



Certificate of Liability Insurance

Date Issued: 01/31/2018

Underwritten by: Philadelphia Indemnity Insurance Company · One Bala Plaza, Suite 100 · Bala Cynwyd, PA 19004 · NAIC #: 19193

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: Amanda H Alexander
7806 Lariat Rd
Louisville, KY 40219

Policy Number: E134057
Policy Term: 02/14/2018 to 02/14/2019
Occupation: Certified Case Manager

Covered Locations

Professional Liability: Portable coverage, not location specific

Coverage Type (Occurrence Form)	Per Incident (Per individual claim)	Aggregate (Total amount per year)
Professional Liability	\$ 1,000,000	\$ 3,000,000
Supplemental Liability	\$ 1,000,000	\$ 3,000,000
Licensing Board Defense	\$ 35,000	\$ 35,000
Commercial General Liability	N/A	N/A
▪ Fire/Water Legal Liability	N/A	N/A
Business Personal Property	N/A	N/A

Comments/Special Descriptions:

Certificate Holder

PROOF OF COVERAGE

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



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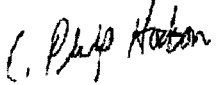
Comments/Special Descriptions:

Certificate Holder

Transformations LLC
Laura Krebs Lewis
4010 Dupont Circle, Suite 582
Louisville, KY 40207

☒ **Certificate Holder has been added as an additional insured**

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Authorized Representative
C. Philip Hodson

Policy Number: E134057

Professional Liability Insurance Application for Allied Health Individuals

Today's Date: 01/31/2018

Effective Date: 02/14/2018

CPH and Associates

711 S. Dearborn Suite 205

Chicago, IL 60605

Telephone: 800-875-1911

Fax: 312-987-0902

Email: info@cpains.com

Personal Information

Full Name	Amanda Alexander	Phone Number	502-345-9852
Address	7806 Lariat Rd	Address Line 2	
City	Louisville	State	KY
Zip Code	40219	Email	mandalay815@yahoo.com
Occupation	Certified Case Manager	Professional Association	NSP
State of Practice	KY		
Own a corporation or LLC?	No		

Qualification Questions	Yes	No
Within the last 12 months, has any board investigation, claim, or suit ever been brought against you for alleged malpractice, professional liability or sexual misconduct, or are you aware of any incident or existing circumstances that might reasonably lead to a board complaint, claim, or suit?		X

Professional Liability Limits:

Per incident limit	\$1,000,000
Aggregate limit	\$3,000,000
Employment Category	Self-Employed
Hours	Category A: 0-10 hours a week self employed
Base PL Premium	\$115.00

Additional Insureds:

Additional Insured Added	Yes
Name	Transformations LLC
Attention	Laura Krebs Lewis

Mailing Address	4010 Dupont Circle, Suite 582, Louisville, KY 40207
Relationship	Agency Contracting with
Additional Insured Premium	\$12.00

Other Coverages:

General Liability Added	No
Property Added	No
Premises Address(es)	

State Licensing Board Increase	No
State Licensing Board Amount	\$35,000
State Licensing Board Additional Premium	\$0.00

Add Cyber Liability Coverage	No
Coverage Limit	\$
Cyber Liability Additional Premium	\$0.00

Add Occupation(s)	No
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Sexual Misconduct Coverage	No
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Discounts Taken:

Risk Management	Yes
Newly Licensed Discount	No

Premium Information:

Professional Liability Base Premium:	\$115.00
Discounts	
Online Discount:	\$6.00
Risk Management Discount:	\$12.00
Additional Insured Premium:	\$12.00
Professional Liability SUBTOTAL:	\$109.00
Taxes (if applicable):	\$8.23
Administrative Fee:	\$20.00
Total Charged:	137.23