



THE SOUTH CAROLINA STATE BUDGET AND CONTROL BOARD

OFFICE OF INSURANCE RESERVE FUND
POST OFFICE BOX 11066
COLUMBIA, SOUTH CAROLINA 29211

Phone: (803) 737-0020

| | | | | |
|-----------------------------|--------------------|-----------------------------------|---|-----------------------------|
| POLICY NUMBER P110000006 | FROM 11/01/2005 | POLICY PERIOD TO 11/01/2006 | TYPE OF INSURANCE MEDICAL PROFESSIONAL LIABILITY | DATE PRINTED 01 NOV 2005 |
|-----------------------------|--------------------|-----------------------------------|---|-----------------------------|

COVERAGE PROVIDED UNDER THIS POLICY PART IS SUBJECT TO THE FOLLOWING FORMS:
MD-33 MD-36

| | | | |
|---|--|-----------------|-------------------|
| NAMED INSURED AND ADDRESS AGENCY NAME 1 AGENCY NAME 2 AGENCY ADDRESS COLUMBIA, SC 29201 | CONTACT PERSON AND PHONE AGENCY CONTACT NAME (803)737-1234 | FORM # MD-33 | PAGE 1 OF 1 |
| | TYPE OF ACTIVITY ENDORSEMENT PHYSICIAN CERTIFICATE | | ACTIVITY # 001 |

EFFECTIVE DATE - 11/01/2005

COVERAGE - 300K/600K/1.2M

NAME AND ADDRESS OF PHYSICIAN: 0001

SMITH, JOHN J., M.D.

THIS IS TO CERTIFY THAT A POLICY HAS BEEN ISSUED TO THE ABOVE NAMED INSURED AND IS IN FORCE AT THIS TIME. THE PHYSICIAN NAMED ABOVE IS COVERED UNDER THIS POLICY WHILE ACTING WITHIN THE SCOPE OF HIS EMPLOYMENT BY THE NAMED INSURED PURSUANT TO THE S. C. TORT CLAIMS ACT. THE PHYSICIAN NAMED ABOVE IS COVERED INDIVIDUALLY ONLY IF PRACTICING IN A PRACTICE PLAN APPROVED BY THE NAMED INSURED AND FOR WHICH THE PHYSICIAN DOES NOT BILL OR COLLECT FEES DIRECTLY FROM PATIENTS AND ONLY TO THE EXTENT THAT IMMUNITY HAS NOT BEEN GRANTED BY SECTION 15-78-30(C) OF THE S. C. TORT CLAIMS ACT. IF INDIVIDUAL COVERAGE APPLIES, THE LIMITS OF LIABILITY ARE ONE MILLION TWO HUNDRED THOUSAND DOLLARS PER OCCURRENCE WITH A TWO MILLION FOUR HUNDRED THOUSAND DOLLAR ANNUAL AGGREGATE. INDIVIDUAL COVERAGE AFFORDED BY THIS ENDORSEMENT IS EXPRESSLY EXCLUDED IF INDIVIDUAL IMMUNITY HAS BEEN GRANTED BY SECTION 15-78-30(C) OF THE SOUTH CAROLINA TORT CLAIMS ACT.

NOTHING IN THIS ENDORSEMENT SHALL BE HELD TO VARY, ALTER, AMEND, WAIVE, OR EXTEND ANY OF THE TERMS, CONDITIONS, PROVISIONS, AGREEMENTS OR LIMITATIONS OF THE ABOVE IDENTIFIED POLICY, OTHER THAN AS STATED HEREIN.

LIMITS OF LIABILITY:

AS PROVIDED IN SECTION 15-78-120 OF 1976 CODE OF LAWS AS AMENDED AND SECTION 1.D OF THE POLICY ONE MILLION TWO HUNDRED THOUSAND DOLLARS PER OCCURRENCE WITH NO ANNUAL AGGREGATE; OR IF INDIVIDUAL COVERAGE APPLIES AS DESCRIBED ABOVE, ONE MILLION TWO HUNDRED THOUSAND DOLLARS PER OCCURRENCE WITH A TWO MILLION FOUR HUNDRED THOUSAND DOLLAR ANNUAL AGGREGATE.

THIS ENDORSEMENT SHOULD BE ATTACHED TO AND BECOME PART OF POLICY P110000006

NOVEMBER 1, 2005

DATE

JOHN B. TRUSSELL, CPCU

Asst. Office Director
South Carolina Office of Insurance Reserve Fund