



Declarations Page
Allied Health Care Providers Professional Liability Insurance Policy

This Declarations Page and the policy referenced in it have been issued to the Named Insured shown below for the period indicated, subject to payment of all billed premiums by the required due date and all policy provisions. Coverage applies on an "Occurrence" basis in accordance with the policy's provisions. Please review the policy to determine how the coverage applies.

I. General Policy Information

Policy Number: 803195E

Named Insured: Courtney Blair Devlin, CRNA

Policy Period: Effective Date: 10/31/2022

Expiration Date: 10/31/2023

Primary Practice Address:

Same as Mailing

Specialty: CRNA

Mailing Address: 7147 Royal Lane

Dallas, TX 75230

Producer: Western Summit, LLC

5220 S University Drive Suite C-202

Fort Lauderdale, FL 33328

Policy Premium: \$ 3,280.00

II. Named Insured's Coverages and Limits of Coverage

Allied Health Care Provider's Professional Liability (PL)

Limits of Liability \$200,000

Each Occurrence Limit

\$600,000

General Aggregate Limit

Policy Fee \$135.00

Surplus Lines Tax \$165.63

Stamping Office Fee \$2.56

Separate Limit Entity Liability (EL) _____

Each Occurrence Limit

General Aggregate Limit

III. Form Schedule

In addition to any application or questionnaire, the forms listed below are a part of the above-referenced policy as of the policy's effective date. Contact Us for information about changes in the schedule after the policy's effective date.

Christopher Madio

Texas SL License 20573425

Form Number

Form Name

Date Issued: 10/20/2022

In Witness Whereof:

Michael Boguski, CPCU
President

Kathryn A. Neville, J.D., CPCU
Secretary