

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 floider in fleu of Such endorsemer	n(s).	
PRODUCER	CONTACT	
Arthur J. Gallagher Risk Managemen 12621 Featherwood Dr., Suite 300 Houston, TX 77034	(-1-1)	FAX (A/C, No):
	E-MAIL ADDRESS:	
110 US COII, 11 77004	INSURER(S) AFF	ORDING COVERAGE NAIC#
	COMPANY A: Applied Medic	o-Legal Solutions RRG Inc 11598
INSURED	COMPANY B:	
Professional Imaging, L.L.C.	COMPANY C:	
Apt. 701 910 Houston Street	COMPANY D:	
Fort Worth, TX 76102-6224	COMPANY E:	
	COMPANY F:	
COVEDAGES	CEDTIFICATE NUMBED:	DEVISION NUMBED:

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.

	TYPE OF INSURANCE	ADDL INSR		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	3
GENI	ERAL LIABILITY COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ n/A \$ n/A
	CLAIMS MADE OCCUR		N/A	27 / 2	/-	27 / 2	MED EXP (Any one person)	\$ n/A
				N/A	N/A	PERSONAL & ADV INJURY	\$ N/A	
							GENERAL AGGREGATE	\$ n/A
GEN	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMPIOP AGG	\$ n/A
	PRO- POLICY JECT LOC							\$ n/A
AUT	DMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ n/A
	ANY AUTO					1 1	BODILY INJURY (Per person)	\$ N/A
	ALL OWNED SCHEDULED AUTOS AUTOS			A\N	N/A	N/A	BODILY INJURY (Per accident)	\$ n/A
	HIRED AUTOS NON-OWNED 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
AND	KERS COMPENSATION EMPLOYERS' LIABILITY YIN						WC STATU- OTH- TORY LIMITS ER	\$ N/A
	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A		N/A	N/A	N/A	E.L. EACH ACCIDENT	\$ N/A
(Man	datory in NH)						E.L. DISEASE – EA EMPLOYEE	\$ n/A
	i, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ n/A
	ER dical Prof. Liability cro Date: 10/04/2003			GAMS115790	06/05/2013	06/05/2014	Each Med. Incident: Aggregate Limit: \$1	

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

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		HCHE	(3).							
PRO	DUCER				CONTACT NAME:					
7 m+	hur J. Gallagher Risk Manageme	n+ o	Somri a	oc Inc	PHONE		FAX			
	21 Featherwood Dr., Suite 300	:IIC ,	SELVICE	es, inc.	(A/C, NO, EXT): E-MAIL		(A/C, No):			
	iston, TX 77034				ADDRESS:					
	,				I	NSURER(S) AFFO	ORDING COVERAGE	NAIC#		
					COMPANY A: App	plied Medico	o-Legal Solutions RRG	11598		
INSU	RED				COMPANY B:					
Sha	hnaz Ali, M.D.				COMPANY C:					
	. 701				COMPANY D:					
	Houston Street									
For	t Worth, TX 76102-6224				COMPANY E:					
CO	VERAGES		CEDTIE	FICATE NUMBER	COMPANY F:		REVISION NUMBER:			
	S IS TO CERTIFY THAT THE POLICIES O					D TO THE INCL		DOLLOY DEDICE		
IND CEF	CATED. NOTWITHSTANDING ANY REQU RTIFICATE MAY BE ISSUED OR MAY PE ELUSIONS AND CONDITIONS OF SUCH PO	IIREN RTAII	IENT, TE N, THE I	ERM OR CONDITION INSURANCE AFFOR	N OF ANY CONTE RDED BY THE PO	RACT OR OTHE LICIES DESCRI	R DOCUMENT WITH RESPECT TO ALL BED HEREIN IS SUBJECT TO ALL	TO WHICH THIS		
INSR LTR	TYPE OF INSURANCE		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/			
	CLAIMS MADE OCCUR			27 / 2	27 / 7	27./2	MED EXP (Any one person) \$ N/	'A		
				N/A	N/A	N/A	PERSONAL & ADV INJURY \$ N/	'A		
							GENERAL AGGREGATE \$ N/	'A		
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ N/	'A		
	PRO- POLICY JECT LOC						\$ N/	/a		
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT			
	AUTOMOBILE LIABILITY		N/A	A\u	27./2	(Ea accident)				
	ANY AUTO ALL OWNED SCHEDULED					BODILY INJURY (Per person) \$ N/				
	AUTOS AUTOS			N/A	N/A	N/A	BODILY INJURY (Per accident) \$ Ŋ/	'A		
	NON-OWNED HIRED AUTOS AUTOS						PROPERTY DAMAGE (Per accident) \$ N/	'A		
							\$ N/	'A		
	UMBRELLA LIAB OCCUR			N/A	4-	N/A	EACH OCCURRENCE \$ N/	'A		
	EXCESS LIAB CLAIMS MADE				N/A		AGGREGATE \$ N/	'A		
	DED RETENTION \$						\$ N/	'A		
	WORKERS COMPENSATION					n/A	WC STATU- OTH- TORY LIMITS ER \$ №/	/2		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE			27 / 2	27 / 7		;			
	OFFICER/MEMBER EXCLUDED?	N/A		N/A	N/A		······································			
	(Mandatory in NH) If yes, describe under						E.L. DISEASE – EA EMPLOYEE \$ N/			
	DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$ N/	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
	OTHER Medical Prof. Liability Retro Date: 10/16/2009			GAMS115790	06/05/2013	06/05/2014	Each Med. Incident: Sha Aggregate Limit: N/A	red Primary.		
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICLES (.	Attach	ACORD 10	1. Additional Remarks Sci	: hedule, if more space is	: required)	:			
5200	The first of of Electronic Acceptance Acceptance	· · · · · · · · · · · · · · · · · · ·	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	i, raditional Romano con	nodalo, il moro opaco lo	roquirou				
CEF	RTIFICATE HOLDER				CANCELLATION	J				
							DESCRIBED POLICIES BE CANCEL	LED BEFORE		
							OF, NOTICE WILL BE DELIVERED			
							CY PROVISIONS.			
					AUTUODIZES SEE	ECENTATO (=				
					AUTHORIZED REPR					
					Nonemark.	M. Wegs				
					Marmarani	11. von				



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

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	uncate noider in neu of Such endorsei	nent(s	J.						
PRO	DUCER			CONTACT NAME:					
Δrt	hur J. Gallagher Risk Manageme	ent Se	emrices Inc	PHONE (A/C, NO, EXT):		FAX (A/C No.)			
	521 Featherwood Dr., Suite 300		21 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	E-MAIL		(A/C, No):			
Ho	uston, TX 77034			ADDRESS:	INCUIDED(O) AFEC	ADDING GOVERNOE			
						PRDING COVERAGE D-Legal Solutions RRG	11598		
				Inc	prica nearce	Diegar borderons ideo	11330		
INSU	JRED			COMPANY B:					
Sak	oina Amin, M.D.			COMPANY C:					
_	701			COMPANY D:					
	Houston Street t Worth, TX 76102-6224			COMPANY E:					
				COMPANY F:					
СО	VERAGES	С	ERTIFICATE NUMBER	k :		REVISION NUMBER:			
IND	S IS TO CERTIFY THAT THE POLICIES O ICATED. NOTWITHSTANDING ANY REQU RTIFICATE MAY BE ISSUED OR MAY PE CLUSIONS AND CONDITIONS OF SUCH PO	JIREME RTAIN,	NT, TERM OR CONDITIO THE INSURANCE AFFOR	N OF ANY CONT RDED BY THE PO	RACT OR OTHE DLICIES DESCRI	R DOCUMENT WITH RESPE BED HEREIN IS SUBJECT TO	CT TO WHICH THIS		
INSR LTR	TYPE OF INSURANCE	ADDL S		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
	GENERAL LIABILITY					EACH OCCURRENCE	\$ N/A		
	COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED	\$ N/A		
	CLAIMS MADE OCCUR		27 / 2	27 / 2	27 / 2	MED EXP (Any one person)	\$ N/A		
			N/A	N/A	N/A	PERSONAL & ADV INJURY	\$ N/A		
						GENERAL AGGREGATE	\$ N/A		
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$ N/A		
	PRO- POLICY JECT LOC			i i			\$ N/A		
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ N/A		
	ANY AUTO					fan en France and an en	\$ N/A		
	ALL OWNED SCHEDULED AUTOS AUTOS		N/A	N/A	N/A	BODILY INJURY (Per accident)	\$ n/A		
	NON-OWNED					PROPERTY DAMAGE	\$ N/A		
	HIRED AUTOS AUTOS					(Fer accident)			
							\$ N/A		
	UMBRELLA LIAB OCCUR		N/A	N/A	N/A		\$ N/A		
	EXCESS LIAB CLAIMS MADE		/	,	,		\$ N/A		
	DED RETENTION \$ WORKERS COMPENSATION					WC STATU- OTH-	\$ N/A		
	AND EMPLOYERS' LIABILITY Y/N						\$ N/A		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A	N/A	N/A	N/A	E.L. EACH ACCIDENT	\$ N/A		
	(Mandatory in NH) If yes, describe under					E.L. DISEASE – EA EMPLOYEE	\$ N/A		
	DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$ N/A		
	OTHER					Each Med. Incident:	-		
	Medical Prof. Liability Retro Date: 01/04/2012		GAMS115790	06/05/2013	06/05/2014	Aggregate Limit: N/A			
	, ,								
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach AC	CORD 101, Additional Remarks Sci	hedule, if more space is	required)		-		
CEI	RTIFICATE HOLDER			CANCELLATION	N				
				SHOULD ANY	OF THE ABOVE I	DESCRIBED POLICIES BE CAN			
						EOF, NOTICE WILL BE DELIVER ICY PROVISIONS.	נבט וו <i>ו</i>		
				AUTHORIZED REPR	RESENTATIVE				
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ceri	inicate noider in neu of Such endorser	nent(s).						
PRO	DUCER			CONTACT NAME:				
Δrt	hur J. Gallagher Risk Manageme	ent Sei	wices Inc	PHONE (A/C, NO, EXT):		FAX (A/C, No)		
	21 Featherwood Dr., Suite 300		111005, 1110.	E-MAIL		[(A/C, No)	/=	
Ног	ston, TX 77034			ADDRESS:	INCUIDED(O) AFEC	ADDING COVEDAGE		NAIG#
						PRDING COVERAGE D-Legal Solutions RRO		NAIC # 11598
				Inc	prica nearce	Degar borderons ide	•	11330
INSU	RED			COMPANY B:				
Alv	in Anene, M.D.			COMPANY C:				
_	. 701			COMPANY D:				
	Houston Street t Worth, TX 76102-6224			COMPANY E:				
FOI	C WOICH, IX 70102-0224			COMPANY F:				
CO	VERAGES	CE	RTIFICATE NUMBER			REVISION NUMBER:		
INDI CER	S IS TO CERTIFY THAT THE POLICIES O CATED. NOTWITHSTANDING ANY REQU ITIFICATE MAY BE ISSUED OR MAY PE PLUSIONS AND CONDITIONS OF SUCH PO	JIREMEN RTAIN, DLICIES.	IT, TERM OR CONDITIO THE INSURANCE AFFOI LIMITS SHOWN MAY HA'	N OF ANY CONTI RDED BY THE PO VE BEEN REDUCE	RACT OR OTHE DLICIES DESCRI ED BY PAID CLAI	R DOCUMENT WITH RESP BED HEREIN IS SUBJECT	ECT T	O WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL SUI		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	GENERAL LIABILITY					EACH OCCURRENCE	\$ N/A	A.
	COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ n/2	
	CLAIMS MADE OCCUR		N/A	N/A	N/A	MED EXP (Any one person)	\$ N/2	A
			N/A	N/A		PERSONAL & ADV INJURY	\$ N/2	Α
						GENERAL AGGREGATE	\$ N/2	Α
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$ N/2	Α
	POLICY JECT LOC						\$ N/2	A
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ n/2	A
	ANY AUTO					BODILY INJURY (Per person)	\$ N/	A
	ALL OWNED SCHEDULED		N/A	N/A	N/A	BODILY INJURY (Per accident)	\$ N/	Α
	AUTOS AUTOS NON-OWNED					PROPERTY DAMAGE		
	HIRED AUTOS AUTOS					(Per accident)	\$ N/	
							\$ N/A	A
	UMBRELLA LIAB OCCUR		N/A	N/A	N/A	EACH OCCURRENCE	\$ N/2	Α
	EXCESS LIAB CLAIMS MADE		N/A	N/A	N/A	AGGREGATE	\$ N/2	Α
	DED RETENTION \$					WC STATU OTU	\$ N/2	A
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N					WC STATU- OTH- TORY LIMITS ER	\$ n/2	A
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A	N/A	N/A	n/A	E.L. EACH ACCIDENT	\$ N/2	A
	(Mandatory in NH)					E.L. DISEASE – EA EMPLOYEE	\$ N/2	Α
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$ N/2	A
	OTHER					Each Med. Incident:	Sha	red Primary
	Medical Prof. Liability Retro Date: 02/12/2013		GAMS115790	06/05/2013	06/05/2014	Aggregate Limit: N/	A	
	Rec10 Date. 02/12/2013							
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACC	ORD 101, Additional Remarks Sc	hedule, if more space is	required)			
^	OTIFICATE HOLDER			CANCELLATION	J			
CEF	RTIFICATE HOLDER			CANCELLATION	V			
				THE EXPIRATI	ON DATE THERE	DESCRIBED POLICIES BE CA OF, NOTICE WILL BE DELIVI CY PROVISIONS.		
				AUTHORIZED REPR	RESENTATIVE			
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				Managara	un lallon			



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PRODUCER			CONTACT NAME:					
Arthur J. Gallagher Risk Managem	ent S	Services. Inc.	PHONE (A/C, NO, EXT):		FAX (A/C, No):			
12621 Featherwood Dr., Suite 300		,	E-MAIL		(200, 110).			
Houston, TX 77034			ADDRESS:	INCLIDED(C) AEEC	PRDING COVERAGE	NAIC #		
				. , ,	o-Legal Solutions RRG	11598		
			Inc	F				
INSURED			COMPANY B:					
Aparna Annam, 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:	l.		
THIS IS TO CERTIFY THAT THE POLICIES OF INDICATED. NOTWITHSTANDING ANY REQUERTIFICATE MAY BE ISSUED OR MAY PROCEED ON ANY PROCESSIONS AND CONDITIONS OF SUCH PROCESSIONS.	UIREM ERTAIN OLICIE	ENT, TERM OR CONDITION N, THE INSURANCE AFFOR S. LIMITS SHOWN MAY HAY	N OF ANY CONTI RDED BY THE PO VE BEEN REDUCE	RACT OR OTHE PLICIES DESCRI D BY PAID CLAI	R DOCUMENT WITH RESPECT T BED HEREIN IS SUBJECT TO AL	TO WHICH THIS		
INSR TYPE OF INSURANCE LTR	ADDL INSR		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					MED EXP (Any one person) \$ N/	A		
		N/A	N/A	N/A	PERSONAL & ADV INJURY \$ N/	A		
					GENERAL AGGREGATE \$ N/	A		
GEN'L AGGREGATE LIMIT APPLIES PER:	1				PRODUCTS - COMP/OP AGG \$ N/	A		
PRO- POLICY JECT LOC					\$ n/	Δ		
AUTOMOBILE LIABILITY				N/A	COMBINED SINGLE LIMIT . N/			
		n/A	N/A		(Ea accident) \$ N/ BODILY INJURY (Per person) \$ N/			
ANY AUTO ALL OWNED SCHEDULED								
AUTOS AUTOS NON-OWNED			/	,	BODILY INJURY (Per accident) \$ N/	A		
HIRED AUTOS AUTOS					(Per accident) \$ N/	A		
					\$ и/	A		
UMBRELLA LIAB OCCUR			4-		EACH OCCURRENCE \$ N/	A		
EXCESS LIAB CLAIMS MAD		N/A	N/A	N/A	AGGREGATE \$ N/	A		
DED RETENTION \$					\$ и/.	A		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N				n/A	WC STATU- OTH- TORY LIMITS ER \$ N/	A		
ANY PROPRIETOR/PARTNER/EXECUTIVE	ALC A	N/A	N/A		E.L. EACH ACCIDENT \$ N/			
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A	/	,		E.L. DISEASE - EA EMPLOYEE \$ N/			
If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT \$ N/	λ		
OTHER					Each Med. Incident: Sha			
Medical Prof. Liability Retro Date: 12/09/2009		GAMS115790	06/05/2013	06/05/2014	Aggregate Limit: N/A	rea rrimary		
: DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES	(Attach	: ACORD 101, Additional Remarks ScI	: nedule, if more space is	: required)	•			
	,			. ,				
CERTIFICATE HOLDER			CANCELLATION	J				
			SHOULD ANY	OF THE ABOVE I	DESCRIBED POLICIES BE CANCEL	LED BEFORE		
					OF, NOTICE WILL BE DELIVERED	IN		
			ACCORDANCE	. WITH THE POLI	CY PROVISIONS.			
			AUTHORIZED REPR	RESENTATIVE				
			Λ	A 1/2.				
			Nonovau	M. Wegs				



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	unicate noider in neu of Such endorsei	пепц	(S).				
PRO	DDUCER			CONTACT NAME:			
Ar	thur J. Gallagher Risk Manageme	ent s	Services. Inc.	PHONE (A/C, NO, EXT):		FAX (A/C, No):	
	621 Featherwood Dr., Suite 300		50171005, 1110.	E-MAIL		(A/C, NO):	
Ho	uston, TX 77034			ADDRESS:			
					. , ,	RDING COVERAGE	NAIC# 11598
				Inc	pired medico	o-Legal Solutions RRG	11396
INS	URED			COMPANY B:			
т ¬.	wrongo B. Pailow M.D.						
	wrence R. Bailey, M.D. t. 701			COMPANY C:			
_	O Houston Street			COMPANY D:			
Fo	rt Worth, TX 76102-6224			COMPANY E:			
				COMPANY F:			
CC	VERAGES		CERTIFICATE NUMBER			REVISION NUMBER:	
INE CE EX	IS IS TO CERTIFY THAT THE POLICIES O DICATED. NOTWITHSTANDING ANY REQU RTIFICATE MAY BE ISSUED OR MAY PE CLUSIONS AND CONDITIONS OF SUCH PO	JIREM RTAII DLICIE	MENT, TERM OR CONDITION N, THE INSURANCE AFFOR ES. LIMITS SHOWN MAY HAV	N OF ANY CONTR RDED BY THE PO /E BEEN REDUCE	RACT OR OTHE LICIES DESCRI D BY PAID CLAI	R DOCUMENT WITH RESPECT T BED HEREIN IS SUBJECT TO AL	O WHICH THIS
INSR	TYPE OF INSURANCE		SUBR WVD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	GENERAL LIABILITY			,,		EACH OCCURRENCE \$ N/2	A
	COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ N/A	
	CLAIMS MADE OCCUR					MED EXP (Any one person) \$ N/	A
			N/A	N/A	N/A	PERSONAL & ADV INJURY \$ N/	
						GENERAL AGGREGATE \$ N/A	
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG \$ N/A	
	PRO-	1					
	POLICY JECT LOC	1				COMBINED SINGLE LIMIT	
	AUTOMOBILE LIABILITY			27./2	N/A	(Ea accident) \$ N/2	A
	ANY AUTO		N/A			BODILY INJURY (Per person) \$ N/	A
	ALL OWNED SCHEDULED AUTOS AUTOS			N/A		BODILY INJURY (Per accident) \$ N/	A
	NON-OWNED HIRED AUTOS AUTOS					PROPERTY DAMAGE (Per accident) \$ N/2	A
	HIKED AUTOS AUTOS					(Per accident) \$ N/	Δ
	 						
	UMBRELLA LIAB OCCUR		N/A	N/A	N/A	EACH OCCURRENCE \$ N/2	
	EXCESS LIAB CLAIMS MADE		·	·	ĺ	AGGREGATE \$ N/	
	DED RETENTION \$ WORKERS COMPENSATION					\$ ⋈/∆ WC STATU- OTH-	<u>A</u>
	AND EMPLOYERS' LIABILITY Y/N				n/a	TORY LIMITS ER \$ N/A	A
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A	N/A	N/A		E.L. EACH ACCIDENT \$ N/A	A
	(Mandatory in NH)					E.L. DISEASE – EA EMPLOYEE \$ N/A	A
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT \$ N/A	A
	OTHER					Each Med. Incident: Sha	red Primary
	Medical Prof. Liability Retro Date: 11/20/2011		GAMS115790	06/05/2013	06/05/2014	Aggregate Limit: N/A	-
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach	ACORD 101, Additional Remarks Sch	nedule, if more space is	required)		
	DTIFICATE LIGHTED			041051147101			
UE	RTIFICATE HOLDER		Т	CANCELLATION	N .		
						DESCRIBED POLICIES BE CANCEL	
						OF, NOTICE WILL BE DELIVERED CY PROVISIONS.	iN
				ACCORDANCE	. WITH THE PULI	OT PROVISIONS.	
			ļ	AUTHORIZED REPR	ESENTATIVE		
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				Donoveu	M. Wegi		
				•	- /1		



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.

	tillicate noider in lieu of Such endorsei	пепц	.(S).						
PRO	DDUCER			CONTACT NAME:					
Ar	thur J. Gallagher Risk Manageme	ent s	Services, Inc.	PHONE (A/C, NO, EXT):		FAX (A/C, No):			
	621 Featherwood Dr., Suite 300			E-MAIL		(ACC, NO).			
Но	uston, TX 77034			ADDRESS:	INCLIDED(C) AEEC	APPING COVERAGE	NAIC #		
						PRDING COVERAGE D-Legal Solutions RRG	11598		
				Inc	priod Hodro	Logar borations in			
INS	URED			COMPANY B:					
Vi.	vek Bansal, M.D.			COMPANY C:					
_	t. 701			COMPANY D:					
	0 Houston Street			COMPANY E:					
FO.	rt Worth, TX 76102-6224			COMPANY F:					
CC	VERAGES		CERTIFICATE NUMBER			REVISION NUMBER:			
CE EX	IS IS TO CERTIFY THAT THE POLICIES O DICATED. NOTWITHSTANDING ANY REQU RTIFICATE MAY BE ISSUED OR MAY PE CLUSIONS AND CONDITIONS OF SUCH PO	JIREM RTAII DLICIE	MENT, TERM OR CONDITIC IN, THE INSURANCE AFFO ES. LIMITS SHOWN MAY HA	ON OF ANY CONTI RDED BY THE PO VE BEEN REDUCE	RACT OR OTHE PLICIES DESCRI D BY PAID CLAI	R DOCUMENT WITH RESPECT T BED HEREIN IS SUBJECT TO AL	O WHICH THIS		
INSR LTR	TYPE OF INSURANCE		L 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					MED EXP (Any one person) \$ Ŋ/.	Ą		
	· · · · · · · · · · · · · · · · · · ·		N/A	N/A	N/A	PERSONAL & ADV INJURY \$ N/	Α.		
						GENERAL AGGREGATE \$ N/	Α.		
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG \$ N/	A		
	PRO- POLICY JECT LOC					\$ n/.	Α		
	AUTOMOBILE LIABILITY				N/A	COMBINED SINGLE LIMIT \$ N/			
	A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		n/A	N/A		(Ea accident) BODILY INJURY (Per person) \$ N/			
	ANY AUTO ALL OWNED SCHEDULED								
	AUTOS AUTOS NON-OWNED			ŕ	ŕ	BODILY INJURY (Per accident) \$ N/			
	HIRED AUTOS AUTOS					(Per accident) \$ N/	A		
						\$ и/.	A		
	UMBRELLA LIAB OCCUR		27 (2		/-	EACH OCCURRENCE \$ N/	A		
	EXCESS LIAB CLAIMS MADE		N/A	N/A	N/A	AGGREGATE \$ N/	A		
	DED RETENTION \$					\$ и/.	A		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N					WC STATU- OTH- TORY LIMITS ER \$ N/.	A		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A	N/A	N/A	N/A	E.L. EACH ACCIDENT \$ N/.	A		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	IWA			,	E.L. DISEASE - EA EMPLOYEE \$ N/	A		
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT \$ N/	Α.		
	OTHER					Each Med. Incident: Sha			
	Medical Prof. Liability Retro Date: 06/05/2009		GAMS115790	06/05/2013	06/05/2014	Aggregate Limit: N/A	-		
DES	: CRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach	ACORD 101. Additional Remarks Sc	: hedule, if more space is	required)	:			
520	3. 11 11 31 31 31 21 11 11 11 11 11 11 11 11 11 11 11 11	· ««aon	Triodita Toti, raditional Homarko oc	modulo, il moro opudo lo	roquirou				
CE	RTIFICATE HOLDER			CANCELLATION	N .				
				SHOULD ANY	OF THE ABOVE I	DESCRIBED POLICIES BE CANCEL	LED BEFORE		
				THE EXPIRATI	ON DATE THERE	OF, NOTICE WILL BE DELIVERED			
				ACCORDANCE	: WITH THE POLI	CY PROVISIONS.			
				AUTHORIZED REPR	ESENTATIVE				
				Ι λ	1				
				Donoveu	M. Wegs				
				1 .	/1				



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

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		HCHE	ارى.						
PROL	DUCER			CONTACT NAME:					
λ n+	hur J. Gallagher Risk Manageme	n+ o	comri ac	c Inc	PHONE		FAX		
	21 Featherwood Dr., Suite 300	:IIC 1	SELVICE	s, inc.	(A/C, NO, EXT): E-MAIL		(A/C, No):		
	ston, TX 77034				ADDRESS:				
	,				I	NSURER(S) AFFC	ORDING COVERAGE	NAIC#	
					COMPANY A: App	plied Medico	o-Legal Solutions RRG	11598	
INSU	RED				COMPANY B:				
Joa	n Baumer, M.D.				COMPANY C:				
Apt	. 701				COMPANY D:				
	Houston Street				COMPANY E:				
FOL	t Worth, TX 76102-6224				COMPANY F:				
CO	/ERAGES		CERTIF	ICATE NUMBER			REVISION NUMBER:		
INDI CER EXC	IS TO CERTIFY THAT THE POLICIES OF CATED. NOTWITHSTANDING ANY REQU TIFICATE MAY BE ISSUED OR MAY PE LUSIONS AND CONDITIONS OF SUCH PO	IIREM RTAII LICIE	IENT, TE N, THE II S. LIMIT:	RM OR CONDITION	N OF ANY CONTF RDED BY THE PO VE BEEN REDUCE	RACT OR OTHE LICIES DESCRI D BY PAID CLAI	R DOCUMENT WITH RESPECT TO ALL BED HEREIN IS SUBJECT TO ALL	TO WHICH THIS	
INSR LTR	TYPE OF INSURANCE		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/		
	CLAIMS MADE OCCUR			N/A	N/A	N/A	MED EXP (Any one person) \$ N/	'A	
				N/A	N/A	N/A	PERSONAL & ADV INJURY \$ 147	'A	
							GENERAL AGGREGATE \$ №/	'A	
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMPIOP AGG \$ N/	'A	
	PRO- POLICY JECT LOC						\$ n/	'A	
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ N/	'A	
ľ	ANY AUTO		n/A			BODILY INJURY (Per person) \$ N/	'A		
	ALL OWNED SCHEDULED AUTOS AUTOS			N/A	N/A	BODILY INJURY (Per accident) \$ N/	'A		
	NON-OWNED						PROPERTY DAMAGE (Por accident) \$ N/	'A	
	HIRED AUTOS AUTOS						(Per accident) \$ N/		
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE \$ N/	'A	
	EXCESS LIAB CLAIMS MADE			N/A	N/A	N/A	AGGREGATE \$ N/	Ά.	
Ï	DED RETENTION \$						\$ N/	Ά	
	WORKERS COMPENSATION						WC STATU- OTH- TORY LIMITS ER \$ №/	' A	
	AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE			NI / N	NT / 7	N / A	TORY LIMITS ER \$ N/ E.L. EACH ACCIDENT \$ N/		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A		N/A	N/A	N/A	E.L. DISEASE – EA EMPLOYEE \$ N/		
	If yes, describe under								
	OTHER	<u>: </u>					E.L. DISEASE - POLICY LIMIT \$ N/		
	Medical Prof. Liability Retro Date: 03/01/2005			GAMS115790	06/05/2013	06/05/2014	Each Med. Incident: Sha Aggregate Limit: N/A	red Primary	
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICLES (.	: Attach	: ACORD 101	, Additional Remarks Sch	: hedule, if more space is	: required)	•		
						. ,			
CER	TIFICATE HOLDER			Т	CANCELLATION	J			
					THE EXPIRATION	ON DATE THERE	DESCRIBED POLICIES BE CANCEL FOF, NOTICE WILL BE DELIVERED ICY PROVISIONS.		
					AUTHORIZED REPR	ESENTATIVE			
						R. Weg			
					Marmara	11. vong			



