



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/04/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Arthur J. Gallagher Risk Management Services, Inc. 12621 Featherwood Dr., Suite 300 Houston, TX 77034	CONTACT NAME:	
	PHONE (A/C, NO, EXT):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	COMPANY A: Applied Medico-Legal Solutions RRG Inc	
INSURED Professional Imaging, L.L.C. Apt. 701 910 Houston Street Fort Worth, TX 76102-6224	NAIC #	
	11598	
	COMPANY B:	
	COMPANY C:	
	COMPANY D:	
	COMPANY E:	
COMPANY F:		

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						EACH OCCURRENCE \$ N/A
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ N/A
	CLAIMS MADE OCCUR			N/A	N/A	N/A	MED EXP (Any one person) \$ N/A
							PERSONAL & ADV INJURY \$ N/A
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ N/A
	POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG \$ N/A
							\$ N/A
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ N/A
	ANY AUTO			N/A	N/A	N/A	BODILY INJURY (Per person) \$ N/A
	ALL OWNED AUTOS						BODILY INJURY (Per accident) \$ N/A
	SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$ N/A
	HIRED AUTOS						\$ N/A
	UMBRELLA LIAB						EACH OCCURRENCE \$ N/A
	EXCESS LIAB			N/A	N/A	N/A	AGGREGATE \$ N/A
	DED RETENTION \$						\$ N/A
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS OTH-ER \$ N/A
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	N/A	N/A	N/A	E.L. EACH ACCIDENT \$ N/A
							E.L. DISEASE - EA EMPLOYEE \$ N/A
							E.L. DISEASE - POLICY LIMIT \$ N/A
	OTHER Medical Prof. Liability Retro Date: 10/04/2003			GAMS115790	06/05/2013	06/05/2014	Each Med. Incident: \$500,000 Aggregate Limit: \$1,500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/04/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Arthur J. Gallagher Risk Management Services, Inc. 12621 Featherwood Dr., Suite 300 Houston, TX 77034	CONTACT NAME:	
	PHONE (A/C, NO, EXT):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	COMPANY A: Applied Medico-Legal Solutions RRG Inc	
INSURED Shahnaz Ali, M.D. Apt. 701 910 Houston Street Fort Worth, TX 76102-6224	NAIC #	
	11598	
	COMPANY B:	
	COMPANY C:	
	COMPANY D:	
COMPANY E:		
COMPANY F:		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						EACH OCCURRENCE \$ N/A
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ N/A
	CLAIMS MADE OCCUR			N/A	N/A	N/A	MED EXP (Any one person) \$ N/A
							PERSONAL & ADV INJURY \$ N/A
							GENERAL AGGREGATE \$ N/A
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ N/A
	POLICY PRO-JECT LOC						\$ N/A
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ N/A
	ANY AUTO ALL OWNED AUTOS			N/A	N/A	N/A	BODILY INJURY (Per person) \$ N/A
	SCHEDULED AUTOS NON-OWNED AUTOS						BODILY INJURY (Per accident) \$ N/A
	HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$ N/A
							\$ N/A
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE \$ N/A
	EXCESS LIAB CLAIMS MADE			N/A	N/A	N/A	AGGREGATE \$ N/A
	DED RETENTION \$						\$ N/A
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS OTH-ER \$ N/A
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N		N/A	N/A	N/A	E.L. EACH ACCIDENT \$ N/A
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ N/A
							E.L. DISEASE - POLICY LIMIT \$ N/A
	OTHER Medical Prof. Liability Retro Date: 10/16/2009			GAMS115790	06/05/2013	06/05/2014	Each Med. Incident: Shared Primary Aggregate Limit: N/A

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Donovan R. Weger



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/04/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Arthur J. Gallagher Risk Management Services, Inc. 12621 Featherwood Dr., Suite 300 Houston, TX 77034	CONTACT NAME:	
	PHONE (A/C, NO, EXT):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	COMPANY A: Applied Medico-Legal Solutions RRG Inc	
INSURED Sabina Amin, M.D. Apt. 701 910 Houston Street Fort Worth, TX 76102-6224	NAIC #	
	11598	
	COMPANY B:	
	COMPANY C:	
	COMPANY D:	
COMPANY E:		
COMPANY F:		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						EACH OCCURRENCE \$ N/A
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ N/A
	CLAIMS MADE OCCUR			N/A	N/A	N/A	MED EXP (Any one person) \$ N/A
							PERSONAL & ADV INJURY \$ N/A
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ N/A
	POLICY PROJECT LOC						PRODUCTS - COMP/OP AGG \$ N/A
							\$ N/A
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ N/A
	ANY AUTO			N/A	N/A	N/A	BODILY INJURY (Per person) \$ N/A
	ALL OWNED AUTOS						BODILY INJURY (Per accident) \$ N/A
	SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$ N/A
	HIRED AUTOS						\$ N/A
	UMBRELLA LIAB						EACH OCCURRENCE \$ N/A
	EXCESS LIAB			N/A	N/A	N/A	AGGREGATE \$ N/A
	DED RETENTION \$						\$ N/A
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS \$ N/A
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N		N/A	N/A	N/A	E.L. EACH ACCIDENT \$ N/A
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ N/A
	OTHER						E.L. DISEASE - POLICY LIMIT \$ N/A
	Medical Prof. Liability			GAMS115790	06/05/2013	06/05/2014	Each Med. Incident: Shared Primary
	Retro Date: 01/04/2012						Aggregate Limit: N/A

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/04/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Arthur J. Gallagher Risk Management Services, Inc. 12621 Featherwood Dr., Suite 300 Houston, TX 77034	CONTACT NAME:	
	PHONE (A/C, NO, EXT):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	COMPANY A: Applied Medico-Legal Solutions RRG Inc	
INSURED Alvin Anene, M.D. Apt. 701 910 Houston Street Fort Worth, TX 76102-6224	NAIC #	
	11598	
	COMPANY B:	
	COMPANY C:	
	COMPANY D:	
COMPANY E:		
COMPANY F:		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						EACH OCCURRENCE \$ N/A
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ N/A
	CLAIMS MADE OCCUR			N/A	N/A	N/A	MED EXP (Any one person) \$ N/A
							PERSONAL & ADV INJURY \$ N/A
							GENERAL AGGREGATE \$ N/A
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ N/A
	POLICY PROJECT LOC						\$ N/A
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ N/A
	ANY AUTO			N/A	N/A	N/A	BODILY INJURY (Per person) \$ N/A
	ALL OWNED AUTOS						BODILY INJURY (Per accident) \$ N/A
	SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$ N/A
	HIRED AUTOS						\$ N/A
	UMBRELLA LIAB						EACH OCCURRENCE \$ N/A
	EXCESS LIAB			N/A	N/A	N/A	AGGREGATE \$ N/A
	DED RETENTION \$						\$ N/A
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS OTH-ER \$ N/A
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N		N/A	N/A	N/A	E.L. EACH ACCIDENT \$ N/A
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ N/A
	OTHER						E.L. DISEASE - POLICY LIMIT \$ N/A
	Medical Prof. Liability			GAMS115790	06/05/2013	06/05/2014	Each Med. Incident: Shared Primary
	Retro Date: 02/12/2013						Aggregate Limit: N/A

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/04/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Arthur J. Gallagher Risk Management Services, Inc. 12621 Featherwood Dr., Suite 300 Houston, TX 77034	CONTACT NAME:	
	PHONE (A/C, NO, EXT):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	COMPANY A: Applied Medico-Legal Solutions RRG Inc	
INSURED Aparna Annam, M.D. Apt. 701 910 Houston Street Fort Worth, TX 76102-6224	NAIC #	
	11598	
	COMPANY B:	
	COMPANY C:	
	COMPANY D:	
COMPANY E:		
COMPANY F:		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						EACH OCCURRENCE \$ N/A
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ N/A
	CLAIMS MADE OCCUR			N/A	N/A	N/A	MED EXP (Any one person) \$ N/A
							PERSONAL & ADV INJURY \$ N/A
							GENERAL AGGREGATE \$ N/A
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ N/A
	POLICY PROJECT LOC						\$ N/A
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ N/A
	ANY AUTO ALL OWNED AUTOS			N/A	N/A	N/A	BODILY INJURY (Per person) \$ N/A
	SCHEDULED AUTOS NON-OWNED AUTOS						BODILY INJURY (Per accident) \$ N/A
	HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$ N/A
							\$ N/A
	UMBRELLA LIAB						EACH OCCURRENCE \$ N/A
	EXCESS LIAB			N/A	N/A	N/A	AGGREGATE \$ N/A
	DED RETENTION \$						\$ N/A
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS \$ N/A
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N		N/A	N/A	N/A	E.L. EACH ACCIDENT \$ N/A
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ N/A
							E.L. DISEASE - POLICY LIMIT \$ N/A
	OTHER Medical Prof. Liability Retro Date: 12/09/2009			GAMS115790	06/05/2013	06/05/2014	Each Med. Incident: Shared Primary Aggregate Limit: N/A

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Donovan R. Weger



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/04/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Arthur J. Gallagher Risk Management Services, Inc. 12621 Featherwood Dr., Suite 300 Houston, TX 77034	CONTACT NAME:	
	PHONE (A/C, NO, EXT):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	COMPANY A: Applied Medico-Legal Solutions RRG Inc	
INSURED Lawrence R. Bailey, M.D. Apt. 701 910 Houston Street Fort Worth, TX 76102-6224	NAIC #	
	11598	
	COMPANY B:	
	COMPANY C:	
	COMPANY D:	
COMPANY E:		
COMPANY F:		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						EACH OCCURRENCE \$ N/A
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ N/A
	CLAIMS MADE OCCUR			N/A	N/A	N/A	MED EXP (Any one person) \$ N/A
							PERSONAL & ADV INJURY \$ N/A
							GENERAL AGGREGATE \$ N/A
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ N/A
	POLICY PROJECT LOC						\$ N/A
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ N/A
	ANY AUTO			N/A	N/A	N/A	BODILY INJURY (Per person) \$ N/A
	ALL OWNED AUTOS						BODILY INJURY (Per accident) \$ N/A
	SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$ N/A
	HIRED AUTOS						\$ N/A
	UMBRELLA LIAB						EACH OCCURRENCE \$ N/A
	EXCESS LIAB			N/A	N/A	N/A	AGGREGATE \$ N/A
	DED RETENTION \$						\$ N/A
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS OTH-ER \$ N/A
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N		N/A	N/A	N/A	E.L. EACH ACCIDENT \$ N/A
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ N/A
	OTHER						E.L. DISEASE - POLICY LIMIT \$ N/A
	Medical Prof. Liability			GAMS115790	06/05/2013	06/05/2014	Each Med. Incident: Shared Primary
	Retro Date: 11/20/2011						Aggregate Limit: N/A

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/04/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Arthur J. Gallagher Risk Management Services, Inc. 12621 Featherwood Dr., Suite 300 Houston, TX 77034	CONTACT NAME:	
	PHONE (A/C, NO, EXT):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	COMPANY A: Applied Medico-Legal Solutions RRG Inc	
INSURED Vivek Bansal, M.D. Apt. 701 910 Houston Street Fort Worth, TX 76102-6224	NAIC #	
	11598	
	COMPANY B:	
	COMPANY C:	
	COMPANY D:	
COMPANY E:		
COMPANY F:		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						EACH OCCURRENCE \$ N/A
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ N/A
	CLAIMS MADE OCCUR			N/A	N/A	N/A	MED EXP (Any one person) \$ N/A
							PERSONAL & ADV INJURY \$ N/A
							GENERAL AGGREGATE \$ N/A
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ N/A
	POLICY PRO-JECT LOC						\$ N/A
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ N/A
	ANY AUTO ALL OWNED AUTOS			N/A	N/A	N/A	BODILY INJURY (Per person) \$ N/A
	SCHEDULED AUTOS NON-OWNED AUTOS						BODILY INJURY (Per accident) \$ N/A
	HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$ N/A
							\$ N/A
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE \$ N/A
	EXCESS LIAB CLAIMS MADE			N/A	N/A	N/A	AGGREGATE \$ N/A
	DED RETENTION \$						\$ N/A
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS OTH-ER \$ N/A
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N		N/A	N/A	N/A	E.L. EACH ACCIDENT \$ N/A
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ N/A
							E.L. DISEASE - POLICY LIMIT \$ N/A
	OTHER Medical Prof. Liability Retro Date: 06/05/2009			GAMS115790	06/05/2013	06/05/2014	Each Med. Incident: Shared Primary Aggregate Limit: N/A

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Donovan R. Weger



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/04/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Arthur J. Gallagher Risk Management Services, Inc. 12621 Featherwood Dr., Suite 300 Houston, TX 77034	CONTACT NAME:	
	PHONE (A/C, NO, EXT):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	COMPANY A: Applied Medico-Legal Solutions RRG Inc	
INSURED Joan Baumer, M.D. Apt. 701 910 Houston Street Fort Worth, TX 76102-6224	NAIC #	
	11598	
	COMPANY B:	
	COMPANY C:	
	COMPANY D:	
COMPANY E:		
COMPANY F:		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						EACH OCCURRENCE \$ N/A
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ N/A
	CLAIMS MADE OCCUR			N/A	N/A	N/A	MED EXP (Any one person) \$ N/A
							PERSONAL & ADV INJURY \$ N/A
							GENERAL AGGREGATE \$ N/A
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ N/A
	POLICY PROJECT LOC						\$ N/A
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ N/A
	ANY AUTO			N/A	N/A	N/A	BODILY INJURY (Per person) \$ N/A
	ALL OWNED AUTOS						BODILY INJURY (Per accident) \$ N/A
	SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$ N/A
	HIRED AUTOS						\$ N/A
	UMBRELLA LIAB						EACH OCCURRENCE \$ N/A
	EXCESS LIAB			N/A	N/A	N/A	AGGREGATE \$ N/A
	DED RETENTION \$						\$ N/A
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS OTH-ER \$ N/A
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N		N/A	N/A	N/A	E.L. EACH ACCIDENT \$ N/A
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ N/A
	OTHER						E.L. DISEASE - POLICY LIMIT \$ N/A
	Medical Prof. Liability			GAMS115790	06/05/2013	06/05/2014	Each Med. Incident: Shared Primary
	Retro Date: 03/01/2005						Aggregate Limit: N/A

