

# CERTIFICATE OF LIABILITY INSURANCE

DATE: 2/21/2017

PRODUCER PROFESSIONAL INSURANCE PLANS INC  
ATTN: GREG BELLAMY  
1795 ALYSHEBA WAY STE 4201  
LEXINGTON KY 40509 2489

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED CHARLES NUNEZ  
600 SOUTH FLORIDA AVE  
DELAND FL 32720

INSURERS AFFORDING COVERAGE  
INSURER A: **The Medical Protective Company**  
[www.medpro.com](http://www.medpro.com)

Specialty: OPTOMETRISTS

POLICYHOLDER

## COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR  GENERAL AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ PER CLAIM \$ FIRE DAMAGE (Any one fire) \$ MED EXPENSE (Any one person) \$ PERSON & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS-COMPIOP AGG \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Each accident) \$  BODILY INJURY (Per person) \$  BODILY INJURY (Per accident) \$  PROPERTY DAMAGE (Per accident) \$
	PROFESSIONAL LIABILITY <input checked="" type="checkbox"/> OCCURRENCE <input type="checkbox"/> CLAIMS-MADE RETRO DATE	804810	3/21/2017	3/21/2018	PER OCCURRENCE \$ 2,000,000 PER CLAIM \$ ANNUAL AGGREGATE \$ 4,000,000
	EXCESS LIABILITY <input type="checkbox"/> OCCURRENCE <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$  \$ \$
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS LIABILITY				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EA ACCIDENT \$ E.L. DISEASE-EA EMPLOYEE \$ E.L. DISEASE-POLICY LIMIT \$
	OTHER: <input type="checkbox"/> EMPLOYMENT PRACTICES LIABILITY RETRO DATE				PER CLAIM LIMIT \$ AGGREGATE LIMIT \$

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SEE POLICY FOR SPECIFIC COVERAGE INFORMATION/SPECIAL PROVISIONS

CERTIFICATE HOLDER:

CANCELLATION

THE MEDICAL PROTECTIVE COMPANY WILL NOT BE RESPONSIBLE FOR INFORMING THE CERTIFICATE HOLDER OF ANY CHANGES IN COVERAGE OR IN THE LIMITS OF LIABILITY OR IN THE EVENT OF THE TERMINATION OR CANCELLATION OF THE POLICY.

The Medical Protective Company Representative



COI 1100

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AC#7561251

STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
DIVISION OF MEDICAL QUALITY ASSURANCE

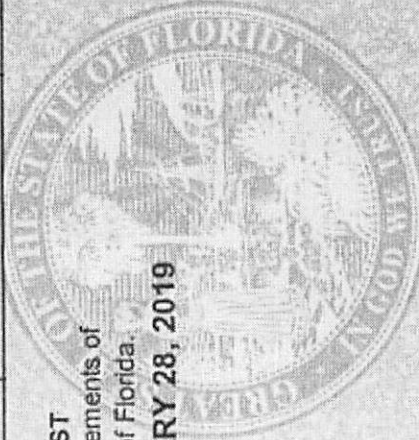
DATE	LICENSE NO.	CONTROL NO.
02/07/2017	OPC 4659	32879

**The CERTIFIED OPTOMETRIST**

named below has met all requirements of the laws and rules of the state of Florida.

Expiration Date: **FEBRUARY 28, 2019**

**CHARLES NUNEZ**  
47 ACCLAIM AT LIONSPA  
DAYTONA BEACH, FL 32124



*Rick Scott*  
Rick Scott  
GOVERNOR

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

DISPLAY IF REQUIRED BY LAW

EXPIRATIONAL DATE: FEBRUARY 28, 2019