



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/6/2023

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

PRODUCER Altus Partners, Inc. 201 King of Prussia Road STE100 Radnor PA 19087 License#: 57081 MAXIHEA-02	CONTACT NAME: PHONE (A/C No. Ext): 610-526-9130	FAX (A/C, No): 610-526-2021
	E-MAIL ADDRESS: coi@altuspartners.com	
INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : Lloyds	
	INSURER B : ACE American Insurance Company	22667
	INSURER C : Indemnity Ins Co of N Am	43575
	INSURER D : ACE Fire Underwriters Ins Co	20702
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER: 1931778145

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> \$3,000,000 SIR <input checked="" type="checkbox"/> \$5M SIR-Products GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			B0600HC2200107	11/30/2022	11/30/2023	EACH OCCURRENCE	\$ 3,000,000	
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000	
							MED EXP (Any one person)	\$ 10,000	
							PERSONAL & ADV INJURY	\$ 1,000,000	
							GENERAL AGGREGATE	\$ 3,000,000	
							PRODUCTS - COMP/OP AGG	\$ 5,000,000	
								\$	
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			H10703219	11/30/2022	11/30/2023	COMBINED SINGLE LIMIT (Ea accident)	\$ 2,000,000	
							BODILY INJURY (Per person)	\$	
							BODILY INJURY (Per accident)	\$	
							PROPERTY DAMAGE (Per accident)	\$	
								\$	
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS-MADE DED RETENTION \$			B0600HC2200107	11/30/2022	11/30/2023	EACH OCCURRENCE	\$ 10,000,000	
							AGGREGATE	\$ 10,000,000	
								\$	
C B D B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	C70307248 (AOS) C70307285 (CA & MA) C70307169 (WI) C70307200 (OH & WA)	11/30/2022 11/30/2022 11/30/2022 11/30/2022	11/30/2023 11/30/2023 11/30/2023 11/30/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	E.L. EACH ACCIDENT	\$ 1,000,000
								E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
								E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
A	Professional Liability			B0600HC2200107	11/30/2022	11/30/2023	Per Claim/Agg	\$5,000,000 SIR	\$ 5,000,000

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

Certificate is issued as evidence of insurance per policy terms, conditions and exclusions. Snohomish County, its officers, officials, employees and agents are additional insureds on the general liability insurance policy and applies on a Primary and Non-Contributory basis where required by written agreement prior to loss. The general liability insurance policy referenced above has a standard of separation of insured provision. Agent/Broker will endeavor to mail 45 days written notice to the certificate holder should any of the above described policies be cancelled before the expiration date.

APPROVED

By Snohomish County Risk Mngt (S.Barker) at 11:57 am, Jun 26, 2023

Snohomish County
 3020 Rucker Avenue
 Everett WA 98201

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

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ENDORSEMENT NUMBER: TWO

ADDITIONAL INSURED SCHEDULE

- Maxim Healthcare Services, Inc.
- Maxim Healthcare Services, Inc. d/b/a TravelMax Medical Professionals
- Maxim Healthcare Services, Inc. d/b/a Maxim Staffing Solutions
- Maxim Healthcare Systems, LLC
- Maxim Health Systems, LLC
- Maxim Health Systems, LLC d/b/a Maxim Physician Resources
- Maxim of New York, LLC
- Maxim Government Services, LLC
- CareFocus, Inc. formerly known as Carolina Habilitation Services, Inc.
- Maxim Pediatric Services
- Maxim Coding Solutions
- CareMax Medical Resources, LLC
- PHA, LLC doing business as Professional Healthcare Associates
- Carolina Habilitation Services, Inc.
- Maxim Respite Services
- SNI Healthcare Technologies, LLC
- Maxim Healthcare Services, Inc. doing business as Preston House
- Max's House
- Maxim Home Health Resources, LLC
- Maxim Home Healthcare, Inc.
- Maxim at Home (wef 07/23/2021)
- NSI Home Health Services, Inc.
- Centrus Premier Home Care, Inc.
 - o - Terra-Maxim joint Venture No.1, LLC
- Maxim Habilitation Services, LLC
- Logix Healthcare Search Partners, LLC
- Reflectxion Resources, Inc.
- Reflectxion Resources, Inc. doing business as Reflectx Staffing Services
- Reflectxion Resources, Inc. doing business as Reflectx Oncology Resources
- Maxim Healthcare Services doing business as Maxim Health Information Services
- Orbis Clinical, LLC, and / or Orbis Data Solutions
- SNI Healthcare Technologies doing business as SNI High Technologies, LLC
- CareFocus Companion Services, LLC
- Care Focus, Inc. doing business as CareFocus Companion Services
- Maxim Healthcare Services, Inc. doing business as Maxim Companion Services
- Maxim Healthcare Services, Inc. doing business as TravelMax
- HealthAlign, LLC
- StaffAssist Workforce Management, LLC
- Maxim Healthcare Staffing Services, Inc.
- Sunburst Workforce Advisors, LLC (wef 01/24/2022)
- TimeLine Recruiting, LLC Subject to the provisions of Endorsement Number Forty Four
- Maxim Physician Resources, LLC Subject to the provisions of Endorsement Number Forty Four
- Maxim Physician Resources, LLC dba Maxim Locum Tenens and Advanced Practitioners
- Maxim Corporate Services, LLC.



- Any entity to whom the **INSURED** is contractually obligated to provide such coverage as is afforded by this Policy but, solely, with respect to **PERSONAL INJURY, PROPERTY DAMAGE OR ADVERTISING INJURY**, to which this Insurance applies, caused by a **LOSS**; and **DAMAGES** or **DEFENSE EXPENSES** arising out of any act, error or omission of the **INSURED** in rendering or failing to render **PROFESSIONAL HEALTH CARE SERVICES**.

THE TERMS, DECLARATIONS, INSURING AGREEMENTS, DEFINITIONS, EXCLUSIONS AND CONDITIONS OF THIS POLICY OTHERWISE REMAIN UNCHANGED.