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Donovan R. Weger



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/04/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Arthur J. Gallagher Risk Management Services, Inc. 12621 Featherwood Dr., Suite 300 Houston, TX 77034	CONTACT NAME:	
	PHONE (A/C, NO, EXT):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	COMPANY A: Applied Medico-Legal Solutions RRG Inc	
INSURED Nathan B. Baumer, M.D. Apt. 701 910 Houston Street Fort Worth, TX 76102-6224	NAIC #	
	11598	
	COMPANY B:	
	COMPANY C:	
	COMPANY D:	
COMPANY E:		
COMPANY F:		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						EACH OCCURRENCE \$ N/A
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ N/A
	CLAIMS MADE OCCUR			N/A	N/A	N/A	MED EXP (Any one person) \$ N/A
							PERSONAL & ADV INJURY \$ N/A
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ N/A
	POLICY PROJECT LOC						PRODUCTS - COMP/OP AGG \$ N/A
							\$ N/A
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ N/A
	ANY AUTO			N/A	N/A	N/A	BODILY INJURY (Per person) \$ N/A
	ALL OWNED AUTOS						BODILY INJURY (Per accident) \$ N/A
	SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$ N/A
	HIRED AUTOS						\$ N/A
	UMBRELLA LIAB						EACH OCCURRENCE \$ N/A
	EXCESS LIAB			N/A	N/A	N/A	AGGREGATE \$ N/A
	DED RETENTION \$						\$ N/A
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS \$ N/A
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N		N/A	N/A	N/A	E.L. EACH ACCIDENT \$ N/A
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ N/A
	OTHER						E.L. DISEASE - POLICY LIMIT \$ N/A
	Medical Prof. Liability			GAMS115790	06/05/2013	06/05/2014	Each Med. Incident: Shared Primary
	Retro Date: 10/04/2003						Aggregate Limit: N/A

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/04/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Arthur J. Gallagher Risk Management Services, Inc. 12621 Featherwood Dr., Suite 300 Houston, TX 77034	CONTACT NAME:	
	PHONE (A/C, NO, EXT):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	COMPANY A: Applied Medico-Legal Solutions RRG Inc	
INSURED Maria Blum, M.D. Apt. 701 910 Houston Street Fort Worth, TX 76102-6224	NAIC #	
	11598	
	COMPANY B:	
	COMPANY C:	
	COMPANY D:	
COMPANY E:		
COMPANY F:		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						EACH OCCURRENCE \$ N/A
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ N/A
	CLAIMS MADE OCCUR			N/A	N/A	N/A	MED EXP (Any one person) \$ N/A
							PERSONAL & ADV INJURY \$ N/A
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ N/A
	POLICY PROJECT LOC						PRODUCTS - COMP/OP AGG \$ N/A
							\$ N/A
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ N/A
	ANY AUTO			N/A	N/A	N/A	BODILY INJURY (Per person) \$ N/A
	ALL OWNED AUTOS						BODILY INJURY (Per accident) \$ N/A
	SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$ N/A
	HIRED AUTOS						\$ N/A
							\$ N/A
	UMBRELLA LIAB						EACH OCCURRENCE \$ N/A
	EXCESS LIAB			N/A	N/A	N/A	AGGREGATE \$ N/A
	DED RETENTION \$						\$ N/A
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS \$ N/A
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N		N/A	N/A	N/A	E.L. EACH ACCIDENT \$ N/A
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ N/A
							E.L. DISEASE - POLICY LIMIT \$ N/A
	OTHER Medical Prof. Liability Retro Date: 01/01/2012			GAMS115790	06/05/2013	06/05/2014	Each Med. Incident: Shared Primary Aggregate Limit: N/A

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/04/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Arthur J. Gallagher Risk Management Services, Inc. 12621 Featherwood Dr., Suite 300 Houston, TX 77034	CONTACT NAME:	
	PHONE (A/C, NO, EXT):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	COMPANY A: Applied Medico-Legal Solutions RRG Inc	
INSURED Bryant C. Boren, III, M.D. Apt. 701 910 Houston Street Fort Worth, TX 76102-6224	NAIC #	
	11598	
	COMPANY B:	
	COMPANY C:	
	COMPANY D:	
COMPANY E:		
COMPANY F:		

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						EACH OCCURRENCE \$ N/A
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ N/A
	CLAIMS MADE OCCUR			N/A	N/A	N/A	MED EXP (Any one person) \$ N/A
							PERSONAL & ADV INJURY \$ N/A
							GENERAL AGGREGATE \$ N/A
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ N/A
	POLICY PROJECT LOC						\$ N/A
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ N/A
	ANY AUTO			N/A	N/A	N/A	BODILY INJURY (Per person) \$ N/A
	ALL OWNED AUTOS						BODILY INJURY (Per accident) \$ N/A
	SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$ N/A
	HIRED AUTOS						\$ N/A
	UMBRELLA LIAB						EACH OCCURRENCE \$ N/A
	EXCESS LIAB			N/A	N/A	N/A	AGGREGATE \$ N/A
	DED RETENTION \$						\$ N/A
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS \$ N/A
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N		N/A	N/A	N/A	E.L. EACH ACCIDENT \$ N/A
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ N/A
	OTHER						E.L. DISEASE - POLICY LIMIT \$ N/A
	Medical Prof. Liability			GAMS115790	06/05/2013	06/05/2014	Each Med. Incident: Shared Primary
	Retro Date: 01/22/2013						Aggregate Limit: N/A

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/04/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Arthur J. Gallagher Risk Management Services, Inc. 12621 Featherwood Dr., Suite 300 Houston, TX 77034	CONTACT NAME:	
	PHONE (A/C, NO, EXT):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	COMPANY A: Applied Medico-Legal Solutions RRG Inc	
INSURED Marc Burrell, M.D. Apt. 701 910 Houston Street Fort Worth, TX 76102-6224	NAIC #	
	11598	
	COMPANY B:	
	COMPANY C:	
	COMPANY D:	
COMPANY E:		
COMPANY F:		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						EACH OCCURRENCE \$ N/A
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ N/A
	CLAIMS MADE OCCUR			N/A	N/A	N/A	MED EXP (Any one person) \$ N/A
							PERSONAL & ADV INJURY \$ N/A
							GENERAL AGGREGATE \$ N/A
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ N/A
	POLICY PROJECT LOC						\$ N/A
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ N/A
	ANY AUTO			N/A	N/A	N/A	BODILY INJURY (Per person) \$ N/A
	ALL OWNED AUTOS						BODILY INJURY (Per accident) \$ N/A
	SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$ N/A
	HIRED AUTOS						\$ N/A
	UMBRELLA LIAB						EACH OCCURRENCE \$ N/A
	EXCESS LIAB			N/A	N/A	N/A	AGGREGATE \$ N/A
	DED RETENTION \$						\$ N/A
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS OTH-ER \$ N/A
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N		N/A	N/A	N/A	E.L. EACH ACCIDENT \$ N/A
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ N/A
	OTHER						E.L. DISEASE - POLICY LIMIT \$ N/A
	Medical Prof. Liability			GAMS115790	06/05/2013	06/05/2014	Each Med. Incident: Shared Primary
	Retro Date: 08/01/2011						Aggregate Limit: N/A

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Donovan R. Weger



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/04/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Arthur J. Gallagher Risk Management Services, Inc. 12621 Featherwood Dr., Suite 300 Houston, TX 77034	CONTACT NAME:	
	PHONE (A/C, NO, EXT):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	COMPANY A: Applied Medico-Legal Solutions RRG Inc	
INSURED Noah N. Chasen, M.D. Apt. 701 910 Houston Street Fort Worth, TX 76102-6224	NAIC #	
	11598	
	COMPANY B:	
	COMPANY C:	
	COMPANY D:	
COMPANY E:		
COMPANY F:		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						EACH OCCURRENCE \$ N/A
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ N/A
	CLAIMS MADE OCCUR			N/A	N/A	N/A	MED EXP (Any one person) \$ N/A
							PERSONAL & ADV INJURY \$ N/A
							GENERAL AGGREGATE \$ N/A
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ N/A
	POLICY PRO-JECT LOC						\$ N/A
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ N/A
	ANY AUTO ALL OWNED AUTOS			N/A	N/A	N/A	BODILY INJURY (Per person) \$ N/A
	SCHEDULED AUTOS NON-OWNED AUTOS						BODILY INJURY (Per accident) \$ N/A
	HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$ N/A
							\$ N/A
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE \$ N/A
	EXCESS LIAB CLAIMS MADE			N/A	N/A	N/A	AGGREGATE \$ N/A
	DED RETENTION \$						\$ N/A
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS OTH-ER \$ N/A
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N		N/A	N/A	N/A	E.L. EACH ACCIDENT \$ N/A
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ N/A
							E.L. DISEASE - POLICY LIMIT \$ N/A
	OTHER Medical Prof. Liability Retro Date: 12/23/2009			GAMS115790	06/05/2013	06/05/2014	Each Med. Incident: Shared Primary Aggregate Limit: N/A

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Donovan R. Weger



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/04/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Arthur J. Gallagher Risk Management Services, Inc. 12621 Featherwood Dr., Suite 300 Houston, TX 77034	CONTACT NAME:	
	PHONE (A/C, NO, EXT):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	COMPANY A: Applied Medico-Legal Solutions RRG Inc	
INSURED Lee Chen, MD Apt. 701 910 Houston Street Fort Worth, TX 76102-6224	NAIC #	
	11598	
	COMPANY B:	
	COMPANY C:	
	COMPANY D:	
COMPANY E:		
COMPANY F:		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						EACH OCCURRENCE \$ N/A
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ N/A
	CLAIMS MADE OCCUR			N/A	N/A	N/A	MED EXP (Any one person) \$ N/A
							PERSONAL & ADV INJURY \$ N/A
							GENERAL AGGREGATE \$ N/A
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ N/A
	POLICY PROJECT LOC						\$ N/A
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ N/A
	ANY AUTO			N/A	N/A	N/A	BODILY INJURY (Per person) \$ N/A
	ALL OWNED AUTOS						BODILY INJURY (Per accident) \$ N/A
	SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$ N/A
	HIRED AUTOS						\$ N/A
	UMBRELLA LIAB						EACH OCCURRENCE \$ N/A
	EXCESS LIAB			N/A	N/A	N/A	AGGREGATE \$ N/A
	DED RETENTION \$						\$ N/A
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS OTH-ER \$ N/A
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N		N/A	N/A	N/A	E.L. EACH ACCIDENT \$ N/A
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ N/A
	OTHER						E.L. DISEASE - POLICY LIMIT \$ N/A
	Medical Prof. Liability			GAMS115790	06/05/2013	06/05/2014	Each Med. Incident: Shared Primary
	Retro Date: 06/03/2013						Aggregate Limit: N/A

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/04/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Arthur J. Gallagher Risk Management Services, Inc. 12621 Featherwood Dr., Suite 300 Houston, TX 77034	CONTACT NAME:	
	PHONE (A/C, NO, EXT):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	COMPANY A: Applied Medico-Legal Solutions RRG Inc	
INSURED Raj R. Chinnappan, M.D. Apt. 701 910 Houston Street Fort Worth, TX 76102-6224	NAIC #	
	11598	
	COMPANY B:	
	COMPANY C:	
	COMPANY D:	
COMPANY E:		
COMPANY F:		

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						EACH OCCURRENCE \$ N/A
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ N/A
	CLAIMS MADE OCCUR			N/A	N/A	N/A	MED EXP (Any one person) \$ N/A
							PERSONAL & ADV INJURY \$ N/A
							GENERAL AGGREGATE \$ N/A
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ N/A
	POLICY PROJECT LOC						\$ N/A
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ N/A
	ANY AUTO			N/A	N/A	N/A	BODILY INJURY (Per person) \$ N/A
	ALL OWNED AUTOS						BODILY INJURY (Per accident) \$ N/A
	SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$ N/A
	HIRED AUTOS						\$ N/A
	UMBRELLA LIAB						EACH OCCURRENCE \$ N/A
	EXCESS LIAB			N/A	N/A	N/A	AGGREGATE \$ N/A
	DED RETENTION \$						\$ N/A
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS OTH-ER \$ N/A
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N		N/A	N/A	N/A	E.L. EACH ACCIDENT \$ N/A
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ N/A
	OTHER						E.L. DISEASE - POLICY LIMIT \$ N/A
	Medical Prof. Liability			GAMS115790	06/05/2013	06/05/2014	Each Med. Incident: Shared Primary
	Retro Date: 10/11/2010						Aggregate Limit: N/A

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/04/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Arthur J. Gallagher Risk Management Services, Inc. 12621 Featherwood Dr., Suite 300 Houston, TX 77034	CONTACT NAME:	
	PHONE (A/C, NO, EXT):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	COMPANY A: Applied Medico-Legal Solutions RRG Inc	
INSURED Yi Ju Chuang, M.D. Apt. 701 910 Houston Street Fort Worth, TX 76102-6224	NAIC #	
	11598	
	COMPANY B:	
	COMPANY C:	
	COMPANY D:	
COMPANY E:		
COMPANY F:		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						EACH OCCURRENCE \$ N/A
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ N/A
	CLAIMS MADE OCCUR			N/A	N/A	N/A	MED EXP (Any one person) \$ N/A
							PERSONAL & ADV INJURY \$ N/A
							GENERAL AGGREGATE \$ N/A
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ N/A
	POLICY PROJECT LOC						\$ N/A
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ N/A
	ANY AUTO			N/A	N/A	N/A	BODILY INJURY (Per person) \$ N/A
	ALL OWNED AUTOS						BODILY INJURY (Per accident) \$ N/A
	SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$ N/A
	HIRED AUTOS						\$ N/A
	UMBRELLA LIAB						EACH OCCURRENCE \$ N/A
	EXCESS LIAB			N/A	N/A	N/A	AGGREGATE \$ N/A
	DED RETENTION \$						\$ N/A
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS OTH-ER \$ N/A
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N		N/A	N/A	N/A	E.L. EACH ACCIDENT \$ N/A
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ N/A
	OTHER						E.L. DISEASE - POLICY LIMIT \$ N/A
	Medical Prof. Liability			GAMS115790	06/05/2013	06/05/2014	Each Med. Incident: Shared Primary
	Retro Date: 03/10/2011						Aggregate Limit: N/A

