



**Florida Lawyers Mutual**  
INSURANCE COMPANY

541 E. Mitchell Hammock Road Oviedo, Florida 32765  
Phone: 800-633-6458 Fax: 800-781-2010  
www.flmic.com

***Lawyers Professional Liability Policy***  
***This is a Claims Made and Reported Policy. Please read it carefully.***

***Declarations***

***Policy Number: 90229***

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***Item 1. Named Insured:*** Claudia M. McKenna

***Mailing Address:*** 4464 Coconut Road  
Lake Worth, FL 33461

***Item 2. Policy Period: From*** 03/26/2019 ***to*** 03/26/2020 ***at 12:01 A.M.***

***Standard Time at Your Address Shown Above***

***Item 3. Limit of Liability:*** \$1,000,000 ***Per Claim***  
\$1,000,000 ***Total Limit***

***Item 4. Deductible:*** \$2,500 ***Annual Aggregate***

***Item 5. Policy Premium:*** \$3,393.00 ***Annual Premium***

***Item 6. Forms and Endorsements Attached at Policy Issuance:***

FLPL-101 (R.10/01/2018) FLPL-200R (R.01/01/2014) FLPL-103 (R.08/01/2011)  
FLPL e-JD™ (R.01/01/2016)

***The Policy is not valid until signed by Our authorized representative.***

March 13, 2019  
***Date Issued***

  
***Authorized Representative***

FLPL-100 (R.08/01/2011)

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***RETROACTIVE DATE SCHEDULE ENDORSEMENT***

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***Named Insured:*** Claudia M. McKenna

***Policy Number:*** 90229

***Endorsement Number:*** 1

***Effective Date:*** 03/26/2019

It is understood and agreed that the **Retroactive Date** of each lawyer is as shown below:

**Name**

Claudia M. McKenna

**Retroactive Date**

03/26/2015

All other terms and conditions of the **Policy** remain unchanged.

March 13, 2019

*Date Issued*

  
*Authorized Representative*