

PRODUCER

AANA Insurance Services
116 S. Prospect Avenue
Park Ridge, IL 60068
Diane M. Keegan
Phone 800-343-1368
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 STAMAN1

Andi Nichole Stamper
Rice Solutions. LLC
200 Meeting Place
Greenville, SC 29601

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 STATUTORY LIMITS | <input type="checkbox"/> | OTHER | |
| | 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 | 8/27/2018 | 8/27/2019 | Occurrence \$ See below Aggregate \$ See below | | | | | |

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

Insured: Andi Nichole Stamper; CRNA; Moonlighting (Over 1000 Hours)
Limits: NC, SC-\$1,000,000/\$3,000,000;
Sep.Limits: N; Occurrence;

CERTIFICATE HOLDER

Andi Nichole Stamper
Rice Solutions. LLC
200 Meeting Place
Greenville, SC 29601

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

