



Trust Risk Management Services, Inc. (TRMS) ■ 1791 Paysphere Circle, Chicago, IL 60674 ■ Phone (877) 637-9700 ■ FAX (877) 251-5111

April 08, 2019

Dr. Lynn M Thull  
542 Messick Rd  
Yuba City, CA 95991 9430

RE: Your Trust Sponsored Professional Liability Insurance Policy # 68G22447348

Dear Dr. Lynn M Thull

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,

A handwritten signature in black ink that reads 'Jana N. Martin, Ph.D.'.

Jana N. Martin, Ph.D., President  
Trust Risk Management Services, Inc. doing business in CA as TRMS Insurance Agency

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: LThull110066**



**Psychologists' Professional Liability  
Occurrence Insurance  
Policy Declarations**

**ACE American Insurance  
Company**

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

|               |                |
|---------------|----------------|
| DATE OF ISSUE | April 08, 2019 |
|---------------|----------------|

**PSYCHOLOGISTS' PROFESSIONAL LIABILITY  
OCCURRENCE INSURANCE POLICY**

THIS POLICY/CERTIFICATE IS ISSUED IN ASSOCIATION WITH THE PSYCHOLOGISTS PURCHASING  
GROUP ASSOCIATION

|      |  |   |  |
|------|--|---|--|
| Item | POLICY/CERTIFICATE NUMBER: <b>68G22447348</b>  |   |  |
| 1.   | <b>Named Insured:</b>  | <b>Dr. Lynn M Thull</b>   |  |
|      | Address:   | 542 Messick Rd  |  |
|      | City, State & Zip Code:  | Yuba City, CA 95991 9430  |  |
| 2.   | <b>Policy Period:</b>  | From: 05/01/2019  | To: 05/01/2020   |
|      | 12:01 A.M. local time at the address shown in Item 1.  |   |  |
| 3.   | <b>COVERAGE</b>  | <b>LIMITS OF LIABILITY</b>  | <b>PREMIUM</b>   |
|      | Professional Liability   | \$1,000,000 Each Incident   | \$1,185.00   |
|      | <b>Wrongful Employment Practices</b>   | \$3,000,000 Aggregate<br>\$5,000 Aggregate  |  |
|      |  | <b>REIMBURSEMENTS</b>   |  |
|      | Licensing Board Defense  | \$5,000 per Proceeding  |  |
|      | Other Governmental Regulatory<br>Body Defense  | \$5,000 per Proceeding  |  |
|      | Deposition Expense   | \$5,000 per <b>Insured</b>  |  |
|      | Premises Medical Payment   | \$2,500 per Person  | \$75,000 Aggregate   |
|      | <b>Assault and/or Battery</b>  |   | \$1,000 Aggregate  |
|      | Loss of Earnings   | \$500 per Day, per <b>Insured</b>   | \$15,000 Aggregate Per <b>Incident</b>   |
|      | Surcharge(s)   |   |  |
|      | Total Premium  |   | \$1,185.00   |
| 4.   | 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).<br>PF15214a, PF33748 , PF15216a (05/07), CC-1K11i (02/18), PF15224a, PF28030, PF17914 (02/05), |   |  |
| 5.   | <b>Notice of claim should be sent to:</b><br><b>Trust Risk Management Services, Inc.</b><br>111 Rockville Pike Ste 700<br>Rockville MD 20850   | <b>All other correspondence should be sent to:</b><br><b>Trust Risk Management Services, Inc.</b><br>1791 Paysphere Circle<br>Chicago, IL 60674 |  |
| 6.   | REPRESENTATIVE:  | Agent or broker:  | <b>Trust Risk Management Services, Inc.</b><br>doing business in CA as TRMS Insurance Agency |
|      |  | Office address:   | 1791 Paysphere Circle  |
|      |  | City, State, Zip  | Chicago, IL 60674  |
|      |  | Website:  | www.trustinsurance.com   |
|      |  | Phone:  | <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: PF15216a Psychologists OCC 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.**  
doing business in CA as TRMS Insurance Agency  
1791 Paysphere Circle  
Chicago, IL 60674

**OR**

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

# CHUBB®

## SIGNATURES

|   |                              |   |                              |
|---|------------------------------|---|------------------------------|
| Named Insured<br>Dr. Lynn M Thull                                       |                              |   | Endorsement Number           |
| Policy Symbol<br>OGL  | Policy Number<br>68G22447348 | Policy Period<br>05/01/2019 to 05/01/2020 | Effective Date<br>05/01/2019 |
| Issued By (Name of Insurance Company)<br>ACE American Insurance Company |                              |   |                              |

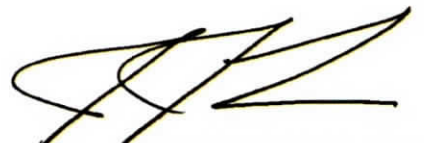
THE ONLY COMPANY APPLICABLE TO THIS POLICY IS THE COMPANY NAMED ON THE FIRST PAGE OF THE DECLARATIONS.

