

ALLIED HEALTHCARE PROFESSIONAL AND SUPPLEMENTAL LIABILITY  
RENEWAL DECLARATION

Attach this renewal declaration to you expiring policy

Policy Number: PHCPE38796  
 Name: Lauriel Gulutzan  
 Address: 6146 Johnston drive  
 Address 2:  
 City, State Zip: oakland, California 94611

Philadelphia Indemnity Insurance Company

Administered By: CPH & Associates  
 711 S. Dearborn, Suite 200  
 Chicago, IL 60605

Affiliation: CAMFT  
 Professional Occupation: MARRIAGE&FAMILY

Policy Terms From: 9/15/2009  
 Policy Terms To: 9/15/2010

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

| COVERAGE A - PROFESSIONAL LIABILITY COVERAGE            | LIMITS OF LIABILITY | PREMIUM  |
|---|---------------------|----------|
| Individual - Each Incident:                             | \$1,000,000.00      | \$272.00 |
| Aggregate:  | \$3,000,000.00      |          |
| Association, Partnership or Corporate - Each Incidental | N/A                 |          |
| Aggregate:  | N/A                 |          |
| COVERAGE B - SUPPLEMENTAL LIABILITY COVERAGE            |                     |          |
| Individual - Each Incident:                             | \$1,000,000.00      |          |
| Aggregate:  | \$3,000,000.00      |          |
| COMMERCIAL 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): \$272.00

Policy Forms & Endorsements:  
 PHCP-01(03/01)

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](http://www.cphins.com)

**Certificate of Insurance (Proof of Coverage)**      Date Issued: (7/28/2009)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER.  
 THIS CERTIFICATE DOES NOT AMEND, EXTEND, OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

**Insured Name and Mailing Address\***

Name Lauriel Gulutzan  
 Street 6146 Johnston drive  
  
 City oakland  
 State California  
 Zip 94611

**Program Administrator**  
 Administered By: CPH and Associates  
 711 S. Dearborn, Suite 205  
 Chicago, IL 60605

Underwritten By:  
 Philadelphia Indemnity Insurance Company

*\*Additional insured locations are often requested by individual business owners who have more than one office.  
 Your coverage is portable, meaning that you are covered at any location for practice under the occupation(s) listed on your policy.*

**Coverage**

Policy #: PHCPE38796      Effective Date: (9/15/2009)      Expiration Date: (9/15/2010)

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| Limits of Liability                       |   | Coverage Part   |
|---|---|---|
| Each Occurrence<br>(Per individual claim) | Aggregate<br>(Total amount per policy year) |   |
| \$1,000,000.00                            | \$3,000,000.00                              | Professional Liability  |
| N/A                                       | N/A   | Commercial General Liability<br><small>Includes: General Liability, Fire &amp; Water Legal Liability and Personal Liability</small> |
| N/A                                       | N/A   | Property Coverage   |
| \$1,000,000.00                            | \$3,000,000.00                              | Supplemental Liability  |
| Unlimited                                 | Unlimited                                   | Defense Expense Coverage  |
| \$25,000                                  | \$25,000                                    | State Licensing Board Investigation Expense Coverage  |
| \$5,000                                   | \$5,000                                     | Assault Coverage  |
| \$5,000                                   | \$15,000                                    | Deposition Expense Benefit  |
| \$2,500/person                            | \$25,000                                    | Medical Expense Coverage  |
| \$2,500                                   | \$2,500                                     | First Aid Coverage  |

**Description/Special Provisions:**

| Certificate Holder  | Cancellation  |
|---|---|
| <b>Proof of Coverage</b>  | Should any of the above described policy be cancelled before the expiration date thereof, the issuing insurer will endeavor to mail 30 days written notice to the certificate holder named to the left, but failure to do so shall impose no obligation or liability of any kind upon the insurer, its agents or representatives. |
| Holder has also been added to the policy as an additional insured:**<br>Yes / XNO<br>**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). | Authorized Representative<br><br>C. Philip Hodson   |

**DISCLAIMER:** 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.