

CERTIFICATE OF INSURANCE

ALLIED WORLD INSURANCE COMPANY
 C/O: American Professional Agency, Inc.
 95 Broadway, Amityville, NY 11701
 800-421-6694

This is to certify that the insurance policies specified below have been issued by the company indicated above to the insured named herein and that, subject to their provisions and conditions, such policies afford the coverages indicated insofar as such coverages apply to the occupation or business of the Named Insured(s) as stated.

THIS CERTIFICATE OF INSURANCE NEITHER AFFIRMATIVELY NOR NEGATIVELY AMENDS, EXTENDS OR ALTERS THE COVERAGE(S) AFFORDED BY THE POLICY(IES) LISTED ON THIS CERTIFICATE.

Name and Address of Named Insured:

JAMES ANDREW HOGG, PH.D.
 C/O FLAGSTAFF CHILD &
 FAMILY COUNSELING
 408 N. KENDRICK ST STE 3
 FLAGSTAFF AZ 86001

Additional Named Insureds:

Type of Work Covered: PROFESSIONAL PSYCHOLOGIST
 Location of Operations: N/A
 (If different than address listed above)

Claim History: None

Retroactive date is 11/01/2002

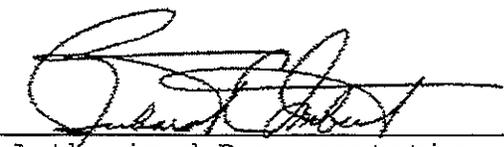
Coverages	Policy Number	Effective Date	Expiration Date	Limits of Liability
PROFESSIONAL/ LIABILITY	5010-1465	11/01/17	11/01/18	2,000,000 4,000,000

NOTICE OF CANCELLATION WILL ONLY BE GIVEN TO THE FIRST NAMED INSURED, WHO SHALL ACT ON BEHALF OF ALL INSUREDS WITH RESPECT TO GIVING OR RECEIVING NOTICE OF CANCELLATION.

Comments: Defense Reimbursement Proceedings Limit is \$75,000.

This Certificate Issued to:

Name: JAMES ANDREW HOGG, PH.D.
 C/O FLAGSTAFF CHILD &
 Address: FAMILY COUNSELING
 408 N. KENDRICK ST STE 3
 FLAGSTAFF AZ 86001
 APA 00138 00 (06/2014)


 Authorized Representative

CHUBBPolicy Number
OFRD38575235**Commercial General Liability Coverage Part
Supplemental Declarations****ACE American Insurance Company**Named Insured **JUSTIN M DALLACQUA**Effective Date: **06-10-2017**
12:01 A.M. Standard TimeAgent Name **TRUST RISK MANAGEMENT SERVICES INC DBA TRMS INSURA**
Agent No. **278988****Item 1. Business Description:****Item 2. Limits of Insurance**

Coverage	Limit of Liability	
Aggregate Limits of Liability	\$ 2,000,000	Products/Completed Operations Aggregate
	\$ 4,000,000	General Aggregate (other than Products/Completed Operations)
Coverage A -- Bodily Injury and Property Damage Liability	\$ 2,000,000	any one occurrence subject to the Products/Completed Operations and General Aggregate Limits of Liability
	Damage To Premises Rented To You \$ 1,000,000	any one premises subject to the Coverage A occurrence and the General Aggregate Limits of Liability
Coverage B - Personal and Advertising Injury Liability	\$ 1,000,000	any one person or organization subject to the General Aggregate Limits of Liability
Coverage C -- Medical Payments	\$ 10,000	any one person subject to the Coverage A occurrence and the General Aggregate Limits of Liability

Item 3. Retroactive Date (Not Applicable in New York)

This insurance does not apply to "bodily injury", "property damage" or "personal and advertising injury" which occurs before the Retroactive Date, if any, shown here:

(Enter Date or "None" if no Retroactive Date applies)

Item 4. Form of Business and Location of PremisesForms of Business: **LIMITED LIABILITY COMPANY**
Location of All Premises You Own, Rent or Occupy:
See Schedule of Location**Item 5. Form and Endorsements**Form(s) and Endorsement(s) made a part of this policy at time of issue:
See Schedule of Forms and Endorsements**Item 6. Premiums**Coverage Part Premium: \$ **243.00**

Other Premium:

Total Premium: \$ **243.00**Audit Period (If Applicable) Waived Annually Semi-Annually Quarterly Monthly

