

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/20/2014

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	CONTACT NAME: Krista Dean					
Altus Partners, Inc		10)526-2021				
919 Conestoga Road	E-MAIL ADDRESS: certificates@altuspartners.com PRODUCER CUSTOMER ID #90000042					
Building 3, Suite 111						
Rosemont PA 19010	INSURER(S) AFFORDING COVERAGE	NAIC #				
INSURED	INSURER A :Lloyd's of London					
Maxim Healthcare Services, Inc.	INSURER B ACE American Ins Co. INSURER C:Indemnity Ins Co of NA					
7227 Lee DeForest Drive						
Columbia MD 21046	INSURER D:					
	INSURER E:					
	INSURER F:					

COVERAGES CERTIFICATE NUMBER:14-15 Healthcare Std **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		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	GENERAL LIABILITY						EACH OCCURRENCE	\$	7,000,000
	X COMMERCIAL GENERAL LIABILITY			PH1404469			DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	4,000,000
Α	X CLAIMS-MADE OCCUR				11/30/2014	11/30/2015	MED EXP (Any one person)	\$	10,000
	X Professional Liab						PERSONAL & ADV INJURY	\$	Included
	X \$4,000,000 SIR						GENERAL AGGREGATE	\$	7,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					Products	PRODUCTS - COMP/OP AGG	\$	7,000,000
	X POLICY PRO- JECT LOC					Exclusion		\$	
	AUTOMOBILE LIABILITY			H08830344 H08830356 (Owned)			COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
_	X ALL CAMPED AUTOS			(0	11/30/2014	11/30/2015	BODILY INJURY (Per person)	\$	
В	ALE OWNED ACTOS				22, 30, 2021	11, 30, 2013	BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
	X NON-OWNED AUTOS						Uninsured motorist combined	\$	
							Underinsured motorist	\$	
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	
	DEDUCTIBLE							\$	
	RETENTION \$							\$	
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			C48139905	11/30/2014	11/30/2015	Y WC STATU- TORY LIMITS OTH- ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A		C48139929 (OH, WA)			E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH)			C48139899 (CA, MA)			E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Certificate is issued as evidence of insurance per the policy terms, conditions, and exclusions.

CERTIFICATE HOLDER	CANCELLATION
For Information Purposes Only	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
	Krista Dean/KMD Kusta M. Dean