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

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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).

certificate holder in lieu of such endorse	ment(s).						
PRODUCER			CONTACT NAME:				
Author I Gollocker Dick Monogon		T	PHONE			FAX	
Arthur J. Gallagher Risk Managem 12621 Featherwood Dr., Suite 300	ent serv	rices, inc.	(A/C, NO, EXT): E-MAIL			(A/C, No):	
Houston, TX 77034			ADDRESS:				
				INSURER(S) AFFO	ORDING COVERAGE		NAIC#
			COMPANY A: Ap	ns RRG	11598		
			Inc				
INSURED			COMPANY B:				
Nathan B. Baumer, M.D.			COMPANY C:				
Apt. 701			COMPANY D:				
910 Houston Street							
Fort Worth, TX 76102-6224			COMPANY E:				
			COMPANY F:				
COVERAGES	CEF	RTIFICATE NUMBER	₹:		REVISION NUM	1BER:	
THIS IS TO CERTIFY THAT THE POLICIES O	F INSURA	NCE LISTED BELOW I	HAVE BEEN ISSUE	ED TO THE INSU	JRED NAMED ABOV	E FOR THE F	OLICY PERIOD
INDICATED. NOTWITHSTANDING ANY REQ							
CERTIFICATE MAY BE ISSUED OR MAY PE						BJECT TO AL	L THE TERMS,
EXCLUSIONS AND CONDITIONS OF SUCH PO	ADDL SUBF		VE BEEN REDUCE	POLICY EXP	IVIS.		
LTR TYPE OF INSURANCE	INSR WVD		(MM/DD/YYYY)	(MM/DD/YYYY)		LIMITS	
GENERAL LIABILITY					EACH OCCURRENCE	\$ n/.	A
COMMERCIAL CENERAL LIABILITY					DAMAGE TO RENTED	ence) \$ N/.	λ
COMMERCIAL GENERAL LIABILITY					PREMISES (Ea occurre		
CLAIMS MADE OCCUR		N/A	N/A	N/A	MED EXP (Any one per	rson) \$ N/.	A
		,	,	,	PERSONAL & ADV INJ	IURY \$ N/.	A
					GENERAL AGGREGATE \$ N/A		A
GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG \$ N/A		A
PRO- POLICY JECT LOC						\$ n/.	λ
		:			COMBINED SINGLE LI	MIT	
AUTOMOBILE LIABILITY					(Ea accident)	""" \$ и/.	Α
ANY AUTO					BODILY INJURY (Per p	person) \$ N/	A
ALL OWNED SCHEDULED AUTOS AUTOS		N/A	N/A	N/A	BODILY INJURY (Per a	nccident) \$ ท/	A
NON-OWNED					PROPERTY DAMAGE	\$ n/.	Δ
HIRED AUTOS AUTOS					(Per accident)		
		<u> </u>				\$ n/.	A
UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$ n/.	A
EXCESS LIAB CLAIMS MADI		A\N	N/A	N/A	AGGREGATE	\$ n/.	A
DED RETENTION \$						\$ n/.	Α
WORKERS COMPENSATION					WC STATU-	OTH-	
AND EMPLOYERS' LIABILITY Y/N					TORY LIMITS	ER \$ N/	Α
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A	N/A	N/A	N/A	E.L. EACH ACCIDENT	\$ n/.	A.
(Mandatory in NH)					E.L. DISEASE – EA EM	IPLOYEE \$ N/	A
If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLIC	YLIMIT \$ N/	A
OTHER					Each Med. Inc.		red Primarv
Medical Prof. Liability		GAMS115790	06/05/2013	06/05/2014	Aggregate Lim	it: N/A	
Retro Date: 10/04/2003		GILLDIIO	00,00,2015	00,00,2011			
		<u> </u>		<u> </u>	1 1 1		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES	(Attach ACOR	D 101, Additional Remarks Sc	hedule, if more space is	required)			
CERTIFICATE HOLDER	CANCELLATION	J					
					DESCRIBED POLICIE		
					EOF, NOTICE WILL BI ICY PROVISIONS.	E DELIVERED	IIV
1			, ACCOUNDANCE				

AUTHORIZED REPRESENTATIVE



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

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certificate floider in fleu of Such effdorse	menu	S).						
PRODUCER			CONTACT NAME:					
Arthur J. Gallagher Risk Managem	ent S	Services, Inc.	PHONE (A/C, NO, EXT):		FAX (A/C, No):			
12621 Featherwood Dr., Suite 300		,	E-MAIL		(A/C, NO).			
Houston, TX 77034			ADDRESS:	INCLIDED/C\ AEEC	ARDING COVERAGE	NAIC #		
					PRDING COVERAGE D-Legal Solutions RRG	11598		
			Inc	priod Hodro	Logar Boracrons rate			
INSURED			COMPANY B:					
Maria Blum, 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:	L		
THIS IS TO CERTIFY THAT THE POLICIES OF INDICATED. NOTWITHSTANDING ANY REQUERTIFICATE MAY BE ISSUED OR MAY PROCEED ON ANY PROCESSIONS AND CONDITIONS OF SUCH PROCESSIONS.	UIREM ERTAIN OLICIE	ENT, TERM OR CONDITION N, THE INSURANCE AFFOR S. LIMITS SHOWN MAY HAY	N OF ANY CONTI RDED BY THE PO VE BEEN REDUCE	RACT OR OTHE PLICIES DESCRI ED BY PAID CLAI	R DOCUMENT WITH RESPECT T BED HEREIN IS SUBJECT TO AL	TO WHICH THIS		
INSR TYPE OF INSURANCE LTR	ADDL INSR		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					MED EXP (Any one person) \$ N/	A		
		N/A	N/A	N/A	PERSONAL & ADV INJURY \$ N/	A		
	1				GENERAL AGGREGATE \$ N/	A		
GEN'L AGGREGATE LIMIT APPLIES PER:	1				PRODUCTS - COMP/OP AGG \$ N/	A		
PRO- POLICY JECT LOC					\$ n/	Α		
AUTOMOBILE LIABILITY				N/A	COMBINED SINGLE LIMIT . N/			
		n/A	N/A		(Ea accident) \$ N/ BODILY INJURY (Per person) \$ N/			
ANY AUTO ALL OWNED SCHEDULED								
AUTOS AUTOS NON-OWNED			·	,	BODILY INJURY (Per accident) \$ N/	A		
HIRED AUTOS AUTOS					(Per accident) \$ N/	A		
					\$ и/	A		
UMBRELLA LIAB OCCUR			/-	/-	EACH OCCURRENCE \$ N/	A		
EXCESS LIAB CLAIMS MAD		N/A	N/A	N/A	AGGREGATE \$ ท/	A		
DED RETENTION \$					\$ и/	A		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N					WC STATU- OTH- TORY LIMITS ER \$ N/	A		
ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A	N/A	N/A	N/A	E.L. EACH ACCIDENT \$ N/	A		
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	INIA	, in the second		,	E.L. DISEASE - EA EMPLOYEE \$ N/	A		
If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT \$ N/	A		
OTHER					Each Med. Incident: Sha			
Medical Prof. Liability Retro Date: 01/01/2012		GAMS115790	06/05/2013	06/05/2014	Aggregate Limit: N/A	-		
: DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES	(Attach	: : ACORD 101, Additional Remarks ScI	: hedule, if more space is	: required)	:			
	(,			,,				
CERTIFICATE HOLDER			CANCELLATION	N .				
			SHOULD ANY	OF THE ABOVE	DESCRIBED POLICIES BE CANCEL	LED BEFORE		
					OF, NOTICE WILL BE DELIVERED CY PROVISIONS.	IN		
			ACCORDANCE	. WITH THE POLI	- I-KOVISIONS.			
			AUTHORIZED REPR					
			Λ	M. Weg				
			nonoven	ri. weg	•			



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

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PRODUCER			CONTACT NAME:			
Arthur J. Gallagher Risk Managem	ont Comris	os Ina	PHONE		FAX	
12621 Featherwood Dr., Suite 300		es, inc.	(A/C, NO, EXT): E-MAIL		(A/C, No):	
Houston, TX 77034		-	ADDRESS:			
		-		. , ,	ORDING COVERAGE D-Legal Solutions RRG	NAIC#
			Inc	11596		
INSURED			COMPANY B:			
Bryant C. Boren, III, M.D.		-	COMPANY C:			
Apt. 701		-				
910 Houston Street	-	COMPANY D:				
Fort Worth, TX 76102-6224		-	COMPANY E:			
COVERAGES	CEDI	FICATE NUMBER	COMPANY F:		DEVICION NUMBER.	
THIS IS TO CERTIFY THAT THE POLICIES O			<u>- </u>		REVISION NUMBER:	
INDICATED. NOTWITHSTANDING ANY REQ CERTIFICATE MAY BE ISSUED OR MAY PI EXCLUSIONS AND CONDITIONS OF SUCH P	UIREMENT, T ERTAIN, THE	ERM OR CONDITION INSURANCE AFFOR	N OF ANY CONTI	RACT OR OTHE LICIES DESCRI	R DOCUMENT WITH RESPE BED HEREIN IS SUBJECT	ECT TO WHICH THIS
LTR TYPE OF INSURANCE	INSR WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS	3
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 JECT LOC						\$ n/A
AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT	\$ N/A
province and a second					(Ea accident) BODILY INJURY (Per person)	\$ n/A
ANY AUTO ALL OWNED SCHEDULED		N/A	N/A	n/A		<u> </u>
AUTOS AUTOS NON-OWNED		II/A	N/A	N/A	BODILY INJURY (Per accident) PROPERTY DAMAGE	\$ N/A
HIRED AUTOS AUTOS					(Per accident)	\$ N/A
						\$ N/A
UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$ N/A
EXCESS LIAB CLAIMS MAD	E	N/A	N/A	N/A	AGGREGATE	\$ N/A
DED RETENTION \$						\$ n/A
WORKERS COMPENSATION					WC STATU- OTH-	f x7/2
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE		27 / 2	27 / 7	27./2	TORY LIMITS ER	\$ n/A \$ n/A
OFFICER/MEMBER EXCLUDED?	N/A	N/A	N/A	N/A	E.L. EACH ACCIDENT	······
(Mandatory in NH) If yes, describe under					E.L. DISEASE – EA EMPLOYEE	
DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$ N/A
OTHER Medical Prof. Liability			, ,		Each Med. Incident: Aggregate Limit: N/	_
Retro Date: 01/22/2013		GAMS115790	06/05/2013	06/05/2014	Aggregate Limit. N/.	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES	(Attach ACORD 1	01, Additional Remarks Sch	edule, 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

Nonovay A. Weg



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

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	CITICITE	(3).					
PRODUCER				CONTACT NAME:			
Arthur J. Gallagher Risk Manage	mon+	Somria	ros Ins	PHONE		FAX	
12621 Featherwood Dr., Suite 30		SELVIC	ses, inc.	(A/C, NO, EXT): E-MAIL		(A/C, No):	
Houston, TX 77034	,			ADDRESS:			-
				ı	INSURER(S) AFFO	ORDING COVERAGE	NAIC#
				COMPANY A: Ap	plied Medico	o-Legal Solutions RRG	11598
INSURED				COMPANY B:			
Mana Dunnall M D							
Marc Burrell, M.D. Apt. 701				COMPANY C:			
910 Houston Street				COMPANY D:			
Fort Worth, TX 76102-6224				COMPANY E:			
•				COMPANY F:			
COVERAGES		CERT	IFICATE NUMBER			REVISION NUMBER:	1
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RECERTIFICATE MAY BE ISSUED OR MAY I EXCLUSIONS AND CONDITIONS OF SUCH	QUIREN PERTAI POLICIE	MENT, T N, THE ES. LIMI	ERM OR CONDITIO	N OF ANY CONTR RDED BY THE PO VE BEEN REDUCE	RACT OR OTHE PLICIES DESCRI D BY PAID CLAI	R DOCUMENT WITH RESPECT TO A	TO WHICH THIS
INSR TYPE OF INSURANCE		. SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
GENERAL LIABILITY	iiioi		TOLICT NOMBER	(ММ/ДД/1111)		EACH OCCURRENCE \$ N/	/a
COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ N	
CLAIMS MADE OCCUR						MED EXP (Any one person) \$ N/	/A
			A/N	N/A	N/A	PERSONAL & ADV INJURY \$ N/	/A
	_					GENERAL AGGREGATE \$ N/	
	_					**************************************	
GEN'L AGGREGATE LIMIT APPLIES PER: PRO-						PRODUCTS - COMP/OP AGG \$ N/	'A
POLICY JECT 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 SCHEDULED					BODILY INJURY (Per accident) \$ ทุ	/a	
AUTOS AUTOS NON-OWNED				·		BODILY INJURY (Per accident) \$ N/	·····
HIRED AUTOS AUTOS						(Per accident) \$ N,	/A
						\$ N,	/A
UMPDELLA LIAD OCCUP						EACH OCCURRENCE \$ N/	/2
UMBRELLA LIAB OCCUR			N/A	N/A	N/A		
EXCESS LIAB CLAIMS MA	Œ		•			AGGREGATE \$ N/	
DED RETENTION \$ WORKERS COMPENSATION						\$ N/	'A
AND EMPLOYERS' LIABILITY Y/N						WC STATU- OTH-	/A
ANY PROPRIETOR/PARTNER/EXECUTIVE			N/A	N/A	N/A	E.L. EACH ACCIDENT \$ N/	'A
OFFICER/MEMBER EXCLUDED?	J N/A		,	,	,	E.L. DISEASE - EA EMPLOYEE \$ N/	/A
If yes, describe under							
DESCRIPTION OF OPERATIONS below					:	E.L. DISEASE - POLICY LIMIT \$ N/	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
OTHER Medical Prof. Liability Retro Date: 08/01/2011			GAMS115790	06/05/2013	06/05/2014	Each Med. Incident: Sha Aggregate Limit: N/A	red Primary
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	(Attach	ACORD 1	01, Additional Remarks Scl	hedule, if more space is	required)	·	
	•		•		• •		
CERTIFICATE HOLDER				CANCELLATION	J		
				THE EXPIRATION	ON DATE THERE	DESCRIBED POLICIES BE CANCE EOF, NOTICE WILL BE DELIVERED	
				ACCORDANCE	WITH THE POLI	ICY PROVISIONS.	
				AUTHORIZED REPR	ESENTATIVE		
				.	M. Weg		
				Nononen	ri. wy		



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.

certificate holder in lieu of such endorser	nent(s).						
PRODUCER			CONTACT NAME:				
Arthur I Gallaghor Bick Manageme	nt Comri	aca Ina	PHONE		FAX		
Arthur J. Gallagher Risk Manageme 12621 Featherwood Dr., Suite 300	enc servi	ces, inc.	(A/C, NO, EXT): E-MAIL		(A/C, No	o):	
Houston, TX 77034			ADDRESS:				
,					ORDING COVERAGE		NAIC #
			COMPANY A: Ap	plied Medico	o-Legal Solutions RR	.G	11598
INSURED			COMPANY B:				
Noah N. Chasen, M.D.			COMPANY C:				
Apt. 701			COMPANY D:				
910 Houston Street			COMPANY E:				
Fort Worth, TX 76102-6224		ŀ					
COVERAGES	CEDT	IFICATE NUMBER	COMPANY F:		REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES OF INDICATED. NOTWITHSTANDING ANY REQUESTIFICATE MAY BE ISSUED OR MAY PE EXCLUSIONS AND CONDITIONS OF SUCH PO	JIREMENT, THE RTAIN, THE DLICIES. LIM	TERM OR CONDITION INSURANCE AFFOR	N OF ANY CONTI RDED BY THE PO /E BEEN REDUCE	RACT OR OTHE PLICIES DESCRI D BY PAID CLAI	JRED NAMED ABOVE FOR R DOCUMENT WITH RESE BED HEREIN IS SUBJECT	PECT T	O WHICH THIS
INSR TYPE OF INSURANCE LTR	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	тѕ	
GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY			(EACH OCCURRENCE 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	A
POLICY JECT LOC						\$ N/A	A
AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ N/A	· ·
ANY AUTO					BODILY INJURY (Per person)	\$ N/Z	4
ALL OWNED SCHEDULED		N/A	N/A	N/A	BODILY INJURY (Per accident)	\$ N/Z	
AUTOS AUTOS NON-OWNED					PROPERTY DAMAGE		
HIRED AUTOS AUTOS					(Per accident)	\$ N/Z	······································
						\$ N/Z	Ą
UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$ N/A	4
EXCESS LIAB CLAIMS MADE		A/N	N/A	N/A	AGGREGATE	\$ N/A	1
DED RETENTION \$						\$ N/A	7
WORKERS COMPENSATION					WC STATU- OTH		
AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE		/-	/-		TORY LIMITS ER	\$ N/A	
OFFICER/MEMBER EXCLUDED?	N/A	N/A	N/A	N/A	E.L. EACH ACCIDENT	\$ N/A	
(Mandatory in NH) If yes, describe under					E.L. DISEASE – EA EMPLOYEE	• • N/F	4
DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$ N/A	4
OTHER Medical Prof. Liability Retro Date: 12/23/2009		GAMS115790	06/05/2013	06/05/2014	Each Med. Incident Aggregate Limit: N		red Primary
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (A	Attach ACOPD	101 Additional Pomarks Sah	edule if more space is	: required)	:		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Augui ACORD	io i, Auditional Remarks Sch	ieudie, ii more space is	requireu)			
CERTIFICATE HOLDER			CANCELLATION				
CERTIFICATE HOLDER		Т	CANCELLATION	N .			
			THE EXPIRATI	ON DATE THERE	DESCRIBED POLICIES BE C EOF, NOTICE WILL BE DELIVICY PROVISIONS.		
		}	AUTHODIZES SESS	DECEMITATIVE			
			AUTHORIZED REPR	. 1			
			1	h Wes			



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.

certificate floider in fleu of such endorse	menii	s).				
PRODUCER			CONTACT NAME:			
Arthur J. Gallagher Risk Managem	ent S	ervices. Inc.	PHONE (A/C, NO, EXT):		FAX (A/C, No):	
12621 Featherwood Dr., Suite 300			E-MAIL		(A/C, NO).	
Houston, TX 77034			ADDRESS:	INCLIDED/C\ AEEC	ARDING COVERAGE	NAIC #
					PRDING COVERAGE D-Legal Solutions RRG	11598
			Inc	priod Hodro	Logar Boracrons rate	
INSURED			COMPANY B:			
Lee Chen, MD			COMPANY C:			
Apt. 701			COMPANY D:			
910 Houston Street			COMPANY E:			
Fort Worth, TX 76102-6224			COMPANY F:			
COVERAGES	- (CERTIFICATE NUMBER			REVISION NUMBER:	L
THIS IS TO CERTIFY THAT THE POLICIES OF INDICATED. NOTWITHSTANDING ANY REQUESTIFICATE MAY BE ISSUED OR MAY PREXCLUSIONS AND CONDITIONS OF SUCH PROPERTY.	JIREMI ERTAIN OLICIE:	ENT, TERM OR CONDITIOI I, THE INSURANCE AFFOR S. LIMITS SHOWN MAY HAV	N OF ANY CONTR RDED BY THE PO VE BEEN REDUCE	RACT OR OTHE PLICIES DESCRI D BY PAID CLAI	R DOCUMENT WITH RESPECT T BED HEREIN IS SUBJECT TO AL	TO WHICH THIS
INSR TYPE OF INSURANCE LTR	ADDL INSR		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					MED EXP (Any one person) \$ N/	A
		N/A	N/A	N/A	PERSONAL & ADV INJURY \$ N/	A
	1 :				GENERAL AGGREGATE \$ N/	A
GEN'L AGGREGATE LIMIT APPLIES PER:	1				PRODUCTS - COMP/OP AGG \$ N/	A
PRO- POLICY JECT LOC					\$ n/	Α
AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT . N/	
		N/A	N/A	n/A	(Ea accident) \$ N/ BODILY INJURY (Per person) \$ N/	
ANY AUTO ALL OWNED SCHEDULED						
AUTOS AUTOS NON-OWNED					BODILY INJURY (Per accident) \$ N/	A
HIRED AUTOS AUTOS					(Per accident) \$ N/	A
					\$ и/	A
UMBRELLA LIAB OCCUR					EACH OCCURRENCE \$ N/	A
EXCESS LIAB CLAIMS MADI		N/A	N/A	N/A	AGGREGATE \$ ท/	A
DED RETENTION \$					\$ и/	A
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N					WC STATU- OTH- TORY LIMITS ER \$ N/	A
ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A	N/A	N/A	N/A	E.L. EACH ACCIDENT \$ N/	A
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	INIA	,			E.L. DISEASE - EA EMPLOYEE \$ N/	A
If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT \$ N/	A
OTHER					Each Med. Incident: Sha	
Medical Prof. Liability Retro Date: 06/03/2013		GAMS115790	06/05/2013	06/05/2014	Aggregate Limit: N/A	-
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES	(Attach 4	: ACORD 101, Additional Remarks Sch	: nedule, if more space is	required)	:	
	(,,		outers, in more upage to	,,		
CERTIFICATE HOLDER			CANCELLATION	J		
			SHOULD ANY	OF THE ABOVE	DESCRIBED POLICIES BE CANCEL	LED BEFORE
					OF, NOTICE WILL BE DELIVERED	IN
			ACCORDANCE	: WITH THE POLI	CY PROVISIONS.	
			AUTHORIZED REPR	ESENTATIVE		
			Λ	A 11.		
			Donoveu	M. Wegs		
				11		



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.

	tificate holder in lieu of such endorse	ment(s).		CONTACT						
PRO	DUCER			CONTACT NAME:						
Art	hur J. Gallagher Risk Manageme	ent Serv	rices, Inc.	PHONE (A/C, NO, EXT):		FAX (A/C, No):				
126	21 Featherwood Dr., Suite 300		·	E-MAIL		[(, · · -).				
Ho	uston, TX 77034			ADDRESS:	NSURER(S) AFEC	PRDING COVERAGE	NAIC #			
					. , ,	o-Legal Solutions RRG	11598			
				Inc						
INSU	JRED			COMPANY B:						
Raj	R. Chinnappan, M.D.			COMPANY C:						
_	. 701			COMPANY D:						
	Houston Street			COMPANY E:						
FOI	t Worth, TX 76102-6224			COMPANY F:						
СО	VERAGES	CER	RTIFICATE NUMBER			REVISION NUMBER:				
IND	S IS TO CERTIFY THAT THE POLICIES C ICATED. NOTWITHSTANDING ANY REQU RTIFICATE MAY BE ISSUED OR MAY PE	JIREMENT,	, TERM OR CONDITION	N OF ANY CONTE	RACT OR OTHE	R DOCUMENT WITH RESPECT	TO WHICH THIS			
	CLUSIONS AND CONDITIONS OF SUCH PO					MS.				
INSR LTR	TYPE OF INSURANCE	ADDL SUBR		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					MED EXP (Any one person) \$ N				
	CEAINIS MADE GOODK		N/A	N/A	N/A	PERSONAL & ADV INJURY \$ N				
		1				GENERAL AGGREGATE \$ N	i			
	GEN'L AGGREGATE LIMIT APPLIES PER:	1				PRODUCTS - COMP/OP AGG \$ N				
	PRO-					:				
	POLICY JECT LOC			:		COMBINED SINGLE LIMIT				
	AUTOMOBILE LIABILITY			n/A		(Ea accident) \$ N				
	ANY AUTO ALL OWNED SCHEDULED		N/A		N/A	BODILY INJURY (Per person) \$ N				
	AUTOS AUTOS		N/A			BODILY INJURY (Per accident) \$ N	/A			
	NON-OWNED HIRED AUTOS 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				
	DED RETENTION \$					\$ N				
	WORKERS COMPENSATION					WC STATU- OTH-				
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE			;		TORY LIMITS ER \$ N				
	OFFICER/MEMBER EXCLUDED?	N/A	N/A	N/A	N/A	E.L. EACH ACCIDENT \$ N				
	(Mandatory in NH) If yes, describe under					E.L. DISEASE – EA EMPLOYEE \$ N	/A			
	DÉSCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT \$ N	/A			
	OTHER Medical Prof. Liability Retro Date: 10/11/2010		GAMS115790	06/05/2013	06/05/2014	Each Med. Incident: Sh Aggregate Limit: N/A	ared Primary			
DESC	: CRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACOR	D 101, Additional Remarks ScI	: nedule, if more space is	: required)	•				
		,	,	,	,					
CEI	RTIFICATE HOLDER			CANCELLATION	J					
				SHOULD ANY	OF THE ABOVE	DESCRIBED POLICIES BE CANCE	I I ED REEORE			
						OF, NOTICE WILL BE DELIVERED				
						CY PROVISIONS.				
				AUTHORIZED REPR	ESENTATIVE					
						~				
				Nonmen	M. Wegs					
				Batmanil						



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

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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).

