3648076



TEXAS DEPARTMENT OF INSURANCE AUSTIN, TEXAS APPROVED

DEC 19 2017

Certificate of Insurance

Certificate Holder:	Insured's Name and Ad	dress: Producer:
Policy Number:	Effective Date:	Expiration Date:
Policy Number:	Effective Date:	Expiration Date:
Insured Type: Named Insured	Insured Locum Tenens	Coverage A Type: Shared Limits Separate Limits
Specialty:		· · · · · · · · · · · · · · · · · · ·
Important: This certificate certifies that the policy shown above has been issued and includes coverage for the Insured shown for the period indicated, subject to the policy's provisions and the required payment of premium. It is not an insurance policy and is issued for informational purposes only. It confers no rights upon the certificate holder and does not create a contract between NORCAL Mutual Insurance Company (NORCAL Mutual) and the certificate holder, nor does it amend, extend, or alter the policy's coverage. Notwithstanding any requirement or provision of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policy is subject to the provisions of the policy. The Insured is responsible for informing certificate recipients of any policy changes, including declination of issuance or cancellation before the expiration date. An Insured's failure to provide such notice imposes no obligation or liability of any kind upon NORCAL Mutual, its agents or representatives.		
Coverages and Limits of Coverage Provided		
By: NORCAL Mutual Insurance Comp	any	Date Issued:
Signa	ature	Signature
Printed	l Name	Printed Name
Presider	nt & CEO	Secretary