

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
x/xx/xx12

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME: (A/C, No, Ext): _____ (A/C, No): _____ PHONE _____ FAX _____ E-MAIL ADDRESS: _____ <table style="width: 100%; border: none;"> <tr> <td style="width: 80%; border: none; text-align: center;">INSURER(S) AFFORDING COVERAGE</td> <td style="width: 20%; border: none; text-align: center;">NAIC #</td> </tr> <tr> <td style="border: none;">INSURER A: _____</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">INSURER B: _____</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">INSURER C: _____</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">INSURER D: _____</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">INSURER E: _____</td> <td style="border: none;"></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: _____		INSURER B: _____		INSURER C: _____		INSURER D: _____		INSURER E: _____	
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INSURED	<table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">CERTIFICATE NUMBER: _____</td> <td style="width: 40%;">REVISION NUMBER: _____</td> </tr> </table>	CERTIFICATE NUMBER: _____	REVISION NUMBER: _____										
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THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR VVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY						EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000
	<input checked="" type="checkbox"/> * <u>Sexual Abuse and Molestation</u>						PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
							\$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS			PHPK850175	4/1/2012	4/1/2013	BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			Sexual Abuse/Molestation included			EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$ 1,000,000
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			PHUB378923	4/1/2012	4/1/2013	\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N N/A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
A	Professional Liability			PHPK850175	4/1/2012	4/1/2013	Per Incident \$ 1,000,000
	*Sexual Abuse/Molestation			PHPK850175	7/1/2012	4/1/2013	Occurrence Form \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Re: First Things First - Early Childhood Therapist Incentives Program.
 The State of Arizona, its departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees are additional insured with respect to liability arising out of the activities performed by or on behalf of the contractor, involving automobiles owned, leased, hired or borrowed by the contractor. Waiver of subrogation applies against the State of Arizona, its departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees for losses arising from work performed by or on behalf of the contractor.

CERTIFICATE HOLDER Arizona Department of Health Services 150 North 18th Avenue Phoenix, AZ 85007 Xxxxxx (xxxX)	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE XXXXXXXX/XXXX XXXXXXXXXXXXXXXX
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