RODUCER			CONTACT NAME:		1 ===		
rthur J. Gallagher Risk Manageme 2621 Featherwood Dr., Suite 300	ent Servic	es, Inc.	PHONE (A/C, NO, EXT): E-MAIL ADDRESS:		FAX (A/C, No):	
Houston, TX 77034				INSTIDED(S) AEEC	RDING COVERAGE	N N	IAIC#
				. , ,	o-Legal Solutions RR		
			Inc				
SURED			COMPANY B:				
i Ju Chuang, M.D.			COMPANY C:				
ot. 701			COMPANY D:				
10 Houston Street		COMPANY E:					
ort Worth, TX 76102-6224			COMPANY F:				
OVERAGES	CERTI	FICATE NUMBER			REVISION NUMBER:		
HIS IS TO CERTIFY THAT THE POLICIES OF DICATED. NOTWITHSTANDING ANY REQUERTIFICATE MAY BE ISSUED OR MAY PEKCLUSIONS AND CONDITIONS OF SUCH POR	JIREMENT, T RTAIN, THE	ERM OR CONDITION INSURANCE AFFOR	N OF ANY CONTI RDED BY THE PC	RACT OR OTHE DLICIES DESCRI	R DOCUMENT WITH RESP BED HEREIN IS SUBJECT	ECT TO WHIC	H TI
TYPE OF INSURANCE	INSR WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	s	
GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ n/A \$ n/A	
CLAIMS MADE OCCUR					MED EXP (Any one person)	\$ N/A	
		N/A	N/A	N/A	PERSONAL & ADV INJURY	\$ N/A	
					GENERAL AGGREGATE	\$ N/A	
GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMPIOP AGG	\$ N/A		
PRO- POLICY JECT LOC						\$ N/A	
AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ N/A	
ANY AUTO					BODILY INJURY (Per person)	\$ n/A	reneralerenes.
ALL OWNED SCHEDULED AUTOS AUTOS		N/A	N/A	N/A	BODILY INJURY (Per accident)	\$ n/A	, rananananananan
HIRED AUTOS AUTOS HIRED AUTOS AUTOS					PROPERTY DAMAGE (Per accident)	\$ N/A	
70100					(i ci dodident)	\$ n/A	
UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$ N/A	
EXCESS LIAB CLAIMS MADE		N/A	N/A	N/A	AGGREGATE	\$ N/A	
DED RETENTION \$					AGGREGATE	\$ N/A	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N)))))		WC STATU- OTH- TORY LIMITS ER	\$ N/A	
ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A	N/A	N/A	N/A	E.L. EACH ACCIDENT	\$ n/A	
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A	·	·		E.L. DISEASE – EA EMPLOYEE	\$ n/A	
If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE – POLICY LIMIT	\$ N/A	
OTHER					Each Med. Incident:	Shared Pr	ima
Medical Prof. Liability Retro Date: 03/10/2011		GAMS115790	06/05/2013	06/05/2014	Aggregate Limit: N/	'A	
: SCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (A	Attach ACORD 1	01, Additional Remarks Sch	nedule, 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. Weg



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

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certificate noider in fieu of such endorsen	ienitis	J·				
PRODUCER			CONTACT NAME:			
Arthur J. Gallagher Risk Manageme	nt Se	ervices. Inc.	PHONE (A/C, NO, EXT):		FAX (A/C, No):	
12621 Featherwood Dr., Suite 300			E-MAIL		(200, 100).	
Houston, TX 77034			ADDRESS:	NSI IDED(S) AEEC	ORDING COVERAGE	NAIC#
				. , ,	o-Legal Solutions RRG	11598
			Inc			
INSURED			COMPANY B:			
Steven Cooley, M.D.			COMPANY C:			
Apt. 701 910 Houston Street			COMPANY D:			
Fort Worth, TX 76102-6224			COMPANY E:			
,			COMPANY F:			
COVERAGES	С	ERTIFICATE NUMBER	l:		REVISION NUMBER:	
THIS IS TO CERTIFY THAT THE POLICIES OF INDICATED. NOTWITHSTANDING ANY REQU CERTIFICATE MAY BE ISSUED OR MAY PEI EXCLUSIONS AND CONDITIONS OF SUCH PO	IREME RTAIN, LICIES	INT, TERM OR CONDITION THE INSURANCE AFFOR LIMITS SHOWN MAY HAV	N OF ANY CONTR RDED BY THE PO VE BEEN REDUCE	RACT OR OTHE LICIES DESCRI D BY PAID CLAI	R DOCUMENT WITH RESPECT TO AL	TO WHICH THIS
INSR TYPE OF INSURANCE	ADDL S		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					MED EXP (Any one person) \$ N/	
		N/A	N/A	N/A	PERSONAL & ADV INJURY \$ N/	
					GENERAL AGGREGATE \$ N/	Ά
GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG \$ N/A	
PRO- POLICY JECT LOC					\$ n/	'A
AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident) \$ ท/	'A
ANY AUTO			n/A	N/A	BODILY INJURY (Per person) \$ N/	'A
ALL OWNED SCHEDULED AUTOS AUTOS		N/A			BODILY INJURY (Per accident) \$ N/	'A
NON-OWNED					PROPERTY DAMAGE \$ N/	/A
HIRED AUTOS AUTOS					(Per accident) \$ N/	
UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS MADE		N/A	N/A	N/A	EACH OCCURRENCE \$ N/ AGGREGATE \$ N/	
DED RETENTION \$					AGGREGATE \$ N/	
WORKERS COMPENSATION					WC STATU- OTH-	
AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE		/-	/-	/-	TORY LIMITS ER \$ N/	
OFFICER/MEMBER EXCLUDED?	N/A	N/A	N/A	N/A	E.L. EACH ACCIDENT \$ N/ E.L. DISEASE - EA EMPLOYEE \$ N/	
(Mandatory in NH) If yes, describe under						
DESCRIPTION OF OPERATIONS below OTHER	-				E.L. DISEASE - POLICY LIMIT \$ N/	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Medical Prof. Liability Retro Date: 09/19/2011		GAMS115790	06/05/2013	06/05/2014	Each Med. Incident: ERR Aggregate Limit: ERROR	OR
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (A	ttach A0	: CORD 101, Additional Remarks Sch	: nedule, if more space is	: required)	-	
CERTIFICATE HOLDER			CANCELLATION	l		
			SHOULD ANY	OF THE ABOVE	DESCRIBED POLICIES BE CANCEL	LED BEFORE
			THE EXPIRATION	ON DATE THERE	EOF, NOTICE WILL BE DELIVERED ICY PROVISIONS.	
		ŀ	AUTHORIZED REPR	ESENTATIVE		
			A			
			Donoveu	M. Weg		



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).

certificate holder in lieu of such endorsement(s).	,,							
PRODUCER		CONTACT NAME:						
Author 7 Gallachan Bish Venament Gameia	. 	PHONE			FAX			
Arthur J. Gallagher Risk Management Services 12621 Featherwood Dr., Suite 300	s, inc.	(A/C, NO, EXT): E-MAIL			(A/C, No):			
Houston, TX 77034		ADDRESS:						
			. , ,	RDING COVERAGE -Legal Solution	ons RRG	NAIC # 11598		
INSURED								
Jean F. Coria, M.D.		COMPANY B:						
Apt. 701		COMPANY C:						
910 Houston Street		COMPANY D:						
Fort Worth, TX 76102-6224		COMPANY E:						
COVERAGES CERTIFIC	CATE NUMBER	COMPANY F:		REVISION NUM	ADED:			
Γ		-				OLIOV PEDIOD		
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TER CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE IN THE INSURANCE OF SUCH POLICIES. LIMITS	M OR CONDITION SURANCE AFFOR	N OF ANY CONTR RDED BY THE PO VE BEEN REDUCE	RACT OR OTHE PLICIES DESCRI D BY PAID CLAI	R DOCUMENT WIT BED HEREIN IS SU	H RESPECT T	O WHICH THIS		
INSR TYPE OF INSURANCE ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS			
GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY				EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurr				
CLAIMS MADE OCCUR	N/A	N/A	N/A	MED EXP (Any one pe	erson) \$ N/	A		
	21,722	,	,	PERSONAL & ADV IN	JURY \$ N/.	Α		
				GENERAL AGGREGA				
GEN'L AGGREGATE LIMIT APPLIES PER: PRO-				PRODUCTS - COMP/C	DP AGG \$ N/	A		
POLICY JECT LOC				COMPINED SINCLE	\$ N/.	A		
AUTOMOBILE LIABILITY				COMBINED SINGLE L (Ea accident)	IIVIII \$ N/.	A		
ANY AUTO				BODILY INJURY (Per	person) \$ N/	A		
ALL OWNED SCHEDULED AUTOS AUTOS	N/A	A\N	N/A	BODILY INJURY (Per	accident) \$ ห/	A		
NON-OWNED HIRED AUTOS AUTOS				PROPERTY DAMAGE (Per accident)	\$ и/	A		
				(i ci docident)	\$ n/	A.		
UMBRELLA LIAB OCCUR				EACH OCCURRENCE	\$ n/.	A		
EXCESS LIAB CLAIMS MADE	N/A	N/A	N/A	AGGREGATE	\$ и/.	A.		
DED RETENTION \$					\$ n/.	A		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N				WC STATU- TORY LIMITS	OTH- ER \$ N/.	Δ		
ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A	N/A	N/A	E.L. EACH ACCIDENT	\$ n/.			
OFFICER/MEMBER EXCLUDED? N/A (Mandatory in NH)	-1,1-1	-1/	/	E.L. DISEASE – EA EN				
If yes, describe under DESCRIPTION OF OPERATIONS below				E.L. DISEASE - POLIC		λ		
OTHER				Each Med. Inc				
Medical Prof. Liability	GAMS115790	06/05/2013	06/05/2014	Aggregate Lim		red frimary		
Retro Date: 02/01/2008	3.2.2.2.2.0	55, 55, 252	00,00,2021					
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, A	Additional Remarks Sci	: hedule. if more space is	required)	:				
		,	. ,					
CERTIFICATE HOLDER		CANCELLATION	V					
				DESCRIBED POLICIE				
				OF, NOTICE WILL B CY PROVISIONS.	E DELIVERED	IIN		

AUTHORIZED REPRESENTATIVE



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.

	lificate holder in lieu of such endorsei	ment	(s).		,			
PRO	DUCER				CONTACT NAME:			
Art	hur J. Gallagher Risk Manageme	ent :	Servic	es. Inc.	PHONE (A/C, NO, EXT):		FAX (A/C, No):	
	21 Featherwood Dr., Suite 300				E-MAIL		(AC, NO).	
Hot	ıston, TX 77034				ADDRESS:			T
							ORDING COVERAGE	NAIC# 11598
					Inc	pilea mealca	o-Legal Solutions RRG	11396
INSL	IRED				COMPANY B:			
uo-	th Crawford, M.D.							
	701				COMPANY C:			+
-	Houston Street				COMPANY D:			
For	t Worth, TX 76102-6224				COMPANY E:			
	(50.050				COMPANY F:			
	VERAGES			FICATE NUMBER			REVISION NUMBER:	
IND CEF	S IS TO CERTIFY THAT THE POLICIES O ICATED. NOTWITHSTANDING ANY REQU RTIFICATE MAY BE ISSUED OR MAY PE CLUSIONS AND CONDITIONS OF SUCH PO	JIREN RTAI	IENT, T N, THE	ERM OR CONDITIO INSURANCE AFFOI	N OF ANY CONTE RDED BY THE PO	RACT OR OTHE LICIES DESCRI	R DOCUMENT WITH RESPECT BED HEREIN IS SUBJECT TO A	TO WHICH THIS
INSR LTR	TYPE OF INSURANCE		SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
LIK	GENERAL LIABILITY	INSK		POLICY NOWIBER	(WW/DD/1111)	(WIW/DD/1111)	EACH OCCURRENCE \$ N	/a
							DAMAGE TO RENTED	
	COMMERCIAL GENERAL LIABILITY						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:	į					PRODUCTS - COMP/OP AGG \$ N	/A
	PRO- POLICY JECT LOC						\$ и	/A
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ ท	/A
	en e			N/A	N/A	N/A	BODILY INJURY (Per person) \$ ม	/A
	ANY AUTO ALL OWNED SCHEDULED							-
	AUTOS AUTOS NON-OWNED						BODILY INJURY (Per accident) \$ N PROPERTY DAMAGE	/A
	HIRED AUTOS AUTOS						(Per accident) \$ N	/A
							\$ и	/A
	UMBRELLA LIAB OCCUR	1					EACH OCCURRENCE \$ N	/A
	EXCESS LIAB CLAIMS MADE			N/A	N/A	N/A	AGGREGATE \$ พ	/A
	DED RETENTION \$	1					\$ и	
	WORKERS COMPENSATION						WC STATU- OTH-	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE						TORY LIMITS ER \$ N	
	OFFICER/MEMBER EXCLUDED?	N/A		N/A	N/A	N/A	E.L. EACH ACCIDENT \$ N	
	(Mandatory in NH) If yes, describe under						E.L. DISEASE – EA EMPLOYEE \$ N	/A
	DESCRIPTION OF OPERATIONS below	1					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: Sha Aggregate Limit: N/A	ared Primary
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICLES (: Attach	ACORD 10	01, Additional Remarks Sc	: hedule, if more space is	: required)		
				,	,	. ,		
CEI	RTIFICATE HOLDER				CANCELLATION	J		
							DESCRIPED DOLLOISO DE CANCE	LLED BEFORE
							DESCRIBED POLICIES BE CANCE EOF, NOTICE WILL BE DELIVERED	
							ICY PROVISIONS.	
					AUTUODITE SEE	POENTAT"		
					AUTHORIZED REPR			
					1 Nonemark	M. Weg		
					namonani	ri. wy		



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.

certificate holder in lieu of such endorser	ment(s).								
PRODUCER			CONTACT NAME:						
Arthur J. Gallagher Risk Manageme	ent Semuic	es Inc	PHONE			FAX (A(C, N=):			
12621 Featherwood Dr., Suite 300	one bervie	es, me.	(A/C, NO, EXT): E-MAIL			(A/C, No):			
Houston, TX 77034			ADDRESS:						
					RDING COVERAGE -Legal Solution	BDG	NAIC#		
			Inc	pilea meaico	o-Legal Solutio	ons RRG	11598		
INSURED			COMPANY B:						
Darrel Diener, M.D.			COMPANY C:						
Apt. 701			COMPANY D:						
910 Houston Street Fort Worth, TX 76102-6224			COMPANY E:						
			COMPANY F:						
COVERAGES	CERTI	FICATE NUMBER	₹:		REVISION NUM	MBER:			
THIS IS TO CERTIFY THAT THE POLICIES O INDICATED. NOTWITHSTANDING ANY REQUCERTIFICATE MAY BE ISSUED OR MAY PEEXCLUSIONS AND CONDITIONS OF SUCH POLICE.	JIREMENT, TI RTAIN, THE DLICIES. LIMIT	ERM OR CONDITIO	N OF ANY CONTR RDED BY THE PO VE BEEN REDUCE	RACT OR OTHE PLICIES DESCRI D BY PAID CLAI	R DOCUMENT WIT BED HEREIN IS SU	H RESPECT T	O WHICH THIS		
INSR TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS			
GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurr				
CLAIMS MADE OCCUR					MED EXP (Any one pe				
OLAIMS MADE GOOGK		N/A	N/A	N/A	PERSONAL & ADV IN				
					GENERAL AGGREGA				
GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/O				
PRO- POLICY JECT LOC						\$ n/.	Δ		
AUTOMOBILE LIABILITY					COMBINED SINGLE L				
***************************************					(Ea accident) BODILY INJURY (Per				
ANY AUTO ALL OWNED SCHEDULED		N/A	N/A	N/A					
AUTOS AUTOS NON-OWNED		,	,		BODILY INJURY (Per PROPERTY DAMAGE				
HIRED AUTOS AUTOS					(Per accident)	\$ n/.	A		
						\$ и/.	A		
UMBRELLA LIAB OCCUR		27 / 2	27 / 2	27./2	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 Y/N					WC STATU- TORY LIMITS	OTH- ER \$ N/	A		
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A	N/A	N/A	n/A	E.L. EACH ACCIDENT	\$ n/.	A.		
(Mandatory in NH)					E.L. DISEASE – EA EN	MPLOYEE \$ N/	A		
If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLIC	CYLIMIT \$ N/	A		
OTHER					Each Med. Inc	ident: Sha	red Primary		
Medical Prof. Liability Retro Date: 06/30/2011		GAMS115790	06/05/2013	06/05/2014	Aggregate Lim	it: N/A			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 10	01, Additional Remarks Sc	hedule, if more space is	required)					
CERTIFICATE HOLDER			CANCELLATION	J					
			SHOULD ANY	OF THE ABOVE I	DESCRIBED POLICIE	S BE CANCEL	LED BEFORE		
			THE EXPIRATION	ON DATE THERE	OF, NOTICE WILL B				
			ACCORDANCE	: WITH THE POLI	CY PROVISIONS.				
			AUTUODITED DEDD	EOENTATIVE					



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

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certificate holder in lieu of such endorse	ment	(s).					
PRODUCER				CONTACT NAME:			
				PHONE		FAX	
Arthur J. Gallagher Risk Manageme	ent :	Servi	.ces, Inc.	(A/C, NO, EXT):		(A/C, No):	
12621 Featherwood Dr., Suite 300				E-MAIL			
Houston, TX 77034				ADDRESS:			1
						ORDING COVERAGE	NAIC #
				COMPANY A: Apj	11598		
				Inc			
INSURED				COMPANY B:			
Torre Booklash MD							
Jason Eastlack, MD				COMPANY C:			
Apt. 701				COMPANY D:			
910 Houston Street				COMPANY E:			
Fort Worth, TX 76102-6224							
				COMPANY F:			
COVERAGES		CERI	ΓIFICATE NUMBER	:		REVISION NUMBER:	
THIS IS TO CERTIFY THAT THE POLICIES O	F INS	URAN	CE LISTED BELOW E	IAVE BEEN ISSUE	D TO THE INSI	JRED NAMED ABOVE FOR THE I	POLICY PERIOD
INDICATED. NOTWITHSTANDING ANY REQU							
CERTIFICATE MAY BE ISSUED OR MAY PE							L THE TERMS,
EXCLUSIONS AND CONDITIONS OF SUCH PO			IITS SHOWN MAY HAY			MS.	
INSR TYPE OF INSURANCE		SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
:		:	TOLIOT HOMBER			EAGU COCUPPENOE \$ XX	3
GENERAL LIABILITY						EACH OCCURRENCE \$ N/ DAMAGE TO RENTED	A
COMMERCIAL GENERAL LIABILITY						PREMISES (Ea occurrence) \$ N/	A
OLAIMO MADE							'a
CLAIMS MADE OCCUR			N/A	N/A	N/A	MED EXP (Any one person) \$ N/	
			,	-,	,	PERSONAL & ADV INJURY \$ N/	A
						GENERAL AGGREGATE \$ N/	'A
GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ N/	Δ
PRO-						FRODUCTS - COMPTOR AGG \$ 147	
POLICY JECT LOC						\$ N/	A
AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT \$ N/	A
						(Ea accident)	
ANY AUTO						BODILY INJURY (Per person) \$ N/	A
ALL OWNED SCHEDULED AUTOS AUTOS			N/A	N/A	N/A	BODILY INJURY (Per accident) \$ N/	'A
NON-OWNED						PROPERTY DAMAGE	
HIRED AUTOS AUTOS						(Per accident) \$ N/	A
						\$ и/	'A
UMPDELLALIAD						EAGU GGGUDDENGE \$ XX	'3
UMBRELLA LIAB OCCUR		N/A	N/A	N/A	EACH OCCURRENCE \$ N/	Α	
EXCESS LIAB CLAIMS MADE					AGGREGATE \$ N/	A	
DED RETENTION \$						\$ N/	A
WORKERS COMPENSATION						WC STATU- OTH-	
AND EMPLOYERS' LIABILITY Y/N						TORY LIMITS ER \$ N/	A
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		N/A	N/A	N/A	E.L. EACH ACCIDENT \$ N/	A
(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE \$ N/	Ά
If yes, describe under							
DESCRIPTION OF OPERATIONS below	:					E.L. DISEASE - POLICY LIMIT \$ N/	A
OTHER	1					Each Med. Incident: Sha	red Primary
Medical Prof. Liability			GAMS115790	06/05/2013	06/05/2014	Aggregate Limit: N/A	
Retro Date:				, ,	,,		
	<u> </u>	<u> </u>				<u> </u>	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach	ACORD	101, Additional Remarks Sch	nedule, if more space is	required)		
AEDTIEIO ATE 1101 5							
CERTIFICATE HOLDER				CANCELLATION	ı		
				SHOULD ANY	OF THE ABOVE I	DESCRIBED POLICIES RE CANCEL	I ED REFORE

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THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN

ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



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

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certificate floraci ili fica di sacii chadiscini	ciicl.	<i>э</i> _/ .						
PRODUCER			CONTACT NAME:					
Arthur J. Gallagher Risk Managemen	+ 0	emvices Inc	PHONE		FAX			
12621 Featherwood Dr., Suite 300		civices, inc.	(A/C, NO, EXT): E-MAIL		(A/C, No):			
Houston, TX 77034			ADDRESS:			T		
		•			PRDING COVERAGE	NAIC#		
NOUDED			Inc	pilea Mealca	o-Legal Solutions RRG	11598		
INSURED			COMPANY B:					
Tom Falvey, M.D.			COMPANY C:					
Apt. 701 910 Houston Street			COMPANY D:					
Fort Worth, TX 76102-6224			COMPANY E:					
			COMPANY F:					
COVERAGES		CERTIFICATE NUMBER	:		REVISION NUMBER:			
THIS IS TO CERTIFY THAT THE POLICIES OF INDICATED. NOTWITHSTANDING ANY REQUIR CERTIFICATE MAY BE ISSUED OR MAY PER EXCLUSIONS AND CONDITIONS OF SUCH POL	REMI TAIN ICIE:	ENT, TERM OR CONDITIOI I, THE INSURANCE AFFOR S. LIMITS SHOWN MAY HAV	N OF ANY CONTR RDED BY THE PO /E BEEN REDUCE	RACT OR OTHE LICIES DESCRI D BY PAID CLAI	R DOCUMENT WITH RESPECT TO A	TO WHICH THIS		
	DDL : NSR	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		
		N/A	N/A	N/A	PERSONAL & ADV INJURY \$ NA	'A		
					GENERAL AGGREGATE \$ N/	'A		
GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG \$ NA	'A		
PRO- POLICY JECT LOC					\$ N,	/A		
AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident) \$ N/	/A		
ANY AUTO			N/A	n/A	BODILY INJURY (Per person) \$ N	/A		
ALL OWNED SCHEDULED		N/A			BODILY INJURY (Per accident) \$ N,	/A		
AUTOS AUTOS NON-OWNED					PROPERTY DAMAGE			
HIRED AUTOS AUTOS					(Per accident) \$ N,			
					\$ N,	/A		
UMBRELLA LIAB OCCUR		27 /2	27 / 2	27 / 2	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 Y/N					WC STATU- OTH- TORY LIMITS ER \$ N/	/A		
ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A	N/A	N/A	N/A	E.L. EACH ACCIDENT \$ N/	/A		
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	WA	·		·	E.L. DISEASE - EA EMPLOYEE \$ N/	/A		
If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT \$ 14	/A		
OTHER					Each Med. Incident: Sha			
Medical Prof. Liability Retro Date: 04/01/2006		GAMS115790	06/05/2013	06/05/2014	Aggregate Limit: N/A			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (At	tach A	CORD 101, Additional Remarks Sch	iedule, if more space is	required)				
CERTIFICATE HOLDER			CANCELLATION	<u> </u>				
					DESCRIBED DOLLOISE DE CANOS	LI ED BEEODE		
			THE EXPIRATION	ON DATE THERE	DESCRIBED POLICIES BE CANCEI :OF, NOTICE WILL BE DELIVERED CY PROVISIONS.			
			AUTHORIZED REPR	esentative M. Wys				



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

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	uncate noider in neu of such endorsei	пепц	.(S).				
PRO	DUCER			CONTACT NAME:			
Δrt	chur J. Gallagher Risk Manageme	ent s	Services Inc	PHONE (A/C, NO, EXT):		FAX (A/C, No):	
	521 Featherwood Dr., Suite 300		DCIVICOD, 1110.	E-MAIL		(A/C, NO):	
Ho	uston, TX 77034			ADDRESS:			
					. , ,	PRDING COVERAGE	NAIC # 11598
				Inc	piled Medico	o-Legal Solutions RRG	11396
INSU	JRED			COMPANY B:			
Mat	thew P. Fiesta, M.D.			COMPANY C:			
	2. 701						
_	Houston Street			COMPANY D:			
For	rt Worth, TX 76102-6224			COMPANY E:			
	VEDACES		CERTIFICATE NUMBER	COMPANY F:		DEVICION NUMBER	
	VERAGES		CERTIFICATE NUMBER			REVISION NUMBER:	
IND CEF EXC	S IS TO CERTIFY THAT THE POLICIES O ICATED. NOTWITHSTANDING ANY REQU RTIFICATE MAY BE ISSUED OR MAY PE CLUSIONS AND CONDITIONS OF SUCH PO	JIREM RTAII DLICIE	MENT, TERM OR CONDITIO IN, THE INSURANCE AFFO ES. LIMITS SHOWN MAY HA	N OF ANY CONTR RDED BY THE PO VE BEEN REDUCE	RACT OR OTHE PLICIES DESCRI D BY PAID CLAI	R DOCUMENT WITH RESPECT T BED HEREIN IS SUBJECT TO AL	O WHICH THIS
INSR LTR	TYPE OF INSURANCE		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					MED EXP (Any one person) \$ Ŋ/.	Α.
			N/A	N/A	N/A	PERSONAL & ADV INJURY \$ 11/	
						GENERAL AGGREGATE \$ N/.	
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG \$ N/	
	PRO-						
	POLICY JECT LOC					\$ N/. COMBINED SINGLE LIMIT \$ N/.	
	AUTOMOBILE LIABILITY		N/A			(Ea accident)	
	ANY AUTO ALL OWNED SCHEDULED			N/A	N/A	BODILY INJURY (Per person) \$ N/	
	AUTOS AUTOS			N/A	N/A	BODILY INJURY (Per accident) \$ N/	A
	NON-OWNED AUTOS AUTOS					PROPERTY DAMAGE (Per accident) \$ N/	A
						\$ n/.	A
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE \$ N/.	Α
	EXCESS LIAB CLAIMS MADE		N/A	N/A	N/A	AGGREGATE \$ N/.	Α.
	DED RETENTION \$					\$ и/.	Α.
	WORKERS COMPENSATION					WC STATU- OTH-	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE		27 / 2	27 / 2	27./2	TORY LIMITS ER \$ N/. E.L. EACH ACCIDENT \$ N/.	
	OFFICER/MEMBER EXCLUDED?	N/A	N/A	N/A	N/A	E.L. EACH ACCIDENT \$ N/. E.L. DISEASE - EA EMPLOYEE \$ N/.	
	If yes, describe under						
	DESCRIPTION OF OPERATIONS below	1			!	E.L. DISEASE - POLICY LIMIT \$ N/	
	OTHER Medical Prof. Liability Retro Date: 10/29/2010		GAMS115790	06/05/2013	06/05/2014	Each Med. Incident: Sha Aggregate Limit: N/A	red Primary
DESC	: CRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach	: : ACORD 101, Additional Remarks Sc	: hedule, if more space is	: required)	:	
			· · · · · · · · · · · · · · · · · · ·	,	,,		
CEI	RTIFICATE HOLDER			CANCELLATION	J		
				SHOULD ANY	OF THE ABOVE I	DESCRIBED POLICIES BE CANCEL	LED BEFORE
				THE EXPIRATION	ON DATE THERE	OF, NOTICE WILL BE DELIVERED	
				ACCORDANCE	: WITH THE POLI	CY PROVISIONS.	
				AUTHORIZED REPR	ESENTATIVE		
				Ι Λ	1		
				Donoveu	M. Wegs		
					/ 1		



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

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	tificate holder in lieu of such endorse	ment	(s).					
PRO	DUCER				CONTACT NAME:			
Art	hur J. Gallagher Risk Managem	ent :	Servic	es. Inc.	PHONE (A/C, NO, EXT):		FAX (A/C, No):	
	521 Featherwood Dr., Suite 300				E-MAIL		(AC, NO).	
Hot	uston, TX 77034				ADDRESS:			T
							PRDING COVERAGE	NAIC#
					Inc	pilea meaica	o-Legal Solutions RRG	11596
INSU	JRED				COMPANY B:			
Jor	athan Friedman, M.D.				COMPANY C:			
_	. 701				COMPANY D:			
) Houston Street t Worth, TX 76102-6224				COMPANY E:			
FOI	t WOFCH, IX /6102-6224				COMPANY F:			
СО	VERAGES		CERTI	FICATE NUMBER			REVISION NUMBER:	
	S IS TO CERTIFY THAT THE POLICIES CICATED. NOTWITHSTANDING ANY REQU							
CEF	RTIFICATE MAY BE ISSUED OR MAY PE	RTAI	N, THE	INSURANCE AFFOR	RDED BY THE PO	LICIES DESCRI	BED HEREIN IS SUBJECT TO A	
INSR	CLUSIONS AND CONDITIONS OF SUCH PO		S. LIMI	TS SHOWN MAY HA	VE BEEN REDUCE POLICY EFF	D BY PAID CLAI POLICY EXP	MS.	
LTR	TYPE OF INSURANCE		WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS	
	GENERAL LIABILITY						EACH OCCURRENCE \$ N	/A
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ N	/A
	CLAIMS MADE OCCUR			/-	/-	/-	MED EXP (Any one person) \$ N	/A
				N/A	N/A	N/A	PERSONAL & ADV INJURY \$ ท	/A
							GENERAL AGGREGATE \$ N	/A
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ N	/A
	PRO- POLICY JECT LOC						\$ и	/A
	AUTOMOBILE LIABILITY		N/A				COMBINED SINGLE LIMIT C N	
	ANY AUTO						(Ea accident) BODILY INJURY (Per person) \$ N	/A
	ALL OWNED SCHEDULED			n/a	N/A	BODILY INJURY (Per accident) \$ N		
	AUTOS AUTOS NON-OWNED					PROPERTY DAMAGE		
	HIRED AUTOS AUTOS					(Per accident) \$ N		
							\$ и	/A
	UMBRELLA LIAB OCCUR			N/A	N/A	N/A	EACH OCCURRENCE \$ N	/A
	EXCESS LIAB CLAIMS MADE			N/A	N/A	N/A	AGGREGATE \$ N	/A
	DED RETENTION \$						\$ и	/A
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						WC STATU- OTH- TORY LIMITS ER \$ N	/A
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		N/A	N/A	N/A	E.L. EACH ACCIDENT \$ N	/A
	(Mandatory in NH)	1000					E.L. DISEASE – EA EMPLOYEE \$ N	/A
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$ N	/A
	OTHER						Each Med. Incident: Sh	ared Primary
	Medical Prof. Liability Retro Date: 06/01/2009			GAMS115790	06/05/2013	06/05/2014	Aggregate Limit: N/A	
	Rec10 Date: 00/01/2009							
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLES	Attach	ACORD 10	01, Additional Remarks Sc	hedule, if more space is	required)		
CEI	PTIEICATE HOLDER				CANCELLATION			
UEI	RTIFICATE HOLDER				CANCELLATION	4		
							DESCRIBED POLICIES BE CANCE	
							OF, NOTICE WILL BE DELIVERED CY PROVISIONS.	, IIV
					AUTHORIZED REPR			
					\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	M. Weg		
					Manman	11. vong		