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/04/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Arthur J. Gallagher Risk Management Services, Inc. 12621 Featherwood Dr., Suite 300 Houston, TX 77034	CONTACT NAME:	
	PHONE (A/C, NO, EXT):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	COMPANY A: Applied Medico-Legal Solutions RRG Inc	
INSURED Steven Cooley, M.D. Apt. 701 910 Houston Street Fort Worth, TX 76102-6224	NAIC #	
	11598	
	COMPANY B:	
	COMPANY C:	
	COMPANY D:	
COMPANY E:		
COMPANY F:		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						EACH OCCURRENCE \$ N/A
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ N/A
	CLAIMS MADE OCCUR			N/A	N/A	N/A	MED EXP (Any one person) \$ N/A
							PERSONAL & ADV INJURY \$ N/A
							GENERAL AGGREGATE \$ N/A
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ N/A
	POLICY PROJECT LOC						\$ N/A
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ N/A
	ANY AUTO ALL OWNED AUTOS			N/A	N/A	N/A	BODILY INJURY (Per person) \$ N/A
	SCHEDULED AUTOS						BODILY INJURY (Per accident) \$ N/A
	HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$ N/A
							\$ N/A
	UMBRELLA LIAB						EACH OCCURRENCE \$ N/A
	EXCESS LIAB			N/A	N/A	N/A	AGGREGATE \$ N/A
	DED RETENTION \$						\$ N/A
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS OTH-ER \$ N/A
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N		N/A	N/A	N/A	E.L. EACH ACCIDENT \$ N/A
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ N/A
							E.L. DISEASE - POLICY LIMIT \$ N/A
	OTHER Medical Prof. Liability Retro Date: 09/19/2011			GAMS115790	06/05/2013	06/05/2014	Each Med. Incident: ERROR Aggregate Limit: ERROR

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/04/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Arthur J. Gallagher Risk Management Services, Inc. 12621 Featherwood Dr., Suite 300 Houston, TX 77034	CONTACT NAME:	
	PHONE (A/C, NO, EXT):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	COMPANY A: Applied Medico-Legal Solutions RRG Inc	
INSURED Jean F. Coria, M.D. Apt. 701 910 Houston Street Fort Worth, TX 76102-6224	NAIC #	
	11598	
	COMPANY B:	
	COMPANY C:	
	COMPANY D:	
COMPANY E:		
COMPANY F:		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						EACH OCCURRENCE \$ N/A
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ N/A
	CLAIMS MADE OCCUR			N/A	N/A	N/A	MED EXP (Any one person) \$ N/A
							PERSONAL & ADV INJURY \$ N/A
							GENERAL AGGREGATE \$ N/A
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ N/A
	POLICY PROJECT LOC						\$ N/A
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ N/A
	ANY AUTO ALL OWNED AUTOS			N/A	N/A	N/A	BODILY INJURY (Per person) \$ N/A
	SCHEDULED AUTOS NON-OWNED AUTOS						BODILY INJURY (Per accident) \$ N/A
	HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$ N/A
							\$ N/A
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE \$ N/A
	EXCESS LIAB CLAIMS MADE			N/A	N/A	N/A	AGGREGATE \$ N/A
	DED RETENTION \$						\$ N/A
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS OTH-ER \$ N/A
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N		N/A	N/A	N/A	E.L. EACH ACCIDENT \$ N/A
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ N/A
							E.L. DISEASE - POLICY LIMIT \$ N/A
	OTHER Medical Prof. Liability Retro Date: 02/01/2008			GAMS115790	06/05/2013	06/05/2014	Each Med. Incident: Shared Primary Aggregate Limit: N/A

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Donovan R. Weger



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/04/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Arthur J. Gallagher Risk Management Services, Inc. 12621 Featherwood Dr., Suite 300 Houston, TX 77034	CONTACT NAME:	
	PHONE (A/C, NO, EXT):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	COMPANY A: Applied Medico-Legal Solutions RRG Inc	
INSURED Heath Crawford, M.D. Apt. 701 910 Houston Street Fort Worth, TX 76102-6224	NAIC #	
	11598	
	COMPANY B:	
	COMPANY C:	
	COMPANY D:	
COMPANY E:		
COMPANY F:		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						EACH OCCURRENCE \$ N/A
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ N/A
	CLAIMS MADE OCCUR			N/A	N/A	N/A	MED EXP (Any one person) \$ N/A
							PERSONAL & ADV INJURY \$ N/A
							GENERAL AGGREGATE \$ N/A
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ N/A
	POLICY PROJECT LOC						\$ N/A
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ N/A
	ANY AUTO ALL OWNED AUTOS			N/A	N/A	N/A	BODILY INJURY (Per person) \$ N/A
	SCHEDULED AUTOS						BODILY INJURY (Per accident) \$ N/A
	HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$ N/A
							\$ N/A
	UMBRELLA LIAB						EACH OCCURRENCE \$ N/A
	EXCESS LIAB			N/A	N/A	N/A	AGGREGATE \$ N/A
	DED RETENTION \$						\$ N/A
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS \$ N/A
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N		N/A	N/A	N/A	E.L. EACH ACCIDENT \$ N/A
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ N/A
							E.L. DISEASE - POLICY LIMIT \$ N/A
	OTHER Medical Prof. Liability Retro Date: 03/17/2011			GAMS115790	06/05/2013	06/05/2014	Each Med. Incident: Shared Primary Aggregate Limit: N/A

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Donovan R. Weger



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/04/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Arthur J. Gallagher Risk Management Services, Inc. 12621 Featherwood Dr., Suite 300 Houston, TX 77034	CONTACT NAME:	
	PHONE (A/C, NO, EXT):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	COMPANY A: Applied Medico-Legal Solutions RRG Inc	
INSURED Darrel Diener, M.D. Apt. 701 910 Houston Street Fort Worth, TX 76102-6224	NAIC #	
	11598	
	COMPANY B:	
	COMPANY C:	
	COMPANY D:	
COMPANY E:		
COMPANY F:		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						EACH OCCURRENCE \$ N/A
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ N/A
	CLAIMS MADE OCCUR			N/A	N/A	N/A	MED EXP (Any one person) \$ N/A
							PERSONAL & ADV INJURY \$ N/A
							GENERAL AGGREGATE \$ N/A
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ N/A
	POLICY PROJECT LOC						\$ N/A
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ N/A
	ANY AUTO			N/A	N/A	N/A	BODILY INJURY (Per person) \$ N/A
	ALL OWNED AUTOS						BODILY INJURY (Per accident) \$ N/A
	SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$ N/A
	HIRED AUTOS						\$ N/A
	UMBRELLA LIAB						EACH OCCURRENCE \$ N/A
	EXCESS LIAB			N/A	N/A	N/A	AGGREGATE \$ N/A
	DED RETENTION \$						\$ N/A
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS OTH-ER \$ N/A
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N		N/A	N/A	N/A	E.L. EACH ACCIDENT \$ N/A
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ N/A
	OTHER						E.L. DISEASE - POLICY LIMIT \$ N/A
	Medical Prof. Liability			GAMS115790	06/05/2013	06/05/2014	Each Med. Incident: Shared Primary
	Retro Date: 06/30/2011						Aggregate Limit: N/A

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/04/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Arthur J. Gallagher Risk Management Services, Inc. 12621 Featherwood Dr., Suite 300 Houston, TX 77034	CONTACT NAME:	
	PHONE (A/C, NO, EXT):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	COMPANY A: Applied Medico-Legal Solutions RRG Inc	
INSURED Jason Eastlack, MD Apt. 701 910 Houston Street Fort Worth, TX 76102-6224	NAIC #	
	11598	
	COMPANY B:	
	COMPANY C:	
	COMPANY D:	
COMPANY E:		
COMPANY F:		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						EACH OCCURRENCE \$ N/A
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ N/A
	CLAIMS MADE OCCUR			N/A	N/A	N/A	MED EXP (Any one person) \$ N/A
							PERSONAL & ADV INJURY \$ N/A
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ N/A
	POLICY PROJECT LOC						PRODUCTS - COMP/OP AGG \$ N/A
							\$ N/A
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ N/A
	ANY AUTO			N/A	N/A	N/A	BODILY INJURY (Per person) \$ N/A
	ALL OWNED AUTOS						BODILY INJURY (Per accident) \$ N/A
	SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$ N/A
	HIRED AUTOS						\$ N/A
	UMBRELLA LIAB						EACH OCCURRENCE \$ N/A
	EXCESS LIAB			N/A	N/A	N/A	AGGREGATE \$ N/A
	DED RETENTION \$						\$ N/A
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS OTH-ER \$ N/A
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N		N/A	N/A	N/A	E.L. EACH ACCIDENT \$ N/A
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ N/A
	OTHER						E.L. DISEASE - POLICY LIMIT \$ N/A
	Medical Prof. Liability			GAMS115790	06/05/2013	06/05/2014	Each Med. Incident: Shared Primary
	Retro Date:						Aggregate Limit: N/A

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Donovan R. Weger



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/04/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Arthur J. Gallagher Risk Management Services, Inc. 12621 Featherwood Dr., Suite 300 Houston, TX 77034	CONTACT NAME:	
	PHONE (A/C, NO, EXT):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	COMPANY A: Applied Medico-Legal Solutions RRG Inc	
INSURED Tom Falvey, M.D. Apt. 701 910 Houston Street Fort Worth, TX 76102-6224	NAIC #	
	11598	
	COMPANY B:	
	COMPANY C:	
	COMPANY D:	
COMPANY E:		
COMPANY F:		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						EACH OCCURRENCE \$ N/A
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ N/A
	CLAIMS MADE OCCUR			N/A	N/A	N/A	MED EXP (Any one person) \$ N/A
							PERSONAL & ADV INJURY \$ N/A
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ N/A
	POLICY PROJECT LOC						PRODUCTS - COMP/OP AGG \$ N/A
							\$ N/A
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ N/A
	ANY AUTO			N/A	N/A	N/A	BODILY INJURY (Per person) \$ N/A
	ALL OWNED AUTOS						BODILY INJURY (Per accident) \$ N/A
	SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$ N/A
	HIRED AUTOS						\$ N/A
	UMBRELLA LIAB						EACH OCCURRENCE \$ N/A
	EXCESS LIAB			N/A	N/A	N/A	AGGREGATE \$ N/A
	DED RETENTION \$						\$ N/A
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS OTH-ER \$ N/A
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N		N/A	N/A	N/A	E.L. EACH ACCIDENT \$ N/A
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ N/A
	OTHER						E.L. DISEASE - POLICY LIMIT \$ N/A
	Medical Prof. Liability			GAMS115790	06/05/2013	06/05/2014	Each Med. Incident: Shared Primary
	Retro Date: 04/01/2006						Aggregate Limit: N/A

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/04/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Arthur J. Gallagher Risk Management Services, Inc. 12621 Featherwood Dr., Suite 300 Houston, TX 77034	CONTACT NAME:	
	PHONE (A/C, NO, EXT):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	COMPANY A: Applied Medico-Legal Solutions RRG Inc	
INSURED Matthew P. Fiesta, M.D. Apt. 701 910 Houston Street Fort Worth, TX 76102-6224	NAIC #	
	11598	
	COMPANY B:	
	COMPANY C:	
	COMPANY D:	
COMPANY E:		
COMPANY F:		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						EACH OCCURRENCE \$ N/A
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ N/A
	CLAIMS MADE OCCUR			N/A	N/A	N/A	MED EXP (Any one person) \$ N/A
							PERSONAL & ADV INJURY \$ N/A
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ N/A
	POLICY PROJECT LOC						PRODUCTS - COMP/OP AGG \$ N/A
							\$ N/A
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ N/A
	ANY AUTO			N/A	N/A	N/A	BODILY INJURY (Per person) \$ N/A
	ALL OWNED AUTOS						BODILY INJURY (Per accident) \$ N/A
	SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$ N/A
	HIRED AUTOS						\$ N/A
	UMBRELLA LIAB						EACH OCCURRENCE \$ N/A
	EXCESS LIAB			N/A	N/A	N/A	AGGREGATE \$ N/A
	DED RETENTION \$						\$ N/A
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS OTH-ER \$ N/A
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N		N/A	N/A	N/A	E.L. EACH ACCIDENT \$ N/A
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ N/A
	OTHER						E.L. DISEASE - POLICY LIMIT \$ N/A
	Medical Prof. Liability			GAMS115790	06/05/2013	06/05/2014	Each Med. Incident: Shared Primary
	Retro Date: 10/29/2010						Aggregate Limit: N/A

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Donovan R. Weger



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/04/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Arthur J. Gallagher Risk Management Services, Inc. 12621 Featherwood Dr., Suite 300 Houston, TX 77034	CONTACT NAME:	
	PHONE (A/C, NO, EXT):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	COMPANY A: Applied Medico-Legal Solutions RRG Inc	
INSURED Jonathan Friedman, M.D. Apt. 701 910 Houston Street Fort Worth, TX 76102-6224	NAIC #	
	11598	
	COMPANY B:	
	COMPANY C:	
	COMPANY D:	
COMPANY E:		
COMPANY F:		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						EACH OCCURRENCE \$ N/A
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ N/A
	CLAIMS MADE OCCUR			N/A	N/A	N/A	MED EXP (Any one person) \$ N/A
							PERSONAL & ADV INJURY \$ N/A
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ N/A
	POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG \$ N/A
							\$ N/A
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ N/A
	ANY AUTO ALL OWNED AUTOS			N/A	N/A	N/A	BODILY INJURY (Per person) \$ N/A
	SCHEDULED AUTOS NON-OWNED AUTOS						BODILY INJURY (Per accident) \$ N/A
	HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$ N/A
							\$ N/A
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE \$ N/A
	EXCESS LIAB CLAIMS MADE			N/A	N/A	N/A	AGGREGATE \$ N/A
	DED RETENTION \$						\$ N/A
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS OTH-ER \$ N/A
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N		N/A	N/A	N/A	E.L. EACH ACCIDENT \$ N/A
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ N/A
							E.L. DISEASE - POLICY LIMIT \$ N/A
	OTHER Medical Prof. Liability Retro Date: 06/01/2009			GAMS115790	06/05/2013	06/05/2014	Each Med. Incident: Shared Primary Aggregate Limit: N/A

