



Capson Physicians Insurance Company  
A Stock Insurance Company  
Claims-Made  
Certificate of Insurance

Named Insured:

Specialty:

Address:

Policy Number:

Policy Period:

Retroactive Date:

All dates are as of 12:01 a.m. standard time at the address of the Named Insured

Coverage:

Professional Liability

Per Claim Limit of Liability:

Annual Aggregate Limit of Liability:

TEXAS DEPT. OF INSURANCE  
AUSTIN, TEXAS  
APPROVED  
MAR -7 2012

Certificate Holder Name & Address:

This Certificate of Insurance does not amend, extend or alter the coverage afforded under the above-referenced policy. Should coverage be amended, altered, or canceled, the obligation to notify the certificate holder, if any, is solely that of the Named Insured and failure to provide such notice shall impose no obligation or liability of any kind upon Capson Physicians Insurance Company, its agents or representatives. This Certificate of Insurance does not confer any rights or obligations other than the rights or obligations conveyed by the policy referenced herein. The terms of the above-referenced policy shall control over the terms of this Certificate of Insurance.

Authorized Representative: \_\_\_\_\_

Issue Date: \_\_\_\_\_