



Certificate of Insurance

This is to certify that the Policy of Insurance listed below has been issued to the Named Insured and is in force at this time. 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 Policy described herein is subject to all terms, conditions and exclusions of said Policy.

1. Name: Tracey L. Lewis, MD.
2. Address: 11607 W. Kingfisher Ct.
Crystal River, FL 34429
3. Specialty: Ophthalmology – Major Surgery until 08/21/17 / Minor Surgery – Part Time after 08/21/17 in Nursing Homes and Retirement Facilities
4. Policy Number: PC-2018-1547
5. Policy Effective Date: 11/01/2018
6. Policy Expiration Date: 11/01/2019
7. Policy Retroactive Date: 01/01/2005
8. Limits of Liability Per Claim: \$1,000,000
9. Aggregate: \$3,000,000
10. Retro Limits of Liability: \$1,000,000/\$3,000,000
11. Exclusions: Excludes Correctional Facility or Prison Inmate Exposure
12. Type of Insurance: Claims-Made

Physicians Casualty RRG will endeavor to mail (30) days written notice to the below named Certificate Holder, but failure to mail such notice will impose NO obligation of liability of any kind upon the Company.

13. Name and Address of Certificate Holder: Same as above

14. Date Issued: 10/08/2018

Authorized Representative: Kimberly P. Masted