



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/04/2019

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 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).

PRODUCER DENISE D. BARNES USI HEALTHCARE – A DIVISION OF USI SOUTHWEST, INC. 9811 KATY FREEWAY, SUITE 500 HOUSTON, TX 77024	CONTACT NAME: MARLENE EDWARDS	
	PHONE (A/C, No, Ext): 713-490-4685	FAX (A/C, No): 713-343-5025
E-MAIL ADDRESS:		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: NATIONAL FIRE & MARINE INSURANCE COMPANY		20079
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

INSURED
 LOCUMTENENS.COM, LLC
 2655 NORTHWINDS PARKWAY, STE. 300
 ALPHARETTA, GA 30009

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			N/A	N/A	N/A	EACH OCCURRENCE	\$ N/A
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ N/A
							MED EXP (Any one person)	\$ N/A
							PERSONAL & ADV INJURY	\$ N/A
							GENERAL AGGREGATE	\$ N/A
							PRODUCTS – COMP/OP AGG	\$ N/A
							EMPLOYEE BENEFITS	\$ N/A
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			N/A	N/A	N/A	COMBINED SINGLE LIMIT (Ea accident)	\$ N/A
							BODILY INJURY (Per person)	\$ N/A
							BODILY INJURY (Per accident)	\$ N/A
							PROPERTY DAMAGE (Per accident)	\$ N/A
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS MADE DED <input type="checkbox"/> RETENTION \$			N/A	N/A	N/A	EACH OCCURRENCE	\$ N/A
							AGGREGATE	\$ N/A
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under Y / N DEcription of OPERATIONS below		N/A	N/A	N/A	N/A	WC STATU-TORY LIMITS	OTH-ER
							E.L. EACH ACCIDENT	\$ N/A
							E.L. DISEASE – EA EMPLOYEE	\$ N/A
							E.L. DISEASE – POLICY LIMIT	\$ N/A
A	MEDICAL PROFESSIONAL LIABILITY – CLAIMS MADE			HN006655	07/01/2019	07/01/2020	\$1,000,000 EACH MEDICAL INCIDENT \$3,000,000 PER PROVIDER ANNUAL AGGREGATE \$21,000,000 TOTAL POLICY AGGREGATE	


DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

LIMITS INCLUDE ALL SELF-INSURED RETENTION AMOUNTS

COVERED PERSON: **VICTORIA EADS, CRNA (430260)**, ONLY WHILE WORKING FOR OR ON BEHALF OF THE NAMED INSURED.

*For Credentialing, please send this COI, your request and signed release to Western Litigation Email: Credentialing@WesternLitigation.com Phone: 713-935-2454

CERTIFICATE HOLDER**CANCELLATION**

UT HEALTH EAST TEXAS (FORMERLY EAST TEXAS MEDICAL CENTER REGIONAL HEALTHCARE SYSTEM) 1000 S BECKHAM TYLER, TX 75701	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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