



POLICY NUMBER: SS-

APPENDIX A

**SOCIAL SERVICE AGENCY  
PROFESSIONAL LIABILITY DECLARATIONS**

Item 1. SOCIAL SERVICE CONTRACTOR:

ORIGINAL COVERAGE DATE:

RATING PERIOD FROM: TO:  
12:01 A.M. Standard Time at the Mailing Address in the Common Declarations.

RETROACTIVE DATE:

If no date is shown, this coverage does not apply to any act, error or omission, or series of related acts, errors or omissions, that occurs or commences prior to the start of the Rating Period.

In return for the payment of the premium, and subject to all the terms of the SSCIP Agreement and this policy, the Pool agrees to provide you with the coverages as stated in this Coverage Part.

Item 2. LIMITS OF INSURANCE:

Aggregate Limit \$  
Each Act, Error Or Omission Limit \$

Item 3. DEDUCTIBLE: \$

Item 4. FORMS AND ENDORSEMENTS ATTACHED TO THIS COVERAGE PART:

**THESE DECLARATIONS, TOGETHER WITH THE COMMON POLICY DECLARATIONS, THE COMMON POLICY CONDITIONS AND THE SOCIAL SERVICE AGENCY PROFESSIONAL LIABILITY COVERAGE FORM(S) AND ENDORSEMENT(S) COMPLETE THE SOCIAL SERVICE AGENCY PROFESSIONAL LIABILITY COVERAGE PART. PLEASE READ THEM CAREFULLY.**

COUNTERSIGNED BY: Susan Kowalczyk