

PRODUCER

AANA Insurance Services
116 S. Prospect Avenue
Park Ridge, IL 60068
Diane M. Keegan
Phone 800-343-1368
Fax No. 800-547-2220

INSURED STAMAN1

Andi Nichole Stamper
Rice Anesthesia, LLC / Rice Solutions. LLC
33 Station Court, Apt 206
Greenville, SC 29601

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

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.

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		
	GENERAL LIABILITY						BODILY INJURY OCC		\$		
	<input type="checkbox"/>	COMPREHENSIVE FORM					BODILY INJURY AGG		\$		
	<input type="checkbox"/>	PREMISIES/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									
		AUTOMOBILE LIABILITY									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									
<input type="checkbox"/>		NON-OWNED AUTOS									
<input type="checkbox"/>		GARAGE LIABILITY									
	EXCESS LIABILITY						EACH OCCURRENCE		\$		
	<input type="checkbox"/>	UMBRELLA FORM					AGGREGATE		\$		
	<input type="checkbox"/>	OTHER THAN UMBRELLA FORM							\$		
	WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY						<input type="checkbox"/>	WC STATU-TORY LIMITS	<input type="checkbox"/>	OTH-ER	
	THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL						EL EACH ACCIDENT		\$		
							EL DISEASE – POLICY LIMIT		\$		
									EL DISEASE – EA EMPLOYEE		\$
A	OTHER Professional Liability		B06693	8/27/2017	8/27/2018	Occurrence \$ See below Aggregate \$ See below					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

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

CERTIFICATE HOLDER

Andi Nichole Stamper
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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

