

**ACORD**<sup>TM</sup>**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

11/07/2023

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 any rights to the certificate holder in lieu of such endorsement(s).

|  |  |                |
|--|--|----------------|
| PRODUCER<br><b>USI Insurance Services LLC</b><br>307 S Main Street, Suite 305<br>Elkhart, IN 46516<br>574 266-7667 | CONTACT NAME:  |                |
|  | PHONE (A/C, No, Ext):                                    | FAX (A/C, No): |
|  | E-MAIL ADDRESS:  |                |
|  | INSURER(S) AFFORDING COVERAGE                            | NAIC #         |
|  | INSURER A : <b>Medical Protective Company</b>            | <b>11843</b>   |
|  | INSURER B : <b>Philadelphia Indemnity Insurance Co.</b>  | <b>18058</b>   |
|  | INSURER C : <b>Travelers Excess and Surplus Lines Co</b> | <b>29696</b>   |
|  | INSURER D :  |                |
|  | INSURER E :  |                |
|  | INSURER F :  |                |

INSURED  
**Oaklawn Psychiatric Center, Inc.**  
**PO Box 809**  
**Goshen, IN 46527**

**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 LTR | TYPE OF INSURANCE   | ADDL INSR | SUBR WVD | POLICY NUMBER  | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |
|----------|---|-----------|----------|----------------|-------------------------|-------------------------|---|
| A        | <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> <b>BI/PD Ded:50000</b><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |           |          | H005609        | 04/12/2023              | 04/12/2024              | EACH OCCURRENCE \$1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$50,000<br>MED EXP (Any one person) \$5,000<br>PERSONAL & ADV INJURY \$1,000,000<br>GENERAL AGGREGATE \$1,000,000<br>PRODUCTS - COMP/OP AGG \$1,000,000<br>\$ |
| B        | <b>AUTOMOBILE LIABILITY</b><br><input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY<br><input checked="" type="checkbox"/> HIRED AUTOS ONLY<br><input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY   |           |          | PHPK2472292    | 10/01/2023              | 10/01/2024              | COMBINED SINGLE LIMIT (Ea accident) \$2,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$  |
| A        | <input type="checkbox"/> <b>UMBRELLA LIAB</b><br><input checked="" type="checkbox"/> <b>EXCESS LIAB</b><br>DED RETENTION \$<br><input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> CLAIMS-MADE   |           |          | E005609        | 04/12/2023              | 04/12/2024              | EACH OCCURRENCE \$4,000,000<br>AGGREGATE \$4,000,000<br>\$  |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   |           | N/A      |                |                         |                         | PER STATUTE OTH-ER<br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$  |
| A        | <b>Prof Liab E&amp;O</b>  |           |          | H005609        | 04/12/2023              | 04/12/2024              | \$500k each / \$15M Agg   |
| B        | <b>Fiduciary Liab</b>   |           |          | PHSD1830584    | 10/01/2023              | 10/01/2024              | Limit: \$1,000,000  |
| C        | <b>Cyber Liab</b>   |           |          | CYB10790909200 | 10/01/2023              | 10/01/2024              | Limit: \$5,000,000  |

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

This Certificate is issued for insured operations usual to a Mental Health Facility

The State of Indiana is included as additional insured on a primary and non-contributory basis for General Liability and Auto Liability as required by written contract or agreement.

**CERTIFICATE HOLDER**

**Family and Social Services**  
**Administration**  
**402 West Washington St**  
**Indianapolis, IN 46207**

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

