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«DATE»

TEXAS DEPT. OF INSURANCE  
AUSTIN, TEXAS  
APPROVED  
APR 19 2012

Policy #2-«POLICYNUMBER»  
«POLICYOWNERSFULLNAME»  
«POLICYOWNERSMAILINGADDRESS»

**PROOF OF PROFESSIONAL LIABILITY COVERAGE**

«NAMEDINSURED» is insured by the TMIC with professional liability coverage from «EFFDATE» to «EXPDATE» at limits equal to or in excess of \$«OCCLIMIT»/\$«AGGLIMIT». This coverage is provided as an Occurrence policy.

This document is supplied for information purposes only, and does not confer any rights or obligations other than those described in the policy. The terms of the policy control over the terms of this document.

By furnishing this information, TMIC is not agreeing to provide additional information or to update this information should it change or the policy be terminated.

«UNDERWRITERSNAME»  
«UNDERWRITERSTITLE»  
Ext. «UNDERWRITERSEXTENSION»

«IN1»/«in2»