



JDSHOME-01

SYOUNG

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/8/2023

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 <b>The Mahoney Group - Mesa</b> 1835 South Extension Road Mesa, AZ 85210	CONTACT NAME:		
	PHONE (A/C, No, Ext):	(480) 730-4920	FAX (A/C, No): (480) 730-4929
INSURED  <b>JDS Home Care LLC</b> 2743 W. Cottonwood Lane Phoenix, AZ 85045	E-MAIL ADDRESS:		
	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : <b>Social Services Contractor</b>		14329
	INSURER B : <b>Wellfleet New York Insurance Company</b>		20931
	INSURER C :		
	INSURER D :		
INSURER E :			
INSURER F :			

## 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	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	X	X	6002840	2/2/2023	2/2/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			6002840	2/2/2023	2/2/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	X	ARX10671400	2/2/2023	2/2/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Sexual Abuse			6002840	2/2/2023	2/2/2024	Each Act 1,000,000
A	Professional Liab.			6002840	2/2/2023	2/2/2024	Each Claim 1,000,000

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

Sexual or Physical Abuse or Molestation:

\$1,000,000 Each act of abuse

\$3,000,000 Aggregate

Professional Liability:

\$1,000,000 Each claim/occurrence/offense/wrongful act

\$3,000,000 Aggregate

SEE ATTACHED ACORD 101

## CERTIFICATE HOLDER

## CANCELLATION

Arizona Health Care Cost Containment System  
Attn: Contracts  
700 E Jefferson St. MD 5700  
Phoenix, AZ 85034

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



## ADDITIONAL REMARKS SCHEDULE

AGENCY <b>The Mahoney Group - Mesa</b>		NAMED INSURED <b>JDS Home Care LLC</b> 2743 W. Cottonwood Lane Phoenix, AZ 85045	
POLICY NUMBER <b>SEE PAGE 1</b>			
CARRIER <b>SEE PAGE 1</b>	NAIC CODE <b>SEE P 1</b>		
		EFFECTIVE DATE: <b>SEE PAGE 1</b>	

## ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Description of Operations/Locations/Vehicles:  
Excess Liability extends over Professional Liability only

This policy contains an endorsement that includes The State of Arizona, its departments, agencies, boards, commissions, and universities, officers, officials, agents' and employees as additional insured with respect to liability arising out of actives performed by the subcontractor or on behalf of the sub-contractor or Contractor. This policy contains a waiver of subrogation in favor of the State of Arizona, its departments, agencies, boards, commissions, universities and its officers, officials, agents and employees for losses arising from work performed by the subcontractor or on behalf of the subcontractor or contractor. Sexual Abuse and Molestation Coverage is included



# Social Service Contractors Indemnity Pool

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## WHO IS AN INSURED - ADDITIONAL INSURED

Policy Number: 6002840-1

Effective Date: 02/02/2023

This endorsement modifies insurance provided under the following:

SOCIAL SERVICE AGENCY PROFESSIONAL LIABILITY COVERAGE FORM

SEXUAL OR PHYSICAL ABUSE OR MOLESTATION COVERAGE FORM

BUSINESS AUTO COVERAGE FORM (coverage applies to owned, leased, hired or borrowed vehicles)

COMMERCIAL GENERAL LIABILITY COVERAGE FORM (including Products-Completed Operations Coverage)

### Schedule:

Name Of Additional Insured Entities:
--------------------------------------

The State of Arizona, its departments, agencies, boards, commissions, and universities, and all officers, officials, agents, and employees of these entities, for losses arising from work performed by or on behalf of the Contractor.

<b>Information required to complete this Schedule, if not shown above, will be shown in the Declarations.</b>
---

The section entitled "Who is an Insured" in each of the coverage forms set forth above is amended to include as an insured the person or organization shown in the schedule, but only with respect to liability for injury or damage resulting from your operations performed for that insured and caused by your acts or omissions.

All other terms and conditions remain unchanged.



# Social Service Contractors Indemnity Pool

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **WAIVER OF TRANSFER RIGHTS OF RECOVERY**

Policy Number: 6002840-1

Effective Date: 02/02/2023

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM  
BUSINESS AUTO COVERAGE FORM  
SOCIAL SERVICE AGENCY PROFESSIONAL LIABILITY COVERAGE FORM  
SEXUAL ABUSE LIABILITY COVERAGE FORM

### **SCHEDULE**

**Name of Person or Organization: the State of Arizona, its departments, agencies, boards, commissions, universities and all officers, officials, agents, and employees of these entities, for losses arising from work performed by or on behalf of the contractor.**

1. The **TRANSFER OF RIGHTS OF RECOVERY Condition (Section IV COMMERCIAL GENERAL LIABILITY CONDITIONS)** is amended by the addition of the following:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damages arising out of your ongoing operations or "your work" done under a contract for that person or organization and included in the "products - completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.

2. The **TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US Condition (Section IV BUSINESS AUTO CONDITIONS)** is amended by the addition of the following:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damages for "bodily injury" or "property damage" to which this insurance applies.

3. The **TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US Condition (Section IV PROFESSIONAL LIABILITY CONDITIONS)** is amended by the addition of the following:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for "damages" resulting from a "wrongful act" to which this insurance applies.

4. The **TRANSFER OF RIGHTS OF RECOVERY Condition (Section D., SEXUAL OR PHYSICAL ABUSE OR MOLESTATION CONDITIONS)** is amended by the addition of the following:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damages due to "abuse" to which this insurance applies.

All other terms and conditions remain unchanged.

**WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT**

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

**Schedule**

State of Arizona Department of  
Economic Security Developmental Disabilities  
1789 W Jefferson S/C-791 A Phoenix, AZ 85007

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

**(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)**

Endorsement Effective Date: 02/02/2023      Policy No. ARX10671400

Endorsement No.

Policy Effective Date: 02/02/2023 to 02/02/2024

Premium \$

Insured: JDS Home Care LLC

DBA:

Carrier Name / Code: Wellfleet New York Insurance Company

**WC 00 03 13**

(Ed. 4-84)

Countersigned by

