



STATE FISCAL ACCOUNTABILITY AUTHORITY

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

Phone: (803) 737-0020

POLICY NUMBER	FROM	POLICY PERIOD	TO	TYPE OF INSURANCE	DATE PRINTED
P110000016	07/01/2015	07/01/2016		MEDICAL PROFESSIONAL LIABILITY	01 JUL 2015

COVERAGE PROVIDED UNDER THIS POLICY PART IS SUBJECT TO THE FOLLOWING FORMS:
MD-36 MD-38

NAMED INSURED AND ADDRESS	CONTACT PERSON AND PHONE	FORM #	PAGE
AGENCY NAME 1	AGENCY CONTACT NAME	MD-38	1 OF 1
AGENCY NAME 2	(803) 737-0020		
AGENCY ADDRESS	TYPE OF ACTIVITY		ACTIVITY #
CITY, ST ZIPCODE	ENDORSEMENT CERTIFICATE OF INSURANCE		002

EFFECTIVE DATE - 07/01/2015 COVERAGE - 300K/600K PER OCCUR/NO AGGREGATE

NAME AND ADDRESS OF CERTIFICATE HOLDER: 0001

THIRD PARTY NAME
THIRD PARTY ADDRESS
CITY, ST ZIPCODE

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 LISTED BELOW.

THIS IS TO CERTIFY THAT A POLICY HAS BEEN ISSUED TO THE ABOVE 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 THIS POLICY DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF THIS POLICY.

CANCELLATION: SHOULD THIS POLICY BE CANCELLED BEFORE EXPIRATION DATE THEREOF THE INSURANCE RESERVE FUND WILL ENDEAVOR TO PROVIDE 30 DAYS WRITTEN NOTICE TO ABOVE NAMED CERTIFICATE HOLDER, BUT FAILURE TO PROVIDE SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY.

COVERAGE PROVIDED FOR:	LIMIT OF LIABILITY
PHYSICIAN EMPLOYEES	\$300K/600K

THIS ENDORSEMENT SHOULD BE ATTACHED TO AND BECOME PART OF POLICY P110000016

JULY 01, 2015

DATE

ANNE MACON SMITH
Director