

CERTIFICATE OF INSURANCE

Producer:

J.H.S. Insurance Services, LLC
7585 O'Donovan Road
Creston, CA. 93432
(805) 238-6533 phone
(805) 238-9333 fax
CA License: 0K07665

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 POLICY BELOW.

Insured:

Dr. John L. Schaeffer, Inc.
dba California Telepsychiatrists
3308 El Camino Ave, Suite 300-136
Sacramento, CA 95821

Company: Hudson Specialty Insurance Company

This is to certify that the Policy of Insurance listed below has been issued to the Insured Named below 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 Policy described herein is subject to all the terms, exclusions and conditions of such Policy.

Specialty: Telepsychiatry Group

Policy Number:

HCP 4012197

Policy Effective Date:

10/07/16

Policy Expiration Date:

10/07/17

Limits of Liability:

\$1,000,000 per claim/
\$3,000,000 aggregate

Policy Retroactive Date:

4/7/10
12:01 a.m. standard time

TYPE OF INSURANCE: PHYSICIANS PROFESSIONAL LIABILITY / CLAIMS MADE FORM

EVIDENCE OF INSURANCE FOR: Omar Faroqi, MD

Retroactive Date: 7/5/2016

CANCELLATION: Should the above described Policy be canceled before the expiration date thereof, the Company will endeavor to mail thirty (30) days written notice to the below named Certificate Holder, but failure to mail such notice shall impose no obligation or liability of any kind upon the Company, its agents or representatives.

CERTIFICATE HOLDER:

Dr. John L. Schaeffer, Inc.
dba California Telepsychiatrists
3308 El Camino Ave, Suite 300-136
Sacramento, CA 95821

Date Issued: 10/5/2016 Authorized Representative: Shelly Wallace