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Donovan R. Weger



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/04/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Arthur J. Gallagher Risk Management Services, Inc. 12621 Featherwood Dr., Suite 300 Houston, TX 77034	CONTACT NAME:	
	PHONE (A/C, NO, EXT):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	COMPANY A: Applied Medico-Legal Solutions RRG Inc	
INSURED Mathew Galfione, M.D. Apt. 701 910 Houston Street Fort Worth, TX 76102-6224	NAIC #	
	11598	
	COMPANY B:	
	COMPANY C:	
	COMPANY D:	
COMPANY E:		
COMPANY F:		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						EACH OCCURRENCE \$ N/A
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ N/A
	CLAIMS MADE OCCUR			N/A	N/A	N/A	MED EXP (Any one person) \$ N/A
							PERSONAL & ADV INJURY \$ N/A
							GENERAL AGGREGATE \$ N/A
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ N/A
	POLICY PROJECT LOC						\$ N/A
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ N/A
	ANY AUTO ALL OWNED AUTOS			N/A	N/A	N/A	BODILY INJURY (Per person) \$ N/A
	SCHEDULED AUTOS NON-OWNED AUTOS						BODILY INJURY (Per accident) \$ N/A
	HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$ N/A
							\$ N/A
	UMBRELLA LIAB						EACH OCCURRENCE \$ N/A
	EXCESS LIAB			N/A	N/A	N/A	AGGREGATE \$ N/A
	DED RETENTION \$						\$ N/A
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS OTH-ER \$ N/A
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N		N/A	N/A	N/A	E.L. EACH ACCIDENT \$ N/A
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ N/A
							E.L. DISEASE - POLICY LIMIT \$ N/A
	OTHER Medical Prof. Liability Retro Date: 06/05/2009			GAMS115790	06/05/2013	06/05/2014	Each Med. Incident: Shared Primary Aggregate Limit: N/A

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Donovan R. Weger



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/04/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Arthur J. Gallagher Risk Management Services, Inc. 12621 Featherwood Dr., Suite 300 Houston, TX 77034	CONTACT NAME:	
	PHONE (A/C, NO, EXT):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	COMPANY A: Applied Medico-Legal Solutions RRG Inc	
INSURED Benjamin Garvey, M.D. Apt. 701 910 Houston Street Fort Worth, TX 76102-6224	NAIC #	
	11598	
	COMPANY B:	
	COMPANY C:	
	COMPANY D:	
COMPANY E:		
COMPANY F:		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						EACH OCCURRENCE \$ N/A
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ N/A
	CLAIMS MADE OCCUR			N/A	N/A	N/A	MED EXP (Any one person) \$ N/A
							PERSONAL & ADV INJURY \$ N/A
							GENERAL AGGREGATE \$ N/A
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ N/A
	POLICY PROJECT LOC						\$ N/A
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ N/A
	ANY AUTO			N/A	N/A	N/A	BODILY INJURY (Per person) \$ N/A
	ALL OWNED AUTOS						BODILY INJURY (Per accident) \$ N/A
	SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$ N/A
	HIRED AUTOS						\$ N/A
	UMBRELLA LIAB						EACH OCCURRENCE \$ N/A
	EXCESS LIAB			N/A	N/A	N/A	AGGREGATE \$ N/A
	DED RETENTION \$						\$ N/A
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS OTH-ER \$ N/A
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N		N/A	N/A	N/A	E.L. EACH ACCIDENT \$ N/A
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ N/A
	OTHER						E.L. DISEASE - POLICY LIMIT \$ N/A
	Medical Prof. Liability			GAMS115790	06/05/2013	06/05/2014	Each Med. Incident: Shared Primary
	Retro Date: 12/06/2010						Aggregate Limit: N/A

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Donovan R. Weger



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/04/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Arthur J. Gallagher Risk Management Services, Inc. 12621 Featherwood Dr., Suite 300 Houston, TX 77034	CONTACT NAME:	
	PHONE (A/C, NO, EXT):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	COMPANY A: Applied Medico-Legal Solutions RRG Inc	
INSURED Cameron Gates, M.D. Apt. 701 910 Houston Street Fort Worth, TX 76102-6224	NAIC #	
	11598	
	COMPANY B:	
	COMPANY C:	
	COMPANY D:	
COMPANY E:		
COMPANY F:		

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						EACH OCCURRENCE \$ N/A
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ N/A
	CLAIMS MADE OCCUR			N/A	N/A	N/A	MED EXP (Any one person) \$ N/A
							PERSONAL & ADV INJURY \$ N/A
							GENERAL AGGREGATE \$ N/A
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ N/A
	POLICY PROJECT LOC						\$ N/A
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ N/A
	ANY AUTO			N/A	N/A	N/A	BODILY INJURY (Per person) \$ N/A
	ALL OWNED AUTOS						BODILY INJURY (Per accident) \$ N/A
	SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$ N/A
	HIRED AUTOS						\$ N/A
	UMBRELLA LIAB						EACH OCCURRENCE \$ N/A
	EXCESS LIAB			N/A	N/A	N/A	AGGREGATE \$ N/A
	DED RETENTION \$						\$ N/A
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS OTH-ER \$ N/A
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N		N/A	N/A	N/A	E.L. EACH ACCIDENT \$ N/A
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ N/A
	OTHER						E.L. DISEASE - POLICY LIMIT \$ N/A
	Medical Prof. Liability			GAMS115790	06/05/2013	06/05/2014	Each Med. Incident: Shared Primary
	Retro Date: 10/01/2010						Aggregate Limit: N/A

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/04/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Arthur J. Gallagher Risk Management Services, Inc. 12621 Featherwood Dr., Suite 300 Houston, TX 77034	CONTACT NAME:	
	PHONE (A/C, NO, EXT):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	COMPANY A: Applied Medico-Legal Solutions RRG Inc	
INSURED Jason Ginos, M.D. Apt. 701 910 Houston Street Fort Worth, TX 76102-6224	NAIC #	
	11598	
	COMPANY B:	
	COMPANY C:	
	COMPANY D:	
COMPANY E:		
COMPANY F:		

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						EACH OCCURRENCE \$ N/A
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ N/A
	CLAIMS MADE OCCUR			N/A	N/A	N/A	MED EXP (Any one person) \$ N/A
							PERSONAL & ADV INJURY \$ N/A
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ N/A
	POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG \$ N/A
							\$ N/A
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ N/A
	ANY AUTO ALL OWNED AUTOS			N/A	N/A	N/A	BODILY INJURY (Per person) \$ N/A
	SCHEDULED AUTOS NON-OWNED AUTOS						BODILY INJURY (Per accident) \$ N/A
	HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$ N/A
							\$ N/A
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE \$ N/A
	EXCESS LIAB CLAIMS MADE			N/A	N/A	N/A	AGGREGATE \$ N/A
	DED RETENTION \$						\$ N/A
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS OTH-ER \$ N/A
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	N/A	N/A	N/A	E.L. EACH ACCIDENT \$ N/A
							E.L. DISEASE - EA EMPLOYEE \$ N/A
							E.L. DISEASE - POLICY LIMIT \$ N/A
	OTHER Medical Prof. Liability Retro Date: 08/01/2010			GAMS115790	06/05/2013	06/05/2014	Each Med. Incident: Shared Primary Aggregate Limit: N/A

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/04/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Arthur J. Gallagher Risk Management Services, Inc. 12621 Featherwood Dr., Suite 300 Houston, TX 77034	CONTACT NAME:	
	PHONE (A/C, NO, EXT):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	COMPANY A: Applied Medico-Legal Solutions RRG Inc	
INSURED Theodore B. Gupton, M.D. Apt. 701 910 Houston Street Fort Worth, TX 76102-6224	NAIC #	
	11598	
	COMPANY B:	
	COMPANY C:	
	COMPANY D:	
COMPANY E:		
COMPANY F:		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						EACH OCCURRENCE \$ N/A
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ N/A
	CLAIMS MADE OCCUR			N/A	N/A	N/A	MED EXP (Any one person) \$ N/A
							PERSONAL & ADV INJURY \$ N/A
							GENERAL AGGREGATE \$ N/A
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ N/A
	POLICY PROJECT LOC						\$ N/A
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ N/A
	ANY AUTO			N/A	N/A	N/A	BODILY INJURY (Per person) \$ N/A
	ALL OWNED AUTOS						BODILY INJURY (Per accident) \$ N/A
	SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$ N/A
	HIRED AUTOS						\$ N/A
	UMBRELLA LIAB						EACH OCCURRENCE \$ N/A
	EXCESS LIAB			N/A	N/A	N/A	AGGREGATE \$ N/A
	DED RETENTION \$						\$ N/A
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS OTH-ER \$ N/A
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N		N/A	N/A	N/A	E.L. EACH ACCIDENT \$ N/A
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ N/A
	OTHER						E.L. DISEASE - POLICY LIMIT \$ N/A
	Medical Prof. Liability			GAMS115790	06/05/2013	06/05/2014	Each Med. Incident: Shared Primary
	Retro Date: 11/01/2011						Aggregate Limit: N/A

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/04/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Arthur J. Gallagher Risk Management Services, Inc. 12621 Featherwood Dr., Suite 300 Houston, TX 77034	CONTACT NAME:	
	PHONE (A/C, NO, EXT):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	COMPANY A: Applied Medico-Legal Solutions RRG Inc	
INSURED Brian S. Hailey, M.D. Apt. 701 910 Houston Street Fort Worth, TX 76102-6224	NAIC #	
	11598	
	COMPANY B:	
	COMPANY C:	
	COMPANY D:	
COMPANY E:		
COMPANY F:		

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						EACH OCCURRENCE \$ N/A
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ N/A
	CLAIMS MADE OCCUR			N/A	N/A	N/A	MED EXP (Any one person) \$ N/A
							PERSONAL & ADV INJURY \$ N/A
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ N/A
	POLICY PROJECT LOC						PRODUCTS - COMP/OP AGG \$ N/A
							\$ N/A
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ N/A
	ANY AUTO			N/A	N/A	N/A	BODILY INJURY (Per person) \$ N/A
	ALL OWNED AUTOS						BODILY INJURY (Per accident) \$ N/A
	SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$ N/A
	HIRED AUTOS						\$ N/A
	UMBRELLA LIAB						EACH OCCURRENCE \$ N/A
	EXCESS LIAB			N/A	N/A	N/A	AGGREGATE \$ N/A
	DED RETENTION \$						\$ N/A
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS OTH-ER \$ N/A
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N		N/A	N/A	N/A	E.L. EACH ACCIDENT \$ N/A
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ N/A
	OTHER						E.L. DISEASE - POLICY LIMIT \$ N/A
	Medical Prof. Liability			GAMS115790	06/05/2013	06/05/2014	Each Med. Incident: Shared Primary
	Retro Date: 04/01/2011						Aggregate Limit: N/A

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/04/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Arthur J. Gallagher Risk Management Services, Inc. 12621 Featherwood Dr., Suite 300 Houston, TX 77034	CONTACT NAME:	
	PHONE (A/C, NO, EXT):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	COMPANY A: Applied Medico-Legal Solutions RRG Inc	
INSURED David Irwin Apt. 701 910 Houston Street Fort Worth, TX 76102-6224	NAIC #	
	11598	
	COMPANY B:	
	COMPANY C:	
	COMPANY D:	
COMPANY E:		
COMPANY F:		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						EACH OCCURRENCE \$ N/A
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ N/A
	CLAIMS MADE OCCUR			N/A	N/A	N/A	MED EXP (Any one person) \$ N/A
							PERSONAL & ADV INJURY \$ N/A
							GENERAL AGGREGATE \$ N/A
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ N/A
	POLICY PRO-JECT LOC						\$ N/A
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ N/A
	ANY AUTO ALL OWNED AUTOS			N/A	N/A	N/A	BODILY INJURY (Per person) \$ N/A
	SCHEDULED AUTOS NON-OWNED AUTOS						BODILY INJURY (Per accident) \$ N/A
	HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$ N/A
							\$ N/A
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE \$ N/A
	EXCESS LIAB CLAIMS MADE			N/A	N/A	N/A	AGGREGATE \$ N/A
	DED RETENTION \$						\$ N/A
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS OTH-ER \$ N/A
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N		N/A	N/A	N/A	E.L. EACH ACCIDENT \$ N/A
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ N/A
							E.L. DISEASE - POLICY LIMIT \$ N/A
	OTHER Medical Prof. Liability Retro Date: 03/31/2012			GAMS115790	06/05/2013	06/05/2014	Each Med. Incident: ERROR Aggregate Limit: ERROR

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Donovan R. Weger



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/04/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Arthur J. Gallagher Risk Management Services, Inc. 12621 Featherwood Dr., Suite 300 Houston, TX 77034	CONTACT NAME:	
	PHONE (A/C, NO, EXT):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	COMPANY A: Applied Medico-Legal Solutions RRG Inc	
INSURED Donna Joule, M.D. Apt. 701 910 Houston Street Fort Worth, TX 76102-6224	NAIC #	
	11598	
	COMPANY B:	
	COMPANY C:	
	COMPANY D:	
COMPANY E:		
COMPANY F:		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						EACH OCCURRENCE \$ N/A
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ N/A
	CLAIMS MADE OCCUR			N/A	N/A	N/A	MED EXP (Any one person) \$ N/A
							PERSONAL & ADV INJURY \$ N/A
							GENERAL AGGREGATE \$ N/A
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ N/A
	POLICY PRO-JECT LOC						\$ N/A
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ N/A
	ANY AUTO ALL OWNED AUTOS			N/A	N/A	N/A	BODILY INJURY (Per person) \$ N/A
	SCHEDULED AUTOS NON-OWNED AUTOS						BODILY INJURY (Per accident) \$ N/A
	HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$ N/A
							\$ N/A
	UMBRELLA LIAB						EACH OCCURRENCE \$ N/A
	EXCESS LIAB			N/A	N/A	N/A	AGGREGATE \$ N/A
	DED RETENTION \$						\$ N/A
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS OTH-ER \$ N/A
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N		N/A	N/A	N/A	E.L. EACH ACCIDENT \$ N/A
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ N/A
							E.L. DISEASE - POLICY LIMIT \$ N/A
	OTHER Medical Prof. Liability Retro Date: 02/12/2013			GAMS115790	06/05/2013	06/05/2014	Each Med. Incident: Shared Primary Aggregate Limit: N/A

