



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
1/30/2023

**THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.**

**IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).**

| <b>PRODUCER</b><br>Commercial Lines - 305-443-4886<br><br>USI Insurance Services LLC<br>201 Alhambra Circle, Suite 1205<br>Coral Gables, FL 33134 | <b>CONTACT NAME:</b> Dewin Molina<br><b>PHONE (A/C, No, Ext):</b> _____ <b>FAX (A/C, No):</b> _____<br><b>E-MAIL ADDRESS:</b> dewin.molina@usi.com<br><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td><b>INSURER A:</b> Aspen Specialty Insurance Co</td> <td style="text-align: center;">10717</td> </tr> <tr> <td><b>INSURER B:</b></td> <td></td> </tr> <tr> <td><b>INSURER C:</b></td> <td></td> </tr> <tr> <td><b>INSURER D:</b></td> <td></td> </tr> <tr> <td><b>INSURER E:</b></td> <td></td> </tr> <tr> <td><b>INSURER F:</b></td> <td></td> </tr> </table> | INSURER(S) AFFORDING COVERAGE | NAIC # | <b>INSURER A:</b> Aspen Specialty Insurance Co | 10717 | <b>INSURER B:</b> |  | <b>INSURER C:</b> |  | <b>INSURER D:</b> |  | <b>INSURER E:</b> |  | <b>INSURER F:</b> |  |
|---|---|-------------------------------|--------|--|-------|-------------------|--|-------------------|--|-------------------|--|-------------------|--|-------------------|--|
| INSURER(S) AFFORDING COVERAGE   | NAIC #  |                               |        |  |       |                   |  |                   |  |                   |  |                   |  |                   |  |
| <b>INSURER A:</b> Aspen Specialty Insurance Co  | 10717   |                               |        |  |       |                   |  |                   |  |                   |  |                   |  |                   |  |
| <b>INSURER B:</b>   |   |                               |        |  |       |                   |  |                   |  |                   |  |                   |  |                   |  |
| <b>INSURER C:</b>   |   |                               |        |  |       |                   |  |                   |  |                   |  |                   |  |                   |  |
| <b>INSURER D:</b>   |   |                               |        |  |       |                   |  |                   |  |                   |  |                   |  |                   |  |
| <b>INSURER E:</b>   |   |                               |        |  |       |                   |  |                   |  |                   |  |                   |  |                   |  |
| <b>INSURER F:</b>   |   |                               |        |  |       |                   |  |                   |  |                   |  |                   |  |                   |  |
| <b>INSURED</b><br>All Star Recruiting Locums LLC<br>800 Fairway Drive<br>Suite 300<br>Deerfield Beach FL 33441                                    |   |                               |        |  |       |                   |  |                   |  |                   |  |                   |  |                   |  |

**COVERAGES** **CERTIFICATE NUMBER: 15680102** **REVISION NUMBER: See below**

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.

| INSR LTR | TYPE OF INSURANCE  | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |
|----------|--|-----------|----------|---------------|-------------------------|-------------------------|---|
| A        | <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b><br><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC<br>OTHER: _____ |           |          | MM00HPM23     | 02/9/2023               | 02/09/2024              | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000<br>MED EXP (Any one person) \$ 5,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 6,000,000<br>PRODUCTS - COMP/OP AGG \$ 1,000,000<br>\$ _____ |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY  |           |          |               |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$ _____<br>BODILY INJURY (Per person) \$ _____<br>BODILY INJURY (Per accident) \$ _____<br>PROPERTY DAMAGE (Per accident) \$ _____<br>\$ _____   |
|          | <input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br>DED _____ RETENTION \$ _____   |           |          |               |                         |                         | EACH OCCURRENCE \$ _____<br>AGGREGATE \$ _____<br>\$ _____  |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  |           | N/A      |               |                         |                         | <input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$ _____<br>E.L. DISEASE - EA EMPLOYEE \$ _____<br>E.L. DISEASE - POLICY LIMIT \$ _____  |
| A        | Professional Liability   |           |          | MM00HPM23     | 02/09/2023              | 02/09/2024              | \$1M/\$5M   |

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
 Professional Liability Limits: Each Claim \$1,000,000; Aggregate Limit: \$5,000,000  
  
 Coverage is afforded to independent contracted Physicians, Surgeons, Nurses, and Physician Assistants, solely with respects to their professional services rendered on behalf of All-Star Recruiting Locums, LLC. The retroactive date is 2/10/2011.  
  
 Provider's Name - Victoria Eads, CRNA

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| <b>CERTIFICATE HOLDER</b><br><br>Atrium Health Carolinas Medical Center<br>1000 Blythe Blvd,<br>Charlotte, NC, 28203 | <b>CANCELLATION</b><br><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE<br><br> |
|--|--|