



Insurer: Philadelphia Indemnity Insurance Company
One Bala Plaza, Suite 100, Bala Cynwyd, PA 19004
NAIC #: 18058

Contact: CPH Insurance, 800-875-1911, info@cphins.com

Certificate of Liability Insurance

Date issued: 07/03/2024

Named Insured:

Amanda H Alexander
9733 Hunting Ground Ct,
Louisville, KY 40228

Policy #: AR281735

Policy Term: 07/10/2024 - 07/10/2025

Occupation: Licensed Clinical Social
Worker

Professional Liability: Portable Coverage, not location specific

Coverage Type (Occurrence Form)	Limits of Liability (Per Claim/Total Per Year)
Professional Liability	\$1,000,000/\$3,000,000
Supplemental Liability	\$1,000,000/\$3,000,000
Licensing Board Defense	\$35,000
Commercial General Liability	N/A
Fire/Water Legal Liability	N/A
Business Personal Property	N/A
Sexual Abuse/Molestation Defense	Unlimited Defense Coverage (for false allegations)

Authorized Representative

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, 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.

THIS ENDORSEMENT CHANGED THE POLICY. PLEASE READ IT CAREFULLY.

Additional Insured Endorsement

This endorsement modifies insurance provided under the following:

**ALLIED HEALTHCARE PROVIDERS PROFESSIONAL
AND SUPPLEMENTAL LIABILITY INSURANCE POLICY**

In consideration of the premium paid, this policy is amended as follows:

Transformations LLC, Hope for Today's Families is hereby added as an Additional Insured, solely for **Damages** arising out of a **Professional Incident** covered under this policy. The **Professional Incident** must arise out of services provided by the **Insured**, under contract with **Transformations LLC, Hope for Today's Families**.

Additional Insured Name and Mailing Address:
Transformations LLC, Hope for Today's Families

4010 Dupont Circle, Suite 582
Louisville, KY , 40207

All other terms and conditions of this policy remain unchanged.

Policy #: AR281735
Effective on or after: 07/10/2024
Issued to: Amanda H Alexander
Expiration date: 07/10/2025