



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/05/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION** IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER CM&F Group 5 Bryant Park, 4th Floor New York, NY 10018	CONTACT NAME: CM&F Group
	PHONE: 1-800-221-4904 FAX: (212) 512-1111
	E-MAIL ADDRESS: info@cmfgroup.com
INSURED Rachel Suarez 3370 NE 13TH CIRCLE DR UNIT 108 HOMESTEAD, FL33033	INSURER(S) AFFORDING COVERAGE
	INSURER A: MEDICAL PROTECTIVE COMPANY- MPC
	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADOL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$
CLAIMS-MADE OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$
POLICY PRO-JECT LOC						GENERAL AGGREGATE \$
OTHER						PRODUCTS - COMP/OP AGG \$
AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
ANY AUTO						BODILY INJURY (Per person) \$
OWNED AUTOS ONLY SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
HIRED AUTOS ONLY NON-OWNED						PROPERTY DAMAGE (Per accident) \$
AUTOS ONLY AUTOS ONLY						
UMBRELLA LIAB OCCUR						EACH OCCURRENCE \$
EXCESS LIAB CLAIMS-MADE						AGGREGATE \$
DED RETENTION \$						
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE OTH-ER
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N N/A						E L EACH ACCIDENT \$
DESCRIPTION OF OPERATIONS below						E L DISEASE - FA EMPLOYEE \$
						E L DISEASE - POLICY LIMIT \$

A Professional Liability V37728 05/05/2023 05/05/2024 Per Incident 1,000,000 Aggregate 6,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Occurrence Coverage
Behavior Technician (Student)

CERTIFICATE HOLDER

Rachel Suarez
3370 NE 13TH CIRCLE DR UNIT 108
HOMESTEAD, FL33033

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Cal - [Signature]