

STATE OF CONNECTICUT

Department of Public Health

LICENSE

License No. 0026

Outpatient Clinic

In accordance with the provisions of the General Statutes of Connecticut Section 19a-493:
Connecticut Public Health Code Section 19-13-D54:

Planned Parenthood of Southern New England, Inc. of New Haven CT d/b/a Planned Parenthood of Southern
New England, Inc. is hereby licensed to maintain and operate a Family Planning Clinic.

Planned Parenthood of Southern New England, Inc. is located at 263 Main Street Suite 203 Old Saybrook
CT 06475-2326

This license expires **March 31, 2018** and may be revoked for cause at any time.

Dated at Hartford, Connecticut, April 1, 2014. RENEWAL.



A handwritten signature in cursive script that reads "Jewel Mullen, MD".

Jewel Mullen, MD, MPH, MPA
Commissioner



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
FACILITY LICENSE & INVESTIGATIONS SECTION

LICENSURE APPLICATION

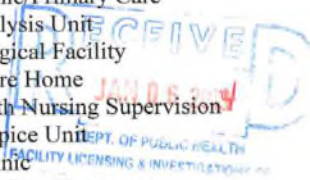
INITIAL RENEWAL CHANGE OF OWNERSHIP

NOTICE: Any nursing home licensee, owner or officer, including, but not limited to, a director, trustee, limited partner, managing partner, general partner or any person having at least 10 per cent (10%) ownership interest, and any administrator, assistant administrator, medical director, director of nursing or assistant director of nursing, may be subject to criminal liability, in addition to civil and administrative sanctions under federal and state law, for the abuse or neglect of a resident of the nursing home perpetrated by an employee of the nursing home.

NOTE: A separate application must be completed for each licensed level of care, whether or not, that level is located at the same address

In accordance with Section 19a-491 and/or Section 19a-506 of the Connecticut General Statutes, application is hereby made for a license to operate the following (please check the appropriate box/boxes that apply):

- | | |
|----------------------------------------------------------------|---------------------------------------------------------------------------|
| <input type="checkbox"/> Assisted Living Services Agency | <input type="checkbox"/> Infirmary Operated by an Educational Institution |
| <input type="checkbox"/> Children's Hospital | <input type="checkbox"/> Maternity Home |
| <input type="checkbox"/> Chronic and Convalescent Nursing Home | <input type="checkbox"/> Maternity Hospital |
| <input type="checkbox"/> Chronic Disease Hospital | <input type="checkbox"/> Outpatient Clinic/Primary Care |
| <input checked="" type="checkbox"/> Family Planning Clinic | <input type="checkbox"/> Outpatient Dialysis Unit |
| <input type="checkbox"/> General Hospital | <input type="checkbox"/> Outpatient Surgical Facility |
| <input type="checkbox"/> Home Health Care Agency | <input type="checkbox"/> Residential Care Home |
| <input type="checkbox"/> Homemaker-Home Health Aide Agency | <input type="checkbox"/> Rest Home with Nursing Supervision |
| <input type="checkbox"/> Hospice | <input type="checkbox"/> In-Patient Hospice Unit |
| <input type="checkbox"/> Hospital for Mentally Ill Persons | <input type="checkbox"/> Well Child Clinic |
| <input type="checkbox"/> Mental Health Psychiatric OutPat. | <input type="checkbox"/> Mental Health Day Treatment |
| <input type="checkbox"/> Mental Health Intermediate Tmt. | <input type="checkbox"/> Mental Health Community Residence |
| <input type="checkbox"/> Substance Abuse & Dependence | <input type="checkbox"/> Mental Health Residential Living |



Phone: (860) 509-7444
Telephone Device for the Deaf (860) 509-719
410 Capitol Avenue - MS # 12HFL
P.O. Box 340308 Hartford, CT 06134

An Equal Opportunity Employer

Please respond to all of the following questions:

1. Planned Parenthood of Southern New England, Inc.
 Facility "d/b/a" (doing business as) Name
- 263 Main St., Suite 203, Old Saybrook, CT 860-388-4459
 Business Address City State Zip Code Telephone
- same
 Mailing Address (if applicable) City State Zip Code

2. Bed Capacity Requested (if applicable). If submitting this application for multiple levels of care, please list the bed capacity for each level of care being requested.

