



<b>CERTIFICATE OF INSURANCE</b>	Issue Date: 11/08/2017
Effective Date: 01/07/2018	<b>A Claims-Made Professional Liability Policy</b>
First Named Insured: <b>Lucie N Ngar OD</b> <b>P.O. Box 585</b> <b>Ruskin, FL 33575</b>	<b>IMPORTANT NOTICE:</b> This document is issued as a matter of information and does not confer rights to any recipient. This document is not binding, is not part of the Policy described below, and does not change or extend the coverage provided by that Policy.

Insured: <b>Lucie N Ngar OD</b>	
Specialty: <b>OPT01 - Optometry</b>	
Policy Number: <b>0912397</b>	Policy Period: <b>From: 01/07/2018 To: 01/07/2019</b>
Retroactive Date: <b>01/07/2008</b>	Departure Period: <b>From: N/A To: N/A</b>
The Insured above is: <input checked="" type="checkbox"/> A Named Insured <input type="checkbox"/> A Locum Tenens <input type="checkbox"/> An Additional Insured	Agency and Address: <b>FDA Services, Inc.</b> <b>1113 E. Tennessee Street, Suite 200</b> <b>Tallahassee, FL 32308</b> <b>(800) 877-7597</b>
<b><u>LIMITS OF LIABILITY</u></b>	
Claim Limit:	<b>\$1,000,000</b>
Aggregate Limit:	<b>\$3,000,000</b>

**CERTIFICATE HOLDER**  
**West Coast Mobile Eye Care, Inc.**  
**P. O. Box 585**  
**Ruskin, FL 33575**

- IV.** The Policy, including Endorsements, determines the coverage provided. Some Claims may not be covered by the terms of the Policy, or may be subject to restrictions such as lower Limits of Liability.
- V.** If the Policy, or coverage for any person, is canceled for any reason or if the terms of the Policy are changed, we will notify the First Named Insured (and any additional Named Insureds as required by applicable state law). Coverage is not in effect unless and until all payments are received when due.
- VI.** If a Departure Period is indicated, the Policy will not respond to Probable Claim Events arising from Professional Services Incidents or Review Incidents that take place during the designated period; however, the Policy will respond if we receive a Claim Report during this period.

- I.** Locum Tenens and Additional Insureds share Limits of Liability with the applicable Named Insured.
- II.** Individuals who occupy a "slot" share Limits of Liability with all others who occupy the same "slot" during the Policy Period.
- III.** Photocopies of this document are deemed as valid as the original.

4.0912397.3.4.5202618

AC# 7516068

STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
01/10/2017	OPC 2711	31864

The **CERTIFIED OPTOMETRIST** named below has met all requirements of the laws and rules of the state of Florida.  
Expiration Date: **FEBRUARY 28, 2019**  
**LUCIE N NGAR**  
**25 W COLLEGE AVE**  
**SUITE D**  
**RUSKIN, FL 33570-4529**

**QUALIFICATION(S):**  
**ORAL PRESCRIPTIVE AUTHORITY**



Rick Scott  
GOVERNOR



Celeste M. Philip, M.D., M.P.H.  
Surgeon General and Secretary

DISPLAY IF REQUIRED BY LAW