



Trust Risk Management Services, Inc. (TRMS)

1791 Paysphere Circle, Chicago, IL 60674

Phone (877) 637-9700

FAX (877) 251-5111

February 14, 2017

Dr. Benjamin A Gottesman
180 W 93Rd St Apt 6D
New York, NY 10025 7582

RE: Your Trust Sponsored Professional Liability Insurance Policy # 58G28492339

Dear Dr. Benjamin A Gottesman:

Congratulations, welcome, and thank you for choosing the Trust Sponsored Professional Liability Program.

Enclosed is your Trust Sponsored Professional Liability Insurance Policy, which includes a Memorandum of Insurance. We urge you to read your policy and notify us if any changes are necessary.

At the first notice of claim, lawsuit, or incident, please contact our Customer Service Center immediately at 1.877.637.9700. We will assist you by obtaining the necessary information which will help us get your claims process started. Our claims staff is dedicated to listening, understanding, and taking action to route your claim to the appropriate insurance experts working on your behalf.

This initial policy packet includes all forms and endorsements related to your Trust Sponsored Professional Liability Insurance Policy. Please keep this packet in a safe place and use it as your point of reference for your insurance coverage for this policy term.

In an effort to conserve resources and "go green" in future renewals, we will no longer be sending you a copy of your insurance policy form. You will be able to request your insurance policy form by accessing your account at the Online Service Center at www.trustinsurance.com or by contacting our Customer Service Center.

Be sure to verify your Online Service Center account at www.trustinsurance.com. Your account is available 24 hours a day, 7 days a week, with anytime access to your Trust Sponsored Professional Liability Insurance Policy. You can also request additional Memorandums of Insurance, view all of your account transactions, submit requests for changes to your policy, update your personal information, and (if eligible) **renew your policy**. For your convenience, we have provided your user name at the bottom of this letter. If you wish to change any of these credentials you may do so by logging into the Online Service Center and clicking on Customer Service.

Should you have any questions regarding this correspondence, or for additional information regarding other insurance programs of The Trust, please be sure to contact us at 1.877.637.9700. Our professional staff is available to assist you Monday-Friday 8:30am-6:00pm (est) or visit our website at www.trustinsurance.com. You may also email us your questions at info@trustrms.com.

Sincerely,

Jana N. Martin, Ph.D., President
Trust Risk Management Services, Inc.

Licensed Producer - Heath Benas, CA #0D95636, FL #E013597. Principal Place of Business - Maryland. Insurance Carrier - Underwritten by ACE American Insurance Company, Philadelphia, PA. ACE USA is the U.S.-based retail operating division of the ACE Group headed by ACE Limited (NYSE:ACE) and rated A+ (Superior) by A.M. Best and AA- (Very Strong) by Standard & Poor's (ratings as of July 22, 2011). Administered by Trust Risk Management Services, Inc.

OSC User Name: bagottesman@gmail.com



Policyholder Notice Commercial Lines Deregulation New York

NOTICE: THESE POLICY FORMS AND THE APPLICABLE RATES ARE EXEMPT FROM THE FILING REQUIREMENTS OF THE NEW YORK INSURANCE LAW AND REGULATIONS. HOWEVER, THE FORMS AND RATES MUST MEET THE MINIMUM STANDARDS OF THE NEW YORK INSURANCE LAW AND REGULATIONS.

CLASS CODE 2-14171



ACE American Insurance Company

**Psychologists' Professional Liability
Claims Made Insurance
Policy Declarations**

PRODUCER NUMBER	273865
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DATE OF ISSUE	February 14, 2017
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**PSYCHOLOGISTS' PROFESSIONAL LIABILITY
CLAIMS MADE INSURANCE POLICY**

THIS POLICY/CERTIFICATE IS ISSUED IN ASSOCIATION WITH THE PSYCHOLOGISTS PURCHASING
GROUP ASSOCIATION

Item	POLICY/CERTIFICATE NUMBER: 58G28492339																																													
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4.	Retroactive Date 03/01/2016																																													
5.	This policy is made and accepted subject to the printed conditions in this policy together with the provisions, stipulations and agreements contained in the following form(s) or endorsement(s). ALL-23445b (07-13), PF15215a, PF24791a, CC24180c (03/14), PF15245a, PF26808a, PF15885b, PF17914 (02/05),																																													
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Psychologists' Professional Liability Policy (Claims Made) (New York)

NOTICE: THIS POLICY PROVIDES CLAIMS MADE COVERAGE. THE POLICY IS LIMITED TO LIABILITY FOR ONLY THOSE CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD UNLESS, AND TO THE EXTENT, ANY EXTENDED REPORTING PERIOD APPLIES. PLEASE REVIEW THE POLICY CAREFULLY. THIS POLICY IS INCOMPLETE WITHOUT THE DECLARATIONS ATTACHED.

The **Company** agrees with the **Named Insured**, in consideration of the payment of the premium, and in reliance upon the statements in the **Application** and subject to the Declarations, Limit of Liability, Exclusions, Conditions and other terms of the policy, as follows:

I. INSURING AGREEMENT

The **Company** will pay on behalf of the **Insured** all sums that the **Insured** shall become legally obligated to pay as **Damages** for **Claims** first made against the **Insured** during the **Policy Period** or any **Extended Reporting Period**, for an **Incident**. Any such **Incident** must occur on or after the **Retroactive Date** and prior to the end of the **Policy Period**.

II. DEFENSE AND SETTLEMENT

The **Company** shall have the right and duty to defend any **Claim** against the **Insured** seeking **Damages** for an **Incident**, even if any of the allegations of the **Claim** are groundless, false or fraudulent. The **Company** shall not be obligated to pay any **Damages** or **Claims Expenses** or continue to defend any **Claim** after the applicable limit of the **Company's** liability has been exhausted by payment of **Damages** (see Section VIII. Conditions, T. Transfer of Duties When the Limit of Liability Has Been Exhausted).

The **Company**, at its option, shall select and assign defense counsel; however, an **Insured** may engage additional counsel, solely at the **Insured's** expense, to associate in the defense of any **Claim** covered hereunder. **Claims Expenses** incurred by the **Company** shall be paid in addition to the applicable Limit of Liability.

The **Company** shall also have the right to investigate any **Claim** and/or negotiate the settlement thereof, as it deems expedient, but the **Company** shall not commit an **Insured** to any settlement without the **Named Insured's** written consent. If the **Named Insured** refuses to consent to any settlement recommended in writing by the **Company** that is acceptable to the claimant and the **Named Insured** elects to contest the **Claim** or continue any legal proceedings in connection with such **Claim**, then the **Company** shall be relieved of any further duty to defend the **Claim**, and the liability of the **Company** for **Damages** and **Claims Expenses** shall not exceed the amount for which the **Claim** could have been settled as well as the **Claims Expenses** incurred by the **Company** or with the **Company's** consent up to the date of such refusal. The **Insured** shall not assume any obligations, incur any costs, charges, or expenses or enter into any settlement without the **Company's** written consent.

III. PERSONS INSURED

Each of the following is an **Insured** under this policy to the extent set forth below:

- A. if the **Named Insured** is an individual or entity, the **Named Insured** so designated in the Declarations;
- B. if the **Named Insured** is an entity, any current partner, owner, officer, director, trustee or stockholder thereof;
- C. if the **Named Insured** is an entity, any former partner, owner, officer, director, trustee or stockholder thereof, for psychological or other associated professional services provided while a partner, owner, officer, director, trustee or stockholder of the **Named Insured**;

- D. if the **Named Insured** is an entity, any former partner, owner, officer, director, trustee or stockholder thereof, for **Claims** made after he or she was a partner, owner, officer, director, trustee or stockholder of the **Named Insured**, alleging, based upon or arising from his or her vicarious liability associated with the **Named Insured**;
- E. any current or former employee of the **Named Insured**, but only while such employee was acting on behalf of the **Named Insured** and within the scope of the employee's duties as such or for acts performed by such employee as a Good Samaritan during such employee's term of employment with the **Named Insured** or, with the consent of the **Named Insured**, as an unpaid volunteer during the employee's term of employment with the **Named Insured**;
- F. any person or entity listed as an Additional Insured on a Psychologists' Professional Liability claims made policy issued to the **Named Insured**: (i) that was issued by ACE American Insurance Company, Chicago Insurance Company, Interstate Indemnity Group or Interstate Indemnity Company and (ii) to which this policy is a renewal or a replacement, but only for **Incidents** that occurred while the Additional Insured Endorsement listing such person or entity was in effect and solely for **Incidents** that are covered under this policy resulting from the sole negligence of another **Insured**;
- G. any person or entity that leases premises to the **Named Insured**, but only with respect to liability imposed on such person or entity solely as a result of the **Named Insured's** operation or management of the premises used in the **Named Insured's** practice as a psychologist or **Practitioner**;
- H. any volunteer, but solely while such person was acting within the scope of the volunteer's duties for, and on behalf of, the **Named Insured**; or
- I. any entity name that the **Named Insured** previously operated under, but ceased to utilize prior to this **Policy Period** provided that more than 50% of the **Insureds** continue their affiliation with the **Named Insured**.

