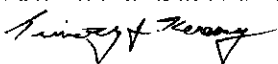
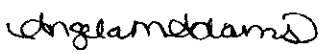


The Medical Protective Company®
A STOCK INSURANCE COMPANY
5814 Reed Road, Fort Wayne, Indiana 46835
Strength. Defense. Solutions. Since 1899.

MULTI-SPECIALTY HEALTHCARE PROFESSIONAL - CERTIFICATE

Policy Period:	2022-02-19 To: 2023-02-19 <small>at 12:01 a.m. Standard Time at the address of the First Named Insured.</small>	Certificate Number:	K70913				
Item 1(a) Named Insured:	N/A Student	Non-Insured acting in the capacity of an Administrative First Named Insured					
Sandra Lopeb Professional Services Specialty: Home Health Aide Classification: N/A		Item 1(b) Additional Insureds:					
First Named Insured Address:							
75 NW 4th PL Homestead, FL 33030		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">New Business</td> <td style="width:33%;"></td> <td style="width:33%; text-align: center;">X</td> <td style="width:33%;">Renewal Business</td> </tr> </table>		New Business		X	Renewal Business
New Business		X	Renewal Business				
COVERAGES:	POLICY TYPE*			RETROACTIVE DATE	LIMITS OF LIABILITY		
	<small>Occurrence</small>	<small>Standard Claims Made</small>	<small>Convertible Claims Made</small>		<small>Per Claim</small>	<small>Aggregate</small>	
PROFESSIONAL LIABILITY					\$1,000,000	\$6,000,000	
A. Professional Liability (PL) &					Included	Included	
B. Good Samaritan Acts					\$25,000	\$25,000	
C. Assault Upon You					\$15,000	\$15,000	
D. First Aid					\$25,000	\$100,000	
E. Medical Payments	X				\$10,000	\$10,000	
F. Deposition Fees					\$25,000	\$100,000	
- Administrative Hearing Expenses					\$25,000	\$25,000	
- Sexual Misconduct Expense					\$2,500	\$35,000	
- Loss of Earnings					\$25,000	\$25,000	
- HIPAA Proceeding Expense					\$10,000	\$10,000	
- Biomedical Waste Hearing Expense							
WORKPLACE LIABILITY					Included	Included	
A. Healthcare Professional Premises Liability &	X						
B. Personal Injury Liability					Included	Included	
<small>Workplace Liability does not apply if the General Liability Insuring Agreement is made part of your coverage.</small>							
EMPLOYMENT PRACTICES LIABILITY**							
CYBER LIABILITY							
BILLING PRACTICES & REGULATORY							
COMMERCIAL GENERAL LIABILITY							
- Each Occurrence Limit							
- Damages to Premises Rented to an Insured Business							
- Personal & Advertising Injury							
- General Aggregate Limit							
- Product Completed Operations Aggregate							
- Hired and Non-Owned Auto							
<small>General Liability does not apply if the Workplace Liability Insuring Agreement is made part of your coverage.</small>							
FORMS & ENDORSEMENTS:				Master Policy Number: MMPOC19190			
SEE POLICY FORMS & ENDORSEMENTS SCHEDULE				IN WITNESS WHEREOF, The Medical Protective Company has caused this policy to be signed by its President and Corporate Secretary (and countersigned by its duly Authorized Representative, where necessary). <div style="text-align: right;">  President </div> <div style="text-align: right;">  Secretary </div>			
				Countersignature / Authorized Representative:			
Premium: \$108.00 Surcharges: \$0.00 Taxes: \$0.00 TOTAL: \$108.00		For Service or questions, please call: CM&F Group, Inc. 1-800-221-4904					
NOTICE	*THIS POLICY CONTAINS CLAIMS-MADE COVERAGE. ** CLAIM EXPENSE IS PAID WITHIN THE LIMITS OF LIABILITY. LIMITS MAY CHANGE BY COVERAGE PROVISION OR ENDORSEMENT. PLEASE READ YOUR POLICY AND ENDORSEMENTS CAREFULLY. DISCUSS WITH YOUR INSURANCE AGENT IF NEEDED.						