



Certificate of Liability Insurance

Date Issued: 01/30/2023

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: Next Step Family Services, Inc.

Susan Andersen

138 Ardmore Crossing Dr

Shelbyville, KY 40065

Policy Number: AR205024

Policy Term: 02/01/2023 to 02/01/2024

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

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: Hope For Todays Families, LLC 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: Hope For Todays Families, LLC**.

Additional Insured Name and Mailing Address:
Transformations: Hope For Todays Families, LLC

4010 DuPont Circle
Louisville, KY , 40207

All other terms and conditions of this policy remain unchanged.

Policy #: AR205024
Effective on or after: 02/01/2023
Issued to: Next Step Family Services, Inc.
Expiration date: 02/01/2024