



I have and maintain professional liability insurance in the amounts of \$1 million per claim and \$3 million aggregate with the following:

Insurance Carrier: _____

Policy Number: _____

Effective from: _____ To: _____

Print Name: _____

Signature: _____

Date: _____

Effective dates: From _____ To _____
MM/DD/YYYY MM/DD/YYYY

Signature: _____ Date: _____