



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/11/2017

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 LISTED 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 endorsements.

PRODUCER NASW RRG Plan Administrator 1200 East Glen Avenue Peoria Heights, IL 61616-5348	CONTACT NAME PHONE FAX (V/C No.) EMAIL ADDRESS
INSURED Myers Counseling Group 300 Memorial Dr Crystal Lake, IL 60014	INSURER A: NASW Risk Retention Group 14366 NAIC #
	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:
	INSURER F:

CUSTOMER ID: 1HGLDWZRS

CERTIFICATE NUMBER: P-GR01KYRVAEQSK-01

REVISION NUMBER: 001

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE 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	ADLT	INSR	SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP	LIMITS
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COMMERCIAL GENERAL LIABILITY									
<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> EPL - CLAIMS MADE <input type="checkbox"/> EPL - OCCUR GEN'L AGGREGATE LIMIT APPLIES PER:									
<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER									
AUTOMOBILE LIABILITY									
<input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED <input type="checkbox"/> AUTOS ONLY <input type="checkbox"/> HIRE/AUTOS <input type="checkbox"/> SCHEDULED <input type="checkbox"/> NON-OWNED <input type="checkbox"/> AUTOS ONLY									
<input type="checkbox"/> UMBRELLA <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> RETENTION \$									
<input type="checkbox"/> WORKERS COMPENSATION <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER <input type="checkbox"/> N/A EXCLUDED: If yes, describe below (Mandatory in NHO) Description of Operations below									
PROFESSIONAL LIABILITY INSURANCE Retroactive Date: 08-01-1999 N N N									

COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE \$ AGGREGATE \$ DAMAGE TO RENTED PREMISES (Ea Occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$									
AUTOMOBILE LIABILITY ANY AUTO \$ OWNED \$ AUTOS ONLY \$ HIRE/AUTOS \$ SCHEDULED \$ NON-OWNED \$ AUTOS ONLY \$									
WORKERS COMPENSATION ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER \$ N/A EXCLUDED: If yes, describe below (Mandatory in NHO) Description of Operations below									
PROFESSIONAL LIABILITY INSURANCE Retroactive Date: 08-01-1999 N N N									
UMBRELLA CLAIMS-MADE \$ RETENTION \$									
PER STATEMENT OTHER \$									
EPL EACH ACCIDENT \$ EPL DISEASE - EACH EMPLOYEE \$ EPL DISEASE - POLICY LIMIT \$									
PER CLAIM LIMIT \$1,000,000.00 AGGREGATE LIMIT \$3,000,000.00 STATE LICENSING BOARD LIMITS \$35,000.00									

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES
Mark Myers, LCSW, CADC is afforded coverage as a Named Insured on the above mentioned policy(ies) for services provided outside the organization provided those services do not include the following: (a) being an owner/partner/partipal, of any other corporation, partnership, LLC, or trust and/or (b) having employees, contractors, supervisors, or volunteers providing any services on their behalf in a private practice setting.
Julie Reuber, LPC and Janet Myers, LCSW are afforded coverage for services provided on behalf of the Named Insured on the above mentioned Professional Liability Policy.

CERTIFICATE HOLDER
CANCELLATION
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED ON ACCORDANCE WITH POLICY PROVISIONS.
AUTHORIZED REPRESENTATIVE
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