

# 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**

Richard F. Jones, Jr. Agent/Broker  
c/o Forrest T. Jones & Company, Inc.  
PO Box 418131  
Kansas City, MO 64141-9131

**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



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David J. Smith  
Authorized Representative