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Donovan R. Weger



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/04/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Arthur J. Gallagher Risk Management Services, Inc. 12621 Featherwood Dr., Suite 300 Houston, TX 77034	CONTACT NAME:	
	PHONE (A/C, NO, EXT):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	COMPANY A: Applied Medico-Legal Solutions RRG Inc	
INSURED Jared Kasper, M.D. Apt. 701 910 Houston Street Fort Worth, TX 76102-6224	NAIC #	
	11598	
	COMPANY B:	
	COMPANY C:	
	COMPANY D:	
COMPANY E:		
COMPANY F:		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						EACH OCCURRENCE \$ N/A
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ N/A
	CLAIMS MADE OCCUR			N/A	N/A	N/A	MED EXP (Any one person) \$ N/A
							PERSONAL & ADV INJURY \$ N/A
							GENERAL AGGREGATE \$ N/A
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ N/A
	POLICY PROJECT LOC						\$ N/A
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ N/A
	ANY AUTO			N/A	N/A	N/A	BODILY INJURY (Per person) \$ N/A
	ALL OWNED AUTOS						BODILY INJURY (Per accident) \$ N/A
	SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$ N/A
	HIRED AUTOS						\$ N/A
	UMBRELLA LIAB						EACH OCCURRENCE \$ N/A
	EXCESS LIAB			N/A	N/A	N/A	AGGREGATE \$ N/A
	DED RETENTION \$						\$ N/A
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS OTH-ER \$ N/A
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N		N/A	N/A	N/A	E.L. EACH ACCIDENT \$ N/A
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ N/A
	OTHER						E.L. DISEASE - POLICY LIMIT \$ N/A
	Medical Prof. Liability			GAMS115790	06/05/2013	06/05/2014	Each Med. Incident: Shared Primary
	Retro Date: 07/07/2010						Aggregate Limit: N/A

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/04/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Arthur J. Gallagher Risk Management Services, Inc. 12621 Featherwood Dr., Suite 300 Houston, TX 77034	CONTACT NAME:	
	PHONE (A/C, NO, EXT):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	COMPANY A: Applied Medico-Legal Solutions RRG Inc	
INSURED Cheryl King, M.D. Apt. 701 910 Houston Street Fort Worth, TX 76102-6224	NAIC #	
	11598	
	COMPANY B:	
	COMPANY C:	
	COMPANY D:	
COMPANY E:		
COMPANY F:		

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						EACH OCCURRENCE \$ N/A
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ N/A
	CLAIMS MADE OCCUR			N/A	N/A	N/A	MED EXP (Any one person) \$ N/A
							PERSONAL & ADV INJURY \$ N/A
							GENERAL AGGREGATE \$ N/A
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ N/A
	POLICY PROJECT LOC						\$ N/A
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ N/A
	ANY AUTO			N/A	N/A	N/A	BODILY INJURY (Per person) \$ N/A
	ALL OWNED AUTOS						BODILY INJURY (Per accident) \$ N/A
	SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$ N/A
	HIRED AUTOS						\$ N/A
	UMBRELLA LIAB						EACH OCCURRENCE \$ N/A
	EXCESS LIAB			N/A	N/A	N/A	AGGREGATE \$ N/A
	DED RETENTION \$						\$ N/A
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS OTH-ER \$ N/A
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N		N/A	N/A	N/A	E.L. EACH ACCIDENT \$ N/A
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ N/A
	OTHER						E.L. DISEASE - POLICY LIMIT \$ N/A
	Medical Prof. Liability			GAMS115790	06/05/2013	06/05/2014	Each Med. Incident: Shared Primary
	Retro Date: 12/20/2007						Aggregate Limit: N/A

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/04/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Arthur J. Gallagher Risk Management Services, Inc. 12621 Featherwood Dr., Suite 300 Houston, TX 77034	CONTACT NAME:	
	PHONE (A/C, NO, EXT):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	COMPANY A: Applied Medico-Legal Solutions RRG Inc	
INSURED Joshua Kuban, M.D. Apt. 701 910 Houston Street Fort Worth, TX 76102-6224	NAIC #	
	11598	
	COMPANY B:	
	COMPANY C:	
	COMPANY D:	
COMPANY E:		
COMPANY F:		

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						EACH OCCURRENCE \$ N/A
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ N/A
	CLAIMS MADE OCCUR			N/A	N/A	N/A	MED EXP (Any one person) \$ N/A
							PERSONAL & ADV INJURY \$ N/A
							GENERAL AGGREGATE \$ N/A
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ N/A
	POLICY PROJECT LOC						\$ N/A
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ N/A
	ANY AUTO			N/A	N/A	N/A	BODILY INJURY (Per person) \$ N/A
	ALL OWNED AUTOS						BODILY INJURY (Per accident) \$ N/A
	SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$ N/A
	HIRED AUTOS						\$ N/A
	UMBRELLA LIAB						EACH OCCURRENCE \$ N/A
	EXCESS LIAB			N/A	N/A	N/A	AGGREGATE \$ N/A
	DED RETENTION \$						\$ N/A
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS OTH-ER \$ N/A
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N		N/A	N/A	N/A	E.L. EACH ACCIDENT \$ N/A
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ N/A
	OTHER						E.L. DISEASE - POLICY LIMIT \$ N/A
	Medical Prof. Liability			GAMS115790	06/05/2013	06/05/2014	Each Med. Incident: Shared Primary
	Retro Date: 01/01/2012						Aggregate Limit: N/A

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/04/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Arthur J. Gallagher Risk Management Services, Inc. 12621 Featherwood Dr., Suite 300 Houston, TX 77034	CONTACT NAME:	
	PHONE (A/C, NO, EXT):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	COMPANY A: Applied Medico-Legal Solutions RRG Inc	
INSURED Malini Kumar, M.D. Apt. 701 910 Houston Street Fort Worth, TX 76102-6224	NAIC #	
	11598	
	COMPANY B:	
	COMPANY C:	
	COMPANY D:	
COMPANY E:		
COMPANY F:		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						EACH OCCURRENCE \$ N/A
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ N/A
	CLAIMS MADE OCCUR			N/A	N/A	N/A	MED EXP (Any one person) \$ N/A
							PERSONAL & ADV INJURY \$ N/A
							GENERAL AGGREGATE \$ N/A
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ N/A
	POLICY PROJECT LOC						\$ N/A
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ N/A
	ANY AUTO ALL OWNED AUTOS			N/A	N/A	N/A	BODILY INJURY (Per person) \$ N/A
	SCHEDULED AUTOS NON-OWNED AUTOS						BODILY INJURY (Per accident) \$ N/A
	HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$ N/A
							\$ N/A
	UMBRELLA LIAB						EACH OCCURRENCE \$ N/A
	EXCESS LIAB			N/A	N/A	N/A	AGGREGATE \$ N/A
	DED RETENTION \$						\$ N/A
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS OTH-ER \$ N/A
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N		N/A	N/A	N/A	E.L. EACH ACCIDENT \$ N/A
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ N/A
							E.L. DISEASE - POLICY LIMIT \$ N/A
	OTHER Medical Prof. Liability Retro Date: 01/20/2009			GAMS115790	06/05/2013	06/05/2014	Each Med. Incident: Shared Primary Aggregate Limit: N/A

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Donovan R. Weger



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/04/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Arthur J. Gallagher Risk Management Services, Inc. 12621 Featherwood Dr., Suite 300 Houston, TX 77034	CONTACT NAME:	
	PHONE (A/C, NO, EXT):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	COMPANY A: Applied Medico-Legal Solutions RRG Inc	
INSURED Daniel Lankford, M.D. Apt. 701 910 Houston Street Fort Worth, TX 76102-6224	NAIC #	
	11598	
	COMPANY B:	
	COMPANY C:	
	COMPANY D:	
COMPANY E:		
COMPANY F:		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						EACH OCCURRENCE \$ N/A
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ N/A
	CLAIMS MADE OCCUR			N/A	N/A	N/A	MED EXP (Any one person) \$ N/A
							PERSONAL & ADV INJURY \$ N/A
							GENERAL AGGREGATE \$ N/A
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ N/A
	POLICY PRO-JECT LOC						\$ N/A
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ N/A
	ANY AUTO ALL OWNED AUTOS			N/A	N/A	N/A	BODILY INJURY (Per person) \$ N/A
	SCHEDULED AUTOS NON-OWNED AUTOS						BODILY INJURY (Per accident) \$ N/A
	HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$ N/A
							\$ N/A
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE \$ N/A
	EXCESS LIAB CLAIMS MADE			N/A	N/A	N/A	AGGREGATE \$ N/A
	DED RETENTION \$						\$ N/A
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS OTH-ER \$ N/A
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N		N/A	N/A	N/A	E.L. EACH ACCIDENT \$ N/A
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ N/A
							E.L. DISEASE - POLICY LIMIT \$ N/A
	OTHER Medical Prof. Liability Retro Date: 05/23/2010			GAMS115790	06/05/2013	06/05/2014	Each Med. Incident: Shared Primary Aggregate Limit: N/A

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Donovan R. Weger



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/04/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Arthur J. Gallagher Risk Management Services, Inc. 12621 Featherwood Dr., Suite 300 Houston, TX 77034	CONTACT NAME:	
	PHONE (A/C, NO, EXT):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	COMPANY A: Applied Medico-Legal Solutions RRG Inc	
INSURED Dimitri Latoni, M.D. Apt. 701 910 Houston Street Fort Worth, TX 76102-6224	NAIC #	
	11598	
	COMPANY B:	
	COMPANY C:	
	COMPANY D:	
COMPANY E:		
COMPANY F:		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						EACH OCCURRENCE \$ N/A
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ N/A
	CLAIMS MADE OCCUR			N/A	N/A	N/A	MED EXP (Any one person) \$ N/A
							PERSONAL & ADV INJURY \$ N/A
							GENERAL AGGREGATE \$ N/A
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ N/A
	POLICY PROJECT LOC						\$ N/A
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ N/A
	ANY AUTO ALL OWNED AUTOS			N/A	N/A	N/A	BODILY INJURY (Per person) \$ N/A
	SCHEDULED AUTOS NON-OWNED AUTOS						BODILY INJURY (Per accident) \$ N/A
	HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$ N/A
							\$ N/A
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE \$ N/A
	EXCESS LIAB CLAIMS MADE			N/A	N/A	N/A	AGGREGATE \$ N/A
	DED RETENTION \$						\$ N/A
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS OTH-ER \$ N/A
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N		N/A	N/A	N/A	E.L. EACH ACCIDENT \$ N/A
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ N/A
							E.L. DISEASE - POLICY LIMIT \$ N/A
	OTHER Medical Prof. Liability Retro Date: 04/15/2012			GAMS115790	06/05/2013	06/05/2014	Each Med. Incident: Shared Primary Aggregate Limit: N/A

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Donovan R. Weger



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/04/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Arthur J. Gallagher Risk Management Services, Inc. 12621 Featherwood Dr., Suite 300 Houston, TX 77034	CONTACT NAME:	
	PHONE (A/C, NO, EXT):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	COMPANY A: Applied Medico-Legal Solutions RRG Inc	
INSURED Kang Lee, M.D. Apt. 701 910 Houston Street Fort Worth, TX 76102-6224	NAIC #	
	11598	
	COMPANY B:	
	COMPANY C:	
	COMPANY D:	
COMPANY E:		
COMPANY F:		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						EACH OCCURRENCE \$ N/A
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ N/A
	CLAIMS MADE OCCUR			N/A	N/A	N/A	MED EXP (Any one person) \$ N/A
							PERSONAL & ADV INJURY \$ N/A
							GENERAL AGGREGATE \$ N/A
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ N/A
	POLICY PRO-JECT LOC						\$ N/A
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ N/A
	ANY AUTO ALL OWNED AUTOS			N/A	N/A	N/A	BODILY INJURY (Per person) \$ N/A
	SCHEDULED AUTOS NON-OWNED AUTOS						BODILY INJURY (Per accident) \$ N/A
	HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$ N/A
							\$ N/A
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE \$ N/A
	EXCESS LIAB CLAIMS MADE			N/A	N/A	N/A	AGGREGATE \$ N/A
	DED RETENTION \$						\$ N/A
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS OTH-ER \$ N/A
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	N/A	N/A	N/A	E.L. EACH ACCIDENT \$ N/A
							E.L. DISEASE - EA EMPLOYEE \$ N/A
							E.L. DISEASE - POLICY LIMIT \$ N/A
	OTHER Medical Prof. Liability Retro Date: 08/01/2011			GAMS115790	06/05/2013	06/05/2014	Each Med. Incident: Shared Primary Aggregate Limit: N/A

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Donovan R. Weger



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/04/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Arthur J. Gallagher Risk Management Services, Inc. 12621 Featherwood Dr., Suite 300 Houston, TX 77034	CONTACT NAME:	
	PHONE (A/C, NO, EXT):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	COMPANY A: Applied Medico-Legal Solutions RRG Inc	
INSURED James Locker, M.D. Apt. 701 910 Houston Street Fort Worth, TX 76102-6224	NAIC #	
	11598	
	COMPANY B:	
	COMPANY C:	
	COMPANY D:	
COMPANY E:		
COMPANY F:		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						EACH OCCURRENCE \$ N/A
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ N/A
	CLAIMS MADE OCCUR			N/A	N/A	N/A	MED EXP (Any one person) \$ N/A
							PERSONAL & ADV INJURY \$ N/A
							GENERAL AGGREGATE \$ N/A
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ N/A
	POLICY PROJECT LOC						\$ N/A
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ N/A
	ANY AUTO			N/A	N/A	N/A	BODILY INJURY (Per person) \$ N/A
	ALL OWNED AUTOS						BODILY INJURY (Per accident) \$ N/A
	SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$ N/A
	HIRED AUTOS						\$ N/A
	UMBRELLA LIAB						EACH OCCURRENCE \$ N/A
	EXCESS LIAB			N/A	N/A	N/A	AGGREGATE \$ N/A
	DED RETENTION \$						\$ N/A
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS OTH-ER \$ N/A
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N		N/A	N/A	N/A	E.L. EACH ACCIDENT \$ N/A
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ N/A
	OTHER						E.L. DISEASE - POLICY LIMIT \$ N/A
	Medical Prof. Liability			GAMS115790	06/05/2013	06/05/2014	Each Med. Incident: Shared Primary
	Retro Date: 12/01/2011						Aggregate Limit: N/A

