TMLT

TEXAS MEDICAL LIABILITY TRUST

119 220

«DATE»

Policy/ID #1-«POLICYNUMBER»
«INSUREDSFULLNAME»
«c/o GROUPNAME»
«INSUREDSMAILINGADDRESS»

PROOF OF PROFESSIONAL LIABILITY COVERAGE

«INSUREDSFULLNAME» is insured by the TMLT with professional liability coverage from «EFFDATE» to «EXPDATE» at limits equal to or in excess of $«OCCLIMIT»/$«AGGLIMIT».

This document is supplied for information purposes only, and does not confer any rights or obligations other than those described in the policy. The terms of the policy control over the terms of this document.

By furnishing this information, TMLT is not agreeing to provide additional information or to update this information should it change or the policy be terminated.

«UNDERWRITERSNAME»
«UNDERWRITERSTITLE»
Ext. «UNDERWRITERSEXTENSION»

«IN1»/«in2»

POC 2012