Level of Care	Beds/ Hemodialysis Stations	Bassinets (if applicable)
_____	_____	_____
_____	_____	_____
_____	_____	_____

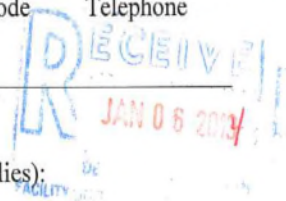
3. 06-0263565
 Federal Employer Identification Number

4. Disclose the legal entity which owns/operates the facility. (Note: The license will be issued to this entity.)

Planned Parenthood of Southern New England, Inc.
 Licensee

345 Whitney Ave., New Haven, CT 06511 203-865-5158
 Business Address City State Zip Code Telephone

same
 Mailing Address (if applicable)



5. Is the above named legal entity a (please check the box which applies):

- Individual/Sole proprietor Municipality
 General Partnership Trust
 Limited Partnership Profit Corporation
 Limited Liability Company
 Other: _____
 Non-profit Corporation

6. Is the above named entity authorized by the Office of the Secretary of State to transact business in the State of Connecticut and considered in Good Standing? YES NO

7. Please disclose the name, business address and telephone number of the Agent for Service for the Licensee.

Judy Tabar, Pres. + CEO, 345 Whitney Ave., New Haven CT 06511
 Name Address Telephone
 203-865-5158

8. Attach an organizational chart which reflects the current ownership structure of the licensee and the licensee's relationship with the facility/agency.

9. Respond to the specific question that reflects the ownership structure of the licensee. **The Licensee is the legal entity which will be issued the license to operate.**

A. If the Licensee is a **general partnership, limited partnership or limited liability company**, complete Form 1 (attached).

B. If the Licensee is a **trust**, complete Form 2 (attached) for the Licensee.

i. Attach a list including the name, address and telephone number of all trustees.

C. If the Licensee is a **corporation (profit or non-profit)**, complete Form 3 (attached) for the Licensee. Complete a separate Form 3 for each additional corporate entity having 10% or greater ownership interest in the Licensee.

i. If the corporation is incorporated in a state other than Connecticut, please attach a Certificate of Good Standing from the Secretary of State of the state of incorporation.

ii. Attach a list including the name, address and telephone number of all officers and all directors of the corporation.

10. Attach a current copy of the facility's Certificate of malpractice and public liability insurance. (Note: Information Pages and Insurance Binders are unacceptable. Only Certificates of Insurance will be accepted.). Please note that All Behavioral Health levels of care, except hospitals, and RCH facilities are exempt from the malpractice requirement.

11. Attach evidence of current compliance with the worker's compensation insurance coverage requirements in the form of one of the following:

A. a certificate of self-insurance issued by a worker's compensation commissioner pursuant to Section 31-284 of the Conn. General Statutes; or

B. a certificate of compliance issued by the Insurance Commissioner pursuant to Section 31-286 of the Conn. General Statutes; or

C. a Certificate of Insurance issued by any stock or mutual insurance company or mutual association authorized to write worker's compensation insurance in this state. (Note: Information pages and Insurance Binders are unacceptable. Only Certificates of Insurance will be accepted.)



