



State Volunteer Mutual Insurance Company
Certificate of Professional Liability Insurance

This Certificate is Issued to:

METHODIST LEBONHEUR-METHODIST HC CCVS
1265 UNION AVENUE
SUITE 604 CREWS
MEMPHIS, TN 38104

Name of Insured and Policy Information:

PEDIATRIC ANESTHESIOLOGISTS PA
50 NORTH DUNLAP
MEMPHIS, TN 38103

Account Number: **901117**
Policy Number: **89-D759**
Retroactive Date: **07/01/1989**
Policy Period: **07/01/2021 To: 07/01/2022**
(12:01 A.M. standard time)

The Policy identified above by a policy number is in force on the date of this Certificate of Insurance. Insurance is afforded only with respect to those coverages for which a specific limit of liability has been entered and is subject to all the terms of the policy. This Certificate of Insurance neither affirmatively or negatively amends, extends or alters the coverage afforded under the policy, or binder identified in this document. In the event of cancellation of the policy, SVMIC will make all reasonable effort to send notice of cancellation to the Certificate Holder at the address shown, but the Company assumes no responsibility for any mistake or failure to give such notice.

Coverages	Limits of Liability	
A. Individual Professional Liability	each medical incident N/A	annual aggregate N/A
B. Practice Entity Professional Liability	each medical incident Not less than \$1,000,000	annual aggregate Not less than \$3,000,000
C. Extender Employee Professional Liability	each medical incident Not less than \$1,000,000	annual aggregate Not less than \$3,000,000
D. Office Premises Liability		annual aggregate N/A
E. Office Premises Medical Payments	each person N/A	each accident N/A

The following are covered under Coverage C. Coverage is provided only while working for the named insured.

28 Nurse Anesthetists

Christina L Feinstone, CRNA
Eff. 12/1/2018

Mutual Interests. Mutually Insured.

4366184-P472167-901117-901117

Authorized Representative: **Judy Little Barrett**

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