

Client#: 1490241

FOXREH

ACORD**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

1/19/2018

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

USI Insurance Services LLC
1787 Sentry Pkwy W., Veva 16
Suite 300
Blue Bell, PA 19422

CONTACT

NAME: Brenda Kassay

PHONE (A/C, No, Ext): 484 351-4636

FAX (A/C, No): 610 537-4974

E-MAIL: Brenda.Kassay@usi.com

ADDRESS:

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: Homeland Insurance Company of New York

34452

INSURER B: Praetorian Insurance Company

37257

INSURER C: Philadelphia Insurance Company

23850

INSURER D:

INSURER E:

INSURER F:

INSURED

FOX Rehabilitation Services, PC
Region: Rhode Island
7 Carnegie Plaza
Cherry Hill, NJ 08003

1674376

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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> GENL AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER	N	N MFL0057490118	01/15/2018	08/24/2018	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$300,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$Included GENRAL AGGREGATE \$3,000,000 PRODUCTS - COMP/OP AGG \$1,000,000 \$
C	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	N	PHPK1698211	08/24/2017	08/24/2018	COMB RET SINGL LIM (Per accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	UMBRELLA LIAB <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS MADE DED <input checked="" type="checkbox"/> RETENTION \$0		MF0022670118	01/15/2018	08/24/2018	EACH OCCURRENCE \$8,000,000 AGGREGATE \$8,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under: DESCRIPTION OF OPERATIONS below	N	QWC4001523	08/24/2017	08/24/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER
B		N	QWC4001524	08/24/2017	08/24/2018	EL EACH ACCIDENT \$1,000,000
B		N	QWC4901525	08/24/2017	08/24/2018	EL DISEASE - EA EMPLOYEE \$1,000,000
B		N	QWC4901526	08/24/2017	08/24/2018	EL DISEASE - POLICY LIMIT \$1,000,000
A	Professional Liab	N	MFL0057490118	01/15/2018	08/24/2018	\$1,000,000 Ea Occurrence \$3,000,000 Aggregate

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

Certificate Holder continues as: Department of State - Business Services Division;

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
JAN 25 AM 11:12


CERTIFICATE HOLDER

CANCELLATION

State of Rhode Island and
Providence Plantations
148 W. River Street
Providence, RI 02904-2615

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



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