IV. LIMIT OF LIABILITY

Regardless of the number of **Insureds** under this policy, **Claims** made or suits brought, or the number of persons or entities making **Claims** or bringing suits, the **Company's** liability is limited as follows:

- A. Subject to the Aggregate Limit of Liability set forth in the Declarations, the maximum liability of the **Company** for any one **Incident** shall be the Each **Incident** Limit of Liability set forth in the Declarations. All **Claims** arising from the same or related **Incident** shall be considered a single **Claim** and shall be subject to the same Each **Incident** Limit of Liability set forth in the Declarations.
- B. The Aggregate Limit of Liability set forth in the Declarations is the maximum the **Company** will pay for all **Claims** covered by the policy. The Aggregate Limit of Liability set forth in the Declarations will apply separately to each **Insured** who is:
 - 1. a psychologist or a **Practitioner** who is either the **Named Insured** or who provides psychological or other associated professional services on behalf of the **Named Insured** or
 - 2. an entity designated as the **Named Insured** on the Declarations
 for all **Incidents** caused by such **Insured** or for which such **Insured** is legally liable. No **Insured** shall have more than one Aggregate Limit of Liability. Any **Insureds** not included in Section IV. LIMIT OF LIABILITY, B., 1. and 2., shall share the Aggregate Limit of Liability with the **Named Insured** set forth in the Declarations. If more than one entity is designated as a **Named Insured**, all entities shall share one Aggregate Limit of Liability.
- C. Upon the exhaustion of the applicable Aggregate Limit of Liability for each **Insured** by payment of **Damages**, the **Company's** duty to defend or to make any payments pursuant to Section II. DEFENSE AND SETTLEMENT, for such **Insured** shall be completely fulfilled and extinguished.
- D. Neither the Automatic **Extended Reporting Period** nor the purchase of any **Extended Reporting Period** Option shall increase the Limit of Liability set forth in the Declarations.
- E. When prejudgment interest is payable under this policy it shall be in addition to the Limits of Liability.

V. SUPPLEMENTARY PAYMENTS

The **Company** will pay, in addition to the applicable Limit of Liability, the following:

- A. Loss of Earnings:

up to the Loss of Earnings Reimbursement Limit set forth in the Declarations for loss of earnings to each individual **Insured** for each day or part of a day that such **Insured**, at the **Company's** request, attends a trial, hearing or arbitration proceeding involving a civil suit against such **Insured** for covered **Damages**; provided however, the amount so payable for any one or series of trials, hearings or arbitration proceedings arising out of the same **Incident** shall in no event exceed the Loss of Earnings Aggregate Per **Incident** Reimbursement Limit set forth in the Declarations.

B. Governmental Regulatory Body Defense:

1. Licensing Board Defense:

the **Company** will pay on behalf of the **Insured** up to the Licensing Board Defense Limit set forth in the Declarations per **Insured** for attorney fees, expenses or fees incurred by the **Insured** for the investigation or defense of a proceeding before a licensing board that regulates the practice of psychology or other associated professional services. The notice of investigation or proceeding must be:

- a. received by the **Insured** during the **Policy Period**; or
- b. received by the **Insured** and reported to the **Company** or its authorized agent during any **Extended Reporting Period** of this policy for occurrences that were alleged to have occurred on or after the **Retroactive Date** and prior to the end of the **Policy Period**. Such notices must be reported to the **Company** or its authorized agent within ninety (90) days of receipt.

All investigations or proceedings arising out of the same or related investigation or proceeding by any licensing board shall be considered as having been first made at the time the notice of investigation or proceeding is first received by the **Insured** and the amount so payable shall not exceed the Licensing Board Defense Limit set forth in the Declarations. There is no coverage provided for a licensing board's investigatory fees or costs. Fees or expenses incurred as a result of medical or psychological treatment rendered to the **Insured** are not covered.

2. Other Governmental Regulatory Body Defense:

the **Company** will pay on behalf of the **Insured** up to the Other Governmental Regulatory Body Defense Limit set forth in the Declarations per **Insured** for attorney fees, expenses or fees incurred by the **Insured** for the investigation or defense of a proceeding before the United States Department of Health and Human Services (HHS), its designee or any state, for either alleged HIPAA Privacy Rule violations or Medicare and Medicaid payment investigations. The notice of investigation or proceeding must be:

- a. received by the **Insured** during the **Policy Period**; or
- b. received by the **Insured** and reported to the **Company** or its authorized agent during any **Extended Reporting Period** of this policy for violations that were alleged to have occurred on or after the **Retroactive Date** and prior to the end of the **Policy Period**. Such notices must be reported to the **Company** or its authorized agent within ninety (90) days of receipt.

All investigations or proceedings arising out of the same or related investigation or proceeding by HHS, or its designee, or any state, shall be considered as having been first made at the time the notice of investigation or proceeding is first received by the **Insured** and the amount so payable shall not exceed the Other Governmental Body Defense Limit set forth in the Declarations. There is no coverage provided for HHS, its designee or any state's investigatory fees or costs. Fees or expenses incurred as a result of medical or psychological treatment rendered to the **Insured** are not covered.

Notice to the **Company** of an investigation or proceeding under Section V. SUPPLEMENTARY PAYMENTS, B. Governmental Regulatory Body Defense, is not notice of a **Claim**. If a **Claim** should arise out of any **Incident** that is the subject of such investigation or proceeding, notice of such **Claim** must be given in accordance with Section VIII. CONDITIONS, C. Duties of the **Insured** in the Event of a **Claim** or **Incident**.

C. Premises Medical Payments:

1. up to the per Person Premises Medical Payments Reimbursement Limit set forth in the Declarations for each person who sustains **Bodily Injury** caused by an accident; however, subject to the per Person Premises Medical Payments Reimbursement Limit, the **Company's** total limit of liability under this provision for all persons who sustain **Bodily Injury** during the **Policy Period** is the Aggregate Premises Medical Payments Reimbursement Limit set forth in the Declarations.
2. The **Company** will pay, regardless of fault, to or for each person other than the **Insured**, who sustains **Bodily Injury** caused by an accident that occurred during the **Policy Period**. This will include reasonable

expenses of necessary medical, surgical, ambulance, hospital, professional nursing and funeral services, all incurred within four years from the date of the accident:

- a. while on the premises owned by or rented to the **Insured** or
 - b. while elsewhere if such **Bodily Injury**:
 - i. arises out of the premises owned by or rented to the **Insured** or a condition in the ways immediately adjoining;
 - ii. is caused by the activities of the **Insured**; or
 - iii. is caused by the activities of an employee while engaged in the employment of the **Insured**.
3. This supplementary payment provision shall not apply to **Claims** brought against the **Insured** arising out of, in whole or part, the conduct of any trade, business, employment, profession or occupation outside of the **Insured's** practice as a psychologist or **Practitioner**.

D. Assault and/or Battery Coverage:

1. Up to the **Assault** and/or **Battery** Limit set forth in the Declarations per **Policy Period** for:
 - a. Medical expenses incurred as a result of **Bodily Injury** to an **Insured** if such **Bodily Injury** is caused by an **Assault** and/or **Battery** by or at the direction of another person who is not an **Insured** under the policy and
 - b. **Property Damage** to personal property owned by an **Insured** if such **Property Damage** is caused by an **Assault** and/or **Battery** by or at the direction of another person who is not an **Insured** under the policy.
2. Such **Assault** and/or **Battery** must happen on the **Insured's** work premises, including the ways immediately adjoining such premises, or while the **Insured** is away from such premises while providing psychological or other associated professional services.
3. Such **Assault** and/or **Battery** must occur during the **Policy Period**.
4. The **Assault** and/or **Battery** coverage does not apply to **Property Damage** to any mode of transportation used by the **Insured** to go to and from the **Insured's** work premises.
5. The **Assault** and/or **Battery** coverage does not apply to damage to any business or personal property owned, leased or rented by any other person or business enterprise while in the **Insured's** possession.
6. The **Assault** and/or **Battery** coverage applies as excess over any other available insurance covering such loss.

E. Wrongful Employment Practices:

up to the **Wrongful Employment Practices** Limit set forth in the Declarations for **Claims Expenses** and all sums that the **Insured** shall become legally obligated to pay as **Damages** for **Wrongful Employment Practices Claims** first made against the **Insured** during the **Policy Period** arising out of any **Wrongful Employment Practice** by an **Insured**, provided the **Wrongful Employment Practice** took place on or after the effective date of the first policy containing **Wrongful Employment Practices** coverage that was issued by ACE American Insurance Company, Chicago Insurance Company, Interstate Indemnity Group or Interstate Indemnity Company and to which this policy is a renewal or a replacement but prior to the end of the **Policy Period**.

All **Wrongful Employment Practice Claims** shall be deemed as being first made when the **Insured** first receives written notice that a **Wrongful Employment Practice Claim** has been made.

All **Wrongful Employment Practice Claims** arising out of the same or related **Wrongful Employment Practice** shall be considered as having been made at the time the first such **Wrongful Employment Practice Claim** is made.

