

PRODUCER  AANA Insurance Services 116 S. Prospect Avenue Park Ridge, IL 60068 Diane M. Keegan Phone No. 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.	
	<b>COMPANIES AFFORDING COVERAGE</b>	
	COMPANY <b>A</b>	CNA, American Casualty Company
	COMPANY <b>B</b>	
INSURED FRISCH2  Charles Anton Frisch 1021 Dakota Avenue Alliance, NE 69301-2334	COMPANY <b>C</b>	
	COMPANY <b>D</b>	

**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>				<table border="1"> <tr><td><input type="checkbox"/> BODILY INJURY OCC</td><td>\$</td></tr> <tr><td><input type="checkbox"/> BODILY INJURY AGG</td><td>\$</td></tr> <tr><td><input type="checkbox"/> PROPERTY DAMAGE OCC</td><td>\$</td></tr> <tr><td><input type="checkbox"/> PROPERTY DAMAGE AGG</td><td>\$</td></tr> <tr><td><input type="checkbox"/> BI &amp; PD COMBINED OCC</td><td>\$</td></tr> <tr><td><input type="checkbox"/> BI &amp; PD COMBINED AGG</td><td>\$</td></tr> <tr><td><input type="checkbox"/> PERSONAL INJURY AGG</td><td>\$</td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>	<input type="checkbox"/> BODILY INJURY OCC	\$	<input type="checkbox"/> BODILY INJURY AGG	\$	<input type="checkbox"/> PROPERTY DAMAGE OCC	\$	<input type="checkbox"/> PROPERTY DAMAGE AGG	\$	<input type="checkbox"/> BI & PD COMBINED OCC	\$	<input type="checkbox"/> BI & PD COMBINED AGG	\$	<input type="checkbox"/> PERSONAL INJURY AGG	\$				
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	<b>WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY</b>				<table border="1"> <tr> <td>                             THE PROPRIETOR/                              PARTNERS/EXECUTIVE                              OFFICERS ARE:                         </td> <td> <input type="checkbox"/> INCL  <input type="checkbox"/> EXCL                         </td> <td> <table border="1"> <tr> <th>WC STATU- TORY LIMITS</th> <th>OTH- ER</th> <th></th> </tr> <tr><td>EL EACH ACCIDENT</td><td></td><td>\$</td></tr> <tr><td>EL DISEASE - POLICY LIMIT</td><td></td><td>\$</td></tr> <tr><td>EL DISEASE - EA EMPLOYEE</td><td></td><td>\$</td></tr> </table> </td> </tr> </table>	THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE:	<input type="checkbox"/> INCL <input type="checkbox"/> EXCL	<table border="1"> <tr> <th>WC STATU- TORY LIMITS</th> <th>OTH- ER</th> <th></th> </tr> <tr><td>EL EACH ACCIDENT</td><td></td><td>\$</td></tr> <tr><td>EL DISEASE - POLICY LIMIT</td><td></td><td>\$</td></tr> <tr><td>EL DISEASE - EA EMPLOYEE</td><td></td><td>\$</td></tr> </table>	WC STATU- TORY LIMITS	OTH- ER		EL EACH ACCIDENT		\$	EL DISEASE - POLICY LIMIT		\$	EL DISEASE - EA EMPLOYEE		\$			
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A	<b>OTHER</b> Professional Liability	270736331	11/6/2014	11/6/2015	Occurrence \$ See below Aggregate \$ See below																		

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS  
 Insured: Charles Anton Frisch; CRNA; Full-Time  
 Limits: KS-\$200,000/\$600,000; NE-\$500,000/\$1,000,000;  
 Retro: 11/6/2003; Claims Made;

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>
Charles Anton Frisch 1021 Dakota Avenue Alliance, NE 69301-2334	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 