# PSYCHIATRISTS’ PROFESSIONAL LIABILITY INSURANCE

**Washington Certificate of Insurance**

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 provided by the insurance policy below.

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| **1. NAME AND ADDRESS OF NAMED INSURED** | |
| The policy of insurance listed below has been issued to the named insured 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 policy described herein is subject to all the terms, exclusions and conditions of such policy. Aggregate limits shown may have been reduced by paid claims. | |
| **2. COMPANY 3. POLICY NUMBER** | **4. CERTIFICATE NUMBER** |
|  | |
| **5. POLICY PERIOD** | |
| **From:**  at 12:01 A.M. Standard Time  **Retroactive Date:**  at 12:01 A.M. Standard Time | **To:**  at 12:01 A.M. Standard Time |
| **6. TYPE OF INSURANCE** | **7. COVERED SPECIALTY** |
|  | |
| **8. EFFECTIVE LIMITS OF LIABILITY COVERAGE**  **(Each Medical Incident/Each Policy Period)** | **STATE/RATING AREA OTHER STATES** |
|  | |
| **9. NAME AND ADDRESS OF CERTIFICATE HOLDER** | |
| Should the above described policy be canceled before the expiration date thereof, the Company will mail written notice to each Certificate Holder, forty-five (45) days prior to expiration of the policy (10 days notice will be given for non- payment of premium). | |
| **10. NAME AND ADDRESS OF ADMINISTRATOR** | |
| Date | |

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