## **Sample Malpractice Page**

					DATE (MM/DD/YYYY)
	ATE OF LIABI		800 O XXX 3XX8436 - 1	Accin:	10/23/2017
THIS CERTIFICATE IS ISSUED AS A MATTER OF CERTIFICATE DOES NOT AFFIRMATIVELY OR N BELOW. THIS CERTIFICATE OF INSURANCE DO REPRESENTATIVE OR PRODUCER, AND THE CER	EGATIVELY AMEND, EX DES NOT CONSTITUTE A	TEND OR ALT	ER THE CO	VERAGE A <b>FFOR</b> DED B	Y THE POLICIES
IMPORTANT: If the certificate holder is an ADDIT the terms and conditions of the policy, certain policertificate holder in lieu of such endorsement(s).	IONAL INSURED, the poli	cy(les) must be rsement. A stat	endorsed. tement on th	If SUBROGATION IS W	AIVED, subject to onfer rights to the
PRODUCER	COL	NTACT ME:			
	PHO	ONE C. No. Ext): IAIL ORESS:		FAX (A/C, No):	
			URER(S) AFFOR	RDING COVERAGE	NAIC#
SURED		01127171	vide insurance	Company	
HUNCE		INSURER B; INSURER C:			
		URER D:			
		URER E :			
	INS	URER F:			
OVERAGES CERTIFICATE N	UMBER:	REVISION NUMBER:			
THIS IS TO CERTIFY THAT THE POLICIES OF INSURAN INDICATED. NOTWITHSTANDING ANY REQUIREMENT, CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIN		ANY CONTRACT BY THE POLICIE EN REDUCED BY	OR OTHER S DESCRIBE PAID CLAIMS	HEREIN IS SUBJECT TO	O ALL THE TERMS,
SR TYPE OF INSURANCE INSURANCE INSURANCE	POLICY NUMBER	(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	
COMMERCIAL GENERAL LIABILITY				EACH OCCURRENCE DAMAGE TO RENTED	\$
CLAIMS-MADE OCCUR				PREMISES (Ea occurrence)	\$
				MED EXP (Any one person) PERSONAL & ADV INJURY	\$
GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE	S
POLICY PRO- LOC				PRODUCTS - COMP/OP AGG	\$
OTHER:					\$
AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	\$
ANY AUTO				BODILY INJURY (Per person)	\$
ALL OWNED SCHEDULED AUTOS NON-OWNED				BODILY INJURY (Per accident) PROPERTY DAMAGE	\$
HIRED AUTOS NON-OWNED AUTOS				(Per accident)	\$
					\$
UMBRELLA LIAB OCCUR				EACH OCCURRENCE	\$
EXCESS LIAB CLAIMS-MADE				AGGREGATE	\$
WORKERS COMPENSATION	<del></del>			PER OTH- STATUTE ER	3
AND EMPLOYERS' LIABILITY				E.L. EACH ACCIDENT	s
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)				E.L. DISEASE - EA EMPLOYEE	8
If yes, describe under DESCRIPTION OF OPERATIONS below				E.L. DISEASE - POLICY LIMIT	\$
Professional Liability Occurrence Policy	AOA-9009608P-2	12/15/2017	12/15/2018	Per Incident ** Per Aggregate	\$ 2000000 \$ 4000000
ESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 10	1, Additional Remarks Schedule, m	ay be attached if mo	re space is requi	red)	
300 CC W C C C C C C C C C C C C C C C C					
olicy Aggregate Limit applies per Named Insured		CANC	CLLATION		
ERTIFICATE HOLDER		CANC	ELLATION		7
		THE E	EXPIRATION D	ABOVE DESCRIBED POLICIES ATE THEREOF, NOTICE H THE POLICY PROVISIONS.	BE CANCELLED BEFOR WILL BE DELIVERE
Proof of Coverage		AUTHORIZED REPRESENTATIVE			
		1 201110			
	X Ear				

ACORD 25 (2014/01)

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\*Must include the provider's name or a roster with the provider name to be valid.

\*\*Minimum coverage is \$1M/\$3M