



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: 07/01/2024

Named Insured:

Transformations LLC
Susan Anderson
4010 Dupont Circle, Suite 582,
Louisville, KY 40207

Policy #: 052491

Policy Term: 07/01/2024 - 07/01/2025

Covered Locations

Professional Liability: Portable Coverage, not location specific

Commercial General Liability: 4010 Dupont Circle Suite 582, Louisville, KY 40207

| Coverage Type (Occurrence Form) | Limits of Liability (Per Claim/Total Per Year) |
|--|--|
| Professional Liability | \$1,000,000/\$5,000,000 |
| Supplemental Liability | \$1,000,000/\$5,000,000 |
| Licensing Board Defense | \$35,000 |
| Commercial General Liability | \$1,000,000 / \$3,000,000 |
| Fire/Water Legal Liability | \$250,000 |
| Business Personal Property | \$15,000 |
| Sexual Abuse/Molestation Defense | Unlimited Defense Coverage <i>(for false allegations)</i> |
| Vicarious Sexual Abuse/Molestation Liability | \$1,000,000 <i>(vicarious liability for the conduct of others)</i> |
| Cyber Liability (Claims Made Retroactive Date: 07/01/2019) | \$25,000 |

Certificate Holder

PROOF OF COVERAGE

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

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.