12. Ownership of Real Property

Cove Investments, LLC
 Name
9 Bayberry Rd., Old Saybrook, CT 06475 860-388-9296
 Business Address City State Zip Code Telephone

Planned Parenthood of Southern New England

ORGANIZATION CHART

2014

BOARD OF TRUSTEES

(Please attach a list of the board of Trustees)

Planned Parenthood of Southern New England

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Page 2, Line 4 of the renewal application (LICENSEE)

Planned Parenthood of Southern New England

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Page 1, Line 1 of the renewal application (D/B/A)

Planned Parenthood of Southern New England

Board of Directors 2013-2014

Officers:

Amelia Renkert-Thomas, Chair

Simone Joyaux, Vice Chair

Sandra Arnold, Secretary

Slw de Gysser, Treasurer

Leigh Bonney, Assistant Treasurer

Board of Directors:

Natalie Adsuar, M.D.

Adriana Arreola-Joseph

Erica Buchsbaum

Gayle Capozzalo

Karen Dubols-Walton

Sue Hessel

Susann Mark

Nadesha Mijoba

Donna Moffly

John R. Morton, M.D.

Susan Ross

Fahd Vahidy

Mary Kay Woods



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
FACILITY LICENSING & INVESTIGATIONS SECTION

Attachment 3

FORM 3

FACILITY/AGENCY NAME: Planned Parenthood of Southern New England, Inc.

Form 3 must be completed if the facility/agency or Real Property Owner is owned/operated by a corporation (profit or non-profit). Please copy additional sheets if necessary.

For each stockholder with a 10% or greater ownership interest in the Licensee, provide the information requested below. If no owner owns 10% or more of the total shares, please indicate the two largest stockholders. Please complete a separate form for each legal entity listed below that is not an individual.

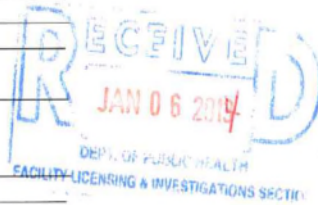
This information is for: Licensee See attached
 Real Property Owner _____

1. Name: _____
 Address: _____
 Telephone: _____
 Stockholder's percentage of ownership: _____
 Stockholder's occupation with the owner: _____

2. Name: _____
 Address: _____
 Telephone: _____
 Stockholder's percentage of ownership: _____
 Stockholder's occupation with the owner: _____

3. Name: _____
 Address: _____
 Telephone: _____
 Stockholder's percentage of ownership: _____
 Stockholder's occupation with the owner: _____

4. Name: _____
 Address: _____
 Telephone: _____
 Stockholder's percentage of ownership: _____
 Stockholder's occupation with the owner: _____





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/31/2013

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 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 Marsh USA, Inc. 1168 Avenue of the Americas New York, NY 10038 Attn: healthcare.accounts@marsh.com Fax: 212-948-1307		CONTACT NAME: PHONE (INC. OR EXT.): FAX (INC. OR EXT.): E-MAIL ADDRESS:	
109210-NIP-CAS-14-16 NEWO GLPL		INSURER(S) AFFORDING COVERAGE	
INSURED PLANNED PARENTHOOD OF SOUTHERN NEW ENGLAND, INC. AN AFFILIATE OF PLANNED PARENTHOOD FEDERATION OF AMERICA, INC. 345 WHITNEY AVENUE NEW HAVEN, CT 06511		INSURER A: Market Insurance Company NAIC # 38970	INSURER G: NA NA
		INSURER C: National Union Fire Ins. Co. of Pittsburgh, PA 19445	INSURER D: INSURER E: INSURER F:

COVERAGES CERTIFICATE NUMBER: NYC-005757981-26 REVISION NUMBER: 11

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.