In addition to those exclusions in Section VI. EXCLUSIONS, this Supplementary Payment provision does not apply to **Wrongful Employment Practice Claims**:

1. based on or arising out of any obligations for which any **Insured** or any carrier acting as the insurer may be liable under any workers' compensation, unemployment compensation, disability or pension benefits law, or any similar laws, including but not limited to, the Employee Retirement Income Security Act of 1974, The Fair Labor Standards Act, the National Labor Relations Act of 1938 or Labor Management Relations Act, the Worker Adjustment and Retraining Notification Act (Public Law 100-37991968), the

Consolidated Omnibus Budget Reconciliation Act of 1985, or the Occupational Safety and Health Act. This exclusion also applies to any rules or regulations promulgated under any of the foregoing and amendments thereto or any similar provisions of any federal, state or local law, and to that part of any **Damages** awarded for the cost or replacement of any insurance benefits due or alleged to be due to any current or former employee, the Family and Medical Leave Act, Public Law 103-3 (1993), and any amendments thereof;

2. based upon or arising from the breach of any express contract of employment for any express obligation to make payments in the event of termination of employment;
3. based upon or arising out of an obligation to pay **Damages** by reason of the assumption of liability in any contract or agreement. This exclusion does not apply to liability for **Damages** that the **Insured** would have in absence of the contract or agreement;
4. based upon or arising out of costs of complying with physical modifications to the **Insured's** premises or any changes to the **Insured's** usual business operations as mandated by the Americans with Disabilities Act of 1990 including any amendment thereto or rule or regulation promulgated thereto, or any similar federal, state or local law.
5. based upon or arising from any improper payroll deductions, or any claims for unpaid wages or overtime pay for hours actually worked or labor actually performed by any employee of the **Insured**, that results in any violation of any federal, state, local or foreign statutory law or any similar common law, and any rules, regulations and amendments thereto.

F. Deposition Expense:

up to the Deposition Expense Reimbursement Limit set forth in the Declarations per **Insured** for reasonable expenses the **Insured** incurs for fees charged by an attorney representing the **Insured** for a deposition provided:

1. the **Insured** receives a subpoena requesting documents or testimony for psychological or other associated professional services during the **Policy Period**;
2. the deposition is not for or related to a **Claim** against the **Insured**; and
3. the **Insured** has not been retained at any time to provide advice or testimony in any legal matter related to this deposition.

VI. EXCLUSIONS

This insurance does not apply:

- A. to **Claims** arising out of services performed by any **Insured** in his or her capacity as a physician, nurse practitioner, physician's assistant or surgeon's assistant; however, this exclusion is limited to services provided by such physician(s), nurse practitioner(s), physician's assistant(s) or surgeon's assistant(s) and this exclusion does not extend to the **Insured** who is charged with or found responsible for the acts of the physician(s), nurse practitioner(s), physician's assistant(s) or surgeon's assistant(s);
- B. to **Claims** brought against the **Insured** in his or her capacity as a proprietor, owner, partner, manager, superintendent or officer of any hospital, sanitarium, medical clinic, health maintenance organization, managed care facility or any other facility not specified in the Declarations or any endorsements thereto;
- C. to **Bodily Injury**:
 1. to any employee of the **Insured** arising out of and in the course of his or her employment by the **Insured** or in performing duties in the conduct of the **Insured's** business or
 2. to the spouse, domestic partner, child, parent or sibling of such employee as a consequence of paragraph 1. above.

This exclusion shall apply:

1. whether the **Insured** shall be liable as an employer or in his or her capacity as the operator or manager of the premises used in the **Named Insured's** practice for psychological or other associated professional services or
2. to any obligation of the **Insured** to indemnify another because of **Damages** arising out of such injury;

provided however, this exclusion shall not apply to **Bodily Injury** otherwise covered under Section V. SUPPLEMENTARY PAYMENTS, D. **Assault** and/or **Battery** Coverage;

- D. to any obligation of the **Insured** or any insurer under any worker's compensation, unemployment compensation, disability benefits law or under any similar law;
- E. to any fraudulent, criminal, malicious or materially dishonest acts or materially dishonest omissions of the **Insured** or with the **Insured's** consent. However, this exclusion will not apply to (i) any **Claim** alleging malicious prosecution and (ii) any **Insured** who did not participate in or acquiesce to any such act or omission;
- F. to **Bodily Injury** or **Property Damage** based on or arising out of the practice of the **Insured's** professional occupation unless the **Insured** is properly licensed, exempted or certified by the laws of the state(s) in which the **Insured** practices, or is otherwise qualified to practice the **Insured's** professional occupation in the absence of such laws;
- G. to acts, errors or omissions by any **Insured** expected or intended to cause **Physical Injury** or **Property Damage**, regardless of whether or not such act or omission was intended to cause the specific **Physical Injury** or **Property Damage** sustained. This exclusion shall not apply to any intentional act by or at the direction of the **Insured**, that results in **Physical Injury** or **Property Damage**, if such **Physical Injury** or **Property Damage** arises solely from the use of reasonable force or other measures for the purpose of protecting persons or property;
- H. to any **Claims** against any **Insured** alleging, in whole or in part:
 - 1. discrimination on the basis of age, sex, race, religion, marital status, maternal origin or sexual preference by any **Insured**, including **Personal Injury** resulting therefrom;
 - 2. sexual assault, sexual abuse or sexual molestation or licentious, immoral, amoral or other behavior that threatened, led to or culminated in any sexual act whether committed intentionally, negligently, inadvertently or with the belief, erroneous or otherwise, that the other party is consenting and has the legal and mental capacity to consent thereto, that was committed, or alleged to have been committed, by the **Insured** or by any other person for whom the **Insured** is legally responsible.

This exclusion applies regardless of the legal theory or basis upon which the **Insured** is alleged to be legally liable or responsible, in whole or in part, for any **Damages** arising out of such actual or alleged behavior including, but not limited to, assertions of improper or negligent hiring, employment or supervision, failure to protect the other party, failure to prevent the sexual misconduct, failure to prevent **Assault** and/or **Battery** or failure to discharge the employee.

However, notwithstanding this exclusion, the **Insured** shall be entitled to a defense as provided under the terms of the policy as to any **Claim** upon which suit is brought for any such alleged behavior unless a judgment or final adjudication adverse to any **Insured**, or an admission by any **Insured** accused of such behavior, shall establish that such behavior caused, in whole or part, the injury claimed in such suit. The **Company** shall not be required to appeal a judgment or final adjudication adverse to the **Insured**.

If however, the **Insured** elects to appeal such judgment or final adjudication, and the judgment or final adjudication results in a reversal on the issue of liability, the **Company** shall reimburse the **Insured** for all reasonable **Claims Expenses** incurred in the appeals process;

- I. to **Personal Injury** or **Advertising Injury** arising out of:
 - 1. the willful violation of a penal statute or ordinance committed by or with the knowledge or consent of the **Insured**;
 - 2. the publication or utterance of a libel or slander, or a publication or utterance in violation of an individual's right of privacy by or on behalf of the **Insured** if the first injurious publication or utterance of the same or similar material was made before the **Retroactive Date** of this policy; or
 - 3. libel or slander or the publication or utterance of defamatory or disparaging material made by or at the direction of the **Insured** with knowledge of the falsity thereof concerning any person or organization or goods, products or services, or in violation of an individual's right of privacy;
- J. to **Advertising Injury** arising out of:
 - 1. the failure to perform the terms and conditions of a contract; however, this exclusion does not apply to the alleged breach of an implied contract caused by an alleged unauthorized appropriation of ideas;

2. infringement of a trademark, a service mark or a trade name, other than a title or slogan, by use thereof on or in connection with goods, products or services sold, offered for sale or advertised;
 3. a knowingly incorrect description in the advertised price of goods, products or services sold that are offered for sale or advertised; or
 4. any act committed by the **Insured** with actual malice;
- K. to any **Claim** brought by, or on behalf of, any **Insured** against any other **Insured** under this policy; provided however, this exclusion shall not apply to any **Claim** based upon or arising out of psychological or other associated professional services rendered by one **Insured** to another **Insured** or any **Claim** based upon or arising out of any obligation of one **Insured** to supervise another **Insured** in the provision of psychological or other associated professional services;
- L. to **Damages** arising out of infringement of copyright or plagiarism;
- M. to any **Claim**, action, judgment, liability, settlement, loss, defense, cost or expense in any way arising out of actual, alleged or threatened pollution, contamination or any environmental impairment resulting from seepage, discharge, dispersal, release or escape of any solid, liquid, gaseous or radioactive matter including, but not limited to, smoke, vapors, soots, fumes, acids, alkalis, chemicals or toxic matter; or waste material (including materials to be recycled, reconditioned or reclaimed); or oil or other petroleum substances or derivatives (including any oil refuse or oil mixed with waste), or thermal or vibratory effect including, but not limited to, heat or cold, into or upon land, the atmosphere or any water, course of body of water, underground water or water table supplies, whether such results directly, indirectly or in concurrence or in any sequence from the **Insured's** activities or the activities of others and whether or not such is sudden, gradual, accidental, intended, foreseeable, expected, fortuitous or inevitable and wherever or however such occurs.

