

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.

PRODUCER

Bev Stewart,
Agent/Broker
c/o AHT Insurance
20 S. King Street
Leesburg, VA 20175

COMPANY AFFORDING COVERAGE

Tokio Marine Specialty Insurance Company

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 documents 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

PSD1480298

MemberNo. _____

LIMIT OF LIABILITY

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

ASCA Membership Expiration Date _____

POLICY EFFECTIVE DATE

10/1/2019

POLICY EXPIRATION DATE

10/1/2020



Bev Stewart
Authorized Representative