

ACORD™

# CERTIFICATE OF LIABILITY INSURANCE

 Date  
(MM/DD/YY)  
8/2/2016

## PRODUCER

 AANA Insurance Services  
 116 S. Prospect Avenue  
 Park Ridge, IL 60068  
 Diane M. Keegan  
 Phone 800-343-1368  
 No.

Fax No. 800-547-2220

 THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION  
 ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE  
 HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR  
 ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

## COMPANIES AFFORDING COVERAGE

COMPANY A The Medical Protective Company

COMPANY B

COMPANY C

COMPANY D

## INSURED STAMANI

 Andi Nichole Stamper  
 Rice Anesthesia, LLC  
 8 Queensland Ct.  
 Durham, NC 27712

## COVERAGES

 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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
	<b>GENERAL LIABILITY</b>				BODILY INJURY OCC	\$
	<input type="checkbox"/> COMPREHENSIVE FORM				BODILY INJURY AGG	\$
	<input type="checkbox"/> PREMISES/OPERATIONS				PROPERTY DAMAGE OCC	\$
	<input type="checkbox"/> UNDERGROUND EXPLOSION & COLLAPSE HAZARD				PROPERTY DAMAGE AGG	\$
	<input type="checkbox"/> PRODUCTS/COMPLETED OPER				BI & PD COMBINED OCC	\$
	<input type="checkbox"/> CONTRACTUAL				BI & PD COMBINED AGG	\$
	<input type="checkbox"/> INDEPENDENT CONTRACTORS				PERSONAL INJURY AGG	\$
	<input type="checkbox"/> BROAD FORM PROPERTY DAMAGE					
	<input type="checkbox"/> PERSONAL INJURY					
	<b>AUTOMOBILE LIABILITY</b>				BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> ALL OWNED AUTOS (Private Pass)				PROPERTY DAMAGE	\$
	<input type="checkbox"/> ALL OWNED AUTOS (Other than Private Passenger)				BODILY INJURY & PROPERTY DAMAGE COMBINED	\$
	<input type="checkbox"/> HIRED AUTOS					
	<b>EXCESS LIABILITY</b>				EACH OCCURRENCE	\$
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE	\$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM					\$
	<b>WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY</b>				WC STATU- TORY LIMITS	OTH- ER
	<input type="checkbox"/> THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE:				EL EACH ACCIDENT	\$
	<input type="checkbox"/> INCL				EL DISEASE - POLICY LIMIT	\$
	<input type="checkbox"/> EXCL				EL DISEASE - EA EMPLOYEE	\$
A	<b>OTHER</b> Professional Liability	B06693	8/27/2016	8/27/2017	Occurrence	\$ See below
					Aggregate	\$ See below

## DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

 Insured: Andi Nichole Stamper; CRNA; Full-Time  
 Limits: NC-\$1,000,000/\$3,000,000;  
 Sep.Limits: N; Occurrence;

## CERTIFICATE HOLDER

 Andi Nichole Stamper  
 Rice Anesthesia, LLC  
 8 Queensland Ct.  
 Durham, NC 27712

## CANCELLATION

 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE  
 EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL  
 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT,  
 BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY  
 OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES

AUTHORIZED REPRESENTATIVE