However, this exclusion shall not apply to **Bodily Injury** or **Property Damage** caused by heat, smoke or fumes from a **Hostile Fire** unless such fire involves:

1. materials that are or were at any time used for the handling, storage, disposal, processing or treatment of waste or
 2. any premises, site, or location:
 - a. that is or was at any time used for handling, storage, disposal, processing or treatment of waste or
 - b. on which any **Insured** or contractor or subcontractor working directly or indirectly on any **Insured's** behalf are performing operations to test for, monitor, cleanup, remove, contain, treat, detoxify or neutralize, or in any way respond to, or assess the effects of pollutants;
- N. to liability assumed by the **Insured** under any contract or agreement, except to the extent the **Insured** would be liable in the absence of such contract or agreement;
- O. to any **Claim** based upon or arising out of restraint of trade, price fixing or violation of any anti-trust law;
- P. to any **Claims** brought by or on behalf of any person employed by the **Insured**, any person who had been employed by the **Insured** or any person seeking employment with the **Insured** alleging any act, error or omission by an **Insured** with respect to the hiring, termination, compensation, or the tenure, term, condition, benefits or privilege of employment of any such person except as provided under Section V. SUPPLEMENTARY PAYMENTS, E. **Wrongful Employment Practices** or Section VII. DEFINITIONS, **Incident**, E.;
- Q. to **Claims** based upon or arising out of the valuation of assets or investment planning; and
- R. to:
1. **Claims**, **Wrongful Employment Practices Claims** or **Incidents** that were reported to any prior insurer;
 2. unreported **Claims** or **Wrongful Employment Practices Claims** that any **Insured** had received notice prior to the effective date of the first policy with the **Company**;
 3. **Incidents** or **Wrongful Employment Practices** that the **Insured** knew could result in a **Claim** prior to the effective date of the first policy issued by the **Company** to the **Named Insured**, and were not disclosed to the **Company**.

However, Section VI. EXCLUSIONS, R., 2. and 3. will not apply to any **Insured** who did not have knowledge of such **Incident** or resulting **Claim** prior to the first policy issued by the **Company** to the **Named Insured**.

VII. DEFINITIONS

The boldface words or terms in this policy or any endorsement thereto are defined as provided in this section:

“Advertising Injury” means injury arising out of an offense committed in the course of the **Insured’s** advertising activities if such injury arises out of libel, slander, defamation, violation of right of privacy, piracy, unfair competition, or infringement of copyright, title, trade dress or slogan or use of another’s advertising idea.

“Application” means all applications, including any attachments thereto, and all other information and materials submitted by or on behalf of the **Insureds** to the **Company** or its authorized agent in connection with the underwriting of this policy or any policy of which this policy is a direct or indirect renewal or replacement. All such applications, attachments, information and materials are deemed attached to and incorporated in this policy.

“Assault” means any willful attempt or threat to inflict injury upon another natural person, coupled with an apparent present ability to do so, that causes that person to have a reasonable apprehension of imminent **Bodily Injury** or offensive physical contact.

“Battery” means intentional and wrongful physical contact with a natural person without his or her consent that causes **Bodily Injury** or offensive physical contact.

“Bodily Injury” means any injury sustained by any person including, but not limited to:

- A. Physical Injury, sickness, disease, mental anguish or emotional distress, including death at any time resulting therefrom;
- B. psychological injury, pain or suffering, harm or impairment, including death at any time resulting therefrom; and
- C. loss of consortium or impairment of domestic or personal relations.

Bodily Injury shall not include any injury, damage or loss defined as **Personal Injury, Advertising Injury or Property Damage**.

“Claim” means a demand for money, or the filing of suit or institution of arbitration proceedings, naming the **Insured**.

“Claims Expenses” means:

- A. fees charged by an attorney(s) and/or independent adjustor(s) designated by the **Company** and all other fees, costs and expenses resulting from the investigation, adjustment, defense and appeal of a **Claim** that arises in connection therewith, if incurred by the **Company** or by the **Insured** with written consent of the **Company**;
- B. all costs taxed against the **Insured** in such **Claims** and all interest on the entire amount of any judgment therein that accrues after entry of the judgment and before the **Company** has paid, tendered or deposited, whether in court or otherwise, the part of the judgment that does not exceed the limit of the **Company’s** liability, thereon; and
- C. premiums on appeal bonds and premiums on bonds to release attachments in such **Claims**; however, the **Company** shall have no obligation to apply for or furnish any such bond and **Claims Expenses** shall not include premiums for bond amounts in excess of the applicable Limit of Liability of this policy.

“Company” means the insurance company providing this insurance.

“Damages” means compensatory judgments, settlements or awards but does not include punitive or exemplary damages, fines or penalties, the return of fees or other consideration paid to the **Insured**, or the portion of any award or judgment caused by the multiplication of actual damages under federal or state law. However, if a suit is brought against the **Insured** with respect to a **Claim** for alleged acts, errors or omissions falling within the scope of coverage afforded by this insurance seeking both compensatory and punitive or exemplary damages, then the **Company** will afford a defense to such action, without liability however, for payment of such punitive or exemplary damages.

“Extended Reporting Period” means the period of the extension of coverage described in Section VIII. CONDITIONS, N. Automatic **Extended Reporting Period**, Section VIII. CONDITIONS, O. **Extended Reporting Period** Option, if exercised, or any other **Extended Reporting Period** endorsement to this policy issued by the **Company**.

“Hostile Fire” means one that becomes uncontrollable or breaks out from where it was intended to be.

“Incident” means:

- A. any act, error or omission in the rendering of or failure to render psychological or other associated professional services by the **Insured**, or by any person for whom the **Insured** is legally responsible; or

- B. any act, error or omission of the **Insured** as a psychologist or a **Practitioner** performing services as a member of a formal accreditation, ethics, peer review, licensing board, standards review or similar professional board or committee of a hospital, health facility, educational institution, professional organization, health maintenance organization or health plan; or
- C. an accident including continuous or repeated exposure to substantially the same general harmful conditions in the operation or management of the premises used in the **Insured's** practice for psychological or other associated professional services that results in **Bodily Injury** or **Property Damage**; or
- D. an offense in the course of the **Insured's** advertising activities for psychological or other associated professional services that results in an **Advertising Injury**; or
- E. if the **Insured** is a psychologist or **Practitioner** who provides services to any private or public organization, agency, college or university as a researcher, consultant, teacher, faculty member (including department, program or division chair), librarian, administrator, colleague or member of an instructional staff, then any act, error or omission in providing the following services:
 - 1. original or contracted research including psychological research on animals or humans;
 - 2. the design, development or evaluation of psychological tests or testing and/or assessment procedures;
 - 3. the dismissal, suspension, discipline or layoff of a faculty member prior to the expiration of a term appointment;
 - 4. the non-reappointment of a probationary faculty member;
 - 5. the decisions relating to the salary, other compensation, promotion, rank, leaves of absence, work assignment, resignation or other rights, duties and responsibilities of fellow faculty, researchers or staff employees;
 - 6. the enforcing of school standards, teaching, grading, evaluating, advising or supervising students; or
 - 7. the authorship of research, journal articles or other educational material; or
- F. offense that results in **Personal Injury** from the practice of a psychologist or **Practitioner**.

"Insured" means any person or entity qualifying as an **Insured** in Section III. PERSONS INSURED.

"Named Insured" means the person or entity named in Item 1. of the Declarations of this policy. **Named Insured** also shall include any entity other than a joint venture that is acquired or formed by the **Named Insured** after the effective date of this policy and over which the **Named Insured** maintains ownership or majority interest. This coverage will:

- A. not apply if the newly acquired or formed entity knew of a **Claim** or **Incident** that might be expected to be the basis of such **Claim** prior to the date they were acquired or formed by the **Named Insured**;
- B. not apply if the newly acquired or formed entity is insured under any other similar liability or indemnity policy for an **Incident**, even if such limits of liability have been exhausted; or
- C. terminate in 90 days from the date that such entity is acquired or formed by the **Named Insured** or the end of the **Policy Period** whichever is earlier, unless written notice is provided to the **Company** or its authorized representative and such entity is added to the policy by endorsement.

"Personal Injury" means any injury arising out of:

- A. false arrest, detention, confinement or imprisonment, malicious prosecution, or abuse of process;
- B. the publication or utterance of a libel or slander or of other defamatory or disparaging materials, or a publication or utterance in violation of an individual's right of privacy; or
- C. wrongful entry or eviction, or other invasion of the right of private occupancy.

"Physical Injury" means bodily harm or hurt, but shall not include:

- A. mental anguish;
- B. emotional distress; or
- C. psychological injury, pain or suffering, harm or impairment, including death at any time resulting therefrom.

"Policy Period" means the period from the inception date of this policy to the policy expiration date as set forth in Item 2. of the Declarations or its earlier termination date, if any.

“Practitioner” means an individual who is a psychologist practicing in any of its branches, an allied mental health professional, student, intern, resident, volunteer, assistant, parent coordinator, mediator, consultant, or coach who provides psychological or other associated professional services while in his or her capacity as an **Insured**.

