



Trust Risk Management Services, Inc. (TRMS)

1791 Paysphere Circle, Chicago, IL 60674

Phone (877) 637-9700

FAX (877) 251-5111

February 21, 2022

Dr. Jessica R Chasnoff  
812 N Rose Water Pl  
Tucson, AZ 85710 2604

RE: Your Trust Sponsored Professional Liability Insurance Policy # 58G26320495

Dear Dr. Jessica R Chasnoff

Thank you for your continued participation in the Trust Sponsored Professional Liability Program.

**Enclosed is your Trust Sponsored Professional Liability Insurance Renewal.** In an effort to conserve resources and "go green" with your renewal, we have not included a copy of your insurance policy form as part of this renewal packet. The insurance policy form was provided to you previously, and the enclosed endorsements included in this renewal packet will reflect changes to your coverage, if any. If you would like a copy of the policy form, you are able to request it by accessing your account at the Online Service Center at [www.trustinsurance.com](http://www.trustinsurance.com) or by contacting our Customer Service Center. We urge you to read this renewal packet and notify us if you believe any changes are necessary.

**At the first notice of claim, lawsuit or incident, please contact our Customer Service Center immediately at 1.877.637.9700.** We will assist you in providing the necessary information to get your claims process started. Our claims staff is dedicated to listening, understanding, and taking action to route your claim to the appropriate experts working on your behalf.

If you have not already done so, **be sure to access your Online Service Center** account at [www.trustinsurance.com](http://www.trustinsurance.com). Your account is available 24 hours a day, 7 days a week, with anytime access to your professional liability insurance form. You can request additional Memorandums of Insurance, view all of your account transactions, submit requests for changes, update your personal information and (if eligible) **renew your policy**. For your convenience we have provided your user name at the bottom of this letter. If you wish to change your customer information, simply log into the Online Service Center and click on Customer Service.

Should you have any questions regarding this correspondence, or for additional information regarding further membership benefits and other membership insurance options, please be sure to contact us at 1.877.637.9700. Our professional staff is available to assist you Monday-Friday 8:30am-6:00pm (est) or visit our website at [www.trustinsurance.com](http://www.trustinsurance.com). You may also email us your questions at [info@trustrms.com](mailto:info@trustrms.com).

Sincerely,

Jana N. Martin, Ph.D., President  
Trust Risk Management Services, Inc.

Licensed Producer - Heath Benas, CA #0D95636, FL #E013597. Principal Place of Business - Maryland. Insurance provided by ACE American Insurance Company, Philadelphia, PA and its U.S.-based Chubb underwriting company affiliates. Program Administered by Trust Risk Management Services, Inc.

**OSC User Name: [jrchasnoff@gmail.com](mailto:jrchasnoff@gmail.com)**





**Psychologists' Professional Liability  
Claims Made Insurance  
Policy Declarations**

**ACE American Insurance  
Company**

PRODUCER NUMBER	273865
-----------------	--------

DATE OF ISSUE	February 21, 2022
---------------	-------------------

**PSYCHOLOGISTS' PROFESSIONAL LIABILITY  
CLAIMS MADE INSURANCE POLICY**

**NOTICE: THIS IS A CLAIMS MADE POLICY, PLEASE READ THE POLICY CAREFULLY  
THIS POLICY/CERTIFICATE IS ISSUED IN ASSOCIATION WITH THE PSYCHOLOGISTS PURCHASING  
GROUP ASSOCIATION**

Item	POLICY/CERTIFICATE NUMBER: <b>58G26320495</b>			
1.	<b>Named Insured:</b> Address: City, State & Zip Code:	<b>Dr. Jessica R Chasnoff</b> 812 N Rose Water Pl Tucson, AZ 85710 2604		
2.	<b>Policy Period:</b> 12:01 A.M. local time at the address shown in Item 1.	From: 05/01/2022	To: 05/01/2023	
3.	<b>COVERAGE</b>	<b>LIMITS OF LIABILITY</b>		
	Professional Liability <b>Wrongful Employment Practices</b>	\$1,000,000 Each Incident	\$3,000,000 Aggregate \$5,000 Aggregate	
		<b>REIMBURSEMENTS</b>		
	Licensing Board Defense Other Governmental Regulatory Body Defense	\$5,000 per Proceeding \$5,000 per Proceeding		<b>PREMIUM</b>  \$773.00
	Deposition Expense Premises Medical Payment <b>Assault and/or Battery</b>	\$5,000 per Insured \$2,500 per Person	\$75,000 Aggregate \$1,000 Aggregate	
	Loss of Earnings	\$500 per Day, per Insured	\$15,000 Aggregate Per Incident	
	Surcharge(s)			
	Total Premium			
			\$773.00	
4.	Retroactive Date 05/01/2013			
5.	This policy is made and accepted subject to the printed conditions in this policy together with the provisions, stipulations and agreements contained in the following form(s) or endorsement(s). PF15215a, PF33748 , PF15217a (05/07), CC-1K11j (03/21), PF15245a, ALL5X45, PF17914 (02/05), PF41673 (05/14),			
6.	<b>Notice of claim should be sent to:</b> <b>Trust Risk Management Services, Inc.</b> 111 Rockville Pike Ste 700 Rockville MD 20850	<b>All other correspondence should be sent to:</b> <b>Trust Risk Management Services, Inc.</b> 1791 Paysphere Circle Chicago, IL 60674		
7.	REPRESENTATIVE:	Agent or broker: Office address: City, State, Zip Website: Phone:	<b>Trust Risk Management Services, Inc.</b>  1791 Paysphere Circle Chicago, IL 60674 www.trustinsurance.com <b>1.877.637.9700</b>	