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Donovan R. Weger



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/04/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Arthur J. Gallagher Risk Management Services, Inc. 12621 Featherwood Dr., Suite 300 Houston, TX 77034	CONTACT NAME:	
	PHONE (A/C, NO, EXT):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	COMPANY A: Applied Medico-Legal Solutions RRG Inc	
INSURED Victor Lopez, M.D. Apt. 701 910 Houston Street Fort Worth, TX 76102-6224	NAIC #	
	11598	
	COMPANY B:	
	COMPANY C:	
	COMPANY D:	
COMPANY E:		
COMPANY F:		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						EACH OCCURRENCE \$ N/A
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ N/A
	CLAIMS MADE OCCUR			N/A	N/A	N/A	MED EXP (Any one person) \$ N/A
							PERSONAL & ADV INJURY \$ N/A
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ N/A
	POLICY PROJECT LOC						PRODUCTS - COMP/OP AGG \$ N/A
							\$ N/A
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ N/A
	ANY AUTO			N/A	N/A	N/A	BODILY INJURY (Per person) \$ N/A
	ALL OWNED AUTOS						BODILY INJURY (Per accident) \$ N/A
	SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$ N/A
	HIRED AUTOS						\$ N/A
	UMBRELLA LIAB						EACH OCCURRENCE \$ N/A
	EXCESS LIAB			N/A	N/A	N/A	AGGREGATE \$ N/A
	DED RETENTION \$						\$ N/A
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS OTH-ER \$ N/A
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N		N/A	N/A	N/A	E.L. EACH ACCIDENT \$ N/A
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ N/A
	OTHER						E.L. DISEASE - POLICY LIMIT \$ N/A
	Medical Prof. Liability			GAMS115790	06/05/2013	06/05/2014	Each Med. Incident: Shared Primary
	Retro Date: 01/22/2013						Aggregate Limit: N/A

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/04/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Arthur J. Gallagher Risk Management Services, Inc. 12621 Featherwood Dr., Suite 300 Houston, TX 77034	CONTACT NAME:	
	PHONE (A/C, NO, EXT):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	COMPANY A: Applied Medico-Legal Solutions RRG Inc	
INSURED Travis Lyons, M.D. Apt. 701 910 Houston Street Fort Worth, TX 76102-6224	NAIC #	
	11598	
	COMPANY B:	
	COMPANY C:	
	COMPANY D:	
COMPANY E:		
COMPANY F:		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						EACH OCCURRENCE \$ N/A
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ N/A
	CLAIMS MADE OCCUR			N/A	N/A	N/A	MED EXP (Any one person) \$ N/A
							PERSONAL & ADV INJURY \$ N/A
							GENERAL AGGREGATE \$ N/A
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ N/A
	POLICY PROJECT LOC						\$ N/A
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ N/A
	ANY AUTO			N/A	N/A	N/A	BODILY INJURY (Per person) \$ N/A
	ALL OWNED AUTOS						BODILY INJURY (Per accident) \$ N/A
	SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$ N/A
	HIRED AUTOS						\$ N/A
	UMBRELLA LIAB						EACH OCCURRENCE \$ N/A
	EXCESS LIAB			N/A	N/A	N/A	AGGREGATE \$ N/A
	DED RETENTION \$						\$ N/A
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS OTH-ER \$ N/A
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N		N/A	N/A	N/A	E.L. EACH ACCIDENT \$ N/A
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ N/A
	OTHER						E.L. DISEASE - POLICY LIMIT \$ N/A
	Medical Prof. Liability			GAMS115790	06/05/2013	06/05/2014	Each Med. Incident: Shared Primary
	Retro Date: 05/01/2011						Aggregate Limit: N/A

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Donovan R. Weger



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/04/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Arthur J. Gallagher Risk Management Services, Inc. 12621 Featherwood Dr., Suite 300 Houston, TX 77034	CONTACT NAME:	
	PHONE (A/C, NO, EXT):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	COMPANY A: Applied Medico-Legal Solutions RRG Inc	
INSURED Christopher Maroules, MD Apt. 701 910 Houston Street Fort Worth, TX 76102-6224	NAIC #	
	11598	
	COMPANY B:	
	COMPANY C:	
	COMPANY D:	
COMPANY E:		
COMPANY F:		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						EACH OCCURRENCE \$ N/A
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ N/A
	CLAIMS MADE OCCUR			N/A	N/A	N/A	MED EXP (Any one person) \$ N/A
							PERSONAL & ADV INJURY \$ N/A
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ N/A
	POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG \$ N/A
							\$ N/A
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ N/A
	ANY AUTO ALL OWNED AUTOS			N/A	N/A	N/A	BODILY INJURY (Per person) \$ N/A
	SCHEDULED AUTOS NON-OWNED AUTOS						BODILY INJURY (Per accident) \$ N/A
	HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$ N/A
							\$ N/A
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE \$ N/A
	EXCESS LIAB CLAIMS MADE			N/A	N/A	N/A	AGGREGATE \$ N/A
	DED RETENTION \$						\$ N/A
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS OTH-ER \$ N/A
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	N/A	N/A	N/A	E.L. EACH ACCIDENT \$ N/A
							E.L. DISEASE - EA EMPLOYEE \$ N/A
							E.L. DISEASE - POLICY LIMIT \$ N/A
	OTHER Medical Prof. Liability Retro Date: 06/03/2013			GAMS115790	06/05/2013	06/05/2014	Each Med. Incident: Shared Primary Aggregate Limit: N/A

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Donovan R. Weger



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/04/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Arthur J. Gallagher Risk Management Services, Inc. 12621 Featherwood Dr., Suite 300 Houston, TX 77034	CONTACT NAME:	
	PHONE (A/C, NO, EXT):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	COMPANY A: Applied Medico-Legal Solutions RRG Inc	
INSURED Gregory R. Martiin, M.D. Apt. 701 910 Houston Street Fort Worth, TX 76102-6224	NAIC #	
	11598	
	COMPANY B:	
	COMPANY C:	
	COMPANY D:	
COMPANY E:		
COMPANY F:		

COVERAGES

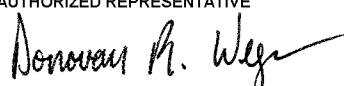
CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						EACH OCCURRENCE \$ N/A
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ N/A
	CLAIMS MADE OCCUR			N/A	N/A	N/A	MED EXP (Any one person) \$ N/A
							PERSONAL & ADV INJURY \$ N/A
							GENERAL AGGREGATE \$ N/A
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ N/A
	POLICY PROJECT LOC						\$ N/A
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ N/A
	ANY AUTO			N/A	N/A	N/A	BODILY INJURY (Per person) \$ N/A
	ALL OWNED AUTOS						BODILY INJURY (Per accident) \$ N/A
	SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$ N/A
	HIRED AUTOS						\$ N/A
	UMBRELLA LIAB						EACH OCCURRENCE \$ N/A
	EXCESS LIAB			N/A	N/A	N/A	AGGREGATE \$ N/A
	DED RETENTION \$						\$ N/A
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS \$ N/A
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N		N/A	N/A	N/A	E.L. EACH ACCIDENT \$ N/A
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ N/A
	OTHER						E.L. DISEASE - POLICY LIMIT \$ N/A
	Medical Prof. Liability			GAMS115790	06/05/2013	06/05/2014	Each Med. Incident: Shared Primary
	Retro Date: 07/06/2011						Aggregate Limit: N/A

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER	CANCELLATION
	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/04/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Arthur J. Gallagher Risk Management Services, Inc. 12621 Featherwood Dr., Suite 300 Houston, TX 77034	CONTACT NAME:	
	PHONE (A/C, NO, EXT):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	COMPANY A: Applied Medico-Legal Solutions RRG Inc	
INSURED Ray C. Mayo, M.D. Apt. 701 910 Houston Street Fort Worth, TX 76102-6224	NAIC #	
	11598	
	COMPANY B:	
	COMPANY C:	
	COMPANY D:	
COMPANY E:		
COMPANY F:		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						EACH OCCURRENCE \$ N/A
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ N/A
	CLAIMS MADE OCCUR			N/A	N/A	N/A	MED EXP (Any one person) \$ N/A
							PERSONAL & ADV INJURY \$ N/A
							GENERAL AGGREGATE \$ N/A
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ N/A
	POLICY PRO-JECT LOC						\$ N/A
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ N/A
	ANY AUTO ALL OWNED AUTOS			N/A	N/A	N/A	BODILY INJURY (Per person) \$ N/A
	SCHEDULED AUTOS NON-OWNED AUTOS						BODILY INJURY (Per accident) \$ N/A
	HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$ N/A
							\$ N/A
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE \$ N/A
	EXCESS LIAB CLAIMS MADE			N/A	N/A	N/A	AGGREGATE \$ N/A
	DED RETENTION \$						\$ N/A
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS OTH-ER \$ N/A
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N		N/A	N/A	N/A	E.L. EACH ACCIDENT \$ N/A
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ N/A
							E.L. DISEASE - POLICY LIMIT \$ N/A
	OTHER Medical Prof. Liability Retro Date: 02/03/2012			GAMS115790	06/05/2013	06/05/2014	Each Med. Incident: Shared Primary Aggregate Limit: N/A

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Donovan R. Weger



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/04/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Arthur J. Gallagher Risk Management Services, Inc. 12621 Featherwood Dr., Suite 300 Houston, TX 77034	CONTACT NAME:	
	PHONE (A/C, NO, EXT):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	COMPANY A: Applied Medico-Legal Solutions RRG Inc	
INSURED Erin N. Moody, M.D. Apt. 701 910 Houston Street Fort Worth, TX 76102-6224	NAIC #	
	11598	
	COMPANY B:	
	COMPANY C:	
	COMPANY D:	
COMPANY E:		
COMPANY F:		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						EACH OCCURRENCE \$ N/A
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ N/A
	CLAIMS MADE OCCUR			N/A	N/A	N/A	MED EXP (Any one person) \$ N/A
							PERSONAL & ADV INJURY \$ N/A
							GENERAL AGGREGATE \$ N/A
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ N/A
	POLICY PROJECT LOC						\$ N/A
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ N/A
	ANY AUTO ALL OWNED AUTOS			N/A	N/A	N/A	BODILY INJURY (Per person) \$ N/A
	SCHEDULED AUTOS						BODILY INJURY (Per accident) \$ N/A
	HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$ N/A
							\$ N/A
	UMBRELLA LIAB						EACH OCCURRENCE \$ N/A
	EXCESS LIAB			N/A	N/A	N/A	AGGREGATE \$ N/A
	DED RETENTION \$						\$ N/A
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS OTH-ER \$ N/A
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N		N/A	N/A	N/A	E.L. EACH ACCIDENT \$ N/A
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ N/A
							E.L. DISEASE - POLICY LIMIT \$ N/A
	OTHER Medical Prof. Liability Retro Date: 12/31/2011			GAMS115790	06/05/2013	06/05/2014	Each Med. Incident: Shared Primary Aggregate Limit: N/A

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Donovan R. Weger



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/04/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Arthur J. Gallagher Risk Management Services, Inc. 12621 Featherwood Dr., Suite 300 Houston, TX 77034	CONTACT NAME:	
	PHONE (A/C, NO, EXT):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	COMPANY A: Applied Medico-Legal Solutions RRG Inc	
INSURED William A. Moore, M.D. Apt. 701 910 Houston Street Fort Worth, TX 76102-6224	NAIC #	
	11598	
	COMPANY B:	
	COMPANY C:	
	COMPANY D:	
COMPANY E:		
COMPANY F:		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						EACH OCCURRENCE \$ N/A
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ N/A
	CLAIMS MADE OCCUR			N/A	N/A	N/A	MED EXP (Any one person) \$ N/A
							PERSONAL & ADV INJURY \$ N/A
							GENERAL AGGREGATE \$ N/A
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ N/A
	POLICY PROJECT LOC						\$ N/A
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ N/A
	ANY AUTO			N/A	N/A	N/A	BODILY INJURY (Per person) \$ N/A
	ALL OWNED AUTOS						BODILY INJURY (Per accident) \$ N/A
	SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$ N/A
	HIRED AUTOS						\$ N/A
	UMBRELLA LIAB						EACH OCCURRENCE \$ N/A
	EXCESS LIAB			N/A	N/A	N/A	AGGREGATE \$ N/A
	DED RETENTION \$						\$ N/A
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS OTH-ER \$ N/A
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N		N/A	N/A	N/A	E.L. EACH ACCIDENT \$ N/A
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ N/A
	OTHER						E.L. DISEASE - POLICY LIMIT \$ N/A
	Medical Prof. Liability			GAMS115790	06/05/2013	06/05/2014	Each Med. Incident: Shared Primary
	Retro Date: 06/08/2011						Aggregate Limit: N/A

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Donovan R. Weger



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/04/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Arthur J. Gallagher Risk Management Services, Inc. 12621 Featherwood Dr., Suite 300 Houston, TX 77034	CONTACT NAME:	
	PHONE (A/C, NO, EXT):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	COMPANY A: Applied Medico-Legal Solutions RRG Inc	
INSURED Adam W. Myers, M.D. Apt. 701 910 Houston Street Fort Worth, TX 76102-6224	NAIC #	
	11598	
	COMPANY B:	
	COMPANY C:	
	COMPANY D:	
COMPANY E:		
COMPANY F:		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						EACH OCCURRENCE \$ N/A
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ N/A
	CLAIMS MADE OCCUR			N/A	N/A	N/A	MED EXP (Any one person) \$ N/A
							PERSONAL & ADV INJURY \$ N/A
							GENERAL AGGREGATE \$ N/A
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ N/A
	POLICY PROJECT LOC						\$ N/A
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ N/A
	ANY AUTO			N/A	N/A	N/A	BODILY INJURY (Per person) \$ N/A
	ALL OWNED AUTOS						BODILY INJURY (Per accident) \$ N/A
	SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$ N/A
	HIRED AUTOS						\$ N/A
	UMBRELLA LIAB						EACH OCCURRENCE \$ N/A
	EXCESS LIAB			N/A	N/A	N/A	AGGREGATE \$ N/A
	DED RETENTION \$						\$ N/A
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS OTH-ER \$ N/A
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N		N/A	N/A	N/A	E.L. EACH ACCIDENT \$ N/A
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ N/A
	OTHER						E.L. DISEASE - POLICY LIMIT \$ N/A
	Medical Prof. Liability			GAMS115790	06/05/2013	06/05/2014	Each Med. Incident: Shared Primary
	Retro Date: 06/24/2010						Aggregate Limit: N/A