“Primary Named Insured” is the psychologist whose name is signed on the **Application** and qualifies as an **Insured** under Section III. PERSONS INSURED, A. or B. Each policy shall have a **Primary Named Insured**. If the **Primary Named Insured** dies or is adjudged incompetent then the **Named Insured** or when appropriate the **Named Insured’s** legal representative shall designate a person to act as the **Primary Named Insured**.

“Property Damage” means:

- A. physical injury to or destruction of tangible property including the loss of use thereof at any time resulting therefrom. All such loss of use shall be deemed to occur at the time of the physical injury that caused it;
- B. loss of use of tangible property that has not been physically injured or destroyed. All such loss of use shall be deemed to occur at the time of the **Incident** that caused it; or
- C. other loss, whether or not resulting from physical injury or damage to person or property.

“Retroactive Date” means the date listed in Item 4. of the declarations.

“Termination of Coverage” means:

- A. cancellation or nonrenewal of a policy; or
- B. decrease in limits, reduction of coverage, increased deductible or self-insured retention, new exclusion, or any other change in coverage less favorable to the **Insured**.

whether initiated by the **Company** or the **Named Insured**.

“Wrongful Employment Practice” means:

- A. wrongful refusal to employ a qualified applicant for employment;
- B. wrongful failure to promote a qualified employee;
- C. wrongful demotion, negligent evaluation, negligent reassignment or wrongful discipline;
- D. wrongful termination of employment, including retaliatory or constructive discharge;
- E. harassment, coercion, discrimination or humiliation as a consequence of race, color, creed, national origin, disability, marital status, medical condition, gender, age, physical appearance, physical and/or mental impairments, pregnancy, sexual orientation or sexual preference;
- F. oral or written publication of material that slanders, defames or libels an employee or violates or invades an employee’s right of privacy; or
- G. any practice that violates a state or federal employment discrimination statute.

“Wrongful Employment Practice Claim” means a demand for money or services, or the filing of suit or institution of arbitration proceedings or alternative dispute resolution naming an **Insured** and alleging a **Wrongful Employment Practice**. **Wrongful Employment Practice Claim** does not include proceedings seeking injunctive or other non-pecuniary relief.

VIII. CONDITIONS

- A. Territory: The insurance afforded by this policy applies to **Claims** that are first made to the **Company** during the **Policy Period** for **Incidents** that occur anywhere in the world, provided such **Claim** is made or brought within the United States of America, its territories or possessions, or Canada.
- B. When a **Claim** is to be Considered as First Made: A **Claim** shall be considered as being first made at the earlier of the following times:
 - 1. when the **Insured** first receives written notice of a **Claim**; or
 - 2. when the **Company** or its authorized agent first receives written notice from the **Insured** of specific circumstances involving a particular person or entity that may result in a **Claim**.

All **Claims** arising out of the same or related **Incident** shall be considered as having been made at the time the first such **Claim** is made, and shall be subject to the same Limit of Liability.

- C. Duties of the **Insured** in the Event of a **Claim** or **Incident**: Upon the **Insured** becoming aware of any **Incident** that could reasonably be expected to be the basis of a **Claim** covered hereby, written notice shall be given by

the **Insured** to the **Company** or its authorized agent together with the fullest information obtainable. If a **Claim** is made against the **Insured**, the **Insured** shall immediately forward to the **Company** or its authorized agent every demand, notice, summons or other process received by the **Insured** or the **Insured's** representative. A **Claim** shall be considered as reported during the **Policy Period** provided it is reported to the **Company** or its authorized agent within sixty (60) days of the expiration date of the **Policy Period**.

- D. Assistance and Cooperation of the **Insured** in the Event of a **Claim**: The **Insured** shall cooperate with the **Company** and, upon the **Company's** request, assist in affecting settlements, in the defense of any **Claim** and in enforcing any right of contribution or indemnity against any person or organization who may be liable to the **Insured** because of **Damages** with respect to which this insurance applies. The **Insured** shall attend depositions, hearings and trials and assist in securing and giving evidence and obtaining the attendance of witnesses in the defense of any **Claim** covered by this policy. The **Company** shall reimburse the **Insured** for reasonable expenses incurred at the **Company's** request. The **Insured** shall not, except at the **Insured's** own cost, voluntarily make any payments, assume any obligation or incur any expense.
- E. Assignment: The interest of any **Insured** is not assignable. If any **Insured** shall die or be adjudged incompetent, this insurance shall cover the **Insured's** legal representative as the **Insured** while acting on the **Insured's** behalf.
- F. Legal Action Against the **Company**: A person or organization may bring a suit against the **Company**, including but not limited to, a suit to recover on an Agreed Settlement or on a judgment against an **Insured** (except during a stay or limited stay of execution against the **Insured** on such judgment), but the **Company** will not be liable for damages that are not payable under the terms of this policy or that are in excess of the applicable Limit of Liability. An Agreed Settlement means a settlement and release of liability signed by the **Company**, the **Insured** and the claimant or the claimant's legal representative.

However, no action by an **Insured** shall lie against the **Company** unless there has been full compliance with all of the terms of this policy.

- G. Other Insurance: If there is other valid insurance (whether primary, excess, contingent or self-insurance) that may apply against any **Damages** or **Claims Expenses** including any coverage for Section V. SUPPLEMENTARY PAYMENTS, B. Governmental Regulatory Body Defense and E. **Wrongful Employment Practices**, covered by this policy, the insurance provided hereunder shall be deemed excess insurance over and above the applicable limit of all other insurance or self-insurance.

When this insurance is excess, the **Company** shall have no duty under this policy to defend any **Claim** that any other insurer or self-insurer has a duty to defend. If such other insurer or self-insurer refuses to defend such **Claim**, the **Company** shall defend the **Insured** and be entitled to the **Insured's** rights against all such other insurers or self-insurers for any defense costs incurred by the **Company**.

- H. Subrogation: In the event of any payment by the **Company** under this policy, the **Company** shall be subrogated to all the **Insured's** rights of recovery against any person, organization, or entity. The **Insured** shall execute and deliver instruments and papers and do whatever else is necessary to secure such rights. The **Insured** shall do nothing to prejudice the position of the **Company** or its potential or actual rights of recovery after any **Incident** or **Claim**.
- I. Changes: The terms of this policy shall not be waived or changed, except by endorsement issued to form part of this policy.
- J. Bankruptcy or Insolvency of the **Insured**: Bankruptcy or insolvency of the **Insured** or of the **Insured's** estate shall not relieve the **Company** of any of its obligations hereunder or deprive the **Company** of its rights or defenses hereunder.
- K. Cancellation:

- 1. Cancellation by the **Primary Named Insured**

This insurance may be cancelled by the **Primary Named Insured** at any time by prior written notice to the **Company** or its authorized agent.

The **Company** or its authorized agent shall refund the paid premium less the earned portion thereof within thirty (30) days of the latter of the effective date of cancellation or the date of delivery of the notice of intent to cancel, subject always to the retention by the **Company** of any minimum premium stipulated herein (or proportion thereof previously agreed upon).

The earned portion of the premium shall be computed on the customary short-rate basis unless any state law or regulation of the state shown in the mailing address of the **Named Insured** set forth in the Declarations requires that return premium be computed on a pro-rata basis even in the event of cancellation by the **Primary Named Insured**.

2. Cancellation by the **Company** for Non-Payment of Premium

This insurance may be cancelled by the **Company** for non-payment of premium by sending written notice to the **Named Insured** and to its authorized agent or broker at least thirty (30) days prior to the date of such cancellation which sets forth the amount of premium due.

3. Cancellation by the **Company** Other Than for Non-Payment of Premium

In the case of cancellation due to a reason other than non-payment of premium, the **Company** may cancel this policy by sending to the **Named Insured** set forth in the Declarations by first class, registered or certified mail, at the **Named Insured's** address last known to the **Company** and to the **Named Insured's** authorized agent or broker, not less than ninety (90) days, but not more than one hundred and twenty days (120), written notice, stating the specific reason for such cancellation and when the cancellation shall be effective. Proof of mailing will be sufficient proof of notice.

Cancellation by the **Company**, for other than non-payment of premium, shall only be effective if based on one or more of the following reasons:

- a. The policy was obtained through a material misrepresentation that was relied on by the **Company**, and such policy would not have been issued by the **Company** under the same terms and conditions if correct information had been disclosed;
- b. After issuance of the policy or after the last renewal date, discovery of an act or omission, or a violation of any policy condition, that substantially and materially increases the hazard insured against, and which occurred prior to the current **Policy Period**;
- c. A determination by the superintendent of insurance that continuation of the present premium volume of the **Company** would jeopardize the **Company's** solvency or be hazardous to the interests of policyholders of the **Company**, its creditor or the public; or
- d. A determination by the superintendent of insurance that the continuation of the policy would violate, or would place the **Company** in violation of any New York insurance law; or
- e. Revocation or suspension of the **Insured's** license or certification to practice psychology or other associated professional services.

If the **Company** cancels the policy then the **Company** or its authorized agent shall refund the paid premium less the earned portion thereof within ten (10) business days after the effective date of cancellation. Minimum premium shall not apply to the return of unearned premium if cancellation is by the **Company**.