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

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	tificate holder in lieu of such endorser	nent((s).							
PRO	DUCER			CONTACT NAME:						
Art	chur J. Gallagher Risk Manageme	ent S	Services. Inc.	PHONE (A/C, NO, EXT):		FAX (A/C, No):				
	521 Featherwood Dr., Suite 300			È-MÁIL		(AC, NO).				
Ho	uston, TX 77034			ADDRESS:			T			
						PRDING COVERAGE	NAIC#			
				Inc	рттеа меатс	o-Legal Solutions RRG	11598			
INSU	JRED									
34-4	sharr Calfiana V D			COMPANY B:			+			
	chew Galfione, M.D. c. 701			COMPANY C:						
_	Houston Street			COMPANY D:						
	rt Worth, TX 76102-6224			COMPANY E:						
				COMPANY F:						
CO	VERAGES	(CERTIFICATE NUMBI	ER:		REVISION NUMBER:				
IND	S IS TO CERTIFY THAT THE POLICIES O ICATED. NOTWITHSTANDING ANY REQUENTIFICATE MAY BE ISSUED OR MAY PE CLUSIONS AND CONDITIONS OF SUCH PO	JIREM RTAIN	IENT, TERM OR CONDIT N, THE INSURANCE AFF	ION OF ANY CONTI ORDED BY THE PC	RACT OR OTHE LICIES DESCRI	R DOCUMENT WITH RESPECT TO ALL BED HEREIN IS SUBJECT TO ALL	TO WHICH THIS			
INSR	TYPE OF INSURANCE	ADDL	SUBR	POLICY EFF	POLICY EXP					
LTR	:	INSR	WVD POLICY NUMBER	(MM/DD/YYYY) :	(MM/DD/YYYY)	LIMITS				
	GENERAL LIABILITY					EACH OCCURRENCE \$ N/ DAMAGE TO RENTED	Α			
	COMMERCIAL GENERAL LIABILITY					PREMISES (Ea occurrence) \$ N/	'A			
	CLAIMS MADE OCCUR		27 / 2	27 / 7	27./2	MED EXP (Any one person) \$ Ŋ/	'A			
			N/A	N/A	N/A	PERSONAL & ADV INJURY \$ N/	'A			
						GENERAL AGGREGATE \$ N/	'A			
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMPIOP AGG \$ N/	'A			
	PRO-					\$ n/	/a			
	POLICY JECT LOC					COMBINED SINGLE LIMIT				
	AUTOMOBILE LIABILITY					(Ea accident)				
	ANY AUTO		37/3	27 / 7	N/A	BODILY INJURY (Per person) \$ 內	Ά			
	ALL OWNED SCHEDULED AUTOS AUTOS		N/A	N/A		BODILY INJURY (Per accident) \$ N/	'A			
	NON-OWNED HIRED AUTOS AUTOS					PROPERTY DAMAGE (Per accident) \$ N/	'A			
	TIINED ACTOS					(el accident)	/A			
	UMBRELLA LIAB OCCUR		N/A	N/A	N/A	EACH OCCURRENCE \$ N/				
	EXCESS LIAB CLAIMS MADE		11/12	11/12	11/12	AGGREGATE \$ N/	A			
	DED RETENTION \$					\$ N/	'A			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N					WC STATU- OTH- TORY LIMITS ER \$ №/	'A			
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A	N/A	N/A	N/A	E.L. EACH ACCIDENT \$ N/	'A			
	OFFICER/MEMBER EXCLUDED?	INVA		·		E.L. DISEASE - EA EMPLOYEE \$ N/	'A			
	If yes, describe under					_	/a			
	DESCRIPTION OF OPERATIONS below OTHER						~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
	Medical Prof. Liability Retro Date: 06/05/2009		GAMS115790	06/05/2013	06/05/2014	Each Med. Incident: Sha Aggregate Limit: N/A	red Primary			
DESC	: CRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (.	Attach /	: : : : : : : : : : : : : : : : : : :	: Schedule, if more space is	required)	·				
			,	,	. ,					
CEI	RTIFICATE HOLDER			CANCELLATION	.I					
CEI	ATHIOATE HOLDER			ANGELLATION	N .					
						DESCRIBED POLICIES BE CANCEL OF, NOTICE WILL BE DELIVERED				
						CY PROVISIONS.				
				AUTHORIZED REPR	RESENTATIVE					
				Donoveu	M. Wegs					



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

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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).

certificate holder in lieu of such endorser	-		indorsement. A	statement on	illis certificate doe	S HOL COL	mer rights to the		
PRODUCER			CONTACT NAME:						
Anthun I Callaghan Bigh Managama	-n+ c	owriaca Tna	PHONE			FAX			
Arthur J. Gallagher Risk Manageme 12621 Featherwood Dr., Suite 300	anc a	ervices, inc.	(A/C, NO, EXT): (A/C, No): E-MAIL						
Houston, TX 77034			ADDRESS: INSURER(S) AFFORDING COVERAGE						
				NAIC #					
			Inc	рттеа меатс	o-Legal Solution	ns kku	11598		
INSURED									
Benjamin Garvey, M.D.			COMPANY B:						
Apt. 701			COMPANY C:						
910 Houston Street			COMPANY D:						
Fort Worth, TX 76102-6224			COMPANY E:						
COVERACES		SEDTIFICATE NUMBER	COMPANY F:		DEVICION NUM	IDED.			
COVERAGES		CERTIFICATE NUMBER			REVISION NUM				
THIS IS TO CERTIFY THAT THE POLICIES OF INDICATED. NOTWITHSTANDING ANY REQUESTIFICATE MAY BE ISSUED OR MAY PEEXCLUSIONS AND CONDITIONS OF SUCH PO	JIREME RTAIN DLICIES	ENT, TERM OR CONDITION , THE INSURANCE AFFOR S. LIMITS SHOWN MAY HAY	N OF ANY CONTR RDED BY THE PO VE BEEN REDUCE	RACT OR OTHE PLICIES DESCRI D BY PAID CLAI	R DOCUMENT WITH BED HEREIN IS SUI	H RESPEC	T TO WHICH THIS		
INSR TYPE OF INSURANCE	ADDL S		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS			
GENERAL LIABILITY					EACH OCCURRENCE DAMAGE TO RENTED		N/A		
COMMERCIAL GENERAL LIABILITY					PREMISES (Ea occurre	nce) \$	N/A		
CLAIMS MADE OCCUR		N/A	N/A	n/A	MED EXP (Any one per	son) \$	N/A		
		,	·	,			N/A		
					GENERAL AGGREGATE \$ N/A		N/A		
GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/O	P AGG \$	N/A		
POLICY JECT LOC							N/A		
AUTOMOBILE LIABILITY					COMBINED SINGLE LII (Ea accident)	MIT \$	N/A		
ANY AUTO					BODILY INJURY (Per p	erson) \$	N/A		
ALL OWNED SCHEDULED		N/A	N/A	N/A	BODILY INJURY (Per a	ccident) \$	N/A		
AUTOS AUTOS NON-OWNED					PROPERTY DAMAGE				
HIRED AUTOS AUTOS					(Per accident)		N/A		
						\$	N/A		
UMBRELLA LIAB OCCUR		27/2	27./2	27./2	EACH OCCURRENCE	\$	N/A		
EXCESS LIAB CLAIMS MADE		N/A	N/A	N/A	AGGREGATE	\$	N/A		
DED RETENTION \$	<u> </u>						N/A		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N					WC STATU- TORY LIMITS	OTH- ER \$	N/A		
ANY PROPRIETOR/PARTNER/EXECUTIVE	NICA	N/A	N/A	N/A	E.L. EACH ACCIDENT		N/A		
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A	,	,	,	E.L. DISEASE – EA EM	PLOYEE \$	N/A		
If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLIC		N/A		
OTHER					Each Med. Inci				
Medical Prof. Liability		GAMS115790	06/05/2013	06/05/2014	Aggregate Limi		nared rrimary		
Retro Date: 12/06/2010		GALDII3730	0070372013	00/03/2014		•			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach A	COPD 101 Additional Pomarka Sol	hodulo, if more enace is	roquirod)	<u> </u>				
2233111 11011 01 01 210 (110110 / 220) (110110 / 121110223 (1	· (ttuoii) (OCKE TO 1, Additional Monarko Col	nodalo, il moro opaso lo	roquirouy					
CERTIFICATE HOLDER			CANCELLATION	J					
			SHOTH D VMA	OF THE AROVE	DESCRIBED POLICIE	SRECANO	CELLED REFORE		
			THE EXPIRATION	ON DATE THERE	EOF, NOTICE WILL BE ICY PROVISIONS.				

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AUTHORIZED REPRESENTATIVE



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

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certificate floider in fied of 3defi chaof	CITICITI	13).					
PRODUCER				CONTACT NAME:			
Anthun I Callaghen Bigh Manag	man+	Comri	noa Ina	PHONE		FAX	
Arthur J. Gallagher Risk Manage 12621 Featherwood Dr., Suite 30		servi	ces, inc.	(A/C, NO, EXT): E-MAIL		(A/C, No):	
Houston, TX 77034	U			ADDRESS:			
Houseon, IX 77034				ı	INSURER(S) AFFO	ORDING COVERAGE	NAIC#
						o-Legal Solutions RRG	11598
INSURED							
				COMPANY B:			
Cameron Gates, M.D. Apt. 701				COMPANY C:			
910 Houston Street				COMPANY D:			
Fort Worth, TX 76102-6224				COMPANY E:			
,				COMPANY F:			
COVERAGES		CERT	IFICATE NUMBER			REVISION NUMBER:	
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RE CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	QUIREI PERTA POLICI	MENT, T N, THE ES. LIMI	TERM OR CONDITION INSURANCE AFFOR	N OF ANY CONTR RDED BY THE PO VE BEEN REDUCE	RACT OR OTHE PLICIES DESCRI D BY PAID CLAI	R DOCUMENT WITH RESPECT BED HEREIN IS SUBJECT TO A	TO WHICH THIS
INSR TYPE OF INSURANCE		. SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
:	INOIN	: :	FOLICT NOWIBER	(MIM/DD/1111)	(WIW/DD/1111)	: :	/2
GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$ N, DAMAGE TO RENTED PREMISES (Ea occurrence) \$ N,	
CLAIMS MADE OCCUR						MED EXP (Any one person) \$ N.	/A
			N/A	N/A	N/A	PERSONAL & ADV INJURY \$ N.	/A
						GENERAL AGGREGATE \$ พ.	
	-						
GEN'L AGGREGATE LIMIT APPLIES PER: PRO-						PRODUCTS – COMP/OP AGG \$ 되	/A
POLICY JECT LOC					\$ N.	/A	
AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	/A
ANY AUTO		N/A			BODILY INJURY (Per person) \$ ห	/A	
ALL OWNED SCHEDULED			N/A	N/A	BODILY INJURY (Per accident) \$ ม	/a	
AUTOS AUTOS NON-OWNED				.,,	,	BODILY INJURY (Per accident) \$ N PROPERTY DAMAGE	·····
HIRED AUTOS AUTOS						(Per accident) \$ N.	/A
						\$ N	/A
LIMPRELLA LIAR OCCUP						EACH OCCURRENCE \$ N	/2
UMBRELLA LIAB OCCUR			A\N	N/A	N/A		
EXCESS LIAB CLAIMS MA	DE		,	,	<u>'</u>	AGGREGATE \$ ท.	
DED RETENTION \$						\$ и,	/A
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y	N .					WC STATU- OTH- TORY LIMITS ER \$ ม.	/A
ANY PROPRIETOR/PARTNER/EXECUTIVE	٦ .		N/A	N/A	N/A	E.L. EACH ACCIDENT \$ N.	/A
OFFICER/MEMBER EXCLUDED?	N/A		,	II/ II	,	E.L. DISEASE - EA EMPLOYEE \$ N.	/A
If yes, describe under							
DESCRIPTION OF OPERATIONS below	- i				:	E.L. DISEASE - POLICY LIMIT \$ N	
OTHER Medical Prof. Liability Retro Date: 10/01/2010			GAMS115790	06/05/2013	06/05/2014	Each Med. Incident: Sha Aggregate Limit: N/A	ared Primary
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICL	S (Attach	ACORD 1	01, Additional Remarks Scl	hedule, if more space is	required)		
	•				. ,		
CERTIFICATE HOLDER				CANCELLATION	J		
				SHOTH D VIIA	OF THE ABOVE	DESCRIBED POLICIES BE CANCE	I ED BEEODE
						OF, NOTICE WILL BE DELIVERED	
						ICY PROVISIONS.	
				AUTHORIZED REPR	3		
				Ι Λ	h 1.100		
				Donoven	M. Wegs	-	



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

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certificate noider in fied of Such endorser	nenų	s).				
PRODUCER			CONTACT NAME:			
Arthur J. Gallagher Risk Manageme	nt S	ervices. Inc.	PHONE (A/C, NO, EXT):		FAX (A/C, No):	
12621 Featherwood Dr., Suite 300		1110.	E-MAIL		(A/C, No).	
Houston, TX 77034			ADDRESS:	NOUDED(O) AEEG	ADDING GOVERNOE	
				. , ,	DRDING COVERAGE D-Legal Solutions RRG	NAIC #
			Inc	11336		
INSURED			COMPANY B:			
Jason Ginos, M.D.			COMPANY C:			
Apt. 701			COMPANY D:			
910 Houston Street Fort Worth, TX 76102-6224			COMPANY E:			
			COMPANY F:			
COVERAGES	(CERTIFICATE NUMBER	:		REVISION NUMBER:	
THIS IS TO CERTIFY THAT THE POLICIES OF INDICATED. NOTWITHSTANDING ANY REQUCERTIFICATE MAY BE ISSUED OR MAY PEEXCLUSIONS AND CONDITIONS OF SUCH PO	IREMI RTAIN	ENT, TERM OR CONDITIOI I, THE INSURANCE AFFOF	N OF ANY CONTI RDED BY THE PC	RACT OR OTHE LICIES DESCRI	R DOCUMENT WITH RESPECT BED HEREIN IS SUBJECT TO	T TO WHICH THIS
NSR TYPE OF INSURANCE LTR	ADDL INSR		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
GENERAL LIABILITY	INOK	FOLICI NOMBER	(MIMI/DD/1111)	(MM/DD/1111)	: :	N/A
COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED	N/A
CLAIMS MADE OCCUR		27./2	27 / 7	27/2	MED EXP (Any one person) \$	N/A
		N/A	N/A	N/A	PERSONAL & ADV INJURY \$	N/A
					GENERAL AGGREGATE \$ N/A	
GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG \$	n/a
POLICY JECT LOC					COMBINED SINGLE LIMIT	N/A
AUTOMOBILE LIABILITY			n/A	N/A	(Ea accident) \$	N/A
ANY AUTO					BODILY INJURY (Per person) \$	N/A
ALL OWNED SCHEDULED AUTOS AUTOS		N/A			BODILY INJURY (Per accident) \$	N/A
NON-OWNED					PROPERTY DAMAGE \$	N/A
HIRED AUTOS AUTOS					(Per accident) \$	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					WC STATU- OTH-	A/и
AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE		N /A	NT / 70	NI / 7	;	N/A
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A	N/A	N/A	N/A	······································	N/A
If yes, describe under					_	
DESCRIPTION OF OPERATIONS below OTHER				:		N/A
Medical Prof. Liability Retro Date: 08/01/2010		GAMS115790	06/05/2013	06/05/2014	Each Med. Incident: SI Aggregate Limit: N/A	nared Primary
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (A	Attach /	ACORD 101, Additional Remarks Sch	: nedule, if more space is	required)		
CERTIFICATE HOLDER			CANCELLATION	 J		
		T				
			THE EXPIRATI	ON DATE THERE	DESCRIBED POLICIES BE CANC EOF, NOTICE WILL BE DELIVERE ICY PROVISIONS.	
		ŀ	AUTHORIZED REPR	ESENTATIVE		
			Λ	A 11.		
			1 1 C - C 6 12 CH 1 Å	871 14/8UA	~	



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

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certificate holder in lieu of such endorse	ment(s).						
PRODUCER			CONTACT NAME:				
Arthur J. Gallagher Risk Managem	ont Comi	igos Ing	PHONE		FAX		
12621 Featherwood Dr., Suite 300	ent serv	ices, inc.	(A/C, NO, EXT): E-MAIL		[(A/C	C, No):	
Houston, TX 77034			ADDRESS:				
			l		NAIC #		
			COMPANY A: Ap	RRG	11598		
INSURED			COMPANY B:				
Theodore B. Gupton, M.D.			COMPANY C:				
Apt. 701			COMPANY D:				
910 Houston Street Fort Worth, TX 76102-6224			COMPANY E:				
Fort Worth, 1x /6102-6224			COMPANY F:				
COVERAGES	CER	TIFICATE NUMBER			REVISION NUMBE	ER:	
THIS IS TO CERTIFY THAT THE POLICIES OF INDICATED. NOTWITHSTANDING ANY REQUESTIFICATE MAY BE ISSUED OR MAY PRESCLUSIONS AND CONDITIONS OF SUCH POLICIES.	JIREMENT, ERTAIN, TH DLICIES. LII	TERM OR CONDITION IE INSURANCE AFFOR MITS SHOWN MAY HAV	N OF ANY CONTR RDED BY THE PO VE BEEN REDUCE	RACT OR OTHE PLICIES DESCRI D BY PAID CLAI	R DOCUMENT WITH REBED HEREIN IS SUBJE	ESPECT TO	O WHICH THIS
INSR TYPE OF INSURANCE LTR	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	l	LIMITS	
GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ N/A	
CLAIMS MADE OCCUR					MED EXP (Any one person)		
OLAIMO MADE		N/A	N/A	N/A	PERSONAL & ADV INJURY	.4	
					GENERAL AGGREGATE \$ N/A		······································
GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG \$ N/A		\
PRO- POLICY JECT LOC						\$ N/A	<u> </u>
AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT	\$ N/A	
to the second second		n/A	n/A	n/A	(Ea accident)		
ANY AUTO ALL OWNED SCHEDULED					BODILY INJURY (Per perso		
AUTOS AUTOS NON-OWNED				11/12	BODILY INJURY (Per accidence of the property DAMAGE	dent) \$ N/A	······
HIRED AUTOS AUTOS					(Per accident)	\$ N/A	4
			:			\$ N/A	A
UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$ N/A	4
EXCESS LIAB CLAIMS MADE		N/A	N/A	N/A	AGGREGATE	\$ N/A	<u> </u>
DED RETENTION \$						\$ N/A	4
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						OTH- ER \$ N/A	<u>.</u>
ANY PROPRIETOR/PARTNER/EXECUTIVE		N/A	N/A	N/A	E.L. EACH ACCIDENT	\$ N/A	
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A	-1/	-1/	/	E.L. DISEASE – EA EMPLO		
If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIN		
OTHER					Each Med. Incide	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
Medical Prof. Liability		GAMS115790	06/05/2013	06/05/2014	Aggregate Limit:	N/A	ica rrimary
Retro Date: 11/01/2011			55, 55, 2525	00,00,2021			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES	Attach ACORI	: D 101, Additional Remarks Scl	: hedule, if more space is	: required)	<u>: </u>		
				. ,			
OFFICIOATE HOLDED			OANOE!! ATIO				
CERTIFICATE HOLDER		1	CANCELLATION	N .			
			THE EXPIRATION	ON DATE THERE	DESCRIBED POLICIES BI EOF, NOTICE WILL BE DE ICY PROVISIONS.		

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AUTHORIZED REPRESENTATIVE



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

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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).

certificate holder in lieu of such endorse	ment	(s).					
PRODUCER				CONTACT NAME:			
Arthur J. Gallagher Risk Manageme	ent :	Servic	ces, Inc.	PHONE (A/C, NO, EXT):		FAX (A/C, No):	
12621 Featherwood Dr., Suite 300				E-MAIL ADDRESS:			
Houston, TX 77034					INSURER(S) AFFO	PRDING COVERAGE	NAIC#
					. , ,	o-Legal Solutions RRG	11598
				Inc			
INSURED				COMPANY B:			
Brian S. Hailey, M.D.				COMPANY C:			
Apt. 701 910 Houston Street				COMPANY D:			
Fort Worth, TX 76102-6224				COMPANY E:			
				COMPANY F:			
COVERAGES			FICATE NUMBER			REVISION NUMBER:	
THIS IS TO CERTIFY THAT THE POLICIES OF INDICATED. NOTWITHSTANDING ANY REQUESTIFICATE MAY BE ISSUED OR MAY PRESCLUSIONS AND CONDITIONS OF SUCH POLICIES.	JIREN RTAI OLICIE	IENT, T N, THE S. LIMI'	ERM OR CONDITION	N OF ANY CONTR RDED BY THE PO VE BEEN REDUCE	RACT OR OTHE PLICIES DESCRI D BY PAID CLAI	R DOCUMENT WITH RESPECT BED HEREIN IS SUBJECT TO A	TO WHICH THIS
INSR TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
GENERAL LIABILITY						EACH OCCURRENCE \$ N DAMAGE TO RENTED	
COMMERCIAL GENERAL LIABILITY					n/A	PREMISES (Ea occurrence) \$ N	
CLAIMS MADE OCCUR			N/A	N/A		MED EXP (Any one person) \$ N	
	÷		,			PERSONAL & ADV INJURY \$ N	
	÷					GENERAL AGGREGATE \$ N	
GEN'L AGGREGATE LIMIT APPLIES PER:	ł.					PRODUCTS - COMP/OP AGG \$ N	/A
POLICY JECT LOC	1					\$ N COMBINED SINGLE LIMIT	
AUTOMOBILE LIABILITY			N/A	n/a	n/A	(Ea accident) \$ N	
ANY AUTO ALL OWNED SCHEDULED						BODILY INJURY (Per person) \$ N	/A
AUTOS AUTOS						BODILY INJURY (Per accident) \$ N	/A
NON-OWNED AUTOS 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 \$						\$ и	/A
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						WC STATU- OTH- TORY LIMITS ER \$ N	/A
ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A		N/A	N/A	N/A	E.L. EACH ACCIDENT \$ N	
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	INJA		•	ŕ	·	E.L. DISEASE - EA EMPLOYEE \$ N	/A
If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE – POLICY LIMIT \$ ท	/A
OTHER						Each Med. Incident: Sh	
Medical Prof. Liability			GAMS115790	06/05/2013	06/05/2014	Aggregate Limit: N/A	-
Retro Date: 04/01/2011							
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach	ACORD 1	01, Additional Remarks Scl	: hedule, 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

Nonovay A. Weg



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.

	tificate holder in lieu of such endorsei	ment	(s).					
PRO	DUCER				CONTACT NAME:			
Art	hur J. Gallagher Risk Manageme	ent s	Servic	es. Inc.	PHONE (A/C, NO, EXT):		FAX (A/C, No):	
	521 Featherwood Dr., Suite 300				E-MAIL		(A/C, NO).	
Ho	uston, TX 77034				ADDRESS:			T
							PRDING COVERAGE	NAIC #
					Inc	pilea meaico	o-Legal Solutions RRG	11598
INSU	JRED				COMPANY B:			
Dav	vid Irwin				COMPANY C:			
	. 701				COMPANY D:			
	Houston Street							
For	t Worth, TX 76102-6224				COMPANY E:			
СО	VERAGES		CERTI	FICATE NUMBER	COMPANY F:		REVISION NUMBER:	
	S IS TO CERTIFY THAT THE POLICIES O	F INS	URANC	F LISTED BELOW H	HAVE BEEN ISSUE	D TO THE INSI		POLICY PERIOD
	ICATED. NOTWITHSTANDING ANY REQU							
	RTIFICATE MAY BE ISSUED OR MAY PE							LL THE TERMS,
INSR	CLUSIONS AND CONDITIONS OF SUCH PO		S. LIMIT	rs shown may ha	VE BEEN REDUCE POLICY EFF	D BY PAID CLAI POLICY EXP	MS.	
LTR	TYPE OF INSURANCE		WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS	
	GENERAL LIABILITY						EACH OCCURRENCE \$ N	/A
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ N	/A
	CLAIMS MADE OCCUR						MED EXP (Any one person) \$ ม	/A
				N/A	N/A	N/A	PERSONAL & ADV INJURY \$ ท	/A
		-					GENERAL AGGREGATE \$ N	/A
	GEN'L AGGREGATE LIMIT APPLIES PER:	i					PRODUCTS - COMP/OP AGG \$ N	
	PRO-	1						
	POLICY JECT LOC						COMBINED SINGLE LIMIT	
	AUTOMOBILE LIABILITY		N / 2		n/a	N/A	(Ea accident) \$ N	
	ANY AUTO			27./2			BODILY INJURY (Per person) \$ N	/A
	ALL OWNED SCHEDULED AUTOS AUTOS			N/A			BODILY INJURY (Per accident) \$ N	/A
	NON-OWNED HIRED AUTOS AUTOS					PROPERTY DAMAGE (Per accident) \$ N	/A	
							\$ N	/A
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE \$ N	/A
	EXCESS LIAB CLAIMS MADE	i	A\N	A\N	N/A	AGGREGATE \$ N	/A	
	DED RETENTION \$	1					\$ и	/A
	WORKERS COMPENSATION						WC STATU- OTH-	15
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE			/-	/-	/-	TORY LIMITS ER \$ N	
	OFFICER/MEMBER EXCLUDED?	N/A		N/A	N/A	N/A	E.L. EACH ACCIDENT \$ N E.L. DISEASE - EA EMPLOYEE \$ N	
	(Mandatory in NH) If yes, describe under							
	DESCRIPTION OF OPERATIONS below	1					E.L. DISEASE - POLICY LIMIT \$ N	
	OTHER Medical Prof. Liability			GAMS115790	06/05/2013	06/05/2014	Each Med. Incident: ERN Aggregate Limit: ERROR	ROR
	Retro Date: 03/31/2012							
DESC	: CRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (: Attach	ACORD 10	01. Additional Remarks Sci	: hedule, if more space is	: required)	:	
5200	yan nen er er elektroner 2007 (hener 12 mezze)	, attaon	, took b	, , , taaniona riomarko eo	nodalo, il moro opaso lo	roquirou)		
CEI	RTIFICATE HOLDER				CANCELLATION	l		
					SHOTH D VMA	OF THE ABOVE	DESCRIBED POLICIES BE CANCE	I I ED REFORE
							OF, NOTICE WILL BE DELIVERED	
							CY PROVISIONS.	
					AUTHORIZED REPR	FSENTATIVE		
							_	
					NAMMAIN	M. Wegs		
					(October)	,		



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.

certificate floider in fleu of such effdorsem	enit(s).							
PRODUCER			CONTACT NAME:					
Arthur J. Gallagher Risk Managemen	nt Serv	ices. Inc.	PHONE (A/C, NO, EXT):			FAX (A/C, No):		
12621 Featherwood Dr., Suite 300			E-MAIL		I	(A/C, NO).		
Houston, TX 77034			ADDRESS:	INCLIDED(O) AFEC	DDING COVEDAGE		NAIG#	
				. , ,	ORDING COVERAGE D-Legal Solution	ns RRG	NAIC# 11598	
			Inc					
INSURED			COMPANY B:					
Donna Joule, M.D.			COMPANY C:					
Apt. 701			COMPANY D:					
910 Houston Street Fort Worth, TX 76102-6224			COMPANY E:					
Tota North, III / Croz Czr			COMPANY F:					
COVERAGES	CER	TIFICATE NUMBER			REVISION NUM	BER:		
THIS IS TO CERTIFY THAT THE POLICIES OF INDICATED. NOTWITHSTANDING ANY REQUI CERTIFICATE MAY BE ISSUED OR MAY PEREXCLUSIONS AND CONDITIONS OF SUCH POLICIES.	REMENT, TAIN, TH	, TERM OR CONDITION IE INSURANCE AFFOR	N OF ANY CONT RDED BY THE PO	RACT OR OTHE LICIES DESCRI	R DOCUMENT WITH BED HEREIN IS SUE	I RESPECT T	O WHICH THIS	
	ADDL SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS		
GENERAL LIABILITY	NOK WVD	FOLICT NOMBER	(WIWI/DD/TTTT)	(MINI/DD/1111)	EACH OCCURRENCE	\$ n/.	Δ	
COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurre	·····		
CLAIMS MADE OCCUR		/-	/-	/-	MED EXP (Any one per	son) \$ N/.	A	
		N/A	N/A	N/A	PERSONAL & ADV INJU	URY \$ ⋈/.	A	
					GENERAL AGGREGATE \$ N/A		A	
GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OF	PAGG \$ N/	A	
POLICY JECT LOC					COMBINED SINGLE LIN	\$ N/.		
AUTOMOBILE LIABILITY				N/A	(Ea accident)	"" \$ и/.	A	
ANY AUTO			N/A		BODILY INJURY (Per pe	erson) \$ N/	A	
ALL OWNED SCHEDULED AUTOS AUTOS		N/A			BODILY INJURY (Per ac	ccident) \$ N/	A	
NON-OWNED					PROPERTY DAMAGE	\$ n/.	A	
HIRED AUTOS AUTOS					(Per accident)	\$ n/.		
UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$ n/.	A	
EXCESS LIAB CLAIMS MADE		N/A	N/A	N/A	AGGREGATE	\$ n/.		
DED RETENTION \$						\$ n/.		
WORKERS COMPENSATION					WC STATU-	OTH-		
AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE					TORY LIMITS	ER \$ N/.		
OFFICER/MEMBER EXCLUDED?	N/A	N/A	N/A	N/A	E.L. EACH ACCIDENT	\$ n/.		
(Mandatory in NH) If yes, describe under					E.L. DISEASE – EA EMI	PLOYEE \$ N/	Α	
DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
OTHER Medical Prof. Liability Retro Date: 02/12/2013		GAMS115790	06/05/2013	06/05/2014	Each Med. Inci Aggregate Limi		red Primary	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (A	tach ACORI	<u>:</u> D 101, Additional Remarks ScI	hedule, if more space is	required)				
CERTIFICATE HOLDER			CANCELLATION					
OLIVIII IOATE HOLDER			CANCELLATION	.				
			THE EXPIRATION	ON DATE THERE	DESCRIBED POLICIES EOF, NOTICE WILL BE ICY PROVISIONS.			
			AUTHORIZED REPR	RESENTATIVE				
			Λ	1 11.				