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Donovan R. Weger



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/04/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Arthur J. Gallagher Risk Management Services, Inc. 12621 Featherwood Dr., Suite 300 Houston, TX 77034	CONTACT NAME:	
	PHONE (A/C, NO, EXT):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	COMPANY A: Applied Medico-Legal Solutions RRG Inc	
INSURED andrew Palisch, M.D. Apt. 701 910 Houston Street Fort Worth, TX 76102-6224	NAIC #	
	11598	
	COMPANY B:	
	COMPANY C:	
	COMPANY D:	
COMPANY E:		
COMPANY F:		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						EACH OCCURRENCE \$ N/A
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ N/A
	CLAIMS MADE OCCUR			N/A	N/A	N/A	MED EXP (Any one person) \$ N/A
							PERSONAL & ADV INJURY \$ N/A
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ N/A
	POLICY PROJECT LOC						PRODUCTS - COMP/OP AGG \$ N/A
							\$ N/A
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ N/A
	ANY AUTO			N/A	N/A	N/A	BODILY INJURY (Per person) \$ N/A
	ALL OWNED AUTOS						BODILY INJURY (Per accident) \$ N/A
	SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$ N/A
	HIRED AUTOS						\$ N/A
	UMBRELLA LIAB						EACH OCCURRENCE \$ N/A
	EXCESS LIAB			N/A	N/A	N/A	AGGREGATE \$ N/A
	DED RETENTION \$						\$ N/A
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS \$ N/A
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N		N/A	N/A	N/A	E.L. EACH ACCIDENT \$ N/A
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ N/A
	OTHER						E.L. DISEASE - POLICY LIMIT \$ N/A
	Medical Prof. Liability			GAMS115790	06/05/2013	06/05/2014	Each Med. Incident: Shared Primary
	Retro Date: 06/05/2009						Aggregate Limit: N/A

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Donovan R. Weger



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/04/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Arthur J. Gallagher Risk Management Services, Inc. 12621 Featherwood Dr., Suite 300 Houston, TX 77034	CONTACT NAME:	
	PHONE (A/C, NO, EXT):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	COMPANY A: Applied Medico-Legal Solutions RRG Inc	
INSURED Minesh Patel, MD Apt. 701 910 Houston Street Fort Worth, TX 76102-6224	NAIC #	
	11598	
	COMPANY B:	
	COMPANY C:	
	COMPANY D:	
COMPANY E:		
COMPANY F:		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						EACH OCCURRENCE \$ N/A
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ N/A
	CLAIMS MADE OCCUR			N/A	N/A	N/A	MED EXP (Any one person) \$ N/A
							PERSONAL & ADV INJURY \$ N/A
							GENERAL AGGREGATE \$ N/A
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ N/A
	POLICY PROJECT LOC						\$ N/A
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ N/A
	ANY AUTO ALL OWNED AUTOS			N/A	N/A	N/A	BODILY INJURY (Per person) \$ N/A
	SCHEDULED AUTOS NON-OWNED AUTOS						BODILY INJURY (Per accident) \$ N/A
	HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$ N/A
							\$ N/A
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE \$ N/A
	EXCESS LIAB CLAIMS MADE			N/A	N/A	N/A	AGGREGATE \$ N/A
	DED RETENTION \$						\$ N/A
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS OTH-ER \$ N/A
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N		N/A	N/A	N/A	E.L. EACH ACCIDENT \$ N/A
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ N/A
							E.L. DISEASE - POLICY LIMIT \$ N/A
	OTHER Medical Prof. Liability Retro Date: 06/03/2013			GAMS115790	06/05/2013	06/05/2014	Each Med. Incident: Shared Primary Aggregate Limit: N/A

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Donovan R. Weger



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/04/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Arthur J. Gallagher Risk Management Services, Inc. 12621 Featherwood Dr., Suite 300 Houston, TX 77034	CONTACT NAME:	
	PHONE (A/C, NO, EXT):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	COMPANY A: Applied Medico-Legal Solutions RRG Inc	
INSURED Mrudula Penta, M.D. Apt. 701 910 Houston Street Fort Worth, TX 76102-6224	NAIC #	
	11598	
	COMPANY B:	
	COMPANY C:	
	COMPANY D:	
COMPANY E:		
COMPANY F:		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						EACH OCCURRENCE \$ N/A
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ N/A
	CLAIMS MADE OCCUR			N/A	N/A	N/A	MED EXP (Any one person) \$ N/A
							PERSONAL & ADV INJURY \$ N/A
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ N/A
	POLICY PROJECT LOC						PRODUCTS - COMP/OP AGG \$ N/A
							\$ N/A
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ N/A
	ANY AUTO			N/A	N/A	N/A	BODILY INJURY (Per person) \$ N/A
	ALL OWNED AUTOS						BODILY INJURY (Per accident) \$ N/A
	SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$ N/A
	HIRED AUTOS						\$ N/A
	UMBRELLA LIAB						EACH OCCURRENCE \$ N/A
	EXCESS LIAB			N/A	N/A	N/A	AGGREGATE \$ N/A
	DED RETENTION \$						\$ N/A
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS \$ N/A
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N		N/A	N/A	N/A	E.L. EACH ACCIDENT \$ N/A
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ N/A
	OTHER						E.L. DISEASE - POLICY LIMIT \$ N/A
	Medical Prof. Liability			GAMS115790	06/05/2013	06/05/2014	Each Med. Incident: Shared Primary
	Retro Date: 09/01/2011						Aggregate Limit: N/A

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/04/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Arthur J. Gallagher Risk Management Services, Inc. 12621 Featherwood Dr., Suite 300 Houston, TX 77034	CONTACT NAME:	
	PHONE (A/C, NO, EXT):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	COMPANY A: Applied Medico-Legal Solutions RRG Inc	
INSURED Jason Pond, MD Apt. 701 910 Houston Street Fort Worth, TX 76102-6224	NAIC #	
	11598	
	COMPANY B:	
	COMPANY C:	
	COMPANY D:	
COMPANY E:		
COMPANY F:		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						EACH OCCURRENCE \$ N/A
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ N/A
	CLAIMS MADE OCCUR			N/A	N/A	N/A	MED EXP (Any one person) \$ N/A
							PERSONAL & ADV INJURY \$ N/A
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ N/A
	POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG \$ N/A
							\$ N/A
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ N/A
	ANY AUTO ALL OWNED AUTOS			N/A	N/A	N/A	BODILY INJURY (Per person) \$ N/A
	SCHEDULED AUTOS NON-OWNED AUTOS						BODILY INJURY (Per accident) \$ N/A
	HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$ N/A
							\$ N/A
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE \$ N/A
	EXCESS LIAB CLAIMS MADE			N/A	N/A	N/A	AGGREGATE \$ N/A
	DED RETENTION \$						\$ N/A
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS OTH-ER \$ N/A
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	N/A	N/A	N/A	E.L. EACH ACCIDENT \$ N/A
							E.L. DISEASE - EA EMPLOYEE \$ N/A
							E.L. DISEASE - POLICY LIMIT \$ N/A
	OTHER Medical Prof. Liability Retro Date: 06/03/2013			GAMS115790	06/05/2013	06/05/2014	Each Med. Incident: Shared Primary Aggregate Limit: N/A

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Donovan R. Weger



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/04/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
Arthur J. Gallagher Risk Management Services, Inc.	PHONE (A/C, NO, EXT):	FAX (A/C, No):
12621 Featherwood Dr., Suite 300	E-MAIL ADDRESS:	
Houston, TX 77034	INSURER(S) AFFORDING COVERAGE	NAIC #
	COMPANY A: Applied Medico-Legal Solutions RRG Inc	11598
INSURED	COMPANY B:	
Saritha G. Pothuluri, M.D.	COMPANY C:	
Apt. 701	COMPANY D:	
910 Houston Street	COMPANY E:	
Fort Worth, TX 76102-6224	COMPANY F:	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						EACH OCCURRENCE \$ N/A
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ N/A
	CLAIMS MADE OCCUR			N/A	N/A	N/A	MED EXP (Any one person) \$ N/A
							PERSONAL & ADV INJURY \$ N/A
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ N/A
	POLICY PROJECT LOC						PRODUCTS - COMP/OP AGG \$ N/A
							\$ N/A
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ N/A
	ANY AUTO			N/A	N/A	N/A	BODILY INJURY (Per person) \$ N/A
	ALL OWNED AUTOS						BODILY INJURY (Per accident) \$ N/A
	SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$ N/A
	HIRED AUTOS						\$ N/A
	UMBRELLA LIAB						EACH OCCURRENCE \$ N/A
	EXCESS LIAB			N/A	N/A	N/A	AGGREGATE \$ N/A
	DED RETENTION \$						\$ N/A
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS OTH-ER \$ N/A
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N		N/A	N/A	N/A	E.L. EACH ACCIDENT \$ N/A
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ N/A
	OTHER						E.L. DISEASE - POLICY LIMIT \$ N/A
	Medical Prof. Liability			GAMS115790	06/05/2013	06/05/2014	Each Med. Incident: Shared Primary
	Retro Date: 05/15/2007						Aggregate Limit: N/A

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/04/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Arthur J. Gallagher Risk Management Services, Inc. 12621 Featherwood Dr., Suite 300 Houston, TX 77034	CONTACT NAME:	
	PHONE (A/C, NO, EXT):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	COMPANY A: Applied Medico-Legal Solutions RRG Inc	
INSURED Michael D. Richter, M.D. Apt. 701 910 Houston Street Fort Worth, TX 76102-6224	NAIC #	
	11598	
	COMPANY B:	
	COMPANY C:	
	COMPANY D:	
COMPANY E:		
COMPANY F:		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						EACH OCCURRENCE \$ N/A
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ N/A
	CLAIMS MADE OCCUR			N/A	N/A	N/A	MED EXP (Any one person) \$ N/A
							PERSONAL & ADV INJURY \$ N/A
							GENERAL AGGREGATE \$ N/A
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ N/A
	POLICY PROJECT LOC						\$ N/A
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ N/A
	ANY AUTO			N/A	N/A	N/A	BODILY INJURY (Per person) \$ N/A
	ALL OWNED AUTOS						BODILY INJURY (Per accident) \$ N/A
	SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$ N/A
	HIRED AUTOS						\$ N/A
	UMBRELLA LIAB						EACH OCCURRENCE \$ N/A
	EXCESS LIAB			N/A	N/A	N/A	AGGREGATE \$ N/A
	DED RETENTION \$						\$ N/A
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS OTH-ER \$ N/A
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N		N/A	N/A	N/A	E.L. EACH ACCIDENT \$ N/A
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ N/A
	OTHER						E.L. DISEASE - POLICY LIMIT \$ N/A
	Medical Prof. Liability			GAMS115790	06/05/2013	06/05/2014	Each Med. Incident: Shared Primary
	Retro Date: 11/28/2011						Aggregate Limit: N/A

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/04/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Arthur J. Gallagher Risk Management Services, Inc. 12621 Featherwood Dr., Suite 300 Houston, TX 77034	CONTACT NAME:	
	PHONE (A/C, NO, EXT):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	COMPANY A: Applied Medico-Legal Solutions RRG Inc	
INSURED Matthew Rose, M.D. Apt. 701 910 Houston Street Fort Worth, TX 76102-6224	NAIC #	
	11598	
	COMPANY B:	
	COMPANY C:	
	COMPANY D:	
COMPANY E:		
COMPANY F:		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						EACH OCCURRENCE \$ N/A
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ N/A
	CLAIMS MADE OCCUR			N/A	N/A	N/A	MED EXP (Any one person) \$ N/A
							PERSONAL & ADV INJURY \$ N/A
							GENERAL AGGREGATE \$ N/A
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ N/A
	POLICY PRO-JECT LOC						\$ N/A
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ N/A
	ANY AUTO ALL OWNED AUTOS			N/A	N/A	N/A	BODILY INJURY (Per person) \$ N/A
	SCHEDULED AUTOS NON-OWNED AUTOS						BODILY INJURY (Per accident) \$ N/A
	HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$ N/A
							\$ N/A
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE \$ N/A
	EXCESS LIAB CLAIMS MADE			N/A	N/A	N/A	AGGREGATE \$ N/A
	DED RETENTION \$						\$ N/A
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS OTH-ER \$ N/A
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N		N/A	N/A	N/A	E.L. EACH ACCIDENT \$ N/A
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ N/A
							E.L. DISEASE - POLICY LIMIT \$ N/A
	OTHER Medical Prof. Liability Retro Date: 01/01/2011			GAMS115790	06/05/2013	06/05/2014	Each Med. Incident: Shared Primary Aggregate Limit: N/A

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Donovan R. Weger



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/04/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Arthur J. Gallagher Risk Management Services, Inc. 12621 Featherwood Dr., Suite 300 Houston, TX 77034	CONTACT NAME:	
	PHONE (A/C, NO, EXT):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	COMPANY A: Applied Medico-Legal Solutions RRG Inc	
INSURED Thomas Saadeh, MD Apt. 701 910 Houston Street Fort Worth, TX 76102-6224	NAIC #	
	11598	
	COMPANY B:	
	COMPANY C:	
	COMPANY D:	
COMPANY E:		
COMPANY F:		

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						EACH OCCURRENCE \$ N/A
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ N/A
	CLAIMS MADE OCCUR			N/A	N/A	N/A	MED EXP (Any one person) \$ N/A
							PERSONAL & ADV INJURY \$ N/A
							GENERAL AGGREGATE \$ N/A
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ N/A
	POLICY PROJECT LOC						\$ N/A
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ N/A
	ANY AUTO			N/A	N/A	N/A	BODILY INJURY (Per person) \$ N/A
	ALL OWNED AUTOS						BODILY INJURY (Per accident) \$ N/A
	SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$ N/A
	HIRED AUTOS						\$ N/A
	UMBRELLA LIAB						EACH OCCURRENCE \$ N/A
	EXCESS LIAB			N/A	N/A	N/A	AGGREGATE \$ N/A
	DED RETENTION \$						\$ N/A
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS OTH-ER \$ N/A
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N		N/A	N/A	N/A	E.L. EACH ACCIDENT \$ N/A
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ N/A
	OTHER						E.L. DISEASE - POLICY LIMIT \$ N/A
	Medical Prof. Liability			GAMS115790	06/05/2013	06/05/2014	Each Med. Incident: Vicarious
	Retro Date: 06/03/2013						Aggregate Limit: N/A

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/04/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Arthur J. Gallagher Risk Management Services, Inc. 12621 Featherwood Dr., Suite 300 Houston, TX 77034	CONTACT NAME:	
	PHONE (A/C, NO, EXT):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	COMPANY A: Applied Medico-Legal Solutions RRG Inc	
INSURED Abel Salazar Apt. 701 910 Houston Street Fort Worth, TX 76102-6224	NAIC #	
	11598	
	COMPANY B:	
	COMPANY C:	
	COMPANY D:	
COMPANY E:		
COMPANY F:		