- L. Nonrenewal: The **Company** will renew this policy unless written notice of the **Company's** intent not to renew, stating the specific reasons for nonrenewal, is mailed to the **Named Insured** set forth in the Declarations and its authorized agent or broker not less than ninety (90) days, but not more than one hundred and twenty (120) days before the policy expires.

Any notice of nonrenewal will be mailed by first class, registered or certified mail to the **Named Insured** at the last mailing address known to the **Company**. Proof of mailing will be sufficient proof of notice.

- M. Renewal Rate Increase or Change in Policy Terms: If at renewal the **Company** intends to increase the filed rate, change the type of coverage, increase in the deductible, add an exclusion, reduce the Limit of Liability, or reduce coverage, the **Company** will mail notice to the **Named Insured** set forth in the Declarations and its authorized agent or broker at least sixty (60) days, but not more than one hundred and twenty (120) days prior to the effective date of that increase or change. The notice will include the amount of any premium increase and a description of any other changes.

Any notice of renewal premium increase or change in policy terms will be mailed by first class, registered or certified mail to the **Named Insured** at the last mailing address known to the **Company**. Proof of mailing will be sufficient proof of notice.

- N. Automatic **Extended Reporting Period**: Upon the **Termination of Coverage**, the coverage granted by this policy -shall continue for sixty (60) days following the effective date of such **Termination of Coverage**, at no additional cost. This automatic sixty (60) day **Extended Reporting Period** shall only apply to **Claims** made

during the **Policy Period** or such automatic **Extended Reporting Period** arising out of **Incidents** that occurred on or after the **Retroactive Date** and prior to the effective date of the **Termination of Coverage**.

The automatic sixty (60) day **Extended Reporting Period** will not be provided if:

1. this insurance is replaced with the same or similar insurance whether or not the limits or deductible are identical to those provided under this policy; or
2. an **Extended Reporting Period** is provided under any other conditions of this policy.

The Limit of Liability available under this extension shall be part of, and not in addition to, the Limits of Liability available under the policy. The Automatic **Extended Reporting Period** shall not increase or reinstate the Limits of Liability, which shall be the maximum liability of the **Company** for the **Policy Period** and the Automatic **Extended Reporting Period**, combined.

O. **Extended Reporting Period Option:**

1. **Termination of Coverage:** The **Named Insured** shall have the right to purchase the **Extended Reporting Period** Option in the case of:

- a. **Termination of Coverage;**
- b. an **Insured** whose affiliation with the **Named Insured** has been terminated, with respect to coverage granted by this policy with respect to such **Insured**, subject to subsection 6 below; or

Any **Insured** who is a psychologist or a **Practitioner** shall also have the right to purchase the **Extended Reporting Period** Option if the **Named Insured** does not elect to purchase the **Extended Reporting Period** endorsement upon termination of the policy.

2. The **Extended Reporting Period** Option shall apply solely to:
 - a. **Claims** first made against an **Insured** during such **Extended Reporting Period** for an **Incident** that occurred on or after the **Retroactive Date** and prior to the effective date of such **Termination of Coverage**; and
 - b. those notices of investigation or proceedings described in Section V. SUPPLEMENTARY PAYMENTS, B. Governmental Regulatory Body Defense, against an **Insured**, first received during the **Extended Reporting Period** Option as a result of an occurrence or violation that occurred on or after the **Retroactive Date** and prior to the effective date of such **Termination of Coverage**.

If the **Extended Reporting Period** Option is provided to an **Insured** who is a psychologist or **Practitioner** but not to the **Named Insured**, then such **Extended Reporting Period** Option will apply solely to such **Insured** and solely to **Claims** made against such **Insured** or those notices of investigation or proceedings described in Section V. SUPPLEMENTARY PAYMENTS, B. Governmental Regulatory Body Defense against such **Insured**.

3. **Extended Reporting Period** Option Premium:

- a. If the **Extended Reporting Period** Option is purchased by the **Named Insured**, then the premium shall be calculated using the full annual premium of this policy.
- b. If the **Extended Reporting Period** Option is purchased by an **Insured** who is a psychologist or **Practitioner** but not purchased by the **Named Insured**, then the premium shall be calculated using the full annual premium for such **Insured**.

The premium will be based upon the rates in effect on the first day of the **Policy Period**. The additional premium for such **Extended Reporting Period** Option is as follows:

- 90% of the full annual premium as described in i. or ii. above, to a period of twelve (12) months;
 - 135% of the full annual premium as described in i. or ii. above, to a period of twenty-four (24) months;
 - 150% of the full annual premium as described in i. or ii. above, to a period of thirty-six (36) months; or
 - 175% of the full annual premium as described in i. or ii. above, to an unlimited period.
- c. Within thirty (30) days of the effective date of the **Termination of Coverage**, the **Company** will advise the **Named Insured**, in writing of the Automatic **Extended Reporting Period** and the availability of, the premium for, and the importance of purchasing the **Extended Reporting Period** Option

(hereinafter "ERP Notice"). Upon cancellation for non-payment of premium, the **Company** shall not be required to provide such notice unless the **Named Insured** requests a premium quotation for an **Extended Reporting Period** Option. The **Named Insured** shall have the greater of:

1. Sixty (60) days from the effective date of cancellation, nonrenewal or change in terms; or
2. Thirty (30) days from the date of mailing or delivery of the ERP Notice

to provide the **Company** or its authorized agent with written notice of its election to purchase the **Extended Reported Period** Option and to pay the additional premium for the **Extended Reported Period** Option, otherwise the right to purchase the **Extended Reported Period** Option shall terminate. If the **Extended Reporting Period Option** is elected and the additional premium has been paid, the **Extended Reporting Period** Option shall begin on the effective date of the **Termination of Coverage**.

Subject to the foregoing, in the event that the **Named Insured** is an entity and the policy is terminated the premium calculation stated above shall not include a charge for any **Insured** who qualifies for a free **Extended Reporting Period** Option under Section VIII. CONDITIONS, O., 4. Retiree Provision or 5. Death or Disability of **Insured**, provided always that notice is given to the **Company** or its authorized agent as required below and the other provisions of Section VIII. CONDITIONS, O., 4. Retiree Provision or 5. Death or Disability of **Insured**, are fully satisfied.

4. Retiree Provision: Notwithstanding Section VIII. CONDITIONS, O., 1, **Termination of Coverage**, the payment of an additional premium for an unlimited **Extended Reporting Period** Option will be waived due to the **Insured's(s')** retirement from active practice provided:
 - a. the **Insured** is a psychologist or **Practitioner**;
 - b. written notice of this election is given to the **Company** within sixty (60) days after termination of this policy; and
 - c. all premiums and deductibles due the **Company** have been paid in full.
5. Death or Disability of **Insured**: Notwithstanding Section VIII. CONDITIONS, E. Assignment and Section VIII. CONDITIONS, O. **Extended Reporting Period** Option, 1. **Termination of Coverage**, the payment of an additional premium for an unlimited **Extended Reporting Period** Option will be waived due to the **Insured's(s')** death or disability provided:
 - a. the **Insured** is, or prior to his or her death or disability was, a psychologist or **Practitioner**;
 - b. the death or disability of the **Insured** occurs during the **Policy Period**;
 - c. in the event of disability, the **Insured** is totally and continuously disabled from the practice of psychology a minimum of six (6) months prior to the election of this option;
 - d. satisfactory written evidence of death or disability is provided to the **Company** within one (1) year of such death or disability; and
 - e. all premiums and deductibles due the **Company** have been paid in full.
6. When the **Insured** elects to purchase the **Extended Reported Period** Option, except with respect to any **Extended Reporting Period** Option provided in accordance with Section VIII. CONDITIONS, O. **Extended Reporting Period** Option, 4. Retiree Provision or 5. Death or Disability of **Insured**, the Limit of Liability will be reinstated as follows:
 - a. if the "claims made relationship" between the **Named Insured** and the **Company** has continued for at least three years, then the Limit of Liability available for the **Extended Reporting Period** Option, shall be reinstated to the full amount of the Limit of Liability shown in Item 3 of the Declarations for an additional 10% of the **Extended Reporting Period** Option premium set forth in Section VIII. CONDITIONS, O. **Extended Reporting Period** Option, 1., c. **Extended Reporting Period** Option Premium; or
 - b. if the "claims made relationship" has continued for less than three years, then the Limit of Liability available for the **Extended Reporting Period** Option, shall be the greater of:
 - i. the unexhausted amount of the Limit of Liability set forth in Item 3 of Declarations at the time the policy is cancelled or not renewed; or

- ii. 50% of the Limit of Liability shown in Item 3 of the Declarations, for which an additional 5% of the **Extended Reporting Period** Option premium set forth in Section VIII. CONDITIONS, O. **Extended Reporting Period** Option, 1., c., **Extended Reporting Period** Option Premium; or
- c. if the **Termination of Coverage** is due to a decrease in the policy's Aggregate Limit of Liability, no greater than the amount of such decrease.

Such Limit of Liability shall only apply to **Claims** first made during the **Extended Reporting Period** Option and shall be the maximum Limit of Liability of the **Company** for all **Claims** first made during the **Extended Reporting Period** Option.

