



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
06/20/2018

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:
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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
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Sexual Abuse & Molestation is included at full policy limits GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER	Y	Y	D38575235	06/10/2018	06/10/2019	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$4,000,000 PRODUCTS-COMP/OP AGG \$2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE OTH-ER \$ E.L EACH ACCIDENT \$ E.L DISEASE-EA EMPLOYEE \$ E.L DISEASE - POLICY LIMIT \$
A	Psychologist's Professional Liability - Claims Made Retroactive Date: 06/01/2016	Y	Y	68G27820037	06/01/2018	06/01/2019	Each Incident \$2,000,000 Annual Aggregate \$4,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required):
 The State of Arizona, and its departments, agencies, boards, commissions, universities, and its officers, officials, agents, and employees as additional insureds with respect to liability arising out of the activities performed by or on behalf of the Contractor. This Policy contains a Waiver of Subrogation endorsement in favor of the State of Arizona, and its department, agencies, boards, commissions, universities, officers, agents, and employees for losses arising from work performed by or on behalf of the Contractor. Sexual Abuse and Molestation (SAM) Coverage is included and sub-limited to no less than \$500,000, and Sexual Abuse and Molestation coverage is included under the Commercial General Liability. This insurance is Primary, Non-Contributory. The Certificate Holder below is also included as an Additional Insured

CERTIFICATE HOLDER Arizona Department of Child Safety Office of Contracts 3003 N. Central, Site Code C010-20 Phoenix, AZ 85012	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
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HEALTHCARE PROVIDERS SERVICE ORGANIZATION PURCHASING GROUP



Certificate of Insurance OCCURRENCE POLICY FORM

Print Date: 4/13/2018

Producer Branch Prefix Policy Number Policy Period
018098 970 HPG 0592435489 from 05/01/18 to 05/01/19 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 1100 Virginia Drive, Suite 250 Fort Washington, PA 19034 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

Table with 5 columns: Extension Name, Amount, Unit, Amount, Aggregate. Includes License Protection, Defendant Expense Benefit, Deposition Representation, Assault, Medical Payments, First Aid, Damage to Property of Others, Information Privacy (HIPAA) Fines and Penalties.

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.)

Table listing various policy forms and endorsement codes such as G-121500-D, G-121503-C, G-121501-C, G-145184-A, G-147292-A, GSL15563, GSL15564, etc.

Handwritten signature of Chairman of the Board

Chairman of the Board

Handwritten signature of Secretary

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:

CHUBB

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

ACE American Insurance
Company

PRODUCER NUMBER 273865

DATE OF ISSUE January 29, 2018

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

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

Item	POLICY/CERTIFICATE NUMBER: 58G28585676		
1.	Named Insured:	Dr. Cody J Bayles	
	Address:	2939 N Oakmont Dr	
	City, State & Zip Code:	Flagstaff, AZ 86004 7439	
2.	Policy Period:	From: 03/01/2018	To: 03/01/2019
	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	\$233.00
	Wrongful Employment Practices	\$3,000,000 Aggregate \$5,000 Aggregate	
	REIMBURSEMENTS		\$45.00
	Licensing Board Defense	\$50,000 per Proceeding	
	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	
	Loss of Earnings	\$1,000 Aggregate	
		\$15,000 Aggregate Per Incident	
	Surcharge(s)		
	Total Premium		\$278.00
4.	Retroactive Date	03/01/2018	
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, PF15217a, CC-1K11h (03/14), PF15215a/ALL5X45, 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: QTMHHTP

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:

Additional Named Insureds:

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

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 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



8/31/18 - A

CLAIMS-MADE PSYCHOLOGISTS' PROFESSIONAL AND BUSINESS LIABILITY POLICY

THIS IS A CLAIMS MADE POLICY - PLEASE READ CAREFULLY *RENEWAL*

NOTICE: A LOWER LIMIT OF LIABILITY APPLIES TO JUDGEMENTS OR SETTLEMENTS WHEN THERE ARE ALLEGATIONS OF SEXUAL MISCONDUCT (SEE THE SPECIAL PROVISION "SEXUAL MISCONDUCT" IN THE POLICY).

DECLARATIONS

POLICY NO: 5010-1465
 ITEM 1. (a) NAME AND ADDRESS OF INSURED:

ACCOUNT NO: AZ-HOGJ408-0 0401632C
 ITEM 1. (b) ADDITIONAL NAMED INSURED:

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

TYPE OF ORG: INDIVIDUAL

ITEM 2. ADDITIONAL INSURED:

ITEM 3. POLICY PERIOD: FROM: 11/01/18 TO: 11/01/19
 12:01A.M. STANDARD TIME AT THE ADDRESS OF THE INSURED AS STATED HEREIN:

ITEM 4. LIMITS OF LIABILITY:
 (a) \$ 2,000,000 PER-CLAIM-INSURING AGREEMENT A. (c) \$ 4,000,000 AGGREGATE
 (b) \$ 2,000,000 PER-CLAIM-INSURING AGREEMENT B.(1) and B.(2) (d) \$ 75,000 PER PROCEEDING

