[Logo]   [Writing Company]
                                                          [Writing Company Address]
                                                          [Writing Company Address]
                                                            [Writing Company Phone]

CERTIFICATE OF INSURANCE

Policy Number: [PolicyNumber]
Policy Type: [Line] – [Type]
Named Insured: [Name]
Policy Period: From [StartDate] to [EndDate] 12:01 AM
                                Local Time at the address of the Named Insured
Original Effective Date: [OriginalXDate]

Insured: [Name], [Designation]
Practice Address: [Street]
                                [City], [State] [Zip]

This professional liability policy of insurance covers the insured identified above for the policy period indicated. 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 afforded by the policy. 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 the policy.

Coverage Type	Policy Period	Liability Limit (Per Claim/Aggregate)	Retroactive Date

The policy also covers ancillary providers identified in the relevant policy forms for duties performed while working under the supervision of the Named Insured.

Dated at Clive, IA this day of: [Date]   [Writing Company]

                                                          ___[Secretary Signature]___
                                                            Authorized Representative

[Agent or Certificateholder]
[Name]
[Street]
[City], [State], [Zip]

MPL-CERT   04/24