The Limit of Liability available for the **Extended Reporting Period** Option provided in accordance with VIII. CONDITIONS, O. **Extended Reporting Period** Option, 4. Retiree Provision, or 5. Death or Disability of **Insured**, shall be part of, and not in addition to, the Limit of Liability for the **Policy Period**. Such **Extended Reporting Period** Option, if elected shall not increase or reinstate the Limits of Liability. Such Limit of Liability shall be the maximum Limit of Liability of the **Company** for the **Policy Period**, the Automatic **Extended Reporting Period**, and the **Extended Reporting Period** Option provided in accordance with VIII. CONDITIONS, O. **Extended Reporting Period** Option, 4. Retiree Provision or 5. Death or Disability of **Insured** combined.

If any **Claim** is covered, in whole or in part, under both the Automatic **Extended Reporting Period** and the **Extended Reporting Period** Option, if elected, then only the Limit of Liability for the **Extended Reporting Period** Option shall apply.

For the purposes of this subsection only, "claims made relationship" shall have the same meaning as is ascribed to this term by the New York Code of Rules and Regulations subsection 73.1(p) or as revised hereafter.

- 7. Once the **Extended Reporting Period** Option is in effect, it may not be cancelled and the entire premium shall be deemed fully earned. The **Company** shall not be liable to return to any **Insured** any portion of the premium for the **Extended Reporting Period** Option.
- 8. If the **Primary Named Insured** is a corporation, partnership or other entity and:
 - a. The **Primary Named Insured** is placed in liquidation or bankruptcy, or permanently ceases operations; and
 - b. The **Primary Named Insured** or its designated trustee does not purchase **Extended Reporting Period** Option upon the **Termination of Coverage**, then any natural person insured under this Policy must advise the **Company** or its authorized agent in writing, within one hundred twenty (120) days of the effective date of **Termination of Coverage** in terms of the policy that he or she wants to purchase the **Extended Reporting Period** Option. Such **Insured** must pay the required premium for the **Extended Reporting Period** Option to the **Company** or its authorized agent promptly when due. Such premium is fully earned and nonrefundable.
- 9. Any natural person who is employed or affiliated with the **Primary Named Insured** and who qualifies as an **Insured** under this Policy during such employment or affiliation shall continue to be covered under this Policy during the Automatic **Extended Reporting Period** and, if purchased, the **Extended Reporting Period** Option, for such natural person's covered acts or omissions during his or her employment or affiliation with the **Primary Named Insured**.
- P. **Declarations and Application:** By acceptance of this policy, the **Primary Named Insured** agrees on behalf of the **Named Insured** that the statements in the **Application** are the **Named Insured's** agreements and representations, and that this policy is issued in reliance upon the truth of such representations and that this policy embodies all agreements existing between the **Named Insured** and the **Company** or its agent relating to this insurance.
- Q. **Reimbursement:** While the **Company** has no duty to do so, if the **Company** pays **Damages**:
 - 1. within the amount of the applicable deductible and/or
 - 2. in excess of the Limit of Liability

all **Insureds** shall be jointly and severally liable to the **Company** for such amounts. Upon written demand, the **Insured** shall repay such amounts to the **Company** within thirty (30) days thereof.

- R. This insurance does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit us from providing insurance, including, but not limited to, the payment of **Claims**.
- S. Liberalization Clause: If the **Company** adopts any endorsement or policy that would broaden the coverage under the policy, the broadened coverage will apply solely to (i) **Claims** made or (ii) notices of investigations, proceedings or hearings described in Section V. SUPPLEMENTARY PAYMENTS that are received, after the **Company** adopts such revision, if:
1. the filing of the endorsement or policy is made and approved by the Department of Insurance in the state indicated in the Declarations as the address of the **Named Insured**;
 2. the endorsement or policy does not increase the premium; and
 3. the **Company** issues the endorsement or policy in the state indicated in the Declarations as the address of the **Named Insured**.

T. Transfer of Duties When the Limit of Liability Has Been Exhausted

1. If the **Company** concludes that, based on **Incidents** or **Claims** that have been reported to the **Company** and to which this insurance may apply, the Limit of Liability is likely to be exhausted in the payment of **Damages**, the **Company** will notify the **Named Insured**, in writing to that effect.
2. When the Limit of Liability for the **Policy Period** has been completely exhausted in the payment of **Damages**:
 - a. the **Company** will notify the **Named Insured**, in writing, as soon as practicable, that:
 - i. the Limit of Liability has been completely exhausted and
 - ii. the **Company's** duty to defend **Claims** subject to the Limit of Liability has ended; and
 - b. the **Company** will initiate, and cooperate in, the transfer of control, to the **Named Insured**, of all **Claims** reported to the **Company** before the Limit of Liability was exhausted. **Insureds** must cooperate in the transfer of control of such **Claims**.

The **Company** agrees to take such steps as deemed appropriate to avoid a default in, or continue the defense of, such **Claims** until such transfer is completed, provided the **Insured** is cooperating in completing such transfer. The **Named Insured** will reimburse the **Company** for any amounts it incurs in taking such steps. The duty of the **Named Insured** to reimburse the **Company** will begin on:

- a. The date on which the applicable Limit of Liability is exhausted, if the **Company** sent notice as provided in 1. above; or
- b. The date on which the **Company** sent notice in accordance with 2a above, if the **Company** did not sent notice as provided in 1 above.

The **Company** will take no action whatsoever with respect to the defense of any **Claim** seeking **Damages**, if the **Claim** is reported to the **Company** after the Limit of Liability for the **Policy Period** has been completely exhausted.

The **Named Insured** must arrange for the defense of such **Claims** within such time period as agreed to between the **Named Insured** and the **Company**. Absent any agreement between the **Insured** and the **Company**, arrangements for the defense of such **Claim** must be made as soon as practicable.

The exhaustion of the applicable Limit of Liability by the payments of judgments or settlements and the resulting end of the **Company's** duty to defend will not be affected by the **Company's** failure to comply with any of the provisions of this condition.

U. Late or Incomplete Notice of Nonrenewal, Renewal Rate Increase or Change in Policy Terms:

1. If the **Company** fails to provide notice in accordance with the requirements of Section VIII.CONDITIONS,L. Nonrenewal and M. Renewal Rate Increase or Change in Policy Terms by mailing or delivering a late notice of nonrenewal or a late or incomplete renewal rate increase or change in policy terms notice:
 - a. Prior to the expiration of the **Policy Period**, then coverage will remain in effect at the same terms and conditions of this policy at the lower of the current rates or at the rates in effect at the inception of the **Policy Period** until sixty (60) days after such notice is mailed or delivered, unless the **Named Insured**, during the sixty (60) day period, has replaced the coverage or elects to terminate the coverage; or

- b. On or after the expiration of the **Policy Period**, then coverage will remain in effect at the same terms and conditions of this policy for another policy period, at the lower of the current rates or the rates in effect at the inception of the expiring **Policy Period**, unless the **Named Insured**, during this additional policy period, has replaced the coverage or elects to terminate.

In the event of such termination, the **Company** shall refund the unearned premium computed pro rata. The Aggregate Limit of Liability stated in Item 3 of the Declarations shall be increased in proportion to any policy extension pursuant to the requirements in a. and b. above.

- 2. If the **Named Insured** elects to renew on the basis of a late notice of conditional renewal, the terms, conditions and rates set forth in such notice shall apply:
 - a. upon expiration of the sixty(60) day period or
 - b. notwithstanding the provisions in Section VIII. CONDITIONS, K. Cancellation, 3. Cancellation by the **Company** Other Than for Non-Payment of Premium, b., as of the renewal date of the **Policy** if the **Company** mails the **Primary Named Insured** the conditional renewal notice at least thirty (30) days before the end of the **Policy Period**.

The **Company** is not required to mail notice of nonrenewal or conditional renewal if the **Named Insured** or another insurer of the **Named Insured** has mailed or delivered written notice that the **Policy** has been replaced or is no longer desired.

SIGNATURES

Named Insured Dr. Benjamin A Gottesman			Endorsement Number
Policy Symbol CRL	Policy Number 58G28492339	Policy Period 03/01/2017 to 03/01/2018	Effective Date 03/01/2017
Issued By (Name of Insurance Company) ACE American Insurance Company			

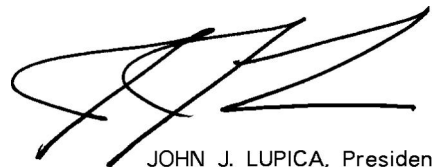
THE ONLY SIGNATURES APPLICABLE TO THIS POLICY ARE THOSE REPRESENTING THE COMPANY NAMED ON THE FIRST PAGE OF THE DECLARATIONS.

By signing and delivering the policy to you, we state that it is a valid contract.