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

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	uncate noider in neu of such endorser	nent	(S).						
PRO	DDUCER			CONTACT NAME:					
Ar	thur J. Gallagher Risk Manageme	nt	Services, Inc.	PHONE (A/C, NO, EXT):			FAX (A/C, No):		
	521 Featherwood Dr., Suite 300			E-MAIL					
Но	uston, TX 77034			ADDRESS:	NEUDED/S) AEE	ORDING COVERAGE		NAIC#	
					. , ,	o-Legal Soluti	ons RRG	11598	
				Inc					
INS	JRED			COMPANY B:					
Ja	red Kasper, M.D.			COMPANY C:					
	5. 701			COMPANY D:					
	O Houston Street rt Worth, TX 76102-6224			COMPANY E:					
	10 101011, 111 70102 0221			COMPANY F:					
CC	VERAGES		CERTIFICATE NUMBER	k:		REVISION NU	MBER:	1	
CE	S IS TO CERTIFY THAT THE POLICIES OF PICATED. NOTWITHSTANDING ANY REQU RTIFICATE MAY BE ISSUED OR MAY PE CLUSIONS AND CONDITIONS OF SUCH PO	IREN RTAI LICII	MENT, TERM OR CONDITIO N, THE INSURANCE AFFOI ES. LIMITS SHOWN MAY HA'	N OF ANY CONTR RDED BY THE PO VE BEEN REDUCE	RACT OR OTHE LICIES DESCRI D BY PAID CLAI	ER DOCUMENT WI	TH RESPECT	TO WHICH THIS	
INSR LTR	TYPE OF INSURANCE		SUBR WVD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS		
	GENERAL LIABILITY				, i	EACH OCCURRENCE	Е \$ и/	'A	
	COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTE PREMISES (Ea occur		'A	
	CLAIMS MADE OCCUR					MED EXP (Any one p			
			N/A	N/A	N/A	PERSONAL & ADV IN			
						GENERAL AGGREGA			
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG \$ N/A		'A	
	PRO- POLICY JECT LOC						\$ n/	/A	
	AUTOMOBILE LIABILITY					COMBINED SINGLE			
						(Ea accident) BODILY INJURY (Per	r person) \$ N/	/A	
	ANY AUTO ALL OWNED SCHEDULED AUTOS AUTOS NON-OWNED HIRED AUTOS AUTOS		N/A	N/A	n/A	BODILY INJURY (Per			
						PROPERTY DAMAGE	=		
						(Per accident)	- \$ N/	`A	
							\$ N/	'A	
	UMBRELLA LIAB OCCUR		27/2	N/A	27./2	EACH OCCURRENCE	Е \$ и/	Ά	
	EXCESS LIAB CLAIMS MADE		N/A		N/A	AGGREGATE	\$ n/	'A	
	DED RETENTION \$						\$ N/	'A	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY YIN					WC STATU- TORY LIMITS	OTH- ER \$ N/	'A	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A	N/A	N/A	N/A	E.L. EACH ACCIDEN	т \$ ы/	'A	
	(Mandatory in NH)					E.L. DISEASE – EA E	MPLOYEE \$ N/	Ά	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POL	ICY LIMIT \$ N/	'A	
	OTHER Medical Prof. Liability Retro Date: 07/07/2010		GAMS115790	06/05/2013	06/05/2014	Each Med. In Aggregate Li		red Primary	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (A	Attach	ACORD 101, Additional Remarks Sci		required)				
CE	RTIFICATE HOLDER			CANCELLATION	J				
				THE EXPIRATI	ON DATE THERE	DESCRIBED POLICI EOF, NOTICE WILL I ICY PROVISIONS.			
				AUTHORIZED REPR	R. Wys				



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

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certificate floider in fleu of such endorse	menitis	s).				
PRODUCER			CONTACT NAME:			
Arthur J. Gallagher Risk Managem	ent S	ervices. Inc.	PHONE (A/C, NO, EXT):		FAX (A/C, No):	
12621 Featherwood Dr., Suite 300			E-MAIL		(A/C, NO).	
Houston, TX 77034			ADDRESS:	INCLIDED(C) AEEC	ARDING COVERAGE	NAIC #
					PRDING COVERAGE D-Legal Solutions RRG	11598
			Inc	priod Hodro	Logar Boracrons rate	
INSURED			COMPANY B:			
Cheryl King, 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:	L
THIS IS TO CERTIFY THAT THE POLICIES OF INDICATED. NOTWITHSTANDING ANY REQUESTIFICATE MAY BE ISSUED OR MAY PRESCLUSIONS AND CONDITIONS OF SUCH PROPERTY.	JIREME RTAIN OLICIES	ENT, TERM OR CONDITIOI I, THE INSURANCE AFFOR S. LIMITS SHOWN MAY HAV	N OF ANY CONTI RDED BY THE PO VE BEEN REDUCE	RACT OR OTHE PLICIES DESCRI D BY PAID CLAI	R DOCUMENT WITH RESPECT T BED HEREIN IS SUBJECT TO AL	TO WHICH THIS
INSR TYPE OF INSURANCE LTR	ADDL S		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					MED EXP (Any one person) \$ N/	A
		N/A	N/A	N/A	PERSONAL & ADV INJURY \$ N/	A
					GENERAL AGGREGATE \$ N/	A
GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG \$ N/	A
PRO- POLICY JECT LOC					\$ n/	Α
AUTOMOBILE LIABILITY			N/A		COMBINED SINGLE LIMIT . N/	
and the second second		N/A		n/A	(Ea accident) \$ N/ BODILY INJURY (Per person) \$ N/	A
ANY AUTO ALL OWNED SCHEDULED						
AUTOS AUTOS NON-OWNED					PROPERTY DAMAGE	
HIRED AUTOS AUTOS					(Per accident) \$ N/	A
					\$ N/	A
UMBRELLA LIAB OCCUR		/-	27 / 7	NI / 7	EACH OCCURRENCE \$ N/	Α
EXCESS LIAB CLAIMS MADE		N/A	N/A	N/A	AGGREGATE \$ พ/	A
DED RETENTION \$					\$ n/	A
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N					WC STATU- OTH- TORY LIMITS ER \$ N/	A
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A	N/A	N/A	N/A	E.L. EACH ACCIDENT \$ N/	A
(Mandatory in NH)	IWA				E.L. DISEASE – EA EMPLOYEE \$ N/	A
If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT \$ 11/	A
OTHER					Each Med. Incident: Sha	red Primary
Medical Prof. Liability Retro Date: 12/20/2007		GAMS115790	06/05/2013	06/05/2014	Aggregate Limit: N/A	_
Rec10 Bace. 12/20/2007						
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES	Attach A	ACORD 101, Additional Remarks Sch	nedule, if more space is	required)		
CERTIFICATE HOLDER			CANCELLATION			
OLKIII IOATE HOLDEK						
					DESCRIBED POLICIES BE CANCEL :OF, NOTICE WILL BE DELIVERED	
					CY PROVISIONS.	11.0
			AUTUOD:=== ===	ECENTAT" (E		
			AUTHORIZED REPR			
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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).

certificate holder in lieu of such endorser	nent	(s).							
PRODUCER				CONTACT NAME:					
Arthur J. Gallagher Risk Management Services, Inc.				NAME: PHONE (A/C, NO, EXT): (A/C, NO) EXT):					
12621 Featherwood Dr., Suite 300			E-MAIL						
Houston, TX 77034		-	ADDRESS: INSURER(S) AFFORDING COVERAGE			NAIC#			
			-		. , ,	o-Legal Solutions RRG	NAIC #		
				Inc	priod Hodio	2 20301 20101010 1100	11333		
INSURED				COMPANY B:					
Joshua Kuban, M.D.				COMPANY C:					
Apt. 701 910 Houston Street			COMPANY D:						
Fort Worth, TX 76102-6224				COMPANY E:					
,				COMPANY F:					
COVERAGES		CER	TIFICATE 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 TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$ N/ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ N/			
CLAIMS MADE OCCUR			N/A	/-	n/A	MED EXP (Any one person) \$ N/A			
				N/A		PERSONAL & ADV INJURY \$ N/A			
						GENERAL AGGREGATE \$ N/A			
GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ N/	A		
POLICY JECT LOC						\$ N/	'A		
AUTOMOBILE LIABILITY		N	N/A	N/A	n/a	COMBINED SINGLE LIMIT (Ea accident) \$ N/	A		
ANY AUTO						BODILY INJURY (Per person) \$ N/	'A		
ALL OWNED SCHEDULED AUTOS AUTOS						BODILY INJURY (Per accident) \$ N/	'A		
HIRED AUTOS AUTOS						PROPERTY DAMAGE \$ N/	'A		
						(Per accident) \$ N/	/A		
UMBRELLA LIAB OCCUR		N/A		N/A	N/A	EACH OCCURRENCE \$ N/			
EXCESS LIAB CLAIMS MADE			N/A			AGGREGATE \$ N/			
DED RETENTION \$						\$ 1/			
WORKERS COMPENSATION						WC STATU- OTH-			
AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE			N7 / N	N / N	37 / 3	TORY LIMITS ER \$ N/			
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A		N/A	N/A	N/A	E.L. EACH ACCIDENT \$ N/ E.L. DISEASE - EA EMPLOYEE \$ N/			
If yes, describe under									
DESCRIPTION OF OPERATIONS below OTHER	-					E.L. DISEASE - POLICY LIMIT \$ N/ Each Med. Incident: Sha			
Medical Prof. Liability			GAMS115790	06/05/2013	06/05/2014	Aggregate Limit: N/A	red Firmary		
Retro Date: 01/01/2012			GAMBII3730	00,03,2013	00,00,2011				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach	ACORD	101, Additional Remarks Sch	: nedule, if more space is	required)	:			
,					. ,				
CERTIFICATE HOLDER				CANCELLATION					
				CHICKLINE	•				

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

Donovau M. Weg



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

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Arthur J. dallagher Risk Management Services, Inc. 12621 Peatherwood Dr., Suite 300 Houston, TX 77034 COMPANY R. Applied Medico-Legal Solutions SRC COMPANY R. Applied Medico-Legal Solutions SRC Inc. COMPANY R. COM	certificate holder in lieu of such endorsem	ent(s).				
ALCHARY G. GALLagher PLAS MANAGEMENT Services, The JEST Packhardwood Dr., wutte 300 HOUSE ON, TX 77034 MORRISON MOR	PRODUCER			CONTACT NAME:			
SAME NUMBER NAME	Arthur J. Gallagher Risk Managemer	nt Se	ervices, Inc.				
INSURED NOLON TO THE ADDITIONS OF INCIDENCE IN ALC P INSURED COMPANY 18 DID 100 Modis on-Logal Solutions RRS 11598 NALITE RUBBET, M.D. Appl. 201 Modis on-Logal Solutions RRS 11598 NALITE RUBBET, M.D. Appl. 201 Modis on-Logal Solutions RRS 11598 NALITE RUBBET, M.D. Appl. 201 Modis on-Logal Solutions RRS 11598 NALITE RUBBET, M.D. Appl. 201 Modis on-Logal Solutions RRS 11598 COMPANY 0: COMP	•						
NAURED AGAINATY B: COMPANY B: COMPANY B: COMPANY B: COMPANY C: COMPANY COMPANY C: COMPANY COMPANY C: COMPANY COMPANY C: COMPANY COMPANY C: COMPANY C	Houston, TX 77034				INSURER(S) AFFO	ORDING COVERAGE	NAIC#
MAJILE XUMBE, M.D. Apt. 701 Ap				_	plied Medic	o-Legal Solutions RRG	11598
MAILIAI, KURBAE, M. D. \$70. BOUSTON STEED COMPANY E:	INSURED						
Apt. 701 301 Blouston Street Fort Worth, 1X 76102-6224 COMPANY E:	Malini Kumar, M.D.						
OVERAGES CERTIFICATE NUMBER: COMPANY E.	•						
COVERAGES CERTIFICATE NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD. THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD. THE POLICY PERIOD. SET OF THE POLICY SET							
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HRED AUTOS AUTOS HRED AUTOS AUTOS AUTOS B B B B B B B B B	ALL OWNED SCHEDULED		N/A			BODILY INJURY (Per accident) 💲 ៧,	/A
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WORKERS COMPENSATION AND EMPLOYERS: LIABILITY AND PROPORTEORIPARTNER(EXECUTIVE N/A N/A N/A N/A N/A N/A N/A N/A N/A E.L. EACH ACCIDENT \$ N/A						· · · · · · · · · · · · · · · · · · ·	
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Norman of lalen			ļ	AUTHORIZED REPR	ESENTATIVE		
				A	h lilen		



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

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certificate floider in fied of 3deff chaof3ch	ncnit(3).						
PRODUCER			CONTACT NAME:				
Arthur J. Gallagher Risk Manageme	nt Some	igos Ing	PHONE				
12621 Featherwood Dr., Suite 300	iic serv	rces, inc.	(A/C, NO, EXT): E-MAIL				
Houston, TX 77034			ADDRESS:				
			I	INSURER(S) AFFO	ORDING COVERAGE	NAIC#	
			COMPANY A: Ap	plied Medic	o-Legal Solutions RRG	11598	
			Inc				
INSURED			COMPANY B:				
Daniel Lankford, M.D.			COMPANY C:				
Apt. 701			COMPANY D:				
910 Houston Street		-					
Fort Worth, TX 76102-6224		-	COMPANY E:				
			COMPANY F:				
COVERAGES	CER	TIFICATE NUMBER:			REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES OF INDICATED. NOTWITHSTANDING ANY REQUIREMENTS OF MAY BE EXCLUSIONS AND CONDITIONS OF SUCH PO	IIREMENT, RTAIN, TH PLICIES. LII	TERM OR CONDITION IE INSURANCE AFFOR MITS SHOWN MAY HAV	I OF ANY CONTI DED BY THE PC 'E BEEN REDUCE	RACT OR OTHE PLICIES DESCRI ED BY PAID CLAI	R DOCUMENT WITH RESPECTED HEREIN IS SUBJECT TO	T TO WHICH THIS	
INSR TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
GENERAL LIABILITY					EACH OCCURRENCE S	N/A	
COMMERCIAL GENERAL LIABILITY						A/N	
CLAIMS MADE OCCUR					MED EXP (Any one person)	S N/A	
		N/A	N/A	N/A	PERSONAL & ADV INJURY	S N/A	
					GENERAL AGGREGATE	N/A	
GEN'L AGGREGATE LIMIT APPLIES PER:		; ; ; ;			PRODUCTS - COMP/OP AGG	N/A	
PRO- POLICY JECT LOC					9	N/A	
AUTOMOBILE LIABILITY					COMPINED SINGLE LIMIT	N/A	
ANY AUTO					faritiera anterior en	N/A	
ALL OWNED SCHEDULED AUTOS AUTOS		N/A	N/A	N/A	BODILY INJURY (Per accident)	N/A	
NON-OWNED HIRED AUTOS AUTOS					PROPERTY DAMAGE (Per accident)	N/A	
					Ŷ~~ ~	N/A	
UMBRELLA LIAB OCCUR					EACH OCCURRENCE \$	N/A	
EXCESS LIAB CLAIMS MADE		N/A	N/A	N/A	AGGREGATE	N/A	
DED RETENTION \$					٩	N/A	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N					WC STATU- OTH- TORY LIMITS ER	S N/A	
ANY PROPRIETOR/PARTNER/EXECUTIVE		N/A	N/A	N/A	,	S n/A	
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A		,	/		S N/A	
If yes, describe under DESCRIPTION OF OPERATIONS below						5 N/A	
OTHER					Each Med. Incident: S		
Medical Prof. Liability Retro Date: 05/23/2010		GAMS115790	06/05/2013	06/05/2014	Aggregate Limit: N/A	mared Filmary	
		:			<u> </u>		

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
	Donovau R. Weg

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certificate noider in fieu of such endorser	пепц	S).							
PRODUCER				CONTACT NAME:					
Arthur J. Gallagher Risk Manageme	nt (- mr	igos Ing	PHONE			FAX		
12621 Featherwood Dr., Suite 300	:IIC :	DET A.	ides, inc.	(A/C, NO, EXT): E-MAIL			(A/C, No):		
Houston, TX 77034				ADDRESS:					
				INSURER(S) AFFORDING COVERAGE COMPANY A: Applied Medico-Legal Solutions RRG				NAIC#	
				Inc	plied Medic	>-Legal Solutio	ns RRG	11598	
INSURED				COMPANY B:					
Dimitri Latoni, M.D.				COMPANY C:					
Apt. 701				COMPANY D:					
910 Houston Street				COMPANY E:					
Fort Worth, TX 76102-6224			-	COMPANY F:					
COVERAGES		CFR'	TIFICATE NUMBER			REVISION NUM	/IBFR·	<u> </u>	
THIS IS TO CERTIFY THAT THE POLICIES O					ED TO THE INSI			POLICY PERIOD	
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INSR TYPE OF INSURANCE		SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	WG.	LIMITS		
GENERAL LIABILITY	o.x		TOLIOT HOMBER	(11111)		EACH OCCURRENCE	\$ N/.	A	
						DAMAGE TO RENTED	· · · · · · · · · · · · · · · · · · ·		
COMMERCIAL GENERAL LIABILITY						PREMISES (Ea occurre			
CLAIMS MADE OCCUR			N/A	N/A	N/A	MED EXP (Any one pe			
	-					PERSONAL & ADV INJ			
						GENERAL AGGREGAT			
GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/C	DP AGG \$ N/	Α	
POLICY JECT LOC						COMPINED SINCLE	\$ N/.	A	
AUTOMOBILE LIABILITY						COMBINED SINGLE LI (Ea accident)	IIVIII \$ и/.	A	
ANY AUTO						BODILY INJURY (Per p	person) \$ N/	A	
ALL OWNED SCHEDULED AUTOS AUTOS		N/A	N/A	N/A	N/A	BODILY INJURY (Per a	accident) \$ N/	A	
NON-OWNED						PROPERTY DAMAGE	\$ N/.	Δ	
HIRED AUTOS AUTOS						(Per accident)			
							\$ n/.		
UMBRELLA LIAB OCCUR			N/A	N/A	n/A	EACH OCCURRENCE	\$ n/.		
EXCESS LIAB CLAIMS MADE			11/14	11/1	11/12	AGGREGATE	\$ и/.	A	
DED RETENTION \$))		WC STATU	\$ N/.	A	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						WC STATU- TORY LIMITS	OTH- ER \$ N/	A	
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		N/A	N/A	N/A	E.L. EACH ACCIDENT	\$ n/.	A	
(Mandatory in NH)	100					E.L. DISEASE – EA EN	MPLOYEE \$ N/	A	
If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLIC	CYLIMIT \$ N/	A	
OTHER						Each Med. Inc			
Medical Prof. Liability			GAMS115790	06/05/2013	06/05/2014	Aggregate Lim		-	
Retro Date: 04/15/2012									
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (.	Attach	: :) 101, Additional Remarks Sch	: edule, 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. Weg



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.

PRODUCER			CONTACT			
			NAME: PHONE		FAX	
Arthur J. Gallagher Risk Manageme 12621 Featherwood Dr., Suite 300	ent S	ervices, inc.	(A/C, NO, EXT): E-MAIL		(A/C, No):	
Houston, TX 77034			ADDRESS:			ı
'				NAIC#		
			COMPANY A: Ap	plied Medic	o-Legal Solutions RRG	11598
INSURED						
W T V B			COMPANY B:			
Kang Lee, M.D. Apt. 701			COMPANY C:			
910 Houston Street			COMPANY D:			
Fort Worth, TX 76102-6224			COMPANY E:			
001/504050			COMPANY F:			
COVERAGES		CERTIFICATE NUMBER			REVISION NUMBER:	
THIS IS TO CERTIFY THAT THE POLICIES O INDICATED. NOTWITHSTANDING ANY REQUESTIFICATE MAY BE ISSUED OR MAY PE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES.	JIREME RTAIN	ENT, TERM OR CONDITIO I, THE INSURANCE AFFOR S. LIMITS SHOWN MAY HA'	N OF ANY CONTI RDED BY THE PC	RACT OR OTHE LICIES DESCRI	R DOCUMENT WITH RESPECT T BED HEREIN IS SUBJECT TO AL	O WHICH THIS
LTR TYPE OF INSURANCE	INSR		(MM/DD/YYYY)	(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	MED EXP (Any one person) \$ N/	A
		N/A	N/A		PERSONAL & ADV INJURY \$ N/	A
					GENERAL AGGREGATE \$ N/	A.
GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG \$ N/	A
PRO- POLICY JECT LOC					\$ n/	Α.
AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT . N/	
a property and a second					(Ea accident) \$ N/ BODILY INJURY (Per person) \$ N/	
ANY AUTO ALL OWNED SCHEDULED		N/A	N/A	N/A		
AUTOS AUTOS NON-OWNED			,	,	BODILY INJURY (Per accident) \$ N/	A
HIRED AUTOS AUTOS					(Per accident) \$ N/	A
					\$ и/	A
UMBRELLA LIAB OCCUR					EACH OCCURRENCE \$ N/	A
EXCESS LIAB CLAIMS MADE		N/A	N/A	N/A	AGGREGATE \$ N/	A
DED RETENTION \$					\$ и/	A
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N				n/A	WC STATU- OTH- TORY LIMITS ER \$ N/	λ
ANY PROPRIETOR/PARTNER/EXECUTIVE		A\N	N/A		E.L. EACH ACCIDENT \$ N/	
OFFICER/MEMBER EXCLUDED?	N/A	N/A	N/A		E.L. DISEASE - EA EMPLOYEE \$ N/	
If yes, describe under						
DESCRIPTION OF OPERATIONS below OTHER					E.L. DISEASE - POLICY LIMIT \$ N/	
Medical Prof. Liability Retro Date: 08/01/2011		GAMS115790	06/05/2013	06/05/2014	Each Med. Incident: Sha Aggregate Limit: N/A	red Primary
ESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach A	: ACORD 101, Additional Remarks Sci	: hedule, if more space is	: required)	:	
				,,		
CERTIFICATE HOLDER			CANCELLATION	J .		
			THE EXPIRATI	ON DATE THERE	DESCRIBED POLICIES BE CANCEL :OF, NOTICE WILL BE DELIVERED CY PROVISIONS.	
			AUTUOD:=== ===	FOENTAT" (F		
			AUTHORIZED REPR	h. Wegi		
			Namonani	ri. wy		



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).

certificate holder in lieu of such endorse	nent(s)							
PRODUCER			CONTACT NAME:					
Arthur J. Gallagher Risk Manageme	ent Se	rvices. Inc.	PHONE (A/C, NO, EXT):	PAX (A/C, No):				
12621 Featherwood Dr., Suite 300			E-MAIL			(A/C, NO).		
Houston, TX 77034			ADDRESS: INSURER(S) AFFORDING COVERAGE				NAIG#	
				. , ,	ORDING COVERAGE o-Legal Solutio	ne DDG	NAIC # 11598	
			Inc	prica meare	o negar bordere	nis idio	11330	
INSURED			COMPANY B:					
James Locker, M.D.			COMPANY C:					
Apt. 701			COMPANY D:					
910 Houston Street								
Fort Worth, TX 76102-6224			COMPANY E:					
COVERAGES		ERTIFICATE NUMBER	COMPANY F:		REVISION NUM	ADED:		
			-				NOLIOY DEDICE	
THIS IS TO CERTIFY THAT THE POLICIES O INDICATED. NOTWITHSTANDING ANY REQUESTIFICATE MAY BE ISSUED OR MAY PE EXCLUSIONS AND CONDITIONS OF SUCH PO	JIREMEN RTAIN,	NT, TERM OR CONDITIO THE INSURANCE AFFOR	N OF ANY CONTI RDED BY THE PC	RACT OR OTHE LICIES DESCRI	R DOCUMENT WITH BED HEREIN IS SU	H RESPECT T	O WHICH THIS	
INSR TYPE OF INSURANCE	ADDL SU	JBR	POLICY EFF	POLICY EXP		LIMITS		
LIR :	INSR W	VD POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	:	- :		
GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurre			
CLAIMS MADE OCCUR					MED EXP (Any one pe	rson) \$ N/.	A	
		N/A	N/A	N/A	PERSONAL & ADV INJ		A	
	1				GENERAL AGGREGATE \$ N		A	
GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/C	PAGG \$ N/	A	
PRO- POLICY JECT LOC						\$ n/.	Δ	
AUTOMOBILE LIABILITY					COMBINED SINGLE LI			
reserve a conse					(Ea accident)			
ANY AUTO ALL OWNED SCHEDULED		N/A	N/A	N/A	BODILY INJURY (Per p			
AUTOS AUTOS NON-OWNED		17.5		.,.	BODILY INJURY (Per a	accident) \$ N/	A.	
HIRED AUTOS AUTOS					(Per accident)	\$ n/.	A	
						\$ и/.	A	
UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$ n/.	A	
EXCESS LIAB CLAIMS MADE		N/A	N/A	N/A	AGGREGATE	\$ и/.	A	
DED RETENTION \$						\$ и/.	A	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N					WC STATU- TORY LIMITS	OTH- ER \$ N/.	λ.	
AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE		A\N	N/A	N/A	E.L. EACH ACCIDENT	ER \$ N/.		
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A	N/A	N/A	N/A	E.L. DISEASE - EA EN			
If yes, describe under								
DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLIC		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
OTHER Medical Prof. Liability			00/05/0010	00/05/0014	Each Med. Inc. Aggregate Lim		red Primary	
Retro Date: 12/01/2011		GAMS115790	06/05/2013	06/05/2014	riggregate Lim	10. 11,11		
			<u> </u>	<u> </u>				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACC	ORD 101, Additional Remarks Sci	hedule, if more space is	required)				
CERTIFICATE HOLDER			CANCELLATION	J				
					DESCRIBED POLICIE EOF, NOTICE WILL BI			
					ICY PROVISIONS			

AUTHORIZED REPRESENTATIVE



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.

