

# CERTIFICATE OF INSURANCE

**Producer:**

J.H.S. Insurance Services, LLC  
408 S. Main Street, Suite 210  
Templeton, CA. 93465  
(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 American Telepsychiatrists  
& California Telepsychiatrists  
101 California Street, Suite 2710  
San Francisco, CA. 94111

**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 4014105

**Policy Effective Date:**

10/07/18  
12:01 a.m. standard time

**Policy Expiration Date:**

10/07/19  
12:01 a.m. standard time

**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:** County of Humboldt (825 5th Street, Room 131) Eureka, CA 95501, its officers, agents, and employees, individually and collectively, are named as additional insured, but only insofar as the operations under the named insured's agreement with Humboldt County are concerned. Such coverage for additional insured shall apply as primary and not contributing only in the event of the sole negligence on the part of the named insured. Retroactive Date: 7/1/2014

**\*Specific to Humboldt County-**

**Updated Limits of \$2,000,000 per claim / \$4,000,000 aggregate effective 7/1/2019**

**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 American Telepsychiatrists  
101 California Street, Suite 2710  
San Francisco, CA. 94111

Date Issued: 7/1/2019 Authorized Representative: Shelly Wallace