

PI-HS-003D (07/04)

PHILADELPHIA INDEMNITY INSURANCE COMPANY
HUMAN SERVICES ORGANIZATION PROFESSIONAL LIABILITY COVERAGE PART
DECLARATIONS

POLICY NO. PHPK1439450

Effective Date: 02/06/2016
12:01 A.M. Standard Time

LIMITS OF INSURANCE	
AGGREGATE LIMIT	\$ 2,000,000
EACH PROFESSIONAL INCIDENT LIMIT	\$ 1,000,000
BUSINESS DESCRIPTION	
Form of Business: NON PROFIT ORGANIZATION Business Description: Non Profit Organization	
PREMIUM: \$ 701.00	
FORMS AND ENDORSEMENTS (Other than Applicable Forms and Endorsements Shown Elsewhere in the Policy)	
Forms and Endorsements Applying to this Coverage Part and Made Part of this Policy at Time of Issue: SEE SCHEDULE	
THESE DECLARATIONS ARE PART OF THE POLICY DECLARATIONS CONTAINING THE NAME OF THE INSURED AND THE POLICY PERIOD.	

Philadelphia Indemnity Insurance Company

COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS

Policy Number: PHPK1439450

Agent # 24977

See Supplemental Schedule

LIMITS OF INSURANCE

\$	2,000,000	General Aggregate Limit (Other Than Products – Completed Operations)
\$	2,000,000	Products/Completed Operations Aggregate Limit (Any One Person Or Organization)
\$	1,000,000	Personal and Advertising Injury Limit
\$	1,000,000	Each Occurrence Limit
\$	100,000	Rented To You Limit
\$	5,000	Medical Expense Limit (Any One Person)

FORM OF BUSINESS: NON PROFIT ORGANIZATION

Business Description: Non Profit Organization

Location of All Premises You Own, Rent or Occupy: **SEE SCHEDULE ATTACHED**

AUDIT PERIOD, ANNUAL, UNLESS OTHERWISE STATED: This policy is not subject to premium audit.

Classifications	Code No.	Premium Basis	Rates		Advance Premiums		
			Prem./ Ops.	Prod./ Comp. Ops.	Prem./ Ops.	Prod./ Comp. Ops.	
SEE SCHEDULE ATTACHED							
TOTAL PREMIUM FOR THIS COVERAGE PART:					\$	2,741.00	\$

RETROACTIVE DATE (CG 00 02 ONLY)

This insurance does not apply to "Bodily Injury", "Property Damage", or "Personal and Advertising Injury" which occurs before the retroactive date, if any, shown below.

Retroactive Date: NONE

FORM (S) AND ENDORSEMENT (S) APPLICABLE TO THIS COVERAGE PART: Refer To Forms Schedule

Countersignature Date

Authorized Representative