	tilicate fiolaci ili lica di sacii chadisci	IICIIL	(3).						
PRO	DDUCER				CONTACT NAME:				
7. 20	thun I Callaghon Bigh Managome		Comria	na Tha	PHONE FAX				
	thur J. Gallagher Risk Manageme 621 Featherwood Dr., Suite 300	enc	service	es, inc.	(A/C, NO, EXT): E-MAIL		(A/C, No):		
	uston, TX 77034				ADDRESS:			1	
	·						ORDING COVERAGE	NAIC#	
					Inc	11598			
INS	URED				COMPANY B:				
۷i	ctor Lopez, M.D.				COMPANY C:				
_	t. 701				COMPANY D:				
	O Houston Street				COMPANY E:				
FO.	rt Worth, TX 76102-6224				COMPANY F:				
CC	VERAGES		CERTIF	FICATE NUMBER			REVISION NUMBER:		
CE	IS IS TO CERTIFY THAT THE POLICIES O DICATED. NOTWITHSTANDING ANY REQU RTIFICATE MAY BE ISSUED OR MAY PE CLUSIONS AND CONDITIONS OF SUCH PO	IREN RTAI LICII	MENT, TE N, THE I ES. LIMIT	ERM OR CONDITION NSURANCE AFFOR	N OF ANY CONTR RDED BY THE PO /E BEEN REDUCE	RACT OR OTHE LICIES DESCRI D BY PAID CLAI	R DOCUMENT WITH RESPECT TO AL	TO WHICH THIS	
INSR LTR	TYPE OF INSURANCE		. 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/		
	CLAIMS MADE OCCUR			N/A	N/A	N/A	MED EXP (Any one person) \$ N/		
							PERSONAL & ADV INJURY \$ N/		
							GENERAL AGGREGATE \$ N∕		
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS – COMPIOP AGG \$ N/	Α	
	POLICY JECT LOC						COMBINED SINGLE LIMIT	A	
	AUTOMOBILE LIABILITY						(Ea accident) \$ N/	A	
	ANY AUTO					n/A	BODILY INJURY (Per person) \$ ⋈/	'A	
	ALL OWNED SCHEDULED AUTOS AUTOS			N/A	N/A		BODILY INJURY (Per accident) \$ N/	'A	
	NON-OWNED						PROPERTY DAMAGE \$ N/	'A	
	HIRED AUTOS AUTOS						(Per accident) \$ N/	'n	
	UMBRELLA LIAB OCCUR			N/A	N/A	N/A	EACH OCCURRENCE \$ N/		
	EXCESS LIAB CLAIMS MADE						AGGREGATE \$ N/		
	DED RETENTION \$ WORKERS COMPENSATION	:					WC STATU- OTH-	A	
	AND EMPLOYERS' LIABILITY Y/N						TORY LIMITS ER \$ N/	A	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		N/A	N/A	N/A	E.L. EACH ACCIDENT \$ N/	A	
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE \$ N/	A	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$ N/	'A	
	OTHER Medical Prof. Liability Retro Date: 01/22/2013			GAMS115790	06/05/2013	06/05/2014	Each Med. Incident: Sha Aggregate Limit: N/A	red Primary	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach	ACORD 10	1, Additional Remarks Sch	nedule, if more space is	required)			
CE	RTIFICATE HOLDER			T	CANCELLATION	I			
					THE EXPIRATION ACCORDANCE	ON DATE THERE WITH THE POL	DESCRIBED POLICIES BE CANCEL EOF, NOTICE WILL BE DELIVERED ICY PROVISIONS.		
					AUTHORIZED REPR	ESENTATIVE M. Weyn			



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

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certificate holder in lieu of such endorsement(s).										
PRODUCER		CONTACT								
		NAME:								
Arthur J. Gallagher Risk Managemer	Services Inc	PHONE		FAX						
2	bervices, inc.	(A/C, NO, EXT):		(A/C, No):						
12621 Featherwood Dr., Suite 300		E-MAIL ADDRESS:								
Houston, TX 77034	<u> </u>	ADDITEOU.								
			INSURER(S) AFFORDING COVER	RAGE	NAIC#					
		COMPANY A: Applied Medico-Legal Solutions RRG 11598								
		Inc								
INSURED		COMPANY B:								
Travis Lyons, M.D.		COMPANY C:								
Apt. 701		COMPANY D:								
910 Houston Street		COIIII AITT D.								
Fort Worth, TX 76102-6224		COMPANY E:								
·		COMPANY F:								
COVERAGES	CERTIFICATE NUMBER	:	REVISION	N 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. ADDL SUBR POLICY EXP TYPE OF INSURANCE LIMITS POLICY NUMBER LTR MM/DD/YYYY (MM/DD/YYYY) EACH OCCURRENCE DAMAGE TO RENTED **GENERAL LIABILITY** \$ N/A COMMERCIAL GENERAL LIABILITY PREMISES (Ea occurrence) \$ N/A CLAIMS MADE OCCUR MED EXP (Any one person) \$ N/A N/A N/A N/A PERSONAL & ADV INJURY \$ N/A GENERAL AGGREGATE \$ N/A GEN'L AGGREGATE LIMIT APPLIES PER: PRODUCTS - COMP/OP AGG \$ N/A POLICY \$ N/A LOC **JECT** COMBINED SINGLE LIMIT \$ N/A AUTOMOBILE LIABILITY (Ea accident) BODILY INJURY (Per person) \$ N/A ANY AUTO ALL OWNED AUTOS SCHEDULED N/A N/A N/A **BODILY INJURY (Per accident)** \$ N/A AUTOS PROPERTY DAMAGE NON-OWNED \$ N/A HIRED AUTOS (Per accident) **AUTOS** \$ N/A \$ N/A UMBRELLA LIAB OCCUR EACH OCCURRENCE N/A N/A N/A AGGREGATE EXCESS LIAB **CLAIMS MADE** \$ N/A DED RETENTION \$ \$ N/A WORKERS COMPENSATION WC STATU AND EMPLOYERS' LIABILITY TORY LIMITS \$ N/A ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT \$ N/A N/A N/A N/A (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE | \$ N/A If ves. describe under **DESCRIPTION OF OPERATIONS below** \$ N/A E.L. DISEASE - POLICY LIMIT Each Med. Incident: Shared Primary Medical Prof. Liability Aggregate Limit: N/A GAMS115790 06/05/2013:06/05/2014 Retro Date: 05/01/2011

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



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

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	ate holder in lieu of such endorser	nent((s).						
PRODUCE	ER				CONTACT NAME:				
Arthur	J. Gallagher Risk Manageme	ent S	Servio	ces. Inc.	PHONE (A/C, NO, EXT):			FAX (A/C, No):	
	Featherwood Dr., Suite 300			305, 1110.	E-MAIL			(A/C, NO):	
Housto	on, TX 77034				ADDRESS:		ORDING COVERAGE		1100 //
					COMPANY A: Ap	NAIC #			
					Inc	prica meare	J Legar Doruci	OIIS ICCO	11330
INSURED					COMPANY B:				
Christ	opher Maroules, MD				COMPANY C:				
Apt. 7					COMPANY D:				
	ouston Street				COMPANY E:				
FOIC W	orth, TX 76102-6224				COMPANY F:				
COVER	RAGES		CERT	IFICATE NUMBER			REVISION NU	MBER:	L
INDICAT CERTIFI EXCLUS	TO CERTIFY THAT THE POLICIES OF TED. NOTWITHSTANDING ANY REQUITED OR MAY BE ISSUED OR MAY PE BIONS AND CONDITIONS OF SUCH PO	JIREM RTAII OLICIE	IENT, T N, THE S. LIMI	TERM OR CONDITION INSURANCE AFFOR	N OF ANY CONTR RDED BY THE PO VE BEEN REDUCE	RACT OR OTHE LICIES DESCRI D BY PAID CLAI	R DOCUMENT WIT BED HEREIN IS SI	TH RESPEC	T TO WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL INSR		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	
GEN	ERAL LIABILITY						EACH OCCURRENCE		N/A
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTE PREMISES (Ea occur		N/A
	CLAIMS MADE OCCUR			_			MED EXP (Any one p	erson) \$	N/A
			N/A	N/A	N/A	N/A	PERSONAL & ADV IN		N/A
						GENERAL AGGREGA	ATE \$	N/A	
GEN	N'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP	OP AGG \$	N/A
	PRO- POLICY JECT LOC							9	N/A
AUT	OMOBILE LIABILITY						COMBINED SINGLE	IMIT	S N/A
	ANY AUTO		n/A			(Ea accident) BODILY INJURY (Per	person) §	S N/A	
	ALL OWNED SCHEDULED			N/A	N/A	N/A	BODILY INJURY (Per		S N/A
	AUTOS AUTOS NON-OWNED						PROPERTY DAMAGE	: · · · · · · · · · · · · · · · · · · ·	
	HIRED AUTOS AUTOS						(Per accident)		5 N/A
									S N/A
	UMBRELLA LIAB OCCUR		N/A	N/A	N/A	EACH OCCURRENCE	\$	N/A	
	EXCESS LIAB CLAIMS MADE			N/A	N/A	N/A	AGGREGATE	\$	N/A
WOE	DED RETENTION \$ RKERS COMPENSATION					: : : :	WC STATU-	OTH-	N/A
AND	EMPLOYERS' LIABILITY Y/N						TORY LIMITS		N/A
	PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED?	N/A		N/A	N/A	N/A	E.L. EACH ACCIDEN	т \$	N/A
(Mar	ndatory in NH) s, describe under						E.L. DISEASE – EA E	MPLOYEE \$	N/A
	CRIPTION OF OPERATIONS below						E.L. DISEASE – POLI	CY LIMIT \$	N/A
Me	HER dical Prof. Liability tro Date: 06/03/2013			GAMS115790	06/05/2013	06/05/2014	Each Med. Ind Aggregate Lin		Shared Primary
DESCRIPTI	ON OF OPERATIONS / LOCATIONS / VEHICLES (.	Attach	ACORD 1	01. Additional Remarks Sch	: nedule, if more space is	: required)	1		
D2001111 11	011 01 01 210 (11010) 200, (11010) 12 110220 (1	tttuoii	, took b	or, realization at resinance con	iodaio, ii moro opaco io	roquirou			
CERTIF	ICATE HOLDER			ı	CANCELLATION	l .			
					THE EXPIRATION	ON DATE THERE	DESCRIBED POLICI EOF, NOTICE WILL E ICY PROVISIONS.		
				ł	AUTHORIZED REPR	ESENTATIVE			
					Donoveul	4			
				l	10-0-0-1	· • · · /			



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

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certificate floider in fleu of Such endorse	menu	S).						
PRODUCER			CONTACT NAME:					
Arthur J. Gallagher Risk Managem	ent S	Services, Inc.	PHONE (A/C, NO, EXT):		FAX (A/C, No):			
12621 Featherwood Dr., Suite 300		,	E-MAIL		(A/C, NO).			
Houston, TX 77034			ADDRESS:	INCLIDED(C) AEEC	ARDING COVERAGE	NAIC #		
			INSURER(S) AFFORDING COVERAGE COMPANY A: Applied Medico-Legal Solutions RRG 1159					
			Inc	priod Hodro	Logar Boracrons rate			
INSURED			COMPANY B:					
Gregory R. Martiin, 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:	l.		
THIS IS TO CERTIFY THAT THE POLICIES OF INDICATED. NOTWITHSTANDING ANY REQUESTIFICATE MAY BE ISSUED OR MAY PROCEED ON THE SECULUSIONS AND CONDITIONS OF SUCH PROCEED OF SUCH PROCEDURE.	UIREM ERTAIN OLICIE	ENT, TERM OR CONDITION N, THE INSURANCE AFFOR S. LIMITS SHOWN MAY HAY	N OF ANY CONTR RDED BY THE PO VE BEEN REDUCE	RACT OR OTHE PLICIES DESCRI D BY PAID CLAI	R DOCUMENT WITH RESPECT T BED HEREIN IS SUBJECT TO AL	TO WHICH THIS		
INSR TYPE OF INSURANCE LTR	ADDL INSR		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					MED EXP (Any one person) \$ N/	A		
		N/A	N/A	N/A	PERSONAL & ADV INJURY \$ N/	A		
					GENERAL AGGREGATE \$ N/	A		
GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG \$ N/	A		
PRO- POLICY JECT LOC					\$ n/	Α		
AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT . N/			
and the second second			N/A	n/A	(Ea accident) \$ N/ BODILY INJURY (Per person) \$ N/			
ANY AUTO ALL OWNED SCHEDULED		N/A						
AUTOS AUTOS NON-OWNED		,	,	ŕ	BODILY INJURY (Per accident) \$ N/	A		
HIRED AUTOS AUTOS					(Per accident) \$ N/	A		
					\$ и/	A		
UMBRELLA LIAB OCCUR			/-		EACH OCCURRENCE \$ N/	A		
EXCESS LIAB CLAIMS MAD	Ę	N/A	N/A	N/A	AGGREGATE \$ ท/	A		
DED RETENTION \$					\$ и/	A		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N					WC STATU- OTH- TORY LIMITS ER \$ N/	A		
ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A	N/A	N/A	N/A	E.L. EACH ACCIDENT \$ N/	A		
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	INIA	, in the second		·	E.L. DISEASE - EA EMPLOYEE \$ N/	A		
If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT \$ N/	A		
OTHER					Each Med. Incident: Sha			
Medical Prof. Liability Retro Date: 07/06/2011		GAMS115790	06/05/2013	06/05/2014	Aggregate Limit: N/A	-		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES	(Attach	: : ACORD 101, Additional Remarks ScI	: hedule, if more space is	required)	:			
	(, titus, ,			,,				
CERTIFICATE HOLDER			CANCELLATION	N .				
			SHOULD ANY	OF THE ABOVE I	DESCRIBED POLICIES BE CANCEL	LED BEFORE		
					OF, NOTICE WILL BE DELIVERED CY PROVISIONS.	IN		
			ACCORDANCE	. WITH THE PULI	- I-KOVISIONS.			
			AUTHORIZED REPR					
			Λ	M. Weg				
			Nonoven	ri. weg	•			



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.

	tificate holder in lieu of such endorsei	nent	(s).						
PRC	DDUCER				CONTACT NAME:				
Art	chur J. Gallagher Risk Manageme	ent	Services	s, Inc.	PHONE (A/C, NO, EXT):		FAX (A/C, No):		
126	521 Featherwood Dr., Suite 300			•	E-MAIL		((() () () () ()		
Но	uston, TX 77034				ADDRESS:	NSURER(S) AFEC	DRDING COVERAGE	NAIC#	
					COMPANY A: Applied Medico-Legal Solutions RRG 11				
					Inc				
INS	JRED				COMPANY B:				
	y C. Mayo, M.D.				COMPANY C:				
-	t. 701 O Houston Street				COMPANY D:				
	rt Worth, TX 76102-6224				COMPANY E:				
	,				COMPANY F:				
CO	VERAGES		CERTIFI	CATE NUMBER	₹:		REVISION NUMBER:		
CEI	S IS TO CERTIFY THAT THE POLICIES O IICATED. NOTWITHSTANDING ANY REQU RTIFICATE MAY BE ISSUED OR MAY PE CLUSIONS AND CONDITIONS OF SUCH PO	JIREI RTA DLICI	MENT, TEF N, THE IN ES. LIMITS	RM OR CONDITIO SURANCE AFFOI	N OF ANY CONTR RDED BY THE PO VE BEEN REDUCE	RACT OR OTHE LICIES DESCRI D BY PAID CLAI	R DOCUMENT WITH RESPECT TO A	TO WHICH THIS	
INSR LTR	TYPE OF INSURANCE		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						MED EXP (Any one person) \$ N/		
				A/N	N/A	N/A	PERSONAL & ADV INJURY \$ N/		
							GENERAL AGGREGATE \$ N/	/A	
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ N/	'A	
	POLICY JECT LOC						\$ NA	' A	
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT \$ N/	/A	
	ANY AUTO						BODILY INJURY (Per person) \$ N	/A	
	ALL OWNED SCHEDULED AUTOS AUTOS			N/A	N/A	N/A	BODILY INJURY (Per accident) \$ N	/A	
	NON-OWNED						PROPERTY DAMAGE \$ N/	/A	
	HIRED AUTOS AUTOS						(Per accident) \$ N		
	UMBRELLA LIAB OCCUR	-							
	EXCESS LIAB CLAIMS MADE			N/A	N/A	N/A	EACH OCCURRENCE \$ N/ AGGREGATE \$ N/		
	DED RETENTION \$						\$ 17		
	WORKERS COMPENSATION						WC STATU- OTH-		
	AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE			27 / 2	37/3	27 / 7	TORY LIMITS ER \$ N/		
	OFFICER/MEMBER EXCLUDED?	N/A		N/A	N/A	N/A	E.L. EACH ACCIDENT \$ N/ E.L. DISEASE - EA EMPLOYEE \$ N/		
	If yes, describe under						_		
	OTHER	-					E.L. DISEASE - POLICY LIMIT \$ No. Each Med. Incident: Sha	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
	Medical Prof. Liability Retro Date: 02/03/2012			GAMS115790	06/05/2013	06/05/2014	Aggregate Limit: N/A	ried Filmary	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach	ACORD 101,	Additional Remarks Sc	hedule, if more space is	required)			
CE	RTIFICATE HOLDER				CANCELLATION				
					THE EXPIRATION	ON DATE THERE	DESCRIBED POLICIES BE CANCEI EOF, NOTICE WILL BE DELIVERED ICY PROVISIONS.		
					AUTHORIZED REPR	esentative M. Wegi			



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

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	lificate holder in lieu of such endorsei	ment	(s).		,			
PRO	DUCER				CONTACT NAME:			
Δrt	hur J. Gallagher Risk Manageme	ent :	Servic	es Inc	PHONE (A/C, NO, EXT):		FAX (A/C, No):	
	21 Featherwood Dr., Suite 300				E-MAIL		(A/C, NO).	
Hot	ıston, TX 77034				ADDRESS:			1
							PRDING COVERAGE	NAIC#
					Inc	pilea mealca	o-Legal Solutions RRG	11596
INSL	IRED				COMPANY B:			
Fri	n N. Moody, M.D.							
	701				COMPANY C:			
-	Houston Street				COMPANY D:			
For	t Worth, TX 76102-6224				COMPANY E:			
	(50.050				COMPANY F:			
	VERAGES			FICATE NUMBER			REVISION NUMBER:	
IND CEF	S IS TO CERTIFY THAT THE POLICIES O ICATED. NOTWITHSTANDING ANY REQU RTIFICATE MAY BE ISSUED OR MAY PE CLUSIONS AND CONDITIONS OF SUCH PO	JIREN RTAI	IENT, T N, THE	ERM OR CONDITIO INSURANCE AFFOR	N OF ANY CONTE RDED BY THE PO	RACT OR OTHE	R DOCUMENT WITH RESPECT BED HEREIN IS SUBJECT TO A	TO WHICH THIS
INSR LTR	TYPE OF INSURANCE		SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
LIK	GENERAL LIABILITY	INSK		POLICT NOMBER	(WW/DD/1111)	(WIW/DD/1111)	EACH OCCURRENCE \$ N	/a
							DAMAGE TO RENTED	
	COMMERCIAL GENERAL LIABILITY						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
	PRO- POLICY JECT LOC						\$ и	/A
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ ท	/A
	en e						BODILY INJURY (Per person) \$ ม	/A
	ANY AUTO ALL OWNED SCHEDULED		N/A	N/A	A\N	N/A		Distributat anamananan anamanan anamanan araman anaman anaman anaman anaman anaman anaman anaman anaman anaman
	AUTOS AUTOS NON-OWNED			·	,	,	BODILY INJURY (Per accident) \$ N PROPERTY DAMAGE	/A
	HIRED AUTOS AUTOS						(Per accident) \$ N	/A
							\$ и	/A
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE \$ N	/A
	EXCESS LIAB CLAIMS MADE			N/A	N/A	N/A	AGGREGATE \$ и	/A
	DED RETENTION \$						\$ и	
	WORKERS COMPENSATION						WC STATU- OTH-	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE						TORY LIMITS ER \$ N	
	OFFICER/MEMBER EXCLUDED?	N/A		N/A	N/A	N/A	E.L. EACH ACCIDENT \$ N	
	(Mandatory in NH) If yes, describe under						E.L. DISEASE – EA EMPLOYEE \$ N	/A
	DESCRIPTION OF OPERATIONS below	1					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: Sha Aggregate Limit: N/A	ared Primary
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach	ACORD 10	01, Additional Remarks Scl	: hedule, if more space is	: required)	•	
			- •			. ,		
CEI	RTIFICATE HOLDER				CANCELLATION	J		
					CHOIL D ANY	OF THE ABOVE I	DESCRIPED DOLLOISE DE CANCE	LLED DEFORE
							DESCRIBED POLICIES BE CANCE :OF, NOTICE WILL BE DELIVERED	
							CY PROVISIONS.	
					AUTHORIZED REPR	ECENITATIVE		
					Annuali	M. Weg		
					Marmara	11. vong		



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

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	tificate holder in lieu of such endorse	ment(s).		CONTACT						
PRO	DUCER			CONTACT NAME:						
Art	hur J. Gallagher Risk Managem	ent Serv	ices, Inc.	PHONE (A/C, NO, EXT):		FAX (A/C, No):				
126	21 Featherwood Dr., Suite 300		,	E-MAIL		((,)				
Hot	ıston, TX 77034			ADDRESS:	NSURER(S) AFEC	PRDING COVERAGE	NAIC #			
				COMPANY A: Ap	. , ,	o-Legal Solutions RRG	11598			
INSU	RED			Inc						
				COMPANY B:						
	liam A. Moore, M.D. 701			COMPANY C:						
-	Houston Street			COMPANY D:						
	t Worth, TX 76102-6224			COMPANY E:						
				COMPANY F:						
	VERAGES		TIFICATE NUMBER			REVISION NUMBER:				
IND CEF	S IS TO CERTIFY THAT THE POLICIES C ICATED. NOTWITHSTANDING ANY REQU RTIFICATE MAY BE ISSUED OR MAY PE ELUSIONS AND CONDITIONS OF SUCH PO	JIREMENT, ERTAIN, TH	TERM OR CONDITION E INSURANCE AFFOR	N OF ANY CONTE RDED BY THE PO	RACT OR OTHE LICIES DESCRI	R DOCUMENT WITH RESPECT BED HEREIN IS SUBJECT TO A	TO WHICH THIS			
INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
	GENERAL LIABILITY	IIION WE	TOLIOT HOMBER	(11117)	(EACH OCCURRENCE \$ N	/A			
	COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ N				
	CLAIMS MADE OCCUR		/-	/-	/-	MED EXP (Any one person) \$ ม	/A			
			N/A	N/A	N/A	PERSONAL & ADV INJURY \$ N	/A			
						GENERAL AGGREGATE \$ N	/A			
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG \$ N	/A			
	PRO- POLICY JECT LOC					\$ и	/A			
	AUTOMOBILE LIABILITY		n/A			COMBINED SINGLE LIMIT S N				
	***************************************					(Ea accident) BODILY INJURY (Per person) \$ N	/A			
	ANY AUTO ALL OWNED SCHEDULED			N/A	N/A	BODILY INJURY (Per accident) \$ N				
	AUTOS AUTOS NON-OWNED					PROPERTY DAMAGE				
	HIRED AUTOS AUTOS					(Per accident) \$ N	/A			
						\$ n	/A			
	UMBRELLA LIAB OCCUR		1-	1-	4-	EACH OCCURRENCE \$ N	/A			
	EXCESS LIAB CLAIMS MADE		N/A	N/A	N/A	AGGREGATE \$ N	/A			
	DED RETENTION \$					\$ и	/A			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N					WC STATU- OTH- TORY LIMITS ER \$ N	/A			
	ANY PROPRIETOR/PARTNER/EXECUTIVE	ALCA .	N/A	N/A	N/A	E.L. EACH ACCIDENT \$ ท				
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A	,	,	,	E.L. DISEASE - EA EMPLOYEE \$ N	/A			
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT \$ N				
	OTHER					Each Med. Incident: Sh	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
	Medical Prof. Liability Retro Date: 06/08/2011		GAMS115790	06/05/2013	06/05/2014	Aggregate Limit: N/A	arou rrimar,			
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICLES	Attach ACORE) 101, Additional Remarks Scl	nedule, if more space is	required)	•				
CEI	RTIFICATE HOLDER		1	CANCELLATION	l .					
				THE EXPIRATION	ON DATE THERE	DESCRIBED POLICIES BE CANCE FOF, NOTICE WILL BE DELIVERED CY PROVISIONS.				
				ONOUGH						
				nonoven	ri. wy					



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

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certificate holder in lieu of such endorser	nent(s).		,						
PRODUCER			CONTACT NAME:						
Arthur J. Gallagher Risk Manageme	ent Semi	rices Inc	PHONE		FAX				
12621 Featherwood Dr., Suite 300	JIIO DCI V	rices, inc.	(A/C, NO, EXT): E-MAIL		(A/C, No):				
Houston, TX 77034			ADDRESS:						
				. , ,	PRDING COVERAGE	NAIC#			
			Inc	pilea meaico	o-Legal Solutions RRG	11598			
INSURED			COMPANY B:						
Adam W. Myers, M.D.			COMPANY C:						
Apt. 701			COMPANY D:						
910 Houston Street Fort Worth, TX 76102-6224			COMPANY E:						
,			COMPANY F:						
COVERAGES	CEF	RTIFICATE NUMBER	₹:		REVISION NUMBER:				
THIS IS TO CERTIFY THAT THE POLICIES O INDICATED. NOTWITHSTANDING ANY REQUCERTIFICATE MAY BE ISSUED OR MAY PEEXCLUSIONS AND CONDITIONS OF SUCH POLICIES.	JIREMENT RTAIN, TH	, TERM OR CONDITIO HE INSURANCE AFFOI IMITS SHOWN MAY HA	N OF ANY CONTE RDED BY THE PO	RACT OR OTHE DLICIES DESCRI	R DOCUMENT WITH RESPECT BED HEREIN IS SUBJECT TO .	TO WHICH THIS			
LTR TYPE OF INSURANCE	INSR WVD		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS				
GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED	n/a n/a			
						N/A			
CLAIMS MADE OCCUR		N/A	N/A	N/A		N/A			
						N/A			
GEN'L AGGREGATE LIMIT APPLIES PER:					4	N/A			
PRO-					:	N/A			
POLICY JECT LOC				:	COMBINED SINGLE LIMIT	n/A N/A			
AUTOMOBILE LIABILITY					(Ea accident)	N/A			
ANY AUTO ALL OWNED SCHEDULED		n/A	N/A	N/A					
AUTOS AUTOS NON-OWNED			N/A	,	BODILY INJURY (Per accident) \$ PROPERTY DAMAGE	N/A			
HIRED AUTOS AUTOS					(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 Y/N					WC STATU- OTH- TORY LIMITS ER \$	N/A			
ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A	N/A	N/A	N/A	· · · · · · · · · · · · · · · · · · ·	N/A			
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	INFA				E.L. DISEASE - EA EMPLOYEE \$	N/A			
If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT \$	N/A			
OTHER					Each Med. Incident: Sh	***************************************			
Medical Prof. Liability Retro Date: 06/24/2010		GAMS115790	06/05/2013	06/05/2014	Aggregate Limit: N/A	_			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACOR	D 101, Additional Remarks Sc	hedule, if more space is	required)					
CERTIFICATE HOLDER			CANCELLATION	N					
			THE EXPIRATI	ON DATE THERE	DESCRIBED POLICIES BE CANC EOF, NOTICE WILL BE DELIVERE CY PROVISIONS.				
			AUTUODITED DEDD	NEOENTATIVE					



