

**ALLIED HEALTHCARE PROFESSIONAL AND SUPPLEMENTAL  
LIABILITY INSURANCE POLICY DECLARATIONS  
DECLARATIONS**

Policy Number: AR209448

Philadelphia Indemnity Insurance Company

**Insured's Name and Mailing Address:**

Madeleine Rodriguez Garcia  
1360 NW 114 TH ST  
Miami, FL 33167

Administered by: CPH &amp; Associates

Affiliation: ASCA

Professional Occupation: Nurse Aide/Assistant

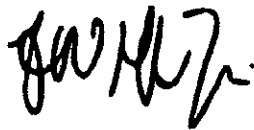
Coverage Term From: (Effective Date) 03/01/2022 To: (Expiration Date) 03/01/2023  
at 12:01 A.M. Standard Time at the Insured's Mailing Address shown above.

COVERAGE A - PROFESSIONAL LIABILITY COVERAGE	LIMITS OF LIABILITY	PREMIUM
Individual - Each Incident:	\$1,000,000	\$35.00
Aggregate:	\$6,000,000	
Association, Partnership or Corporation - Each Incident:	\$N/A	
Aggregate:	\$N/A	
COVERAGE B - SUPPLEMENTAL LIABILITY COVERAGE		(Included)
Each Incident:	\$1,000,000	
Aggregate:	\$6,000,000	
STATE LICENSING BOARD INVESTIGATION DEFENSE COVERAGE		\$0.00
Each Incident:	\$35,000	
Aggregate:	\$35,000	

Total \$ 35.00

Policy Forms and Endorsement: PI-PHCP-02 (10/16) PI-BELL-1 FL (04/10) PI-CME-1  
(10/09) FL - Notice (3-01) PI-PHCP-FL-1 (08/12)

Please report Claims to either your Agent or directly to the Company

Countersigned 03/01/2022 by


Date

Authorized Signature