

122983

## NEUROLOGISTS PROFESSIONAL LIABILITY INSURANCE Certificate of Insurance - Texas

This certificate is issued as a matter of information only and confers no rights upon the certificate holder.  
This certificate does not amend, extend or alter the coverage provided by the insurance policy below.

<b>1. NAME AND ADDRESS OF NAMED INSURED</b>			
<p>The policy of insurance listed below has been issued to the named insured 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 policy described herein is subject to all the terms, exclusions and conditions of such policy. Aggregate limits shown may have been reduced by paid claims.</p>			
<b>2. COMPANY</b>	<b>3. POLICY NUMBER</b>	<b>4. CERTIFICATE NUMBER</b>	
<b>5. POLICY PERIOD</b>			
<b>From:</b> _____ at 12:01 A.M. Standard Time		<b>To:</b> _____ at 12:01 A.M. Standard Time	
<b>Retroactive Date:</b> _____ at 12:01 A.M. Standard Time			
<b>6. TYPE OF INSURANCE</b>		<b>7. COVERED SPECIALTY</b>	
<b>8. EFFECTIVE</b>	<b>LIMITS OF LIABILITY</b>	<b>COVERAGE</b>	<b>STATE/RATING AREA</b>
<small>(Each Medical Incident/Each Policy Period)</small>		<b>OTHER STATES</b>	
<b>9. NAME AND ADDRESS OF CERTIFICATE HOLDER</b>			
<p>Should the above described policy be canceled before the expiration date thereof, the company will deliver written notice to the certificate holder named to the left in accordance with the policy provisions.</p>			
<b>10. NAME AND ADDRESS OF ADMINISTRATOR</b>			
_____		_____	
Date			