DATE: 2/21/2019

CERTIFICATE OF LIABILITY INSURANCE

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

INSURED CHARLES NUNEZ
600 SOUTH FLORIDA AVE
DELAND FL 32720

☐ POLICYHOLDER

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.

INSURERS AFFORDING COVERAGE

INSURER A: The Medical Protective Company
www.medpro.com
5814 Reed Road, Fort Wayne, IN 46835
NAIC number - 11843

Specialty: OPTOMETRISTS

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 ☐ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS MADE ☐ OCCUR ☐ ____ ☐ ____ GENERAL AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PROJECT ☐ LOC				EACH OCCURRENCE $ PER CLAIM $ FIRE DAMAGE (Any one fire) $ MED EXPENSE (Any one person) $ PERSON & ADV INJURY $ GENERAL AGGREGATE $ PRODUCTS-COMP/OP AGG $	
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ ALL OWNED AUTOS ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ☐ NON-OWNED AUTOS ☐ ____				COMBINED SINGLE LIMIT (Each accident) $ BODILY INJURY (Per person) $ BODILY INJURY (Per accident) $ PROPERTY DAMAGE (Per accident) $	
	PROFESSIONAL LIABILITY ☒ OCCURRENCE ☐ CLAIMS-MADE RETRO DATE:	804810	3/21/2019	3/21/2020	PER OCCURRENCE $ PER CLAIM $ ANNUAL AGGREGATE $	2,000,000 4,000,000
	EXCESS LIABILITY ☐ OCCURRENCE ☐ CLAIMS MADE ☐ DEDUCTIBLE ☐ RETENTION $				EACH OCCURRENCE $ AGGREGATE $ $ $	
	☐ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				☐ WC STATUTORY LIMITS ☐ OTHER E.L. EA ACCIDENT $ E.L. DISEASE-EA EMPLOYEE $ E.L. DISEASE-POLICY LIMIT $	
	OTHER: ☐ 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

Mark T. Walthour

COI 1100