



NOTIFICATION OF TERMINATION OF PROFESSIONAL LIABILITY INSURANCE

Notification Issued to:

American Vision Partners
ATTN: Cecelia
4800 N. 22nd Street
Phoenix, AZ 85016

Name and Address of Insured:

Karim N. Jamal, MD
c/o Retinal Consultants of Arizona
P.O. Box 32530
Phoenix, AZ 85064

Policy Number: OMC0007848

Effective Date of Cancellation or Non-Renewal: 09/05/2019

This notification of termination voids and replaces all Certificates of Insurance previously issued by OMIC to the holder specified above.

Notification Issued by:

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

Date:

A handwritten signature in black ink, appearing to read "M. H. B.", written over a light blue horizontal line.

Authorized Representative