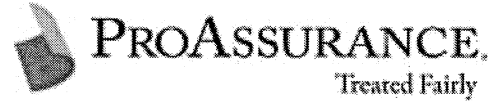


3616816  
TEXAS DEPT. OF INSURANCE  
AUSTIN, TEXAS  
APPROVED  
JAN 14 2016



**CERTIFICATE OF INSURANCE**

**CERTIFICATE ISSUED TO:**

**POLICYHOLDER:**

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.

**SCHEDULE OF COVERAGES**

**LIMITS OF LIABILITY**

**POLICY NUMBER:**

**EXPIRATION DATE:**

<<Health Care Facility  
Professional Liability  
Retroactive Date: Per Medical Incident: \$  
Aggregate: \$ >>

<<Health Care Facility  
General Liability  
Retroactive Date: Occurrence Limit: \$  
For the following:  
Bodily Injury/Property Damage  
Including Products (Coverage A)  
Personal Injury and Advertising  
Injury (Coverage B)  
Fire Damage Limit (Coverage A): \$  
Medical Expense Limit (Coverage C): \$  
General Aggregate Limit: \$ >>

<<(Employed physician's name) is afforded coverage under the above referenced policy and shares in the limits of the policyholder.>>

<<This certificate holder is afforded coverage under the Additional Insured Endorsement (Blanket), Form PRA-HF-551.>>

<<**POLICY NUMBER:** << >> **EXPIRATION DATE:** << >>

<<Excess Professional Liability  
Retroactive Date: Per Medical Incident & General Aggregate: \$ >>

<<Excess General Liability  
Retroactive Date: Per Occurrence & General Aggregate: \$ >>

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  
PRA-HCF-COI 01 16