

5616816
TEXAS DEPT. OF INSURANCE
AUSTIN, TEXAS
APPROVED
JAN 14 2016



PROASSURANCE
Treated Fairly

CERTIFICATE OF INSURANCE

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>>. It is the POLICYHOLDER'S 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. 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*:

Policyholder:

Policy Number:

Policy Period:

Policy Type:

Retroactive Date:

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

*The employee named above is covered only to the extent that he or she is an employee of the policyholder and only for acts or omissions that occur within the scope of that employment. The employee has no separate individual coverage but shares the coverage provided to one or more of the risks insured by the policy.

This Certificate of Insurance is for informational purposes only and does not amend, extend or alter the coverage provided by the above-described POLICY.

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.

DATE:

Authorized Company Representative