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

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	tificate holder in lieu of such endorse	ment	(s).								
PRO	DUCER				CONTACT NAME:						
Art	hur J. Gallagher Risk Managem	ent :	Servic	es. Inc.	PHONE (A/C, NO, EXT):		FAX (A/C, No):				
	521 Featherwood Dr., Suite 300				E-MAIL		(AC, NO).				
Ho	uston, TX 77034				ADDRESS:			T			
							PRDING COVERAGE	NAIC#			
					Inc	рігеа меаісс	o-Legal Solutions RRG	11598			
INSU	JRED				COMPANY B:						
and	drew Palisch, M.D.				COMPANY C:						
Apt	. 701				COMPANY D:						
	Houston Street				COMPANY E:						
FOI	t Worth, TX 76102-6224				COMPANY F:						
СО	VERAGES		CERTI	FICATE NUMBER			REVISION NUMBER:				
THI	S IS TO CERTIFY THAT THE POLICIES C	F INS	URANC	E LISTED BELOW H	HAVE BEEN ISSUE	D TO THE INSU	JRED NAMED ABOVE FOR THE	POLICY PERIOD			
	ICATED. NOTWITHSTANDING ANY REQU										
	RTIFICATE MAY BE ISSUED OR MAY PE CLUSIONS AND CONDITIONS OF SUCH PO							LL THE TERMS,			
INSR	TYPE OF INSURANCE		SUBR	IS SHOWIN WAT HA	POLICY EFF	POLICY EXP					
LTR		INSR	WVD :	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS				
	GENERAL LIABILITY						EACH OCCURRENCE \$ N DAMAGE TO RENTED	/A			
	COMMERCIAL GENERAL LIABILITY						PREMISES (Ea occurrence) \$ N	/A			
	CLAIMS MADE OCCUR			N/A	NT / N	N/A	MED EXP (Any one person) \$ ม	/A			
				N/A	N/A	N/A	PERSONAL & ADV INJURY \$ ท	/A			
							GENERAL AGGREGATE \$₩	/A			
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ N	/A			
	PRO- POLICY JECT LOC						\$ и	/A			
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	/A			
	ANY AUTO					BODILY INJURY (Per person) \$ N	:/A				
	ALL OWNED SCHEDULED			N/A	N/A	N/A	BODILY INJURY (Per accident) \$ N				
	AUTOS AUTOS NON-OWNED						PROPERTY DAMAGE				
	HIRED AUTOS AUTOS						(Per accident) \$ N				
							\$ и	/A			
	UMBRELLA LIAB OCCUR			/-	/-	/-	EACH OCCURRENCE \$ N	/A			
	EXCESS LIAB CLAIMS MADE			N/A	N/A	N/A	AGGREGATE \$ N	/A			
	DED RETENTION \$						\$ и	/A			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						WC STATU- OTH- TORY LIMITS ER \$ N	/A			
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A		N/A	N/A	N/A	E.L. EACH ACCIDENT \$ И	/A			
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	INIA		·		ĺ	E.L. DISEASE – EA EMPLOYEE \$ N	/A			
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$ N	/A			
	OTHER						Each Med. Incident: Sh				
	Medical Prof. Liability			GAMS115790	06/05/2013	06/05/2014	Aggregate Limit: N/A	_			
	Retro Date: 06/05/2009										
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach	ACORD 10	01, Additional Remarks Sci	: hedule, if more space is	: required)	•				
		,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,					
CEI	RTIFICATE HOLDER				CANCELLATION	J					
					SHOULD ANY	OF THE ABOVE	DESCRIBED POLICIES BE CANCE	I I ED REFORE			
							OF, NOTICE WILL BE DELIVERED				
					ACCORDANCE	WITH THE POLI	CY PROVISIONS.				
					AUTHORIZED REPR	ESENTATIVE					
							_				
					1)onmen	M. Weg					
					10-1	· • /					



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

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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)

certificate holder in lieu of such endorser	nent(s).	,,					
PRODUCER	, ,		CONTACT NAME:				
Author I Gallaghan Bigh Managana		T	PHONE			FAX	
Arthur J. Gallagher Risk Manageme 12621 Featherwood Dr., Suite 300	ent Servi	ces, inc.	(A/C, NO, EXT): E-MAIL			(A/C, No):	
Houston, TX 77034			ADDRESS:				1
			I		NAIC#		
				plied Medic	o-Legal Solutio	ons RRG	11598
INSURED			Inc				
			COMPANY B:				
Minesh Patel, MD			COMPANY C:				
Apt. 701 910 Houston Street			COMPANY D:				
Fort Worth, TX 76102-6224			COMPANY E:				
			COMPANY F:				
COVERAGES	CERT	IFICATE NUMBER	<u> </u>		REVISION NUM	MBER:	
THIS IS TO CERTIFY THAT THE POLICIES OF							
INDICATED. NOTWITHSTANDING ANY REQU							
CERTIFICATE MAY BE ISSUED OR MAY PE EXCLUSIONS AND CONDITIONS OF SUCH PO						IBJECT TO AL	L INE IERIVIS,
INSR TYPE OF INSURANCE	ADDL SUBR		POLICY EFF	POLICY EXP		LIMITS	
LTR THE OF MODIFIES	INSR WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	EACH OCCURRENCE		2
GENERAL LIABILITY					EACH OCCURRENCE DAMAGE TO RENTED		
COMMERCIAL GENERAL LIABILITY					PREMISES (Ea occurr	ence) \$ N/	A
CLAIMS MADE OCCUR		N/A	N/A	n/A	MED EXP (Any one pe	erson) \$ N/	A
		11/21	11/12	11/12	PERSONAL & ADV INJURY \$ N/A		A
					GENERAL AGGREGATE \$ N/A		A
GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/C	OPAGG \$ N/	A
PRO- POLICY JECT LOC						\$ n/	A
AUTOMOBILE LIABILITY					COMBINED SINGLE L (Ea accident)	IMIT \$ и/	A
ANY AUTO					BODILY INJURY (Per	person) \$ N/	A
ALL OWNED SCHEDULED		N/A	N/A	n/A	BODILY INJURY (Per		
AUTOS AUTOS NON-OWNED					PROPERTY DAMAGE		
HIRED AUTOS AUTOS					(Per accident)	\$ n/	A
						\$ n/	A
UMBRELLA LIAB OCCUR		1-	/-	4-	EACH OCCURRENCE	\$ n/	Α
EXCESS LIAB CLAIMS MADE		N/A	N/A	N/A	AGGREGATE	\$ n/	A
DED RETENTION \$						\$ n/	A
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N					WC STATU- TORY LIMITS	OTH- ER \$ N/	Δ
ANY PROPRIETOR/PARTNER/EXECUTIVE		N/A	N/A	n/A	E.L. EACH ACCIDENT	\$ n/	
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A	-17.22	-1/	/	E.L. DISEASE – EA EN		
If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE – POLIC		λ
OTHER			:		Each Med. Inc		
Medical Prof. Liability		GAMS115790	06/05/2013	06/05/2014	Aggregate Lim		red frimary
Retro Date: 06/03/2013		GAIDI13730	00/03/2013	00/03/2014			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 1	01 Additional Remarks Sol	edule if more space is	: required)	:		
DESCRIPTION OF STERNATIONS PESCATIONS VEHICLES (A	Allacii ACOND	or, Additional Nemarks oci	reduie, il lilore space is	requiredy			
CERTIFICATE HOLDER			CANCELLATION	J			
					DESCRIBED DOLLO	ES DE CANCE	LED BEFORE
					DESCRIBED POLICIE OF, NOTICE WILL B		
					ICY PROVISIONS.	· ·	
			AUTHORIZED REPR	ESENTATIVE			

Donovau A. Weg



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

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certificate noider in fieu of such endorsen	ientis	s).					
PRODUCER			CONTACT NAME:				
Arthur J. Gallagher Risk Manageme	nt S	ervices. Inc.	PHONE (A/C, NO, EXT):			AX A/C, No):	
12621 Featherwood Dr., Suite 300			E-MAIL		1 (5	₹/C, NO).	
Houston, TX 77034			ADDRESS:	NEUDED(E) AFEC	DDING COVERAGE		NAIC #
					RDING COVERAGE -Legal Solutions	s RRG	NAIC# 11598
			Inc	prica nearc		, rate	11000
INSURED			COMPANY B:				
Mrudula Penta, M.D.			COMPANY C:				
Apt. 701			COMPANY D:				
910 Houston Street Fort Worth, TX 76102-6224			COMPANY E:				
			COMPANY F:				
COVERAGES	C	ERTIFICATE NUMBER	:		REVISION NUMB	ER:	
THIS IS TO CERTIFY THAT THE POLICIES OF INDICATED. NOTWITHSTANDING ANY REQU CERTIFICATE MAY BE ISSUED OR MAY PEIEXCLUSIONS AND CONDITIONS OF SUCH PO	IREME RTAIN	ENT, TERM OR CONDITION , THE INSURANCE AFFOR	N OF ANY CONTR RDED BY THE PO	RACT OR OTHE LICIES DESCRI	R DOCUMENT WITH I BED HEREIN IS SUBJ	RESPECT T	O WHICH THIS
INSR TYPE OF INSURANCE	ADDL S		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	
GENERAL LIABILITY	iiioix	HVB TOLICT NOMBER	(MM//DD/1111)	(MM/DD/1111)	EACH OCCURRENCE	\$ N/2	
COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrenc		
CLAIMS MADE OCCUR		N/A	N/A	N/A	MED EXP (Any one perso	on) \$ N/2	A.
		N/A	N/A	N/A	PERSONAL & ADV INJUR	RY \$ N/2	Α
	1				GENERAL AGGREGATE \$ N/A		Α
GEN'L AGGREGATE LIMIT APPLIES PER: PRO-					PRODUCTS - COMPIOP		***************************************
POLICY JECT LOC	- :				COMBINED SINGLE LIMIT	\$ N/2 T	
AUTOMOBILE LIABILITY				A\n	(Ea accident)	' \$ N/A	
ANY AUTO ALL OWNED SCHEDULED		N/A	N/A		BODILY INJURY (Per pers	son) \$ N/Z	A
ALL OWNED SCHEDULED AUTOS AUTOS NON-OWNED HIRED AUTOS AUTOS		N/A	N/A	N/A	BODILY INJURY (Per acc	ident) \$ N/	Α
					PROPERTY DAMAGE (Per accident)	\$ N/2	A
						\$ N/2	A
UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$ n/2	 A
EXCESS LIAB CLAIMS MADE		N/A	N/A	N/A	AGGREGATE	\$ n/2	A
DED RETENTION \$						\$ n/2	A.
WORKERS COMPENSATION					WC STATU-	OTH-	
AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE		N/A	N/A	NI / 7	TORY LIMITS E.L. EACH ACCIDENT	ER \$ N/A \$ N/A	
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A	N/A	N/A	A/N	E.L. DISEASE - EA EMPL		
If yes, describe under							
DESCRIPTION OF OPERATIONS below OTHER					E.L. DISEASE - POLICY L Each Med. Incid	~~~~~~~~~~	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Medical Prof. Liability Retro Date: 09/01/2011		GAMS115790	06/05/2013	06/05/2014	Aggregate Limit		red Frimary
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (A	ttach A	CORD 101, Additional Remarks Sch	edule, if more space is	required)			
CERTIFICATE HOLDER			CANCELLATION	 J			
					DECODIRED DO: 1015		LED DESCE
					DESCRIBED POLICIES SOF, NOTICE WILL BE D		
					CY PROVISIONS.	/ (/	
		-	AUTHORIZED REPR	ECENTATIVE			
			AUTHORIZED REPR	A .			
			Noncenter	in lalean			



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

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		HCHE	(3).							
PRO	DUCER				CONTACT NAME:					
7 m+	hur J. Gallagher Risk Manageme	n+ o	Somri a	oc Inc	PHONE		FAX			
	21 Featherwood Dr., Suite 300	511C 1	SETATO	es, inc.	(A/C, NO, EXT): E-MAIL		(A/C, No):			
	iston, TX 77034				ADDRESS:					
	,				I	NSURER(S) AFFO	PRDING COVERAGE	NAIC #		
						plied Medico	o-Legal Solutions RRG	11598		
INSU	RED				Inc					
					COMPANY B:					
	on Pond, MD				COMPANY C:					
_	. 701 Houston Street				COMPANY D:					
	t Worth, TX 76102-6224				COMPANY E:					
	,				COMPANY F:					
CO	VERAGES		CERTII	FICATE NUMBER			REVISION NUMBER:			
INDI CEF EXC	S IS TO CERTIFY THAT THE POLICIES O CATED. NOTWITHSTANDING ANY REQU RTIFICATE MAY BE ISSUED OR MAY PE ELUSIONS AND CONDITIONS OF SUCH PO	JIREM RTAII DLICIE	IENT, TE N, THE I S. LIMIT	ERM OR CONDITION INSURANCE AFFOR	N OF ANY CONTR RDED BY THE PO VE BEEN REDUCE	RACT OR OTHE LICIES DESCRI D BY PAID CLAI	R DOCUMENT WITH RESPECT TO A	TO WHICH THIS		
INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
	GENERAL LIABILITY				(EACH OCCURRENCE \$ N/	'A		
							DAMAGE TO RENTED			
	COMMERCIAL GENERAL LIABILITY						PREMISES (Ea occurrence) \$ N/			
	CLAIMS MADE OCCUR			N/A	N/A	N/A	MED EXP (Any one person) \$ N/			
		į					PERSONAL & ADV INJURY \$ NA	'A		
		-					GENERAL AGGREGATE \$ N/	'A		
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ N/	'A		
	POLICY JECT LOC			<u> </u>			\$ 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 SCHEDULED					BODILY INJURY (Per accident) \$ N,	/ <u>a</u>			
	AUTOS AUTOS NON-OWNED					PROPERTY DAMAGE				
	HIRED AUTOS AUTOS						(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) 	WC STATU- OTH-	,-		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE			1-	4-	4-	TORY LIMITS ER \$ N/			
	OFFICER/MEMBER EXCLUDED?	N/A		N/A	N/A	N/A	E.L. EACH ACCIDENT \$ N/			
	(Mandatory in NH) If yes, describe under						E.L. DISEASE – EA EMPLOYEE \$ N/	'A		
	DESCRIPTION OF OPERATIONS below						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: Sha Aggregate Limit: N/A	red Primary		
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICLES (: Attach	ACORD 10	1, Additional Remarks Sci	: hedule, if more space is	: required)	:			
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,				
CEF	RTIFICATE HOLDER				CANCELLATION	ı				
<u> </u>	CHI IOATE HOEBER									
							DESCRIBED POLICIES BE CANCEI			
							OF, NOTICE WILL BE DELIVERED OY PROVISIONS.	IIV		
					AUTHORIZED REPR	ESENTATIVE				
					│ 	h 1.100				
					Donovay M. Weg					



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

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certificate holder in lieu of such endorsem	-	es may require an e			ins certificate de		- Ingilia to the
PRODUCER			CONTACT NAME:				
Arthur J. Gallagher Risk Manageme	nt Serv	rices, Inc.	PHONE (A/C, NO, EXT):			FAX (A/C, No):	
12621 Featherwood Dr., Suite 300			E-MÁIL ADDRESS:				
Houston, TX 77034					NAIC#		
			COMPANY A: Ap		ORDING COVERAGE D-Legal Soluti	ons RRG	11598
INSURED			Inc				
Saritha G. Pothuluri, M.D.			COMPANY C:				
Apt. 701			COMPANY D:				
910 Houston Street Fort Worth, TX 76102-6224			COMPANY E:				
FOIC WOICH, 1A 70102-0224			COMPANY F:				
COVERAGES	CEF	RTIFICATE NUMBER	k:		REVISION NU	MBER:	
THIS IS TO CERTIFY THAT THE POLICIES OF INDICATED. NOTWITHSTANDING ANY REQUICERTIFICATE MAY BE ISSUED OR MAY PEREXCLUSIONS AND CONDITIONS OF SUCH POLICIES.	REMENT RTAIN, TH LICIES. LI	T, TERM OR CONDITION HE INSURANCE AFFOR IMITS SHOWN MAY HAY	N OF ANY CONTR RDED BY THE PO VE BEEN REDUCE	RACT OR OTHE LICIES DESCRI D BY PAID CLAI	R DOCUMENT WIT BED HEREIN IS SU	H RESPECT T	O WHICH THIS
	ADDL SUBF		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	
GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occur)	
CLAIMS MADE OCCUR		N/A	N/A	N/A	MED EXP (Any one p	erson) \$ N/.	A
		N/A	N/A	N/A	PERSONAL & ADV IN	JURY \$ N/.	Α
					GENERAL AGGREGA	TE \$ N/.	A
GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/	OP AGG \$ N/	A
POLICY JECT LOC					COMBINED SINGLE I	\$ N/.	A
AUTOMOBILE LIABILITY					(Ea accident)	* N/.	Α
ANY AUTO		27/2	27./2	/-	BODILY INJURY (Per	person) \$ N/	A
ALL OWNED SCHEDULED AUTOS AUTOS		N/A	N/A	N/A	BODILY INJURY (Per		A
NON-OWNED HIRED AUTOS AUTOS					PROPERTY DAMAGE (Per accident)	\$ и/	A
						\$ n/	A
UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$ n/.	A
EXCESS LIAB CLAIMS MADE		N/A	N/A	N/A	AGGREGATE	\$ и/.	A
DED RETENTION \$)))	! ! !		\$ n/.	A
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N					WC STATU- TORY LIMITS	OTH- ER \$ N/	A
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A	N/A	N/A	N/A	E.L. EACH ACCIDENT	Г \$ и/.	A
(Mandatory in NH)					E.L. DISEASE – EA E	MPLOYEE \$ N/	A
If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE – POLI	CYLIMIT \$ N/	A
OTHER					Each Med. Inc		red Primary
Medical Prof. Liability Retro Date: 05/15/2007		GAMS115790	06/05/2013	06/05/2014	Aggregate Lir	nit: N/A	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (A	ttach ACOR	D 101, Additional Remarks Sci	hedule, if more space is	required)			
CERTIFICATE HOLDER			CANCELLATION	l			
			THE EXPIRATION	ON DATE THERE	DESCRIBED POLICI EOF, NOTICE WILL E ICY PROVISIONS.		
			AUTHORIZED REPR	ESENTATIVE			
			A .	M. Wegs			
			10000000	· · · /			



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

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certificate holder in lieu of such endorse	-	s may require an er	idorsciliciti. A	statement on t	ins certificate does not come	i lights to the			
PRODUCER	, ,		CONTACT NAME:						
Arthur J. Gallagher Risk Managem	ent Servi	ces Inc	PHONE		FAX				
12621 Featherwood Dr., Suite 300	CIIC DCIVI	ccs, me.	(A/C, NO, EXT): E-MAIL		(A/C, No):				
Houston, TX 77034		-	ADDRESS:	NAIC #					
		-	INSURER(S) AFFORDING COVERAGE COMPANY A: Applied Medico-Legal Solutions RRG 1:						
			Inc	prica meare	Degar borderons Red	11598			
INSURED			COMPANY B:						
Michael D. Richter, M.D.			COMPANY C:						
Apt. 701			COMPANY D:						
910 Houston Street Fort Worth, TX 76102-6224			COMPANY E:						
FOIC WOICH, 1X 70102 0224			COMPANY F:						
COVERAGES	CERT	IFICATE NUMBER:			REVISION NUMBER:				
THIS IS TO CERTIFY THAT THE POLICIES OF INDICATED. NOTWITHSTANDING ANY REQUESTIFICATE MAY BE ISSUED OR MAY PREVAILUSIONS AND CONDITIONS OF SUCH PROPERTY.	JIREMENT, THE DLICIES. LIM	TERM OR CONDITION INSURANCE AFFOR	I OF ANY CONTR DED BY THE PO E BEEN REDUCE	RACT OR OTHE LICIES DESCRI D BY PAID CLAI	R DOCUMENT WITH RESPECT T BED HEREIN IS SUBJECT TO AL	TO WHICH THIS			
INSR TYPE OF INSURANCE LTR	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE \$ N/ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ N/				
CLAIMS MADE OCCUR		27 / 2	27 / 2	27 / 7	MED EXP (Any one person) \$ N/	A			
		N/A	N/A	N/A	PERSONAL & ADV INJURY \$ 11/	A			
					GENERAL AGGREGATE \$ Ŋ/	A			
GEN'L AGGREGATE LIMIT APPLIES PER: PRO- POLICY JECT LOC					PRODUCTS - COMP/OP AGG \$ N/				
AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT \$ N/				
reservation .					(Ea accident) \$ N/ BODILY INJURY (Per person) \$ N/				
ANY AUTO ALL OWNED SCHEDULED		N/A	n/A	N/A					
AUTOS AUTOS NON-OWNED		•	·	ŕ	BODILY INJURY (Per accident) \$ N/ PROPERTY DAMAGE				
HIRED AUTOS AUTOS					(Per accident) \$ N/	A			
					\$ N/	A			
UMBRELLA LIAB OCCUR		27 / 2	N/A	27./2	EACH OCCURRENCE \$ N/	A			
EXCESS LIAB CLAIMS MADI		N/A	N/A	N/A	AGGREGATE \$ N/	A			
DED RETENTION \$					\$ N/	A			
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY YIN					WC STATU- OTH- TORY LIMITS ER \$ N/	A			
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A	N/A	N/A	N/A	E.L. EACH ACCIDENT \$ N/	A			
(Mandatory in NH)					E.L. DISEASE – EA EMPLOYEE \$ Ŋ/	Α			
If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT \$ N/	A			
OTHER					Each Med. Incident: Sha	red Primary			
Medical Prof. Liability Retro Date: 11/28/2011		GAMS115790	06/05/2013	06/05/2014	Aggregate Limit: N/A				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES	(Attach ACORD 1	101. Additional Remarks Scho	: edule, if more space is	required)	:				
CERTIFICATE HOLDER			CANCELLATION						
CLITIFICATE HOLDER		<u>'</u>							
		1	SHOULD ANY	OF THE ABOVE I	DESCRIBED POLICIES BE CANCEL	LED BEFORE			

AUTHORIZED REPRESENTATIVE

THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.



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

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PRODUCER		(-)-	CONTACT					
			NAME: PHONE FAX					
Arthur J. Gallagher Risk Manageme	nt :	Services, Inc.	(A/C, NO, EXT):		(A/C, No):			
12621 Featherwood Dr., Suite 300			E-MAIL ADDRESS:					
Houston, TX 77034			ı	NSURER(S) AFFO	ORDING COVERAGE	NAIC#		
			COMPANY A: Ap	plied Medic	o-Legal Solutions RRG	11598		
INSURED			COMPANY B:					
Matthew Rose, M.D.			COMPANY C:					
Apt. 701								
910 Houston Street			COMPANY D:					
Fort Worth, TX 76102-6224			COMPANY E:					
00//504050		OFFICIONE NUMBER	COMPANY F:		DEVICION NUMBER			
COVERAGES		CERTIFICATE NUMBER			REVISION NUMBER:			
THIS IS TO CERTIFY THAT THE POLICIES OF INDICATED. NOTWITHSTANDING ANY REQU CERTIFICATE MAY BE ISSUED OR MAY PEIEXCLUSIONS AND CONDITIONS OF SUCH PO	IREN RTAII LICIE	MENT, TERM OR CONDITION, THE INSURANCE AFFORES. LIMITS SHOWN MAY HA	N OF ANY CONTR RDED BY THE PO VE BEEN REDUCE	RACT OR OTHE LICIES DESCRI D BY PAID CLAI	R DOCUMENT WITH RESPECT T BED HEREIN IS SUBJECT TO AL	TO WHICH THIS		
INSR TYPE OF INSURANCE		SUBR WVD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
GENERAL LIABILITY		, case i remeal	((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		
PRO- POLICY JECT LOC					\$ и/.	A		
AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident) \$ ท/	A		
ANY AUTO					BODILY INJURY (Per person) \$ N/	A		
ALL OWNED SCHEDULED		N/A	N/A	N/A	BODILY INJURY (Per accident) \$ N/	Α		
AUTOS AUTOS NON-OWNED					PROPERTY DAMAGE	•••••		
HIRED AUTOS AUTOS					(Per accident) \$ N/	A		
					\$ и/	A		
UMBRELLA LIAB OCCUR			4-	4-	EACH OCCURRENCE \$ N/	Α		
EXCESS LIAB CLAIMS MADE		N/A	N/A	N/A	AGGREGATE \$ พ/	A		
DED RETENTION \$					\$ и/	A		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N					WC STATU- OTH- TORY LIMITS ER \$ N/	Δ		
ANY PROPRIETOR/PARTNER/EXECUTIVE		N/A	N/A	N/A	E.L. EACH ACCIDENT \$ N/			
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A	N/A	N/A	N/A	E.L. DISEASE – EA EMPLOYEE \$ N/			
If yes, describe under								
DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT \$ N/			
OTHER Medical Prof. Liability Retro Date: 01/01/2011		GAMS115790	06/05/2013	06/05/2014	Each Med. Incident: Sha Aggregate Limit: N/A	red Primary		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (A	Attach	ACORD 101, Additional Remarks Sci	hedule, if more space is	required)				
CERTIFICATE HOLDER			CANCELLATION	l				
			THE EXPIRATION	ON DATE THERE	DESCRIBED POLICIES BE CANCEL EOF, NOTICE WILL BE DELIVERED ICY PROVISIONS.			
			AUTHORIZED REPR	ESENTATIVE				
			ALMINIA	M. Weg				
			Marman	i von				



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.

certificate floider in fleu of such endorse	menus	5).				
PRODUCER			CONTACT NAME:			
Arthur J. Gallagher Risk Managem	ent S	ervices. Inc.	PHONE (A/C, NO, EXT):		FAX (A/C, No):	
12621 Featherwood Dr., Suite 300	OO D	2141305, 1113.	E-MAIL		(A/C, No).	
Houston, TX 77034			ADDRESS:			
				. ,	PRDING COVERAGE D-Legal Solutions RRG	NAIC# 11598
			Inc	11396		
INSURED			COMPANY B:			
Thomas Saadeh, MD						
Apt. 701			COMPANY C:			
910 Houston Street			COMPANY D:			
Fort Worth, TX 76102-6224			COMPANY E:			
			COMPANY F:			
COVERAGES		CERTIFICATE NUMBER	:		REVISION NUMBER:	
THIS IS TO CERTIFY THAT THE POLICIES OF INDICATED. NOTWITHSTANDING ANY REQUESTIFICATE MAY BE ISSUED OR MAY PREXCLUSIONS AND CONDITIONS OF SUCH POLICIES.	JIREME ERTAIN OLICIES	ENT, TERM OR CONDITIOI I, THE INSURANCE AFFOR S. LIMITS SHOWN MAY HAV	N OF ANY CONTI RDED BY THE PO /E BEEN REDUCE	RACT OR OTHE PLICIES DESCRI D BY PAID CLAI	R DOCUMENT WITH RESPECT T BED HEREIN IS SUBJECT TO AL	TO WHICH THIS
INSR TYPE OF INSURANCE LTR	ADDL S		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
GENERAL LIABILITY			,,		EACH OCCURRENCE \$ 11/	 A
COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ N/	
CLAIMS MADE OCCUR					MED EXP (Any one person) \$ N/	A
		N/A	N/A	N/A	PERSONAL & ADV INJURY \$ 11/	
					GENERAL AGGREGATE \$ N/	
GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG \$ N/	
PRO-						
POLICY JECT LOC					\$ N/.	
AUTOMOBILE LIABILITY		n/A		n/A	(Ea accident) \$ N/	Α
ANY AUTO			N/A		BODILY INJURY (Per person) \$ Ŋ/	A
ALL OWNED SCHEDULED AUTOS AUTOS					BODILY INJURY (Per accident) \$ N/	A
NON-OWNED HIRED AUTOS AUTOS					PROPERTY DAMAGE (Per accident) \$ N/	A
TIINLED AGTOS					\$ 11/	A
UMPDELLA LIAD	1					
UMBRELLA LIAB OCCUR		N/A	N/A	N/A	EACH OCCURRENCE \$ N/	
EXCESS LIAB CLAIMS MADE					AGGREGATE \$ N/	
DED RETENTION \$ WORKERS COMPENSATION					WC STATU- OTH-	A
AND EMPLOYERS' LIABILITY Y/N					TORY LIMITS ER \$ N/	Α
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A	N/A	N/A	N/A	E.L. EACH ACCIDENT \$ и/	A
(Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE \$ N/	A
If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT \$ N/	A
OTHER					Each Med. Incident: Vic	arious
Medical Prof. Liability		GAMS115790	06/05/2013	06/05/2014	Aggregate Limit: N/A	
Retro Date: 06/03/2013						
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES	Attach A	CORD 101, Additional Remarks Sch	: nedule, if more space is	required)	,	
	,			. ,		
CERTIFICATE HOLDER			CANCELLATION	J		
			SHOULD ANY	OF THE ABOVE I	DESCRIBED POLICIES BE CANCEL	LED BEEOBE
					OF, NOTICE WILL BE DELIVERED	
					CY PROVISIONS.	
		}	AUTHORIZED REPR	PESENTATIVE		
			1			
			/ Separate	M. Wegs		
			Marman	i i von		



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

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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).

