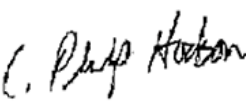


**Certificate of Insurance (Proof of Coverage) 12/03/2017**

**THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND, OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.**

<b>Insured Name and Mailing Address*</b>		<b>Program Administrator</b>
Monica Farrar 4250 Thornwood Lane Williamsville, NY 14221		<b>Administered By:</b> CPH and Associates 711 S. Dearborn, Suite 205 Chicago, IL 60605 P. 312-987-9823 F. 312-987-0902 <a href="mailto:info@cphins.com">info@cphins.com</a> <b>Underwritten By:</b> Philadelphia Indemnity Insurance Company
*Additional insured locations are often requested by individual business owners who have more than one office. Your coverage is portable, meaning that you are covered at any location for practice under the occupation(s) listed on your policy.		
<b>Coverage</b>		
<b>Policy #:</b> E82493	<b>Effective Date:</b> 01/12/2018	<b>Expiration Date:</b> 01/12/2019
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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.		
<b>Limits of Liability</b>		<b>Coverage Part</b>
<b>EACH OCCURRENCE (Per individual claim)</b>	<b>AGGREGATE (Total amount per policy year)</b>	
\$1,000,000	\$5,000,000	<b>Professional Liability</b>
N/A	N/A	<b>Commercial General Liability</b> Includes: General Liability, Fire & Water Legal Liability, and Personal Liability
N/A	N/A	<b>Property Coverage</b>
\$1,000,000	\$5,000,000	<b>Supplemental Liability</b>
Unlimited	Unlimited	<b>Defense Expense Coverage</b>
\$35,000	\$35,000	<b>State Licensing Board Investigation Defense Coverage</b>
\$15,000	\$15,000	<b>Assault Coverage</b>
\$10,000	\$35,000	<b>Deposition Expense Benefit</b>
\$5,000/person	\$50,000	<b>Medical Expense Coverage</b>
\$15,000	\$15,000	<b>First Aid Coverage</b>
<b>Description/Special Provisions:</b>		
<b>Certificate Holder</b>	<b>Cancellation</b>	
<b>PROOF OF COVERAGE</b>	Should any of the above described policy be cancelled before the expiration date thereof, the issuing insurer will endeavor to mail 30 days written notice to the certificate holder named to the left, but failure to do so shall impose no obligation or liability of any kind upon the insurer, its agents or representatives.	
Holder has also been added to the policy as an additional insured:**  Yes/ <u>X</u> No		  Authorized Representative C. Philip Hodson
**If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).		

**DISCLAIMER:** The Certificate of Insurance does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend, or alter the coverage afforded by the policies listed thereon.