

ACORD™ CERTIFICATE OF LIABILITY INSURANCEDATE (MM/DD/YY)
07/19/19

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|---|--|---|--|
| PRODUCER AANA Insurance Services 116 S. Prospect Avenue Park Ridge, IL 60068 AANA Insurance Services | | Phone: 800-343-1368 Fax: 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 | |
| INSURED Andi Nichole Stamper Rice Solutions. LLC 200 Meeting Place Greenville, SC 29601 | | COMPANY b | |
| | | COMPANY c | |
| | | COMPANY d | |

COVERAGES

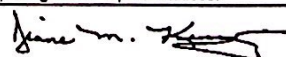
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD indicated, notwithstanding any requirement, term or condition of any contract or other document with respect to which this CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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.

| CO LTR | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS | |
|----------|--|---------------|----------------------------------|-----------------------------------|--|------------------|
| | GENERAL LIABILITY | | | | | |
| | <input type="checkbox"/> COMPREHENSIVE FORM | | | | BODILY INJURY OCC | \$ |
| | <input type="checkbox"/> PREMISES/OPERATIONS | | | | BODILY INJURY AGG | \$ |
| | <input type="checkbox"/> UNDERGROUND EXPLOSION & COLLAPSE HAZARD | | | | PROPERTY DAMAGE OCC | \$ |
| | <input type="checkbox"/> PRODUCTS/COMPLETED OPER | | | | PROPERTY DAMAGE AGG | \$ |
| | <input type="checkbox"/> CONTRACTUAL | | | | BI & PD COMBINED OCC | \$ |
| | <input type="checkbox"/> INDEPENDENT CONTRACTORS | | | | BI & PD COMBINED AGG | \$ |
| | <input type="checkbox"/> BROAD FORM PROPERTY DAMAGE | | | | PERSONAL INJURY AGG | \$ |
| | <input type="checkbox"/> PERSONAL INJURY | | | | | |
| | AUTOMOBILE LIABILITY | | | | | |
| | <input type="checkbox"/> ANY AUTO | | | | BODILY INJURY (PER PERSON) | \$ |
| | <input type="checkbox"/> ALL OWNED AUTOS (Private Pass) | | | | BODILY INJURY (PER ACCIDENT) | \$ |
| | <input type="checkbox"/> ALL OWNED AUTOS (Other than Private Passenger) | | | | PROPERTY DAMAGE | \$ |
| | <input type="checkbox"/> HIRED AUTOS | | | | BODILY INJURY & PROPERTY DAMAGE COMBINED | \$ |
| | <input type="checkbox"/> NON-OWNED AUTOS | | | | | |
| | <input type="checkbox"/> GARAGE LIABILITY | | | | | |
| | EXCESS LIABILITY | | | | | |
| | <input type="checkbox"/> UMBRELLA FORM | | | | EACH OCCURRENCE | \$ |
| | <input type="checkbox"/> OTHER THAN UMBRELLA FORM | | | | AGGREGATE | \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | |
| | THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL | | | | WC STATU- TORY LIMITS | OTH- ER |
| | | | | | EL EACH ACCIDENT | \$ |
| | | | | | EL DISEASE - POLICY LIMIT | \$ |
| | | | | | EL DISEASE - EA EMPLOYEE | \$ |
| A | Professional Liability | B06693 | 08/27/19 | 08/27/20 | Occurrence | See below |
| | | | | | Aggregate | |

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**CANCELLATION**

| | |
|---|---|
| WAKEEN1 Wake Endoscopy Center 2601 Lake Drive Raleigh, NC 27607 | Should any of the above described policies be cancelled before the EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL <u>10</u> 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  |