certificate holder in lieu of such endorse	ment(s	i).					
PRODUCER			CONTACT NAME:				
Arthur J. Gallagher Risk Manageme	ent Se	ervices, Inc.	PHONE (A/C, NO, EXT):		FAX (A/C	X C, No):	
12621 Featherwood Dr., Suite 300			E-MAIL ADDRESS:		-		
Houston, TX 77034					NAIC#		
					ORDING COVERAGE O-Legal Solutions	RRG	11598
			Inc	F			1
INSURED			COMPANY B:				
Abel Salazar			COMPANY C:				ĺ
Apt. 701			COMPANY D:				
910 Houston Street Fort Worth, TX 76102-6224			COMPANY E:				
Fore worth, 1x 70102 0224			COMPANY F:				
COVERAGES	C	ERTIFICATE NUMBER			REVISION NUMBE	ER:	
THIS IS TO CERTIFY THAT THE POLICIES O INDICATED. NOTWITHSTANDING ANY REQU CERTIFICATE MAY BE ISSUED OR MAY PE EXCLUSIONS AND CONDITIONS OF SUCH PO	JIREME ERTAIN, OLICIES	ENT, TERM OR CONDITIO THE INSURANCE AFFOI LIMITS SHOWN MAY HA	N OF ANY CONTI RDED BY THE PO VE BEEN REDUCE	RACT OR OTHE DLICIES DESCRI ED BY PAID CLAI	ER DOCUMENT WITH RIBED HEREIN IS SUBJE	ESPECT T	O WHICH THIS
INSR TYPE OF INSURANCE	ADDL SI		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	Ī	LIMITS	
GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ n/2 e) \$ n/2	
CLAIMS MADE OCCUR		/-	N/A	N/A	MED EXP (Any one person)) \$ N/A	A
		N/A			PERSONAL & ADV INJURY	Y \$ N/2	A
	1 1				GENERAL AGGREGATE	\$ N/A	A.
GEN'L AGGREGATE LIMIT APPLIES PER:	1				PRODUCTS - COMP/OP AG	GG \$ N/2	A
PRO-	1					\$ n/2	***************************************
POLICY JECT LOC	1				COMBINED SINGLE LIMIT	\$ N/A	
AUTOMOBILE LIABILITY			A N/A		(Ea accident)		
ANY AUTO ALL OWNED SCHEDULED		/-		/-	BODILY INJURY (Per perso	on) \$ N/2	7
AUTOS SCHEDULED AUTOS		N/A		N/A	BODILY INJURY (Per accide	dent) \$ N/2	A
NON-OWNED HIRED AUTOS AUTOS					PROPERTY DAMAGE (Per accident)	\$ N/2	A
TIMES ACTOS					(i ci accident)	\$ n/2	A
	+ +						
UMBRELLA LIAB OCCUR		N/A	N/A	N/A	EACH OCCURRENCE	\$ N/A	
EXCESS LIAB CLAIMS MADE	A I	,	·		AGGREGATE	\$ N/A	
DED RETENTION \$ WORKERS COMPENSATION	! !				WC STATU- C	\$ N/A	4
AND EMPLOYERS' LIABILITY Y/N						ER \$ N/2	A
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A	N/A	N/A	N/A	E.L. EACH ACCIDENT	\$ n/2	A.
(Mandatory in NH)	1000				E.L. DISEASE – EA EMPLO	OYEE \$ N/A	Ą
If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIN	MIT \$ N/2	Δ
OTHER					Each Med. Incide	~~~~~~~	
Medical Prof. Liability		GAMS115790	06/05/2013	06/05/2014	Aggregate Limit:	N/A	ica Filmary
Retro Date: 12/01/2011		GAMS113790	00/03/2013	00/03/2014		•	
DESCRIPTION OF ORERATIONS (LOCATIONS (NETWOLES)	(A++===================================	CORD 101 Addising L Barrer 1 Co	hadula if mass sees 's	roquirod)	<u>!</u>		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach AC	LUND 101, Additional Remarks Sc	nedule, if more space is	requirea)			
1							

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

Donovay R. Weg



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

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certificate holder in lieu of such endorser	nent(s).								
PRODUCER			CONTACT NAME:						
Arthur J. Gallagher Risk Manageme	ent Sem	rices Inc	PHONE		FAX (A/C N=)				
12621 Featherwood Dr., Suite 300	DITO DCI	rices, inc.	(A/C, NO, EXT): E-MAIL		(A/C, No):				
Houston, TX 77034			ADDRESS:						
				. , ,	RDING COVERAGE	NAIC#			
			Inc	рігеа меаісс	o-Legal Solutions RRG	11598			
INSURED			COMPANY B:						
Michael Seymour, M.D.			COMPANY C:						
Apt. 701 910 Houston Street			COMPANY D:						
Fort Worth, TX 76102-6224			COMPANY E:						
			COMPANY F:						
COVERAGES	CEF	RTIFICATE NUMBER	R:		REVISION NUMBER:				
THIS IS TO CERTIFY THAT THE POLICIES O INDICATED. NOTWITHSTANDING ANY REQUCERTIFICATE MAY BE ISSUED OR MAY PEXCLUSIONS AND CONDITIONS OF SUCH POLICIES.	JIREMENT RTAIN, TI DLICIES. L	T, TERM OR CONDITION HE INSURANCE AFFOI IMITS SHOWN MAY HA	N OF ANY CONTI RDED BY THE PO VE BEEN REDUCE	RACT OR OTHE PLICIES DESCRI D BY PAID CLAI	R DOCUMENT WITH RESPEC BED HEREIN IS SUBJECT TO	T TO WHICH THIS			
INSR TYPE OF INSURANCE	ADDL SUBI		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED	n/A n/A			
			;						
CLAIMS MADE OCCUR		N/A	N/A	N/A	· · · · · · · · · · · · · · · · · · ·	N/A N/A			
						N/A			
GEN'L AGGREGATE LIMIT APPLIES PER:						N/A			
PRO-					:				
POLICY JECT LOC			:		COMBINED SINGLE LIMIT	N/A			
AUTOMOBILE LIABILITY					(Ea accident)	N/A			
ANY AUTO ALL OWNED SCHEDULED		N/A	37 / 3	27 / 2		N/A			
AUTOS AUTOS			N/A	N/A	` ` `	N/A			
NON-OWNED HIRED AUTOS 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 Y/N			,		WC STATU- OTH- TORY LIMITS ER \$	N/A			
ANY PROPRIETOR/PARTNER/EXECUTIVE		N/A	N/A	N/A		N/A			
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A	17.5		17,14	E.L. DISEASE – EA EMPLOYEE \$				
If yes, describe under DESCRIPTION OF OPERATIONS below						n/A			
OTHER					Each Med. Incident: S	***************************************			
Medical Prof. Liability Retro Date: 06/06/2011		GAMS115790	06/05/2013	06/05/2014	Aggregate Limit: N/A	<u>-</u>			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACCT	D 101 Addition - I D	hadula if me '-	roquirod)					
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACOR	TO 1, Additional Remarks SC	neuale, il more space is	requireu)					
CERTIFICATE HOLDER			CANCELLATION						
OLIVIII IOATE HOLDER									
			THE EXPIRATI	ON DATE THERE	DESCRIBED POLICIES BE CANC FOF, NOTICE WILL BE DELIVERI CY PROVISIONS.				
			AUTUODITED DEDE	SCOULT A TIL (E					



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

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	псп	(3).					
PRODUCER				CONTACT NAME:			
Anthur I Gallaghor Bick Manageme	Somri go	c Inc	PHONE FAX				
Arthur J. Gallagher Risk Management Services, Inc. 12621 Featherwood Dr., Suite 300				(A/C, NO, EXT): (A/C, No):			
Houston, TX 77034			ADDRESS:				
,				INSURER(S) AFFORDING COVERAGE N			
				COMPANY A: Ap	11598		
INSURED				Inc			
Author T. Granta V.D.				COMPANY B:			
Anthony L. Sparks, M.D. Apt. 701				COMPANY C:			
910 Houston Street				COMPANY D:			
Fort Worth, TX 76102-6224				COMPANY E:			
00/504.050		OFFICE	0475 11114055	COMPANY F:		DEVICE NUMBER	
COVERAGES			CATE NUMBER			REVISION NUMBER:	
THIS IS TO CERTIFY THAT THE POLICIES OF INDICATED. NOTWITHSTANDING ANY REQUESTIFICATE MAY BE ISSUED OR MAY PRESCLUSIONS AND CONDITIONS OF SUCH POLICIES.	JIREN RTAI OLICIE	MENT, TEF N, THE IN ES. LIMITS	RM OR CONDITION SURANCE AFFOR	N OF ANY CONTR RDED BY THE PO VE BEEN REDUCE	RACT OR OTHE LICIES DESCRI D BY PAID CLAI	R DOCUMENT WITH RESPECT TO AL	TO WHICH THIS
INSR TYPE OF INSURANCE		. 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						MED EXP (Any one person) \$ N/	
OLAIMO MADE			N/A	N/A	N/A	PERSONAL & ADV INJURY \$ N/	
	1					GENERAL AGGREGATE \$ N/	
GEN'L AGGREGATE LIMIT APPLIES PER:	-					PRODUCTS - COMP/OP AGG \$ N/	
PRO-	1					:	
POLICY JECT LOC	1					\$ N/ COMBINED SINGLE LIMIT \$ N/	
AUTOMOBILE LIABILITY				N/A		(Ea accident)	
ANY AUTO ALL OWNED SCHEDULED			A\N		N/A	BODILY INJURY (Per person) \$ N/	
AUTOS AUTOS			N/A		N/A	BODILY INJURY (Per accident) \$ Ŋ/	'A
NON-OWNED HIRED AUTOS AUTOS						PROPERTY DAMAGE (Per accident) \$ N/	'A
						\$ N/	Ά.
UMBRELLA LIAB OCCUR						EACH OCCURRENCE \$ N/	'A
EXCESS LIAB CLAIMS MADE			N/A	N/A	N/A	AGGREGATE \$ N/	Ά
DED RETENTION \$	1					\$ n/	'A
WORKERS COMPENSATION						WC STATU- OTH- TORY LIMITS ER \$ №/	' h
AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE			NT / 70	NI / A	N / A	TORY LIMITS ER \$ N/ E.L. EACH ACCIDENT \$ N/	
OFFICER/MEMBER EXCLUDED?	N/A		N/A	N/A	N/A	E.L. DISEASE - EA EMPLOYEE \$ N/	
If yes, describe under							
DESCRIPTION OF OPERATIONS below OTHER	1				:	E.L. DISEASE - POLICY LIMIT \$ N/	
Medical Prof. Liability Retro Date: 05/20/2011			GAMS115790	06/05/2013	06/05/2014	Each Med. Incident: Sha Aggregate Limit: N/A	red Primary
: DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach	ACORD 101.	Additional Remarks Sci	: hedule, if more space is	: required)	:	
		,		,			
CERTIFICATE HOLDER				CANCELLATION	J		
				SHOULD ANY	OF THE ABOVE I	DESCRIBED POLICIES BE CANCEL	LED BEFORE
						OF, NOTICE WILL BE DELIVERED	IN
				ACCORDANCE	: WITH THE POLI	CY PROVISIONS.	
				AUTHORIZED REPR	ESENTATIVE		
				Λ	2 1/2		
			Donovau M. Weg				



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

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certificate holder in lieu of such endorsen	nent(s).							
PRODUCER			CONTACT NAME:					
Anthun I Callaghen Bigh Manageme	nt Commi	ros The	PHONE FAX					
Arthur J. Gallagher Risk Manageme 12621 Featherwood Dr., Suite 300	iic servic	ses, inc.	(A/C, NO, EXT): (A/C, No):					
Houston, TX 77034			ADDRESS:					
			ı	INSURER(S) AFFO	RDING COVERAGE	NAIC #		
			COMPANY A: Ap	11598				
INSURED			COMPANY B:					
Julia Ward, M.D.			COMPANY C:					
Apt. 701			COMPANY D:					
910 Houston Street			COMPANY E:					
Fort Worth, TX 76102-6224			COMPANY F:					
COVERAGES	CERT	FICATE NUMBER			REVISION NUMBER:			
THIS IS TO CERTIFY THAT THE POLICIES OF				D TO THE INSI		E POLICY PERIOD		
INDICATED. NOTWITHSTANDING ANY REQU								
CERTIFICATE MAY BE ISSUED OR MAY PER EXCLUSIONS AND CONDITIONS OF SUCH PO	RTAIN, THE	INSURANCE AFFOR	RDED BY THE PO	LICIES DESCRI	BED HEREIN IS SUBJECT TO			
INSR TYPE OF INSUPANCE	ADDL SUBR INSR 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	N/A		
CLAIMS MADE OCCUR		N/A	N/A	N/A		N/A		
					PERSONAL & ADV INJURY \$	N/A		
					GENERAL AGGREGATE \$	N/A		
GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG \$	N/A		
PRO- POLICY JECT LOC						N/A		
AUTOMOBILE LIABILITY		N/A	n/A		COMBINED SINGLE LIMIT (Ea accident)	N/A		
ANY AUTO				N/A	farandaran arang fara P	N/A		
ALL OWNED SCHEDULED						N/A		
AUTOS AUTOS NON-OWNED					BODILY INJURY (Per accident) \$ PROPERTY DAMAGE	N/A		
HIRED AUTOS AUTOS					(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					WC STATU- OTH-			
AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE		1-		,-		N/A		
OFFICER/MEMBER EXCLUDED?	N/A	N/A	N/A	N/A		N/A		
(Mandatory in NH) If yes, describe under					E.L. DISEASE – EA EMPLOYEE \$	N/A		
DÉSCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT \$	N/A		
OTHER Modical Prof. Liability					Each Med. Incident: S	hared Primary		
Medical Prof. Liability Retro Date: 02/12/2013		GAMS115790	06/05/2013	06/05/2014	Aggregate Limit: N/A			
10010 2000: 02,12,2010								
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (A	ttach ACORD 1	01, Additional Remarks Scl	hedule, if more space is	required)				
CERTIFICATE HOLDER			CANCELLATION	N .				
					DESCRIBED POLICIES BE CANO			
					OF, NOTICE WILL BE DELIVER CY PROVISIONS.	ED IN		
			ACCORDANCE	. WITH THE PULI	OT PROVISIONS.			

AUTHORIZED REPRESENTATIVE



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

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	tificate holder in lieu of such endorsei	ment	(s).		,					
PRO	DUCER				CONTACT NAME:					
Art	hur J. Gallagher Risk Manageme	ent :	Servic	es. Inc.	PHONE FAX (A/C, NO, EXT): (A/C, No):					
12621 Featherwood Dr., Suite 300					Ē-MAIL					
Houston, TX 77034					ADDRESS:					
							PRDING COVERAGE	NAIC#		
					Inc	рігеа меаісо	o-Legal Solutions RRG	11598		
INSU	JRED				COMPANY B:					
Bre	ent Weinberg, M.D.				COMPANY C:					
Apt	. 701				COMPANY D:					
	Houston Street				COMPANY E:					
FOI	t Worth, TX 76102-6224				COMPANY F:					
СО	VERAGES		CERTI	FICATE NUMBER			REVISION NUMBER:			
THI	S IS TO CERTIFY THAT THE POLICIES O	F INS	URANC	E LISTED BELOW H	HAVE BEEN ISSUE	D TO THE INSU	JRED NAMED ABOVE FOR THE	POLICY PERIOD		
	ICATED. NOTWITHSTANDING ANY REQU									
	RTIFICATE MAY BE ISSUED OR MAY PE CLUSIONS AND CONDITIONS OF SUCH PO							LL THE TERMS,		
INSR	TYPE OF INSURANCE		SUBR	IS SHOWIN WAT HA	POLICY EFF	POLICY EXP				
LTR		INSR	WVD :	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS			
	GENERAL LIABILITY						EACH OCCURRENCE \$ N	/A		
	COMMERCIAL GENERAL LIABILITY						PREMISES (Ea occurrence) \$ N	/A		
	CLAIMS MADE OCCUR			N/A	N/A	N/A	MED EXP (Any one person) \$ N	/A		
				N/A	N/A	N/A	PERSONAL & ADV INJURY \$ N	/A		
							GENERAL AGGREGATE \$ N	/A		
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ N	/A		
	PRO- POLICY JECT LOC						\$ и	/A		
	AUTOMOBILE LIABILITY			N/A	N/A	N/A	COMBINED SINGLE LIMIT (Ea accident) \$ N	/A		
	ANY AUTO						BODILY INJURY (Per person) \$ N	/A		
	ALL OWNED SCHEDULED						BODILY INJURY (Per accident) \$ N	· ·/Δ		
	AUTOS AUTOS NON-OWNED						PROPERTY DAMAGE			
	HIRED AUTOS AUTOS						(Per accident) \$ N			
		<u> </u>					\$ 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 Y/N						WC STATU- OTH- TORY LIMITS ER \$ N	/A		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A	N/A	N/A	N/A	N/A	E.L. EACH ACCIDENT \$ N	/A		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	INIA		·		ĺ	E.L. DISEASE - EA EMPLOYEE \$ N	/A		
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$ N	/A		
	OTHER						Each Med. Incident: Sh			
	Medical Prof. Liability			GAMS115790	06/05/2013	06/05/2014	Aggregate Limit: N/A	_		
	Retro Date: 12/21/2011									
DESC	: CRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (: Attach	ACORD 10	01. Additional Remarks Sci	: hedule. if more space is	: reauired)	:			
5200	yan nen er er elektroner 2007 (hener 12 mezze)	, illuon	, tookb it	or, radicional Homarko Col	nodalo, il moro opaco lo	roquirou				
CEI	RTIFICATE HOLDER				CANCELLATION	l				
					SHOTILD VIIA	OF THE ABOVE I	DESCRIBED POLICIES BE CANCE	I I ED BEEORE		
							OF, NOTICE WILL BE DELIVERED			
					ACCORDANCE	WITH THE POLI	CY PROVISIONS.			
					AUTHORIZED REPR	ESENTATIVE				
							_			
					1)onmen	M. Weg				
					10-1	· • /				



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.

certificate floider in fleu of Such endorse	menu	S).					
PRODUCER			CONTACT NAME:				
Arthur J. Gallagher Risk Managem	ent S	Services, Inc.	PHONE FAX (A/C, NO, EXT): (A/C, No):				
12621 Featherwood Dr., Suite 300		,	E-MAIL				
Houston, TX 77034			ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC #				
				. , ,	o-Legal Solutions RRG	11598	
			Inc				
INSURED			COMPANY B:				
Eric Weissmann, 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:	L	
THIS IS TO CERTIFY THAT THE POLICIES OF INDICATED. NOTWITHSTANDING ANY REQUESTIFICATE MAY BE ISSUED OR MAY PROCEED ON THE SECULUSIONS AND CONDITIONS OF SUCH PROCEED OF SUCH PROCEDURE.	UIREM ERTAIN OLICIE	IENT, TERM OR CONDITION N, THE INSURANCE AFFOR S. LIMITS SHOWN MAY HAV	N OF ANY CONTR RDED BY THE PO VE BEEN REDUCE	RACT OR OTHE PLICIES DESCRI D BY PAID CLAI	R DOCUMENT WITH RESPECT T BED HEREIN IS SUBJECT TO AL	TO WHICH THIS	
INSR TYPE OF INSURANCE LTR	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					MED EXP (Any one person) \$ N/	A	
		N/A	N/A	N/A	PERSONAL & ADV INJURY \$ N/	A	
					GENERAL AGGREGATE \$ N/	A	
GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG \$ N/	A	
PRO- POLICY JECT LOC					\$ n/	Α	
AUTOMOBILE LIABILITY			N/A		COMBINED SINGLE LIMIT . N/		
and the second second					(Ea accident) \$ N/ BODILY INJURY (Per person) \$ N/		
ANY AUTO ALL OWNED SCHEDULED		N/A		N/A			
AUTOS AUTOS NON-OWNED		,		ŕ	BODILY INJURY (Per accident) \$ N/	A	
HIRED AUTOS AUTOS					(Per accident) \$ N/	A	
					\$ n/	A	
UMBRELLA LIAB OCCUR					EACH OCCURRENCE \$ N/	A	
EXCESS LIAB CLAIMS MAD	.	N/A	N/A	N/A	AGGREGATE \$ ท/	A	
DED RETENTION \$					\$ и/	A	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N					WC STATU- OTH- TORY LIMITS ER \$ N/	A	
ANY PROPRIETOR/PARTNER/EXECUTIVE		N/A	N/A	N/A	E.L. EACH ACCIDENT \$ N/	A	
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A	, i	ŕ	,	E.L. DISEASE - EA EMPLOYEE \$ N/	A	
If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT \$ N/	A	
OTHER					Each Med. Incident: Sha		
Medical Prof. Liability Retro Date: 05/16/2012		GAMS115790	06/05/2013	06/05/2014			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES	(Attach	: : ACORD 101, Additional Remarks ScI	: hedule, if more space is	required)	:		
	(,			,,			
CERTIFICATE HOLDER			CANCELLATION	J			
			SHOULD ANY	OF THE ABOVE I	DESCRIBED POLICIES BE CANCEL	LED BEFORE	
					OF, NOTICE WILL BE DELIVERED	IN	
			ACCORDANCE	. WITH THE POLI	CY PROVISIONS.		
			AUTHORIZED REPR	RESENTATIVE			
			Λ	A 1/2.			
			Donovau	M. Wegi			



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

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certificate floider in fleu of such endorse	menus	5).					
PRODUCER			CONTACT NAME:				
Arthur J. Gallagher Risk Managem	ent S	ervices Inc	PHONE FAX (A/C, NO, EXT): (A/C, No):				
12621 Featherwood Dr., Suite 300	OO D	2141305, 1113.	E-MAIL				
Houston, TX 77034			ADDRESS:				
			INSURER(S) AFFORDING COVERAGE COMPANY A: Applied Medico-Legal Solutions RRG 11			NAIC# 11598	
			Inc	pried Medico	5-Legal Solutions RRG	11396	
INSURED			COMPANY B:				
Hugh White M.D.							
Hugh White, M.D. Apt. 701			COMPANY C:				
910 Houston Street			COMPANY D:				
Fort Worth, TX 76102-6224			COMPANY E:				
			COMPANY F:				
COVERAGES		CERTIFICATE NUMBER	:		REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES OF INDICATED. NOTWITHSTANDING ANY REQUESTIFICATE MAY BE ISSUED OR MAY PREXCLUSIONS AND CONDITIONS OF SUCH POLICIES.	JIREME ERTAIN OLICIES	ENT, TERM OR CONDITIOI I, THE INSURANCE AFFOR S. LIMITS SHOWN MAY HAV	N OF ANY CONTR RDED BY THE PO /E BEEN REDUCE	RACT OR OTHE PLICIES DESCRI D BY PAID CLAI	R DOCUMENT WITH RESPECT T BED HEREIN IS SUBJECT TO AL	TO WHICH THIS	
INSR TYPE OF INSURANCE LTR	ADDL S		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
GENERAL LIABILITY			(EACH OCCURRENCE \$ 11/	 A	
COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ N/		
CLAIMS MADE OCCUR		/-	1-	4-	MED EXP (Any one person) \$ N/	A	
		N/A	N/A	N/A	PERSONAL & ADV INJURY \$ N/	A	
	1 1				GENERAL AGGREGATE \$ N/	A	
GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG \$ N/	A	
PRO-					\$ N/	λ	
POLICY JECT LOC					COMBINED SINGLE LIMIT . N/		
AUTOMOBILE LIABILITY					(Ea accident)		
ANY AUTO ALL OWNED SCHEDULED		27 / 7	N/A	27./2	BODILY INJURY (Per person) \$ Ŋ/	Α	
AUTOS AUTOS		N/A		N/A	BODILY INJURY (Per accident) \$ Ŋ/	Α	
NON-OWNED HIRED AUTOS AUTOS					PROPERTY DAMAGE (Per accident) \$ N/	A	
					\$ n/	A	
LIMPRELLA LIAR OCCUR					EACH OCCURRENCE \$ N/	7	
UMBRELLA LIAB OCCUR		N/A	N/A	N/A			
EXCESS LIAB CLAIMS MADE					:		
DED RETENTION \$ WORKERS COMPENSATION					WC STATU- OTH-	A	
AND EMPLOYERS' LIABILITY Y/N					TORY LIMITS ER \$ N/	A	
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		N/A	N/A	N/A	E.L. EACH ACCIDENT \$ N/	A	
(Mandatory in NH)					E.L. DISEASE – EA EMPLOYEE \$ N/	Α	
If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT \$ N/	A	
OTHER Medical Prof. Liability		GAMS115790	06/05/2013	06/05/2014	Each Med. Incident: Sha Aggregate Limit: N/A	red Primary	
Retro Date: 03/05/2010		GANDII 3790	00/03/2013	06/05/2014			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES	(Attach A	CORD 101 Additional Pagarla Sal	edule if more enace in	: required)	<u> </u>		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES	(Allacii A	CORD TO I, Additional Remarks Sci	ledule, il filore space is	required)			
CERTIFICATE HOLDER			CANCELLATION	J		-	
·		I					
					DESCRIBED POLICIES BE CANCEL :OF, NOTICE WILL BE DELIVERED		
					CY PROVISIONS.		
			AUTHORIZED REPR				
			No constant	M. Wegs			
			narman	ri. wy			



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.

PRODUCER			CONTACT				
			NAME: PHONE FAX				
Arthur J. Gallagher Risk Manageme 12621 Featherwood Dr., Suite 300	ent s	ervices, inc.	(A/C, NO, EXT): (A/C, No):				
Houston, TX 77034		ADDRESS:			T		
·					ORDING COVERAGE	NAIC#	
			COMPANY A: Ap	plied Medico	o-Legal Solutions RRG	11598	
INSURED							
Phil Westless M. P.			COMPANY B:				
Phil Wortley, M.D. Apt. 701			COMPANY C:				
910 Houston Street			COMPANY D:				
Fort Worth, TX 76102-6224			COMPANY E:				
			COMPANY F:				
COVERAGES		CERTIFICATE NUMBER			REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES O INDICATED. NOTWITHSTANDING ANY REQUCERTIFICATE MAY BE ISSUED OR MAY PEEXCLUSIONS AND CONDITIONS OF SUCH POLICIES.	JIREMI RTAIN OLICIES	ENT, TERM OR CONDITION I, THE INSURANCE AFFOR S. LIMITS SHOWN MAY HAY	N OF ANY CONTR RDED BY THE PO VE BEEN REDUCE	RACT OR OTHE DLICIES DESCRI	R DOCUMENT WITH RESPECT T BED HEREIN IS SUBJECT TO AL	TO WHICH THIS	
INSR TYPE OF INSURANCE LTR	ADDL S		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS		
GENERAL LIABILITY					EACH OCCURRENCE \$ N/.	A	
COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ N/	A	
CLAIMS MADE OCCUR			4-	4-	MED EXP (Any one person) \$ N/	A	
		N/A	N/A	N/A	PERSONAL & ADV INJURY \$ N/	A	
	1				GENERAL AGGREGATE \$ N/	A	
GEN'L AGGREGATE LIMIT APPLIES PER:]				PRODUCTS - COMP/OP AGG \$ N/	A	
PRO- POLICY JECT LOC					\$ N/	Δ	
AUTOMOBILE LIABILITY			n/A		COMBINED SINGLE LIMIT . N/		
and the second second					(Ea accident) \$ N/ BODILY INJURY (Per person) \$ N/		
ANY AUTO ALL OWNED SCHEDULED		N/A		n/A			
AUTOS AUTOS NON-OWNED		,			BODILY INJURY (Per accident) \$ N/	A	
HIRED AUTOS AUTOS					(Per accident) \$ N/	A	
					\$ и/	A	
UMBRELLA LIAB OCCUR					EACH OCCURRENCE \$ N/	A	
EXCESS LIAB CLAIMS MADE		N/A	N/A	N/A	AGGREGATE \$ N/	A	
DED RETENTION \$					\$ и/	A	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N					WC STATU- OTH- TORY LIMITS ER \$ N/	λ	
ANY PROPRIETOR/PARTNER/EXECUTIVE		A\N	N/A	N/A	E.L. EACH ACCIDENT \$ N/		
OFFICER/MEMBER EXCLUDED?	N/A	N/A			E.L. DISEASE - EA EMPLOYEE \$ N/		
If yes, describe under							
DESCRIPTION OF OPERATIONS below OTHER					E.L. DISEASE - POLICY LIMIT \$ N/		
Medical Prof. Liability Retro Date: 06/10/2010		GAMS115790	06/05/2013	06/05/2014	Each Med. Incident: Sha Aggregate Limit: N/A	red Primary	
ESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach A	: ACORD 101, Additional Remarks Sci	: hedule, if more space is	required)	:		
	,,			,,			
CERTIFICATE HOLDER			CANCELLATION	N .			
			SHOULD ANY	OF THE ABOVE	DESCRIBED POLICIES BE CANCEL	LED BEFORE	
			THE EXPIRATION	ON DATE THERE	OF, NOTICE WILL BE DELIVERED		
			ACCORDANCE	WITH THE POLI	CY PROVISIONS.		
			AUTHORIZED REPR	RESENTATIVE			
			Donovay R. Weg				
				· • /\			