



CERTIFICATE OF PROFESSIONAL LIABILITY INSURANCE

Certificate Issued to:

Acadia Professional, LLC
55 Headquarters Plaza
West Tower, 5th Floor
Morristown, NJ 07960

Name and Address of Insured:

Laurel A. Feiner, MD
Athwal Eye Associates
14 Mule Rd
Toms River, NJ 08753

Policy Number: OMC0010711
Retroactive Date: 01/01/2005
Policy Period: 01/01/2021 to 01/01/2022
Class: No Surgery
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: 12/30/2020

Authorized Representative



CERTIFICATE OF PROFESSIONAL LIABILITY INSURANCE

Certificate Issued to:

Alice Peck Day Memorial Hospital
Attn: Medical Staff Office
125 Mascoma Street
Lebanon, NH 3766

Name and Address of Insured:

Patrick Morhun, MD
P.O. Box 2171
Lebanon, NH 03766

Policy Number: OMC0007607
Retroactive Date: 04/10/1997
Policy Period: 04/10/2020 to 04/10/2021
Class: Surgery Class 1
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: 03/06/2020

Authorized Representative