

CERTIFICATE OF INSURANCE**MAG Mutual Insurance Company**

Certificate issued to:

Richard A. Conlen, MD, LLC
660 Glades Road, Suite 240
Boca Raton, FL 33431

Name and mailing address of insured:

Richard Alexis Conlen, MD
Care Center: FL002; Richard A. Conlen, MD, LLC
660 Glades Road, Suite 240
Boca Raton, FL 33431

This is to certify that MAG Mutual Insurance Company has issued a Medical Professional Liability Policy to the insured listed above, subject to the provisions of the current policy contract and any endorsements.

Policy Number:

PSL 09110430

Effective Date:

12/01/2022

Expiration Date:

12/01/2023

Limits of Liability:

\$250,000 / \$750,000

Retroactive Date:

12/1/2017

Total Limits: (Each loss /Aggregate limit)
\$250,000 / \$750,000

This document is issued as a matter of information only and confers no rights upon the document holder. This document does not amend, extend, or alter the coverage, terms, exclusions, conditions, or other provisions afforded by the policies referenced herein.

Please inquire directly with the insured for individual restrictive endorsements that may apply. In the event of cancellation of the described policy, MAG Mutual will make reasonable effort to notify the party at whose request this certificate was issued, but MAG Mutual shall not be liable in any way for failure to give such notice.

**Ed Lynch****Authorized Representative****November 14, 2022****MAG Mutual Insurance Company****P.O. Box 52979****Atlanta, GA 30355-0979****CINS Ed. 08/16**