form)

\_\_\_\_\_  
(Address of Authorized Entity)

\_\_\_\_\_  
(Signature of Authorized Entity Representative) (Date Signed)

\_\_\_\_\_  
(Printed Name of Authorized Representative) (Title)