



ACE American Insurance Company

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

PRODUCER NUMBER	273865
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DATE OF ISSUE	October 24, 2016
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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: 58G22159938		
1.	Named Insured: Dr. Nathilee Caldeira Address: 220 5th Ave Rm 300 Rm 3 City, State & Zip Code: New York, NY 10001 7708		
2.	Policy Period: From: 11/03/2016 To: 11/03/2017 12:01 A.M. local time at the address shown in Item 1.		
3.	COVERAGE Professional Liability Wrongful Employment Practices Licensing Board Defense Other Governmental Regulatory Body Defense Deposition Expense Premises Medical Payment Assault and/or Battery Loss of Earnings	LIMITS OF LIABILITY \$1,000,000 Each Incident \$3,000,000 Aggregate \$5,000 Aggregate REIMBURSEMENTS \$5,000 per Proceeding \$5,000 per Proceeding \$5,000 per Insured \$2,500 per Person \$75,000 Aggregate \$1,000 Aggregate \$500 per Day, per Insured \$15,000 Aggregate Per Incident Surcharge(s)	PREMIUM \$885.00 Total Premium \$885.00
4.	Retroactive Date 11/03/2004		
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, PF15224a, PF15235a, PF22543, PF26808a, PF15885b, PF17914 (02/05),		
6.	Notice of claim should be sent to: Trust Risk Management Services, Inc. 111 Rockville Pike Ste 700 Rockville MD 20850	All other correspondence should be sent to: Trust Risk Management Services, Inc. 1791 Paysphere Circle Chicago, IL 60674	
7.	REPRESENTATIVE: Agent or broker: Office address: City, State, Zip Website: Phone:	Trust Risk Management Services, Inc. 1791 Paysphere Circle Chicago, IL 60674 www.trustinsurance.com 1.877.637.9700	