INSTR. YR.	TYPE OF INSURANCE	ADDITIONAL INFO (USE WORDS)	POLICY NUMBER	POLICY EFF. (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> SIR: \$100,000 GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO. SECT. <input checked="" type="checkbox"/> LOC		3C41034	01/01/2014	01/01/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Per accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED. RETENTIONS					EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/OWNER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A				<input type="checkbox"/> WORKERS COMP. <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
C	MEDICAL PROFESSIONAL CLAIMS-MADE COVERAGE		6793298 Program Retro Date: 11/1/76	01/01/2014	01/01/2016	PER CLAIM \$1,000,000 AGGREGATE \$3,000,000

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

CERTIFICATE HOLDER PLANNED PARENTHOOD OF SOUTHERN NEW ENGLAND ATTN: LOUIS DENEGRE 345 WHITNEY AVENUE NEW HAVEN, CT 06511	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 of Marsh USA Inc. Rick Fitzsimmons <i>Rick Fitzsimmons</i>
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STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
FACILITY LICENSING & INVESTIGATIONS SECTION

LICENSURE APPLICATION - ADDITIONAL INFORMATION REQUIRED

OUTPATIENT CLINICS, WELL CHILD CLINICS AND
FAMILY PLANNING CLINICS

Please respond to all of the following questions:

1. Planned Parenthood of Southern New England, Old Saybrook
Facility "d/b/a" (doing business as) Name

263 Main St., Suite 203, Old Saybrook, CT 06475 860-388-4459
Business Address City State Zip Code Telephone

2. Check the appropriate box/boxes describing the services to be provided by the clinic:

- [] Primary Care [X] Family Planning
[] Well Child Clinic [] Abortion Procedures
[] Dental

3. Administrator (Your name needs to appear as it is shown on your Professional License).

4. Medical Director Dental Director (if applicable)
(Your name needs to appear as it is shown on your Professional License).

5. Hours of Operation: Mon. 9-3:30, Tue. 1-7:30, Thurs. 1-7:30, Fri. 10-3:30

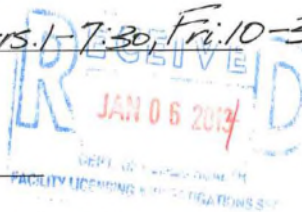
6. Please provide a list of services that will be provided.

7. Business Fax Number: 860-395-0190

8. Business Email Address: both.burrage@ppsne.org

9. Business Cell Phone Number with Texting capabilities of the Administrator:

Beth Burrage, cm 12/30/13
Signature of Administrator Date Signed



7. Please disclose the name, business address and telephone number of the Agent for Service for the Licensee.
Judy Tabak, Pres. + CEO, 345 Whitney Ave., New Haven CT 06511
 Name Address Telephone
 (203) 865-5158
8. Attach an organizational chart which reflects the current ownership structure of the licensee and the licensee's relationship with the facility/agency.
9. Respond to the specific question that reflects the ownership structure of the licensee. **The Licensee is the legal entity which will be issued the license to operate.**
- A. If the Licensee is a **general partnership, limited partnership or limited liability company**, complete Form 1 (attached).
- B. If the Licensee is a **trust**, complete Form 2 (attached) for the Licensee.
- i. Attach a list including the name, address and telephone number of all trustees.
- C. If the Licensee is a **corporation (profit or non-profit)**, complete Form 3 (attached) for the Licensee. Complete a separate Form 3 for each additional corporate entity having 10% or greater ownership interest in the Licensee.
- i. If the corporation is incorporated in a state other than Connecticut, please attach a Certificate of Good Standing from the Secretary of State of the state of incorporation.
- ii. Attach a list including the name, address and telephone number of all officers and all directors of the corporation.
10. Attach a current copy of the facility's Certificate of malpractice and public liability insurance. (Note: Information Pages and Insurance Binders are unacceptable. Only Certificates of Insurance will be accepted.) Please note that All Behavioral Health levels of care, except hospitals, and RCH facilities are exempt from the malpractice requirement.
11. Attach evidence of current compliance with the worker's compensation insurance coverage requirements in the form of one of the following:
- A. a certificate of self-insurance issued by a worker's compensation commissioner pursuant to Section 31-284 of the Conn. General Statutes; or
- B. a certificate of compliance issued by the Insurance Commissioner pursuant to Section 31-286 of the Conn. General Statutes; or
- C. a Certificate of Insurance issued by any stock or mutual insurance company or mutual association authorized to write worker's compensation insurance in this state. (Note: Information pages and Insurance Binders are unacceptable. Only Certificates of Insurance will be accepted.)
12. Ownership of Real Property
[Signature]
 Name
44 Main Street + Danbury CT 06810 203-744-2938
 Business Address City State Zip Code Telephone

