



CERTIFICATE OF PROFESSIONAL LIABILITY INSURANCE

Certificate Issued to:

Chickasaw Nation Health System
Medical Support Services
1001 N. Country Club Rd.
Ada, OK 74820

Name and Address of Insured:

Matthew D Lowrance, DO
1798 Roane State Highway
Harriman, TN 37748-8305

Policy Number: OMC0014032
Retroactive Date: 06/23/2013
Policy Period: 12/01/2020 to 12/01/2021
Class: Surgery Class 3
Insured Type: Ophthalmologist

Primary Limits of Liability: ☒ **Separate** ☐ **Shared**

\$1,000,000 each Claim
\$3,000,000 aggregate

Coverage is issued on a claims-made and reported basis.

This Certificate of Insurance is issued as a matter of information only and confers no rights upon the holder. By its issuance, OMIC does not modify or extend the provisions of its policy and does not waive any of its rights thereunder. In the event this coverage is terminated, OMIC will attempt to give written notice to the party listed above to whom this Certificate is issued, but failure to give notice will impose no obligation upon OMIC. Notice of termination will be given to the Insured as provided in the policy.

Certificate Issued by:

Ophthalmic Mutual Insurance Company
655 Beach Street
San Francisco CA 94109-1336

Date: 12/31/2020

Authorized Representative