CERTIFICATE OF INSURANCE

Producer:

J.H.S. Insurance Services, LLC 408 S. Main Street, Suite 210 Templeton, CA. 93465 (805) 238-6533 phone (866) 358-7197 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 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:Policy Effective Date:Policy Expiration Date:HCP 401410510/07/201810/07/2019

12:01 a.m. standard time 12:01 a.m. standard time

Limits of Liability: Policy Retroactive Date:

\$1,000,000 per claim/ 4/7/2010

\$3,000,000 aggregate 12:01 a.m. standard time

<u>TYPE OF INSURANCE:</u> PHYSICIANS PROFESSIONAL LIABILITY / CLAIMS MADE FORM

EVIDENCE OF INSURANCE FOR: John L Schaeffer, DO Retroactive Date 4/7/2010

<u>CANCELLATION</u>: 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: 9/21/2018 Authorized Representative: Shelly W	Vallace	
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