



A Member of the Tokio Marine Group

Certificate of Liability Insurance

Date Issued: **00/00/20XX**

Underwritten by: Philadelphia Indemnity Insurance Company · One Bala Plaza, Suite 100 · Bala Cynwyd, PA 19004 · NAIC #: 18058
Administered by: CPH & Associates · 711 S. Dearborn St. Ste 205 · Chicago, IL 60605 · P 800.875.1911 · F 312.987.0902 · info@cphins.com

DISCLAIMER: This certificate is issued as a matter of information only and confers no rights upon the certificate holder. 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.

Insured: **TENANT NAME**
TENANT ADDRESS

Policy Number: **#####**
Policy Term: **00/00/20XX TO 00/00/20XX**
Occupation: **TENANT OCCUPATION**

Covered Locations

Professional Liability: Portable coverage, not location specific

General Liability Insured Location(s):

594 NORTH GLASSELL ST, ORANGE CA 92867

Coverage Type (Occurrence Form)	Per Incident (Per individual claim)	Aggregate (Total amount per year)
Professional Liability	\$ 1,000,000	\$ 5,000,000
Supplemental Liability	\$ 1,000,000	\$ 5,000,000
Licensing Board Defense	\$ 100,000	\$ 100,000
Commercial General Liability	\$ 1,000,000 Required	\$ 3,000,000 Required
▫ Fire/Water Legal Liability	\$ 250,000 Required	\$ 250,000 Required
Business Personal Property	\$ 15,000 Optional	\$ 15,000 Optional

Comments/Special Descriptions:

Certificate Holder

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). **Notice of Cancellation** will only be provided to the first named insured in accordance with policy provisions, who shall act on behalf of all additional insureds with respect to giving notice of cancellation.

Authorized Representative
C. Philip Hodson