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						EACH OCCURRENCE \$ N/A
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ N/A
	CLAIMS MADE OCCUR			N/A	N/A	N/A	MED EXP (Any one person) \$ N/A
							PERSONAL & ADV INJURY \$ N/A
							GENERAL AGGREGATE \$ N/A
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ N/A
	POLICY PROJECT LOC						\$ N/A
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ N/A
	ANY AUTO			N/A	N/A	N/A	BODILY INJURY (Per person) \$ N/A
	ALL OWNED AUTOS						BODILY INJURY (Per accident) \$ N/A
	SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$ N/A
	HIRED AUTOS						\$ N/A
	UMBRELLA LIAB						EACH OCCURRENCE \$ N/A
	EXCESS LIAB			N/A	N/A	N/A	AGGREGATE \$ N/A
	DED RETENTION \$						\$ N/A
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS \$ N/A
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N		N/A	N/A	N/A	E.L. EACH ACCIDENT \$ N/A
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ N/A
	OTHER						E.L. DISEASE - POLICY LIMIT \$ N/A
	Medical Prof. Liability			GAMS115790	06/05/2013	06/05/2014	Each Med. Incident: Shared Primary
	Retro Date: 12/01/2011						Aggregate Limit: N/A

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/04/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Arthur J. Gallagher Risk Management Services, Inc. 12621 Featherwood Dr., Suite 300 Houston, TX 77034	CONTACT NAME:	
	PHONE (A/C, NO, EXT):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	COMPANY A: Applied Medico-Legal Solutions RRG Inc	
INSURED Michael Seymour, M.D. Apt. 701 910 Houston Street Fort Worth, TX 76102-6224	NAIC #	
	11598	
	COMPANY B:	
	COMPANY C:	
	COMPANY D:	
COMPANY E:		
COMPANY F:		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						EACH OCCURRENCE \$ N/A
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ N/A
	CLAIMS MADE OCCUR			N/A	N/A	N/A	MED EXP (Any one person) \$ N/A
							PERSONAL & ADV INJURY \$ N/A
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ N/A
	POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG \$ N/A
							\$ N/A
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ N/A
	ANY AUTO ALL OWNED AUTOS			N/A	N/A	N/A	BODILY INJURY (Per person) \$ N/A
	SCHEDULED AUTOS NON-OWNED AUTOS						BODILY INJURY (Per accident) \$ N/A
	HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$ N/A
							\$ N/A
	UMBRELLA LIAB						EACH OCCURRENCE \$ N/A
	EXCESS LIAB			N/A	N/A	N/A	AGGREGATE \$ N/A
	DED RETENTION \$						\$ N/A
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS OTH-ER \$ N/A
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N		N/A	N/A	N/A	E.L. EACH ACCIDENT \$ N/A
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ N/A
							E.L. DISEASE - POLICY LIMIT \$ N/A
	OTHER Medical Prof. Liability Retro Date: 06/06/2011			GAMS115790	06/05/2013	06/05/2014	Each Med. Incident: Shared Primary Aggregate Limit: N/A

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Donovan R. Weger



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/04/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Arthur J. Gallagher Risk Management Services, Inc. 12621 Featherwood Dr., Suite 300 Houston, TX 77034	CONTACT NAME:	
	PHONE (A/C, NO, EXT):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	COMPANY A: Applied Medico-Legal Solutions RRG Inc	
INSURED Anthony L. Sparks, M.D. Apt. 701 910 Houston Street Fort Worth, TX 76102-6224	NAIC #	
	11598	
	COMPANY B:	
	COMPANY C:	
	COMPANY D:	
COMPANY E:		
COMPANY F:		

COVERAGES

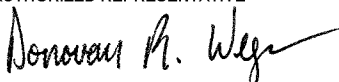
CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						EACH OCCURRENCE \$ N/A
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ N/A
	CLAIMS MADE OCCUR			N/A	N/A	N/A	MED EXP (Any one person) \$ N/A
							PERSONAL & ADV INJURY \$ N/A
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ N/A
	POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG \$ N/A
							\$ N/A
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ N/A
	ANY AUTO ALL OWNED AUTOS			N/A	N/A	N/A	BODILY INJURY (Per person) \$ N/A
	SCHEDULED AUTOS						BODILY INJURY (Per accident) \$ N/A
	HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$ N/A
							\$ N/A
	UMBRELLA LIAB						EACH OCCURRENCE \$ N/A
	EXCESS LIAB			N/A	N/A	N/A	AGGREGATE \$ N/A
	DED RETENTION \$						\$ N/A
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS \$ N/A
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N		N/A	N/A	N/A	E.L. EACH ACCIDENT \$ N/A
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ N/A
							E.L. DISEASE - POLICY LIMIT \$ N/A
	OTHER Medical Prof. Liability Retro Date: 05/20/2011			GAMS115790	06/05/2013	06/05/2014	Each Med. Incident: Shared Primary Aggregate Limit: N/A

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER	CANCELLATION
	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

© 1988-2010 ACORD CORPORATION. All rights reserved.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/04/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Arthur J. Gallagher Risk Management Services, Inc. 12621 Featherwood Dr., Suite 300 Houston, TX 77034	CONTACT NAME:	
	PHONE (A/C, NO, EXT):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	COMPANY A: Applied Medico-Legal Solutions RRG Inc	
INSURED Julia Ward, M.D. Apt. 701 910 Houston Street Fort Worth, TX 76102-6224	NAIC #	
	11598	
	COMPANY B:	
	COMPANY C:	
	COMPANY D:	
COMPANY E:		
COMPANY F:		

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						EACH OCCURRENCE \$ N/A
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ N/A
	CLAIMS MADE OCCUR			N/A	N/A	N/A	MED EXP (Any one person) \$ N/A
							PERSONAL & ADV INJURY \$ N/A
							GENERAL AGGREGATE \$ N/A
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ N/A
	POLICY PROJECT LOC						\$ N/A
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ N/A
	ANY AUTO ALL OWNED AUTOS			N/A	N/A	N/A	BODILY INJURY (Per person) \$ N/A
	SCHEDULED AUTOS NON-OWNED AUTOS						BODILY INJURY (Per accident) \$ N/A
	HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$ N/A
							\$ N/A
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE \$ N/A
	EXCESS LIAB CLAIMS MADE			N/A	N/A	N/A	AGGREGATE \$ N/A
	DED RETENTION \$						\$ N/A
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS OTH-ER \$ N/A
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N		N/A	N/A	N/A	E.L. EACH ACCIDENT \$ N/A
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ N/A
							E.L. DISEASE - POLICY LIMIT \$ N/A
	OTHER Medical Prof. Liability Retro Date: 02/12/2013			GAMS115790	06/05/2013	06/05/2014	Each Med. Incident: Shared Primary Aggregate Limit: N/A

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/04/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Arthur J. Gallagher Risk Management Services, Inc. 12621 Featherwood Dr., Suite 300 Houston, TX 77034	CONTACT NAME:	
	PHONE (A/C, NO, EXT):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	COMPANY A: Applied Medico-Legal Solutions RRG Inc	
INSURED Brent Weinberg, M.D. Apt. 701 910 Houston Street Fort Worth, TX 76102-6224	NAIC #	
	11598	
	COMPANY B:	
	COMPANY C:	
	COMPANY D:	
COMPANY E:		
COMPANY F:		

COVERAGES

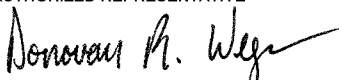
CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						EACH OCCURRENCE \$ N/A
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ N/A
	CLAIMS MADE OCCUR			N/A	N/A	N/A	MED EXP (Any one person) \$ N/A
							PERSONAL & ADV INJURY \$ N/A
							GENERAL AGGREGATE \$ N/A
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ N/A
	POLICY PROJECT LOC						\$ N/A
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ N/A
	ANY AUTO ALL OWNED AUTOS			N/A	N/A	N/A	BODILY INJURY (Per person) \$ N/A
	SCHEDULED AUTOS NON-OWNED AUTOS						BODILY INJURY (Per accident) \$ N/A
	HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$ N/A
							\$ N/A
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE \$ N/A
	EXCESS LIAB CLAIMS MADE			N/A	N/A	N/A	AGGREGATE \$ N/A
	DED RETENTION \$						\$ N/A
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS OTH-ER \$ N/A
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	N/A	N/A	N/A	E.L. EACH ACCIDENT \$ N/A
							E.L. DISEASE - EA EMPLOYEE \$ N/A
							E.L. DISEASE - POLICY LIMIT \$ N/A
	OTHER Medical Prof. Liability Retro Date: 12/21/2011			GAMS115790	06/05/2013	06/05/2014	Each Med. Incident: Shared Primary Aggregate Limit: N/A

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER	CANCELLATION
	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/04/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Arthur J. Gallagher Risk Management Services, Inc. 12621 Featherwood Dr., Suite 300 Houston, TX 77034	CONTACT NAME:	
	PHONE (A/C, NO, EXT):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	COMPANY A: Applied Medico-Legal Solutions RRG Inc	
INSURED Eric Weissmann, M.D. Apt. 701 910 Houston Street Fort Worth, TX 76102-6224	NAIC #	
	11598	
	COMPANY B:	
	COMPANY C:	
	COMPANY D:	
COMPANY E:		
COMPANY F:		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						EACH OCCURRENCE \$ N/A
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ N/A
	CLAIMS MADE OCCUR			N/A	N/A	N/A	MED EXP (Any one person) \$ N/A
							PERSONAL & ADV INJURY \$ N/A
							GENERAL AGGREGATE \$ N/A
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ N/A
	POLICY PRO-JECT LOC						\$ N/A
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ N/A
	ANY AUTO ALL OWNED AUTOS			N/A	N/A	N/A	BODILY INJURY (Per person) \$ N/A
	SCHEDULED AUTOS NON-OWNED AUTOS						BODILY INJURY (Per accident) \$ N/A
	HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$ N/A
							\$ N/A
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE \$ N/A
	EXCESS LIAB CLAIMS MADE			N/A	N/A	N/A	AGGREGATE \$ N/A
	DED RETENTION \$						\$ N/A
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS OTH-ER \$ N/A
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N		N/A	N/A	N/A	E.L. EACH ACCIDENT \$ N/A
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ N/A
							E.L. DISEASE - POLICY LIMIT \$ N/A
	OTHER Medical Prof. Liability Retro Date: 05/16/2012			GAMS115790	06/05/2013	06/05/2014	Each Med. Incident: Shared Primary Aggregate Limit: N/A

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Donovan R. Weger



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/04/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Arthur J. Gallagher Risk Management Services, Inc. 12621 Featherwood Dr., Suite 300 Houston, TX 77034	CONTACT NAME:	
	PHONE (A/C, NO, EXT):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	COMPANY A: Applied Medico-Legal Solutions RRG Inc	
INSURED Hugh White, M.D. Apt. 701 910 Houston Street Fort Worth, TX 76102-6224	NAIC #	
	11598	
	COMPANY B:	
	COMPANY C:	
	COMPANY D:	
COMPANY E:		
COMPANY F:		

COVERAGES

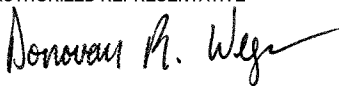
CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						EACH OCCURRENCE \$ N/A
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ N/A
	CLAIMS MADE OCCUR			N/A	N/A	N/A	MED EXP (Any one person) \$ N/A
							PERSONAL & ADV INJURY \$ N/A
							GENERAL AGGREGATE \$ N/A
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ N/A
	POLICY PROJECT LOC						\$ N/A
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ N/A
	ANY AUTO			N/A	N/A	N/A	BODILY INJURY (Per person) \$ N/A
	ALL OWNED AUTOS						BODILY INJURY (Per accident) \$ N/A
	SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$ N/A
	HIRED AUTOS						\$ N/A
	UMBRELLA LIAB						EACH OCCURRENCE \$ N/A
	EXCESS LIAB			N/A	N/A	N/A	AGGREGATE \$ N/A
	DED RETENTION \$						\$ N/A
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS \$ N/A
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N		N/A	N/A	N/A	E.L. EACH ACCIDENT \$ N/A
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ N/A
							E.L. DISEASE - POLICY LIMIT \$ N/A
	OTHER Medical Prof. Liability Retro Date: 03/05/2010			GAMS115790	06/05/2013	06/05/2014	Each Med. Incident: Shared Primary Aggregate Limit: N/A

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER	CANCELLATION
	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

© 1988-2010 ACORD CORPORATION. All rights reserved.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/04/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Arthur J. Gallagher Risk Management Services, Inc. 12621 Featherwood Dr., Suite 300 Houston, TX 77034	CONTACT NAME:	
	PHONE (A/C, NO, EXT):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	COMPANY A: Applied Medico-Legal Solutions RRG Inc	
INSURED Phil Wortley, M.D. Apt. 701 910 Houston Street Fort Worth, TX 76102-6224	NAIC #	
	11598	
	COMPANY B:	
	COMPANY C:	
	COMPANY D:	
COMPANY E:		
COMPANY F:		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						EACH OCCURRENCE \$ N/A
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ N/A
	CLAIMS MADE OCCUR			N/A	N/A	N/A	MED EXP (Any one person) \$ N/A
							PERSONAL & ADV INJURY \$ N/A
							GENERAL AGGREGATE \$ N/A
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ N/A
	POLICY PROJECT LOC						\$ N/A
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ N/A
	ANY AUTO			N/A	N/A	N/A	BODILY INJURY (Per person) \$ N/A
	ALL OWNED AUTOS						BODILY INJURY (Per accident) \$ N/A
	SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$ N/A
	HIRED AUTOS						\$ N/A
	UMBRELLA LIAB						EACH OCCURRENCE \$ N/A
	EXCESS LIAB			N/A	N/A	N/A	AGGREGATE \$ N/A
	DED RETENTION \$						\$ N/A
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS OTH-ER \$ N/A
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N		N/A	N/A	N/A	E.L. EACH ACCIDENT \$ N/A
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ N/A
	OTHER						E.L. DISEASE - POLICY LIMIT \$ N/A
	Medical Prof. Liability			GAMS115790	06/05/2013	06/05/2014	Each Med. Incident: Shared Primary
	Retro Date: 06/10/2010						Aggregate Limit: N/A

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