THESE DECLARATIONS ARE PART OF THE POLICY DECLARATIONS CONTAINING THE NAME OF THE INSURED AND THE POLICY PERIOD



HEALTHCARE PROVIDERS SERVICE ORGANIZATION PURCHASING GROUP

Certificate of Insurance

OCCURRENCE POLICY FORM



Print Date: 4/06/2017

Producer Branch Prefix Policy Number Policy Period
018098 970 HPG 0592435489 from 05/01/17 to 05/01/18 at 12:01 AM Standard Time

Named Insured and Address:

Jennifer R Flugstad
408 N Kendrick St
Flagstaff, AZ 86001-1582

Program Administered by:

Healthcare Providers Service Organization
159 E. County Line Road
Hatboro, PA 19040-1218
1-800-982-9491
www.hpso.com

Medical Specialty:

Licensed Professional Counselor

Code:

80723

Insurance is provided by:

American Casualty Company of Reading, Pennsylvania
333 S. Wabash Avenue, Chicago, IL 60604

Excludes Cosmetic Procedures

Professional Liability \$1,000,000 each claim \$ 3,000,000 aggregate

Your professional liability limits shown above include the following:

- * Good Samaritan Liability * Malplacement Liability * Personal Injury Liability
* Sexual Misconduct Included in the PL limit shown above subject to \$ 25,000 aggregate sublimit

Coverage Extensions

License Protection \$ 25,000 per proceeding \$ 25,000 aggregate
Defendant Expense Benefit \$ 1,000 per day limit \$ 25,000 aggregate
Deposition Representation \$ 10,000 per deposition \$ 10,000 aggregate
Assault \$ 25,000 per incident \$ 25,000 aggregate
Includes Workplace Violence Counseling
Medical Payments \$ 25,000 per person \$ 100,000 aggregate
First Aid \$ 10,000 per incident \$ 10,000 aggregate
Damage to Property of Others \$ 10,000 per incident \$ 10,000 aggregate
Information Privacy (HIPAA) Fines and Penalties \$ 25,000 per incident \$ 25,000 aggregate

Workplace Liability

Workplace Liability Included in Professional Liability Limit shown above
Fire & Water Legal Liability Included in the PL limit shown above subject to \$150,000 aggregate sublimit
Personal Liability \$1,000,000 aggregate

Total: \$ 348.00

Base Premium \$348.00

Premium reflects Self Employed , Full Time

Policy Forms & Endorsements(Please see attached list for a general description of many common policy forms and endorsements.)

G-121500-D G-121503-C G-121501-C G-145184-A G-147292-A GSL15563 GSL15564
GSL15565 GSL17101 GSL13424 CNA80051 CNA80052 G-123846-C02 G-123859-C02
CNA81753 CNA81758 CNA82011 CNA79575

Chairman of the Board

Secretary

Keep this document in a safe place.It and proof of payment are your proof of coverage. There is no coverage in force unless the premium is paid in full.In order to activate your coverage, please remit premium in full by the effective date of this Certificate of Insurance. Master Policy # 188711433

G-141241-B (03/2010)

Coverage Change Date:

Endorsement Change Date:



ACE American Insurance Company

Psychologists' Professional Liability
Claims Made Insurance
Policy Declarations

PRODUCER NUMBER 273865

DATE OF ISSUE August 10, 2017

**PSYCHOLOGISTS' PROFESSIONAL LIABILITY
CLAIMS MADE INSURANCE POLICY**

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

Item	POLICY/CERTIFICATE NUMBER: 58G26122892		
1.	Named Insured:	Dr. Lauren M Canniff	
	Address:	4077 S Holland Rd	
	City, State & Zip Code:	Flagstaff, AZ 86005 8924	
2.	Policy Period:	From: 08/21/2017	To: 08/21/2018
	12:01 A.M. local time at the address shown in Item 1.		
3.	COVERAGE	LIMITS OF LIABILITY	PREMIUM
	Professional Liability	\$1,000,000 Each Incident	\$1,165.00
	Wrongful Employment Practices	\$3,000,000 Aggregate \$5,000 Aggregate	
		REIMBURSEMENTS	
	Licensing Board Defense	\$50,000 per Proceeding	\$45.00
	Other Governmental Regulatory Body Defense	\$10,000 per Proceeding	
	Deposition Expense	\$5,000 per Insured	
	Premises Medical Payment	\$2,500 per Person	
	Assault and/or Battery	\$75,000 Aggregate \$1,000 Aggregate	
	Loss of Earnings	\$500 per Day, per Insured	
	Surcharge(s)		
	Total Premium		\$1,210.00
4.	Retroactive Date	08/21/2012	
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). PF15215a, PF33748 , PF15217a (05/07), CC-1K11h (03/14), PF15245a, PF17914 (02/05), PF41673 (05/14),		
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:	Trust Risk Management Services, Inc.
		Office address:	1791 Paysphere Circle
		City, State, Zip	Chicago, IL 60674
		Website:	www.trustinsurance.com
		Phone:	1.877.637.9700



