

**Certificate of Insurance (Proof of Coverage)**

Date Issued: (2/15/2016)

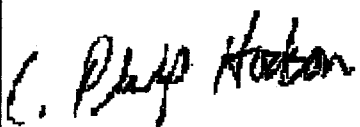
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND, OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

Insured Name and Mailing Address*		Program Administrator
Name	Amanda H Alexander	Administered By:
Street	7806 Lariat Rd	CPH and Associates
City	Louisville	711 S. Dearborn, Suite 205
State	Kentucky	Chicago, IL 60605
Zip	40219	P. 312-987-9823 F. 312-987-0902
		info@cphins.com
		Underwritten By:
		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.

Coverage		
Policy #: E134057	Effective Date: (2/14/2016)	Expiration Date: (2/14/2017)
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.		
Limits of Liability		Coverage Part
Each Occurrence (Per individual claim)	Aggregate (Total amount per policy year)	
\$1,000,000.00	\$3,000,000.00	Professional Liability
N/A	N/A	General Liability Includes: General Liability, Fire & Water Legal Liability and Personal Liability
N/A	N/A	Property Coverage
\$1,000,000.00	\$3,000,000.00	Supplemental Liability
Unlimited	Unlimited	Defense Expense Coverage
\$35,000	\$35,000	State Licensing Board Investigation Defense Coverage
\$15,000	\$15,000	Assault Coverage
\$10,000	\$35,000	Deposition Expense Benefit
\$5,000/person	\$50,000	Medical Expense Coverage
\$15,000	\$15,000	First Aid Coverage

## Description/Special Provisions:

Certificate Holder	Cancellation
Transformations, LLC 4010 Dupont Circle, STE 582 Louisville, KY 40207	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Holder has also been added to the policy as an additional insured:** <u>X</u> Yes / <u>  </u> No **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).	 Authorized Representative C. Philip Hodson