

**Certificate of Insurance
Professional Liability Insurance Policy**

THIS IS A CLAIMS MADE POLICY FORM

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 listed below. The Insurer accepts no responsibility for any changes made hereon that are not on record with the Insurer.

Named Insured:

Insured:
Address:

This is to certify that the policy of insurance listed below has been issued by Doctors Direct Insurance, Inc. to the Insured named above and is in force at this time.

Type of Insurance: Medical Professional Liability

Policy Number:

Policy Period: Effective Date: Expiration Date:

Retroactive Date:

Specialty:

Limits of Coverage:

Name and Address of Certificate Holder:

Authorized Representative