

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 conditional of such policies. Limits shown may have been reduced by paid claims.

TYPE OF INSURANCE

ASCA MEMBER EDUCATORS
PROFESSIONAL LIABILITY

POLICY NUMBER

PSD1578611
Member No. _____

LIMIT OF LIABILITY

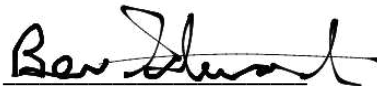
\$1,000,000.00 LIMIT \$1,000,000.00
AGGREGATE

POLICY EXPIRATION DATE

MEMBERSHIP/POLICY EFFECTIVE DATE

10/1/2020

10/1/2021



Bev Stewart
Authorized Representative