Account Number: TX SANC 7250 Date: 3/13/23 Initials: LPD

## **CERTIFICATE OF INSURANCE**

ALLIED WORLD INSURANCE COMPANY C/O: American Professional Agency, Inc. 95 Broadway, Amityville, NY 11701 800-421-6694

This is to certify that the insurance policies specified below have been issued by the company indicated above to the insured named herein and that, subject to their provisions and conditions, such policies afford the coverages indicated insofar as such coverages apply to the occupation or business of the Named Insured(s) as stated.

THIS CERTIFICATE OF INSURANCE NEITHER AFFIRMATIVELY NOR NEGATIVELY AMENDS, EXTENDS OR ALTERS THE COVERAGE(S) AFFORDED BY THE POLICY(IES) LISTED ON THIS CERTIFICATE.

Name and Address of Named Insured:
CHRISTINA M SANNER
725 WHISPERING OAKS DRIVE
SALADO TX 76571

Additional Named Insureds:

Type of Work Covered: PROFESSIONAL PSYCHOLOGIST

Location of Operations: N/A

(If different than address listed above)

Claim History: None

Retroactive date is 02/11/2019

Coverages	Policy	Effective	Expiration	Limits of
	Number	Date	Date	Liability
PROFESSIONAL/ LIABILITY	5013-4240	2/11/2023	2/11/2024	1,000,000 3,000,000

NOTICE OF CANCELLATION WILL ONLY BE GIVEN TO THE FIRST NAMED INSURED, WHO SHALL ACT ON BEHALF OF ALL INSUREDS WITH RESPECT TO GIVING OR RECEIVING NOTICE OF CANCELLATION.

Comments: Defense Reimbursement Proceedings Limit is \$75,000.

This Certificate Issued to:

Name: CHRISTINA M SANNER

725 WHISPERING OAKS DRIVE

Address:

SALADO TX 76571

Authorized Representative

APA 00138 00 (06/2014)