**IMPORTANT INFORMATION TO ALL POLICYHOLDERS**

**AS PART OF OUR EFFORT TO REDUCE OUR USE OF PRINTED PAPER, PLEASE BE ADVISED THAT THE ENCLOSED POLICY DOES NOT INCLUDE A COPY OF THE FOLLOWING FORM: PF15217a Psychologist CM Policy (05/07) WE HAVE NOT INCLUDED THIS FORM BECAUSE SUCH FORM WAS PREVIOUSLY PROVIDED TO YOU AND SINCE THAT TIME, THERE HAVE BEEN NO MATERIAL CHANGES TO THE FORM.**

**IF YOU WOULD LIKE TO OBTAIN COPIES OF THE FORM(S) PLEASE CONTACT US AT:**

**TRUST RISK MANAGEMENT SERVICES, INC.  
1791 Paysphere Circle  
Chicago, IL 60674**

**OR**

**1.877.637.9700  
1.877.251.5111  
info@trustrms.com  
www.trustinsurance.com**





**SIGNATURES**

Named Insured Dr. Jessica R Chasnoff			Endorsement Number
Policy Symbol CRL	Policy Number 58G26320495	Policy Period 05/01/2022 to 05/01/2023	Effective Date 05/01/2022
Issued By (Name of Insurance Company) ACE American Insurance Company			

THE ONLY COMPANY APPLICABLE TO THIS POLICY IS THE COMPANY NAMED ON THE FIRST PAGE OF THE DECLARATIONS.

By signing and delivering the policy to you, we state that it is a valid contract.

- INDEMNITY INSURANCE COMPANY OF NORTH AMERICA**(A stock company)
- BANKERS STANDARD INSURANCE COMPANY**(A stock company)
- ACE AMERICAN INSURANCE COMPANY**(A stock company)
- ACE PROPERTY AND CASUALTY INSURANCE COMPANY**(A stock company)
- INSURANCE COMPANY OF NORTH AMERICA**(A stock company)
- PACIFIC EMPLOYERS INSURANCE COMPANY**(A stock company)
- ACE FIRE UNDERWRITERS INSURANCE COMPANY**(A stock company)
- WESTCHESTER FIRE INSURANCE COMPANY**(A stock company)

436 Walnut Street, P.O. Box 1000, Philadelphia, Pennsylvania 19106-3703

JULIET SCHWEIDEL, Secretary

JOHN J. LUPICA, President

Authorized Representative





**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

Named Insured Dr. Jessica R Chasnoff			Endorsement Number
Policy Symbol CRL	Policy Number 58G26320495	Policy Period 05/01/2022 to 05/01/2023	Effective Date 05/01/2022
Issued By (Name of Insurance Company) ACE American Insurance Company			

**Retroactive Date(s)  
Designated Individual(s) or Entity(ies)**

It is agreed that, in consideration of the premium charged, and solely with respect to the following designated individual(s) or entity(ies), Item 4. of the Declarations, **Retroactive Date**, is deleted with respect to such designated individual(s) or entity(ies) and replaced with the **Retroactive Date** for such designated individual(s) or entity(ies) listed in below.

<u>Designated Individual(s) or Entity(ies)</u> <b>Jessica R Chasnoff</b>	<u>Retroactive Date(s)</u> <b>05/01/2013</b>
The premium for this endorsement is included in the premium shown on the Declarations unless a specific amount is shown here:	Additional Premium:
	Return Premium:

All other terms and conditions of this policy remain unchanged.



Authorized Agent



**CHUBB®**

**QUESTIONS ABOUT YOUR INSURANCE?**

Answers to questions about your insurance, coverage information, or assistance in resolving complaints can be obtained by calling Chubb, Customer Support Service Department, at 1-800-352-4462.



## U.S. Treasury Department's Office Of Foreign Assets Control ("OFAC") Advisory Notice to Policyholders

This Policyholder Notice shall not be construed as part of your policy and no coverage is provided by this Policyholder Notice nor can it be construed to replace any provisions of your policy. You should read your policy and review your Declarations page for complete information on the coverages you are provided.

