



**Evidence of Insurance**

This document is issued as a matter of information only. This evidence of insurance does not amend, extend or alter the coverage afforded by the policy(ies) below.

**Named Insured**

Professional Imaging, L.L.C.  
701  
910 Houston Street  
Fort Worth, TX 76102-6224

**Medical Professional Liability Insurance - Claims Made**

This is to verify that we have requested the below listed policy(ies) to be bound for the above Named Insured and for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this evidence may be issued or may pertain, the insurance afforded by the policy(ies) described herein is subject to all the terms, exclusions and conditions of such policy(ies), including any retroactive date(s).

**Company:**

Applied Medico-Legal Solutions RRG Inc  
1850 N. Central Avenue, Suite 1700  
Phoenix, AZ 85004

**Policy Number:**

GAMS15790

**Rating Classification:**

Radiology No Surgery

**Policy Period:**

06/05/2011 - 06/05/2012

**Limits:**

500,000/1,500,000

**Retro Active Date:**

10/04/2003

The policy(ies) provides coverage on a claims made basis and contains an Extended Reporting Period option. **Employed/Contracted physicians of Professional Imaging, LLC share in limits of this policy.**

Gallagher Healthcare

Thomas E. Sheridan