FOR OFFICE USE ONLY

CHECK # _____ AMOUNT \$ _____
DATE RECEIVED _____ INITIALS _____

- 13. Annual Fire Marshal's Certificate of Inspection Form (attached) must be completed by the Local Fire Marshal. **NOTE: Hospitals must have a separate Fire Marshal's Certificate of Inspection completed for each building on the hospital's campus and each satellite listed on the hospital's license. Additional forms may be copied if necessary. Each completed Fire Marshal's Certificate of Inspection that is submitted must have an original signature. (Not applicable for Homemaker Home Health and Home Health Agencies).**
- 14. Affidavit of Owner:
I attest that the information provided within this application is true and accurate and that any changes in the information submitted will be reported to the Department as required by law.

Judy Tabak
Signature

1/3/14
Date Signed

Check one as applicable:

- Individual/Sole Proprietor
- General/Managing Partner
- President of Corporation
- Secretary of Corporation
- Municipal Officer
- Trustee



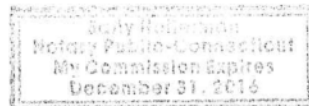
State of Connecticut)

County of New Haven) ss Jan 2 2014

Personally appeared before me the above named Judy Tabak and made oath to the truth of the statements contained in his/her answers to the foregoing questions.

Judy A. Fellner
Notary Public
Justice of the Peace
Town Clerk
Commissioner of the Superior Court

My Commission Expires:
(If Notary Public)



Department of Public Safety
Division of Fire, Emergency & Building Services
Office of State Fire Marshal



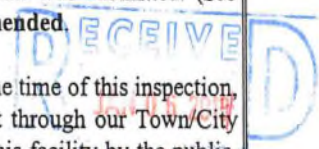
On (date) 12/20/13, the (Town/City) Old Saybrook Office of the Fire Marshal conducted an inspection of (name of facility) Planned Parenthood of Southern New England located at (address) 203 Main ST #203 in the City/Town of Old Saybrook to determine the degree of compliance with the fire safety requirements of Connecticut General Statutes Chapter 541 as authorized by Section 29-305 of the statutes. This facility was evaluated as a (new/existing) existing (occupancy classification) Business as classified by the *CONNECTICUT FIRE SAFETY CODE*. As a result of this inspection, the following conditions were found:

- I. At the time of inspection, no code violations were identified. **Certificate of approval recommended.**
- II. At the time of inspection, conditions were discovered to be contrary to the minimum requirements of these codes. An acceptable plan of correction was submitted. (See attached information) **Certificate of approval recommended.**
- III. At the time of inspection, conditions were discovered to be contrary to the minimum requirements of these codes. No approved plan of correction was submitted. (See attached information) **Certificate of approval NOT recommended.**
- IV. Based on the extreme hazard to public safety discovered at the time of this inspection, this office is currently seeking an injunction from the court through our Town/City Attorney for the purpose of closing or restricting usage of this facility by the public. (See attached information) **Certificate of approval NOT recommended.**

[Signature]
Fire Marshal

12/20/13
Date

City or Town: Old Saybrook



Planned Parenthood of Southern New England

Services available:

- Well women's health care
- Well men's health care
- Cervical cancer screening
- Breast exams
- Sexually transmitted infection testing and treatment
- HIV testing
- Birth control services
- Pregnancy testing
- Options counseling
- Pre-conception care
- Medication abortion services
- Health and sexual health education services
- Hepatitis and HPV vaccine services
- Transgender services