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

  
REBECCA L. COLLINS, Secretary

  
JOHN J. LUPICA, President



Authorized Representative

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

|   |                              |   |                              |
|---|------------------------------|---|------------------------------|
| Named Insured<br>Dr. Lynn M Thull                                       |                              |   | Endorsement Number           |
| Policy Symbol<br>OGL  | Policy Number<br>68G22447348 | Policy Period<br>05/01/2019 to 05/01/2020 | Effective Date<br>05/01/2019 |
| Issued By (Name of Insurance Company)<br>ACE American Insurance Company |                              |   |                              |

**Additional Named Insured(s)**

It is agreed that:

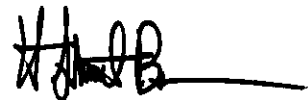
1. The **Named Insured** shown in Item 1 of the Declarations of this policy is amended to include the following entity(ies) and if a **Retroactive Date** is listed opposite any entity(ies)' name, the **Retroactive Date** set forth in the Declarations is deleted with respect to such entity(ies) and replaced with the **Retroactive Date** listed below:

**Additional Named Insured(s):**  
**LMT & Associates**

2. The following is hereby added to the **CONDITIONS** section of the policy.
  - Authorization: By acceptance of this policy the first **Named Insured** set forth in the Declarations, or in any **Named Insured Amended** endorsement, agrees to act on behalf of all other **Insureds**, including any **Insured** listed on this endorsement, with respect to the giving and receiving of all notices to the Company as may be required by the terms of this policy, any right of cancellation and in the receiving of any return premiums that may become due hereunder.

All **Insureds** agree that the first **Named Insured** listed in the Declarations or in any **Named Insured Amended** endorsement, is hereby designated to so act on their behalf.

All other terms and conditions of this policy remain unchanged.



Authorized Agent

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

|   |                              |   |                              |
|---|------------------------------|---|------------------------------|
| Named Insured<br>Dr. Lynn M Thull                                       |                              |   | Endorsement Number           |
| Policy Symbol<br>OGL  | Policy Number<br>68G22447348 | Policy Period<br>05/01/2019 to 05/01/2020 | Effective Date<br>05/01/2019 |
| Issued By (Name of Insurance Company)<br>ACE American Insurance Company |                              |   |                              |

**Deposition Expense**

It is agreed that Section V. Supplementary Payments, F. Deposition Expense, is amended by deleting 1 in its entirety and replacing it with the following:

1. the **Insured** receives a subpoena requesting documents or testimony:
  - a. for psychological or other associated professional services during the **Policy Period**; or
  - b. after the **Policy Period** for psychological or other associated professional services that were alleged to have been provided during the **Policy Period** provided there is no other valid insurance coverage available or would be available but for the reduction or the exhaustion of any limit(s), including any policy purchased by such **Insured** or the **Named Insured** to replace this policy. If the **Insured** provides such services over multiple policy periods, then the expenses shall only apply against the earliest applicable Deposition Expense Reimbursement Limit of either: (i) the policy period with the earliest date of such services; or (ii) the first policy period that included the Deposition Expense Supplementary Payment coverage. Such subpoena must be reported to the **Company** or its authorized agent within ninety (90) days of receipt.

All other terms and conditions of this policy remain unchanged.