ITEM 5. PREMIUM SCHEDULE:

CLASSIFICATION	NUMBER	RATE	ANNUAL PREMIUM
1ST PSYCHOLOGIST DEFENSE LIMIT	1	1494.00	1,135.00 140.00
TOTAL PREMIUM:			1,162.00

CRED

ITEM 6. RETROACTIVE DATE: 11/01/02
 ITEM 7. EXTENDED REPORTING PERIOD
 ADDITIONAL PREMIUM (if exercised): \$ 2,034.00 SCHEDULED RATING CREDIT INCLUDED

ITEM 8. POLICY FORMS AND ENDORSEMENTS ATTACHED TO THIS POLICY

APA-PSY 00002 00 (06/14) APA 00127 02 (06/14)

APA-PSY 00001 00 (06/14)
THIS IS NOT A BILL. PREMIUM HAS BEEN PAID.

AUTHORIZED COMPANY REPRESENTATIVE
 American Professional Agency * 95 Broadway, Amityville, NY 11701



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

ACE American Insurance
Company

PRODUCER NUMBER	273865
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DATE OF ISSUE	July 16, 2018
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**PSYCHOLOGISTS' PROFESSIONAL LIABILITY
CLAIMS MADE INSURANCE POLICY**

**NOTICE: THIS IS A CLAIMS MADE POLICY, PLEASE READ THE POLICY CAREFULLY
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: 08/22/2018	To: 08/22/2019
	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	\$811.00
	Wrongful Employment Practices	\$1,000,000 Aggregate \$5,000 Aggregate	
		REIMBURSEMENTS	
	Licensing Board Defense	\$75,000 per Proceeding	\$60.00
	Other Governmental Regulatory Body Defense	\$12,500 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	
		\$15,000 Aggregate Per Incident	
		Surcharge(s)	
		Total Premium	
			\$871.00
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-1K11i (02/18), PF15245a, ALL5X45, 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

CHUBB®**Psychologists' Professional Liability
Claims Made Insurance
Policy Declarations**ACE American Insurance
Company

PRODUCER NUMBER	273865
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DATE OF ISSUE	August 14, 2018
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**PSYCHOLOGISTS' PROFESSIONAL LIABILITY
CLAIMS MADE INSURANCE POLICY**

NOTICE: THIS IS A CLAIMS MADE POLICY, PLEASE READ THE POLICY CAREFULLY
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: 08/21/2018 To: 08/21/2019 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	
		REIMBURSEMENTS		\$45.00
	Licensing Board Defense	\$50,000 per Proceeding		
	Other Governmental Regulatory Body Defense	\$10,000 per Proceeding		
	Deposition Expense	\$5,000 per Insured		
	Premises Medical Payment	\$2,500 per Person	\$75,000 Aggregate	
Assault and/or Battery		\$1,000 Aggregate		
Loss of Earnings	\$500 per Day, per Insured	\$15,000 Aggregate Per Incident		
	Surcharge(s)			
	Total Premium			\$1,235.00
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-1K11i (02/18), PF15245a, ALL5X45, 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	



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

**ACE American Insurance
Company**

PRODUCER NUMBER	273865
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DATE OF ISSUE	October 09, 2018
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**PSYCHOLOGISTS' PROFESSIONAL LIABILITY
CLAIMS MADE INSURANCE POLICY**

**NOTICE: THIS IS A CLAIMS MADE POLICY, PLEASE READ THE POLICY CAREFULLY
THIS POLICY/CERTIFICATE IS ISSUED IN ASSOCIATION WITH THE PSYCHOLOGISTS PURCHASING
GROUP ASSOCIATION**

Item	POLICY/CERTIFICATE NUMBER: 58G28652185		
1.	Named Insured:	Dr. Stephanie J Hatch	
	Address:	408 N Kendrick St Ste 4	
	City, State & Zip Code:	Flagstaff, AZ 86001 1582	
2.	Policy Period:	From: 10/02/2018	To: 10/02/2019
	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	\$3,000,000 Aggregate
	Wrongful Employment Practices		\$5,000 Aggregate
		REIMBURSEMENTS	
	Licensing Board Defense	\$5,000 per Proceeding	
	Other Governmental Regulatory Body Defense	\$5,000 per Proceeding	
	Deposition Expense	\$5,000 per Insured	
	Premises Medical Payment	\$2,500 per Person	\$75,000 Aggregate
	Assault and/or Battery		\$1,000 Aggregate
	Loss of Earnings	\$500 per Day, per Insured	\$15,000 Aggregate Per Incident
		Surcharge(s)	
		Total Premium	
			\$233.00
4.	Retroactive Date	10/02/2018	
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, PF15217a, CC-1K11i (02/18), PF15245a, ALL5X45, 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