

CERTIFICATE OF INSURANCE

IMPORTANT NOTICE: This document has been issued as a matter of information for the Insured shown below and does not confer rights to any recipient nor does it create a contract between Positive Physicians Insurance Company and the certificate holder. This document is not binding, and is not part of the policy shown below, and does not change or alter the policy's provisions for the period indicated.

CANCELLATION: If the policy, or coverage for any insured, is cancelled for any reason or if the terms of the policy are changed, we will notify the Policyholder only.

Certificate Holder

<Name>
<Address Line 1>
<Address Line 2>
<Address Line 3>

Agency and Address

<Name>
<Address Line 1>
<Address Line 2>
<Address Line 3>

POLICY INFORMATION

Policyholder Name		Policy Number	
<input type="checkbox"/>	If checked, the above referenced Policyholder is not an insured and is not afforded coverage under this policy.		
Effective Date		Expiration Date	
		Issue Date	

INSURED INFORMATION

Name and Address		Specialty	Retroactive Date
<Name> <Address Line 1> <Address Line 2> <Address Line 3>			
Insured Type	Limits of Liability Provided		Limits of Liability Type
<input type="checkbox"/> Insured	\$	Per Claim Limit	<input type="checkbox"/> Separate Limits
<input type="checkbox"/> Locum Tenens	\$	Aggregate Limit Per Policy Period	<input type="checkbox"/> Shared Limits
Description:			

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