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| ACORD™ CERTIFICATE OF LIABILITY INSURANCE | | DATE Apr 26, 2022 |
| 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 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 The Solutions Group 601 Embassy Oaks, Suite 105 San Antonio, TX 78216 | CONTACT NAME: David Dickie PHONE (A/C, No, Ext): (210) 490-7200 FAX (A/C, No): (866) 847-7232 E-MAIL ADDRESS: | |
| INSURERS AFFORDING COVERAGE | | |
| INSURED Olive Care Services LLC 1167 W Baltimore Pike STE 227 Media, PA 19063 | INSURER A: Lloyd's of London INSURER B: Lloyd's of London INSURER C: INSURER D: INSURER E: | |

COVERAGES

| 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 | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXP DATE (MM/DD/YY) | LIMITS | |
| A | GENERAL LIABILITY | SGP-107755-00 | 04/26/2022 | 04/26/2023 | EACH OCCURRENCE | \$ 1,000,000 |
| | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | | FIRE DAMAGE (Any one fire) | \$ 100,000 |
| | <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR | | | | MED EXP (Any one person) | \$ 5,000 |
| | <input checked="" type="checkbox"/> Professional Liability | | | | PERSONAL & ADV INJURY | \$ 1,000,000 |
| | <input checked="" type="checkbox"/> Abuse & Molestation \$100,000 | | | | GENERAL AGGREGATE | \$ 3,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | PRODUCTS - COMP/OP AGG | INCLUDED |
| | <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | | |
| A | AUTOMOBILE LIABILITY | SGP-107755-00 | 04/26/2022 | 04/26/2023 | COMBINED SINGLE LIMIT (Ea accident) | \$ 1,000,000 |
| | <input type="checkbox"/> ANY AUTO | | | | BODILY INJURY (Per person) | \$ |
| | <input type="checkbox"/> ALL OWNED AUTOS | | | | BODILY INJURY (Per accident) | \$ |
| | <input type="checkbox"/> SCHEDULED AUTOS | | | | | |
| <input checked="" type="checkbox"/> HIRED AUTOS | | | | | | |
| <input checked="" type="checkbox"/> NON-OWNED AUTOS | | | | | | |
| | EXCESS LIABILITY | | | | EACH OCCURRENCE | \$ |
| | <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE | | | | AGGREGATE | \$ |
| | <input type="checkbox"/> DEDUCTIBLE | | | | | \$ |
| | <input type="checkbox"/> RETENTION \$ | | | | | \$ |
| | | | | | | \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | <input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER | |
| | E.L. EA ACCIDENT | | | | \$ | |
| | E.L. DISEASE - EA EMPLOYEE | | | | \$ | |
| | E.L. DISEASE - POLICY LIMIT | | | | \$ | |
| B | Crime | SGGB-105075-00 | 04/26/2022 | 04/26/2023 | \$25,000 | |

DESCRIPTION OF OPERATION/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

Professional Liability-Claims Made, Retro-Date 2022-04-26

Physical Address: 1260 E Woodland Ave STE 214B, Springfield, PA 19064

| | | |
|---------------------------|---|---|
| CERTIFICATE HOLDER | ADDITIONAL INSURED; INSURER LETTER: _____ | CANCELLATION |
| Proof of Insurance | | 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 |