INDEMNITY INSURANCE COMPANY OF NORTH AMERICA(A stock company)
BANKERS STANDARD INSURANCE COMPANY(A stock company)
ACE AMERICAN INSURANCE COMPANY(A stock company)
ACE PROPERTY AND CASUALTY INSURANCE COMPANY(A stock company)
INSURANCE COMPANY OF NORTH AMERICA(A stock company)
PACIFIC EMPLOYERS INSURANCE COMPANY(A stock company)
ACE FIRE UNDERWRITERS INSURANCE COMPANY(A stock company)
WESTCHESTER FIRE INSURANCE COMPANY(A stock company)

436 Walnut Street, P.O. Box 1000, Philadelphia, Pennsylvania 19106-3703


 REBECCA L. COLLINS, Secretary


 JOHN J. LUPICA, President



Authorized Representative

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Named Insured Dr. Benjamin A Gottesman			Endorsement Number
Policy Symbol CRL	Policy Number 58G28492339	Policy Period 03/01/2017 to 03/01/2018	Effective Date 03/01/2017
Issued By (Name of Insurance Company) ACE American Insurance Company			

Retroactive Date(s)
Designated Individual(s) or Entity(ies)

It is agreed that, in consideration of the premium charged, and solely with respect to the following designated individual(s) or entity(ies), Item 4. of the Declarations, **Retroactive Date**, is deleted with respect to such designated individual(s) or entity(ies) and replaced with the **Retroactive Date** for such designated individual(s) or entity(ies) listed in below.

<u>Designated Individual(s) or Entity(ies)</u> Benjamin A Gottesman	<u>Retroactive Date(s)</u> 03/01/2016
The premium for this endorsement is included in the premium shown on the Declarations unless a specific amount is shown here:	Additional Premium:
	Return Premium:

All other terms and conditions of this policy remain unchanged.



Authorized Agent

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Named Insured Dr. Benjamin A Gottesman			Endorsement Number
Policy Symbol CRL	Policy Number 58G28492339	Policy Period 03/01/2017 to 03/01/2018	Effective Date 03/01/2017
Issued By (Name of Insurance Company) ACE American Insurance Company			

New York Amendatory

It is agreed that Section VIII. Conditions, is amended as follows:

1. F. Legal Action Against the Company, is amended by adding the following:

With respect to any **Claims** alleging **Bodily Injury**, if the **Company** denies coverage or disclaims liability because an **Insured** or the injured person, someone acting for the injured person or other claimant fails to give the **Company** timely notice, then the injured person, someone acting for the injured person or other claimant may bring an action against the **Company**, provided the sole question is whether the denial of coverage or non-admission of liability is based on the failure to provide timely notice.

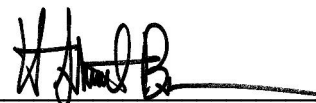
However, the injured person, someone acting for the injured person or other claimant may not bring an action if within sixty (60) days after the **Company** denies coverage or disclaims liability, the **Company** or an **Insured**:

- 1) Brings an action to declare the rights of the parties under the policy; and
- 2) Names the injured person or other claimant as a party to the action.

2. C. Duties In the Event of a **Claim** or **Incident** is amended by adding the following:

Failure to give notice to the **Company** as required under this Policy shall not invalidate any **Claim** made by the **Insured**, injured person or any other claimant, unless the failure to provide such timely notice has prejudiced the **Company**. However, no **Claim** made by the **Insured**, injured person or other claimant will be invalidated if it shall be shown not to have been reasonably possible to give such timely notice and that notice was given as soon as was reasonably possible thereafter.

All other terms and conditions of this policy remain unchanged.



Authorized Representative



ACE American Insurance
Company

Notice - New York

(To be attached to all Claims
Made applications and policies.)

This notice is for information only and does not become a part of or a condition of the policy. No coverage is provided by this summary nor can it be construed to replace any provisions of the policy. If there is any conflict between the policy and this summary, the provisions of the policy shall prevail. We urge you to review the policy form in its entirety and refer any questions you may have to your insurance agent.

- 1) The policy is written on a claims made basis.
- 2) There is no coverage for Claims arising out of any Incidents that occurred prior to the Retroactive Date stated in the Policy.
- 3) Except as otherwise provided within the policy, the policy covers only Claims first made against the Insured during the Policy Period. Coverage under the policy ceases upon the termination of this policy and the Automatic Extended Reporting Period, unless the Insured purchases an Extended Reporting Period Option.
- 4) The policy provides for an Automatic Extended Reporting Period of sixty(60) days.
- 5) In addition, the following Extended Reporting Period Options are available for purchase as set forth in the Extended Reporting Period Option condition of the policy for the additional premium indicated below:

Extended Reporting Period Premium:

- i. If the Extended Reporting Period Option is purchased by the Named Insured, then the premium shall be calculated using the full annual premium of this policy.
 - ii. If the Extended Reporting Period Option is purchased by an Insured who is a psychologist or Practitioner but not purchased by the Named Insured, then the premium shall be calculated using the full annual premium for such Insured.
- a. 90% of the full annual premium as described in i. or ii. above plus an additional 10% of that amount for a 100% reinstatement of the Limits of Liability (if reinstated) or 5% of that amount for a 50% reinstatement of the Limits of Liability, to a period of twelve (12) months;
 - b. 135% of the full annual premium as described in i. or ii. above plus an additional 10% of that amount for a 100% reinstatement of the Limits of Liability (if reinstated) or 5% of that amount for a 50% reinstatement of the Limits of Liability, to a period of twenty-four (24) months;
 - c. 150% of the full annual premium as described in i. or ii. above plus an additional 10% of that amount for a 100% reinstatement of the Limits of Liability(if reinstated), or 5% of that amount for a 50% reinstatement of the Limits of Liability, to a period of thirty-six (36) months; or
 - d. 175% of the full annual premium as described in i. or ii. above plus an additional 10% of that amount for a 100% reinstatement of the Limits of Liability(if reinstated), or 5% of that amount for a 50% reinstatement of the Limits of Liability, to an unlimited period.

The premium will be based upon the rates in effect on the date the policy was last renewed or if the policy is in its first year with the Company, the effective date of such policy. A notice will be sent to the Named Insured within thirty (30) days of the effective date of cancellation, non-renewal or the reduction of coverage setting forth the rights to the extended reporting period.

Please be advised that gaps in your insurance protection may result upon the termination of this Policy or any Extended Reporting Period.

- 6) During the first several years of a claims made relationship, claims made rates are comparatively lower than occurrence rates, and an insured can expect substantial annual premium increases, independent of overall rate level increases, until the claims made relationship reaches maturity.



ace usa

**U.S. Treasury Department's
Office
Of Foreign Assets Control
("OFAC")
Advisory Notice to
Policyholders**

This Policyholder Notice shall not be construed as part of your policy and no coverage is provided by this Policyholder Notice nor can it be construed to replace any provisions of your policy. You should read your policy and review your Declarations page for complete information on the coverages you are provided.

This Notice provides information concerning possible impact on your insurance coverage due to directives issued by OFAC. **Please read this Notice carefully.**

The Office of Foreign Assets Control (OFAC) administers and enforces sanctions policy, based on Presidential declarations of "national emergency". OFAC has identified and listed numerous:

- Foreign agents;
- Front organizations;
- Terrorists;
- Terrorist organizations; and
- Narcotics traffickers;

as "Specially Designated Nationals and Blocked Persons". This list can be located on the United States Treasury's web site – <http://www.treas.gov/ofac>.

In accordance with OFAC regulations, if it is determined that you or any other insured, or any person or entity claiming the benefits of this insurance has violated U.S. sanctions law or is a Specially Designated National and Blocked Person, as identified by OFAC, this insurance will be considered a blocked or frozen contract and all provisions of this insurance are immediately subject to OFAC. When an insurance policy is considered to be such a blocked or frozen contract, no payments nor premium refunds may be made without authorization from OFAC. Other limitations on the premiums and payments also apply.



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
02/14/2017

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

Trust Risk Management Services, Inc.
1791 Paysphere Circle
Chicago, IL 60674

CONTACT

NAME: Trust Risk Management Services, Inc

PHONE

(A/C, No, Ext): 877.637.9700

FAX

(A/C, No): 877.251.5111

EMAIL

ADDRESS: info@trustrms.com

INSURER(S) AFFORDING COVERAGE**NAIC #****INSURER A:** ACE American Insurance Company

22667

INSURER B:**INSURER C:****INSURER D:****INSURER E:****INSURER F:****INSURED**

Benjamin Gottesman
180 W 93Rd St Apt 6D
New York, NY 10025 7582

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$
	CLAIMS MADE						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$
	POLICY						PRODUCTS-COMP/OP AGG	\$
	PRO-JECT							
	LOC							
	OTHER:							
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	ANY AUTO						BODILY INJURY (Per Person)	\$
	ALL OWNED AUTOS						BODILY INJURY (Per accident)	\$
	SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	\$
	HIRED AUTOS							\$
	NON-OWNED AUTOS							
	UMBRELLA LIAB						EACH OCCURRENCE	\$
	EXCESS LIAB						AGGREGATE	\$
	DED							\$
	RETENTION \$							
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY						PER STATUTE	OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE-EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
A	Psychologist's Professional Liability Retroactive Date: 03/01/2016			58G28492339	03/01/2017	03/01/2018	Each Incident Annual Aggregate	\$2,000,000 \$4,000,000

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

CERTIFICATE HOLDER**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