ACE American Insurance Company

Psychologists' Professional Liability
Claims Made Insurance
Policy Declarations

PRODUCER NUMBER 273865

DATE OF ISSUE August 25, 2017

**PSYCHOLOGISTS' PROFESSIONAL LIABILITY
CLAIMS MADE INSURANCE POLICY**

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

Item	POLICY/CERTIFICATE NUMBER: 58G28431806		
1.	Named Insured: Dr. Daniel Phillips Address: 4085 S Holland Rd City, State & Zip Code: Flagstaff, AZ 86005 8924		
2.	Policy Period: From: 08/22/2017 To: 08/22/2018 12:01 A.M. local time at the address shown in Item 1.		
3.	COVERAGE	LIMITS OF LIABILITY	PREMIUM
	Professional Liability Wrongful Employment Practices	\$1,000,000 Each Incident \$3,000,000 Aggregate \$5,000 Aggregate	\$597.00
	Licensing Board Defense Other Governmental Regulatory Body Defense Deposition Expense Premises Medical Payment Assault and/or Battery Loss of Earnings	\$25,000 per Proceeding \$7,500 per Proceeding \$5,000 per Insured \$2,500 per Person \$500 per Day, per Insured	\$35.00
	REIMBURSEMENTS		
		\$75,000 Aggregate \$1,000 Aggregate \$15,000 Aggregate Per Incident	
	Surcharge(s)		
	Total Premium		\$632.00
4.	Retroactive Date 08/22/2016		
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). PF15215a, PF33748, PF15217a (05/07), CC-1K11h (03/14), PF15245a, PF17914 (02/05), PF41673 (05/14),		
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: Trust Risk Management Services, Inc. Office address: 1791 Paysphere Circle City, State, Zip: Chicago, IL 60674 Website: www.trustinsurance.com Phone: 1.877.637.9700	

Account Number: AZ CODL 4080

Date: 10/25/17 Initials: QTMHHTTP

CERTIFICATE OF INSURANCE

ALLIED WORLD INSURANCE COMPANY
C/O: American Professional Agency, Inc.
95 Broadway, Amityville, NY 11701
800-421-6694

This is to certify that the insurance policies specified below have been issued by the company indicated above to the insured named herein and that, subject to their provisions and conditions, such policies afford the coverages indicated insofar as such coverages apply to the occupation or business of the Named Insured(s) as stated.

THIS CERTIFICATE OF INSURANCE NEITHER AFFIRMATIVELY NOR NEGATIVELY AMENDS, EXTENDS OR ALTERS THE COVERAGE(S) AFFORDED BY THE POLICY(IES) LISTED ON THIS CERTIFICATE.

Name and Address of Named Insured:

LINZI B CODY
408 N. KENDRICK ST.
SUITE 4
FLAGSTAFF AZ 86001

Additional Named Insureds:

Type of Work Covered: PROFESSIONAL PSYCHOLOGIST

Location of Operations:

(IF different than address listed above)

Claim History: None

Retroactive date is 01/01/2017

Coverages	Policy Number	Effective Date	Expiration Date	Limits of Liability
PROFESSIONAL/ LIABILITY	5013-0881	1/01/18	1/01/19	1,000,000 3,000,000

NOTICE OF CANCELLATION WILL ONLY BE GIVEN TO THE FIRST NAMED INSURED, WHO SHALL ACT ON BEHALF OF ALL INSURED(S) WITH RESPECT TO GIVING OR RECEIVING NOTICE OF CANCELLATION.

Comments: Defense Reimbursement Proceedings Limit is \$25,000.

This Certificate Issued to:

Name: LINZI B CODY
408 N. KENDRICK ST.
Address: SUITE 4
FLAGSTAFF AZ 86001


Authorized Representative