5639018

## Certificate of Insurance

PROASSURANCE
Treated Fairly

TO: <<COI Holder Name>>
<<Attn Line>>
<<Address Line 1>>
<<Address Line 2, if not, null>>
<<City, State, Zip>>

ProAssurance Companies
100 Brookwood Place, Suite 300
Birmingham, AL 35209
Office <<800-282-6242>>
Fax <<205-868-4073>>
credentialing@proassurance.com

THIS IS TO CERTIFY THAT as of this date, the following described insurance is in existence with <<Issue Company>>. The COMPANY will not assume any responsibility to advise third parties, including the holder of this certificate, of any changes in this insurance POLICY or the expiration or cancellation of this POLICY.

<<Insured employee*: Insured First Name, Last Name, Suffix>>

TEXAS DEPT. OF INSURANCE
AUSTIN, TEXAS
APPROVED
JUN 06 2017

**Insured:** <<Risk First Name, Last Name, Suffix>>
<<Policyholder Address Line 1>>
<<Policyholder Address Line 2, if not, null>>
<<Policyholder City, State, Zip>>

**Policy Number:** <<Policy Number>>

**Policy Period:** <<00/00/0000 to 00/00/0000>>** (effective from date to effective to)
<<Insured Policy Period: <<00/00/0000 to 00/00/0000>>

**Coverage:** <<Modified claims-made, occurrence, other>>***

**Professional Liability Primary Limits:** <<$000,000 per incident*>>
<<$000,000 aggregate*>>

<<Additional Contingent Primary Limits: $000,000 per incident*
<<$000,000 aggregate*>>

<<Total Primary Limits (where Additional Contingent Primary Limits apply) $000,000 per incident*
$000,000 aggregate*>>

<<Professional Liability Excess Limits: $000,000 per incident*
$000,000 aggregate*>>

<<Group Shared Excess Limits: $000,000 per incident*>>
$000,000 aggregate*>>

Retroactive Date: <<the earliest date of employment for the insured employee on or after 00/00/0000>>

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<<*The insured shares in the limits of one or more of the risks insured under the policy.>>

<<**Canceled with Active Extended Reporting Endorsement <<00/00/0000>>
Or <<**Canceled with Declined Extended Reporting Endorsement <<00/00/0000>>
<<***Coverage satisfies the requirements for compliance with Indiana Patient's Compensation Fund.>>
<<#Language may be included to indicate that this coverage qualifies the insured(s) for excess coverage provided by the Kansas Health Care Stabilization Fund.>>

This Certificate of Insurance is for informational purposes only and does not amend, extend, or alter the coverage provided by the above-described policy. <<This Certificate depicts only primary coverage limits.>> The insured may carry additional <<or excess>> coverage not reflected herein. If you have questions about the information contained on this form, please contact our underwriting department at the number listed above. For further credentialing requests, please contact the credentialing department at 877-274-7007.

Certified today, <<Current Date>>

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