

CERTIFICATE OF INSURANCE

INSURED

Name _____

Address _____

City, State, Zip _____

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.

PRODUCER

David J. Smith, Agent Broker
3130 Broadway
PO Box 418131
Kansas City, MO 64141-8131

COMPANY AFFORDING COVERAGE

Savers Property & Casualty/Star Insurance Co.

COVERAGE

This is to certify that the policy of insurance listed below has 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 the 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. Limits shown may have been reduced by paid claims.

TYPE OF INSURANCE

ASCA MEMBER EDUCATORS
PROFESSIONAL LIABILITY

POLICY NUMBER

CGL000011 Student

Member No. _____

LIMIT OF LIABILITY

\$1,000,000.00 LIMIT \$1,000,000.00 AGGREGATE

MEMBERSHIP/POLICY EFFECTIVE DATE

MM/DD/YY

POLICY EXPIRATION DATE

MM/DD/YY



David J. Smith
Authorized Representative