

ALLIED HEALTHCARE PROFESSIONAL AND SUPPLEMENTAL LIABILITY
RENEWAL DECLARATION

Attach this renewal declaration to your expiring policy

Policy Number: PHCPE38796 Philadelphia Indemnity Insurance Company

Name: Lauriel Gulutzan Administered By: CPH & Associates

Address: 196 hall drive 711 S. Dearborn, Suite 205

Address 2: Chicago, IL 60605

City, State Zip: orinda, California 94563

Affiliation: CAMFT
Professional Occupation: MARRIAGE&FAMILY

Policy Terms From: 9/15/2011
Policy Terms To: 9/15/2012

Ending at 12:01 a.m. Standard Time.

COVERAGE A - PROFESSIONAL LIABILITY COVERAGE	LIMITS OF LIABILITY	PREMIUM
Individual - Each Incident:	\$1,000,000.00	\$342.30
Aggregate:	\$5,000,000.00	
Association, Partnership or Corporate - Each Incidental	N/A	
Aggregate:	N/A	
COVERAGE B - SUPPLEMENTAL LIABILITY COVERAGE		
Individual - Each Incident:	\$1,000,000.00	
Aggregate:	\$5,000,000.00	
GENERAL LIABILITY COVERAGE		
Each Incident:	N/A	N/A
Aggregate:	N/A	
PROPERTY COVERAGE		
Each Incident:	N/A	N/A
Aggregate:	N/A	

Premium (including taxes): \$342.30

Policy Forms & Endorsements:
PI-PHCP-02(07/10)

Policy Forms and Endorsement: The expiring policy forms, endorsements and limits of insurance apply to this renewal unless changes are shown on this Renewal Declaration.

Call the Administrator to Verify Claims History at 1-800-875-1911



Jamie Maguire, Authorized Representative

State Endorsement(s) made a part of this policy at the time of issue: refer to www.cphins.com