This Notice provides information concerning possible impact on your insurance coverage due to directives issued by OFAC. **Please read this Notice carefully.**

The Office of Foreign Assets Control (OFAC) administers and enforces sanctions policy, based on Presidential declarations of "national emergency". OFAC has identified and listed numerous:

- Foreign agents;
- Front organizations;
- Terrorists;
- Terrorist organizations; and
- Narcotics traffickers;

as "Specially Designated Nationals and Blocked Persons". This list can be located on the United States Treasury's web site – <http://www.treas.gov/ofac>.

In accordance with OFAC regulations, if it is determined that you or any other insured, or any person or entity claiming the benefits of this insurance has violated U.S. sanctions law or is a Specially Designated National and Blocked Person, as identified by OFAC, this insurance will be considered a blocked or frozen contract and all provisions of this insurance are immediately subject to OFAC. When an insurance policy is considered to be such a blocked or frozen contract, no payments nor premium refunds may be made without authorization from OFAC. Other limitations on the premiums and payments also apply.



**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

Named Insured Dr. Jessica R Chasnoff			Endorsement Number
Policy Symbol CRL	Policy Number 58G26320495	Policy Period 05/01/2022 to 05/01/2023	Effective Date 05/01/2022
Issued By (Name of Insurance Company) ACE American Insurance Company			

**Licensing Board Defense Reimbursement - Arizona**

It is agreed that the Psychologist's Professional Liability Policy (Claims Made) or the Research or Academic Psychologist's Professional Liability Policy (Claims Made), whichever is applicable, is amended at Section V, Supplementary Payments, by deleting in its entirety subsection B1, Licensing Board Defense Reimbursement and replacing it with the following:

1. Licensing Board Defense Reimbursement:

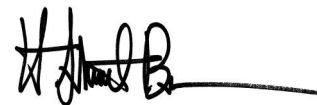
up to the Licensing Board Defense Reimbursement Limit set forth in the Declarations per **Insured** for attorney fees, expenses or fees incurred by the **Insured** for: (a) the investigation or defense of a proceeding before a licensing board that regulates the practice of psychology or other associated professional services; and/or (b) any proceeding before a state court to determine whether there is a substantial basis to refer a complaint alleged against an **Insured** to a licensing board as provided in A.R.S. §32-2081(B).

The notice of investigation or proceeding must be:

- a. received by the **Insured** during the **Policy Period** and reported to the **Company** or its authorized agent during the **Policy Period** or within sixty (60) days thereafter or
- b. received by the **Insured** and reported to the **Company** or its authorized agent during any **Extended Reporting Period** of this policy for occurrences that were alleged to have occurred on or after the **Retroactive Date** and prior to the end of the **Policy Period**. Such notices must be reported to the **Company** or its authorized agent within ninety (90) days of receipt.

All investigations or proceedings arising out of the same or related investigation or proceeding by any licensing board which will also include any proceeding before a state court described in the first paragraph above in subsection (b) shall be considered as having been first made at the time the notice of investigation or proceeding is first received by the **Insured** and the amount so payable shall not exceed the per proceeding Licensing Board Defense Reimbursement Limit set forth in the Declarations. There is no coverage provided for a licensing board's investigatory fees or costs. Fees or expenses incurred as a result of medical or psychological treatment rendered to the **Insured** are not covered.

All other terms and conditions remain unchanged.



\_\_\_\_\_  
Authorized Representative







# CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)  
02/21/2022

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 have ADDITIONAL INSURED provisions or 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).

<b>PRODUCER</b>  Trust Risk Management Services, Inc. 1791 Paysphere Circle Chicago, IL 60674	<b>CONTACT</b> NAME: Trust Risk Management Services, Inc
	PHONE (A/C, No, Ext): 877.637.9700      FAX (A/C, No): 877.251.5111 EMAIL ADDRESS: info@trustrms.com
<b>INSURED</b> Jessica Chasoff 812 N Rose Water Pl Tucson, AZ 85710 2604	<b>INSURER(S) AFFORDING COVERAGE</b> NAIC # INSURER A: ACE American Insurance Company      22667
	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:
	INSURER F:

**COVERAGES**      **CERTIFICATE NUMBER:**      **REVISION NUMBER:**

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 WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS-COMP/OP AGG \$	
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per Person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$	
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$	
	<b>WORKERS COMPENSATION AND EMPLOYERS LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N	N / A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER \$ E.L.EACH ACCIDENT \$ E.L. DISEASE-EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$	
A	Psychologist's Professional Liability Retroactive Date: 05/01/2013			58G26320495	05/01/2022	05/01/2023	Each Incident \$1,000,000 Annual Aggregate \$3,000,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required):

**CERTIFICATE HOLDER**      **CANCELLATION**

CERTIFICATE HOLDER	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 

