

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/03/2020

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 rights to the certificate holder in lieu of such endorsement(s). | | | | | | | | | | | |
|---|---|------|-------------|---------------------|---|--|----------------------------|--|--------------|--------|--|
| PRODUCER | | | | | | CONTACT Lori J Toussaint | | | | | |
| Lindquist Insurance Associates | | | | | | PHONE (A/C, No, Ext): FAX (A/C, No): (860) 224-2413 | | | | | |
| On I | Behalf of R-T Specialty, Hartford | | | | E-MAIL lori.toussaint@lindquist-insurance.com | | | | | | |
| P.O. Box 301 | | | | | | INSURER(S) AFFORDING COVERAGE | | | | | |
| Farmington CT 06034-0301 | | | | | | INSURER A: Atain Specialty | | | | NAIC # | |
| INSURED | | | | | | INSURER B: Trumbull Insurance | | | | 27120 | |
| Swallowing Diagnostics, LLC | | | | | | INSURER B. | | | | | |
| 21 Waterville Road | | | | | INSURER C: | | | | | | |
| 21 Waterville Road | | | | | INSURER D: | | | | | | |
| Avon | | | | CT 06001 | INSURER E : INSURER F : | | | | | | |
| COVERAGES CER | | | ATE I | NUMBER: CL208303057 | 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 | | INSD | SUBR WVD | POLICY NUMBER | | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | | | |
| | COMMERCIAL GENERAL LIABILITY | | | | | | 08/01/2021 | EACH OCCURRENCE \$ |) ' | 0,000 | |
| | CLAIMS-MADE X OCCUR | | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ | 100, | 000 | |
| Α | | | | | | | | MED EXP (Any one person) \$ | 10,0 | 00 | |
| | Professional Liability | | | PL06044 | | 08/01/2020 | | PERSONAL & ADV INJURY \$ | • | 0,000 | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | GENERAL AGGREGATE \$ | 3,00 | 0,000 | |
| | POLICY PRO- | | | | | | | PRODUCTS - COMP/OP AGG \$ | \$ 3,000,000 | | |
| | OTHER: | | | | | | | Professional Liability \$ | \$ 1,000,000 | | |
| Α | AUTOMOBILE LIABILITY | | | | 08 | | 08/01/2021 | COMBINED SINGLE LIMIT (Ea accident) \$ | \$ 1,000,000 | | |
| | ANY AUTO | | | | | 08/01/2020 | | | \$ | | |
| | OWNED SCHEDULED AUTOS ONLY AUTOS | | | PL06044 | | | | BODILY INJURY (Per accident) \$ | 3 | | |
| | HIRED AUTOS ONLY NON-OWNED AUTOS ONLY | | | | | | | PROPERTY DAMAGE (Per accident) | 3 | | |
| | AUTOS ONLY AUTOS ONLY | | | | | | | (Fer accident) | 3 | | |
| | UMBRELLA LIAB OCCUR | | | | | | | EACH OCCURRENCE \$ | : | | |
| | EXCESS LIAB CLAIMS-MADE | | | | | | | AGGREGATE \$ | | | |
| | DED RETENTION \$ | | | | | | | AGGINLOATE \$ | | | |
| | WORKERS COMPENSATION | N/A | | | | | | ➤ PER OTH-ER | , | | |
| | AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE | | | l | | | | E.L. EACH ACCIDENT \$ | 1,00 | 0,000 | |
| В | OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | | | 02WECEK2330 | | 08/01/2020 | 08/01/2021 | E.L. DISEASE - EA EMPLOYEE \$ | 4.00 | 0,000 | |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | | | 1 000 | | |
| | DESCRIPTION OF OPERATIONS BEIOW | | | | | | | E.L. DISEASE - POLICY LIMIT 3 |) ' | • | |
| | | | | | | | | | | | |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| CERTIFICATE HOLDER | | | | | | CANCELLATION | | | | | |
| Certificate provided as proof of insurance | | | | | | 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 Loui Toussaust | | | | | |