**CHUBB**

**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.



# CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)  
04/08/2019

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><br><br><b>Trust Risk Management Services, Inc.</b> doing business in CA as TRMS<br>Insurance Agency<br><b>1791 Paysphere Circle</b><br><b>Chicago, IL 60674</b> | <b>CONTACT</b><br><b>NAME: Trust Risk Management Services, Inc</b><br><b>PHONE</b> (A/C, No, Ext): 877.637.9700 <b>FAX</b> (A/C, No): 877.251.5111<br><b>EMAIL</b> ADDRESS: info@trustrms.com<br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>INSURER(S) AFFORDING COVERAGE</b></td> <td style="width: 20%;"><b>NAIC #</b></td> </tr> <tr> <td><b>INSURER A: ACE American Insurance Company</b></td> <td><b>22667</b></td> </tr> <tr> <td><b>INSURER B:</b></td> <td></td> </tr> <tr> <td><b>INSURER C:</b></td> <td></td> </tr> <tr> <td><b>INSURER D:</b></td> <td></td> </tr> <tr> <td><b>INSURER E:</b></td> <td></td> </tr> <tr> <td><b>INSURER F:</b></td> <td></td> </tr> </table> | <b>INSURER(S) AFFORDING COVERAGE</b> | <b>NAIC #</b> | <b>INSURER A: ACE American Insurance Company</b> | <b>22667</b> | <b>INSURER B:</b> |  | <b>INSURER C:</b> |  | <b>INSURER D:</b> |  | <b>INSURER E:</b> |  | <b>INSURER F:</b> |  |
| <b>INSURER(S) AFFORDING COVERAGE</b>  | <b>NAIC #</b>   |                                      |               |  |              |                   |  |                   |  |                   |  |                   |  |                   |  |
| <b>INSURER A: ACE American Insurance Company</b>  | <b>22667</b>  |                                      |               |  |              |                   |  |                   |  |                   |  |                   |  |                   |  |
| <b>INSURER B:</b>   |   |                                      |               |  |              |                   |  |                   |  |                   |  |                   |  |                   |  |
| <b>INSURER C:</b>   |   |                                      |               |  |              |                   |  |                   |  |                   |  |                   |  |                   |  |
| <b>INSURER D:</b>   |   |                                      |               |  |              |                   |  |                   |  |                   |  |                   |  |                   |  |
| <b>INSURER E:</b>   |   |                                      |               |  |              |                   |  |                   |  |                   |  |                   |  |                   |  |
| <b>INSURER F:</b>   |   |                                      |               |  |              |                   |  |                   |  |                   |  |                   |  |                   |  |
| <b>INSURED</b><br>Lynn Thull<br>542 Messick Rd<br>Yuba City, CA 95991 9430  |   |                                      |               |  |              |                   |  |                   |  |                   |  |                   |  |                   |  |

**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<br>LTR | TYPE OF INSURANCE  | ADDL<br>INSR | SUBR<br>WVD | POLICY NUMBER | POLICY EFF<br>(MM/DD/YYYY) | POLICY EXP<br>(MM/DD/YYYY) | LIMITS   |
|-------------|--|--------------|-------------|---------------|----------------------------|----------------------------|--|
|             | COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR<br><br>_____<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: _____ |              |             |               |                            |                            | EACH OCCURRENCE    \$<br>DAMAGE TO RENTED PREMISES (Ea occurrence)    \$<br>MED EXP (Any one person)    \$<br>PERSONAL & ADV INJURY    \$<br>GENERAL AGGREGATE    \$<br>PRODUCTS-COMP/OP AGG    \$ |
|             | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS                                   |              |             |               |                            |                            | COMBINED SINGLE LIMIT (Ea accident)    \$<br>BODILY INJURY (Per Person)    \$<br>BODILY INJURY (Per accident)    \$<br>PROPERTY DAMAGE (Per accident)    \$<br>_____ \$                            |
|             | <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br>DED: _____    RETENTION \$: _____  |              |             |               |                            |                            | EACH OCCURRENCE    \$<br>AGGREGATE    \$<br>_____ \$   |
|             | <b>WORKERS COMPENSATION AND EMPLOYERS LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N<br><small>(Mandatory in NH)<br/>           If yes, describe under<br/>           DESCRIPTION OF OPERATIONS below</small>   |              | N/A         |               |                            |                            | <input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER    \$<br>E.L EACH ACCIDENT    \$<br>E.L. DISEASE-EA EMPLOYEE    \$<br>E.L. DISEASE - POLICY LIMIT    \$                        |
| A           | Psychologist's Professional Liability  |              |             | 68G22447348   | 05/01/2019                 | 05/01/2020                 | Each Incident<br>Annual Aggregate    \$1,000,000<br>\$3,000,000  |

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

|   |  |
|---|--|
| <b>CERTIFICATE HOLDER</b><br><br><div style="height: 80px; border: 1px solid black;"></div> | <b>CANCELLATION</b><br><br><p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE<br/><br/> </p> |
|---|--|