



Healthcare Professional Liability

LIBERTY INSURANCE UNDERWRITERS INC.

(A Stock Insurance Company, hereinafter the "Company")

55 Water Street, 18th Floor

New York, NY 10041

DECLARATIONS

Policy Number: AHY-1134896101

Renewal Of: New

SECTION I

Item

1. Named Insured: Deborah Awoniyi-Obrimah

2. Mailing Address: 2715 Sugar Harbor Lane
Katy, TX 77493

3. Policy Period: From: 05/01/2023 To: 05/01/2024
12:01 A. M. Standard Time At Location of Designated Premises

4. Business or Profession: Affiliation: 7000001- Nurses Professional Liability - AHCPGA
NP Womens Healthcare

5. The Named Insured is a(n): Partnership Corporation Individual LLC
 Sole Proprietor (with employees) Professional Association Other

This policy is made and accepted subject to the printed conditions of this policy together with the provisions, stipulations and agreements contained in the following form(s) or endorsements(s): HCPL-2037i (01/14), HCPL-2038 (11/09), HCPL-8101A (04/14)

HCPL-2037-9000-TX (11/09), HCPL-9001-TX (04/11)
ADM-OFAC-0419, HCPL-8003 (01/14),

HCPL-8320 (01/15), HCPL-8321 (01/15), HCPL-8324 (01/15), HCPL-8328 (02/15)

SECTION II

<u>Item</u>	COVERAGE	Premium
A.	Professional Liability [X]	\$681.00
B.	General Liability []	
	Terrorism Risk Insurance Act []	
C.	Endorsements []	

TOTAL: \$681.00

LIMITS OF LIABILITY

\$1,000,000 Each Incident and Each Occurrence \$6,000,000 Aggregate

SECTION III

SUPPLEMENTARY PAYMENTS

- A. First Party Assault
- B. Licensing Board Reimbursement
- C. Wage Loss and Expense
- D. Deposition Expense
- E. First Aid Reimbursement

Representative Agent: Association Member Benefits Advisors, LLC.
In CA dba Assn. Member Benefits & Insurance Agency
P.O. Box 14576
Des Moines, IA 50306-3576

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MEMORANDUM OF INSURANCE		Date Issued 04/24/2023			
Producer Association Member Benefits Advisors, LLC. In CA dba Assn. Member Benefits & Insurance Agency P.O. Box 14576 Des Moines, IA 50306-3576 1-800-375-2764		This memorandum is issued as a matter of information only and confers no rights upon the holder. This memorandum does not amend, extend or alter the coverages afforded by the Certificate listed below.			
		Company Affording Coverage Liberty Insurance Underwriters Inc.			
Insured Deborah Awoniyi-Obrimah 2715 Sugar Harbor Lane Katy, TX 77493					
<p>This is to certify that the Certificate listed below has been issued to the insured named above for the policy period indicated, notwithstanding any requirement, term or condition of any contract or other document with respect to which this memorandum may be issued or may pertain, the insurance afforded by the Certificate described herein is subject to all the terms, exclusions and conditions of such Certificate. The limits shown may have been reduced by paid claims.</p> <p>The Memorandum of Insurance and verification of payment are your evidence of coverage. No coverage is afforded unless the premium is successfully paid in full.</p>					
Type of Insurance	Certificate Number	Effective Date	Expiration Date	Limits	
Professional Liability NP/CNS SEM br NP Womens Healthcare	AHY-1134896101	05/01/2023	05/01/2024	Per Incident/ Occurrence	\$1,000,000
				Annual Aggregate	\$6,000,000
PROOF OF INSURANCE					
Memorandum Holder: PROOF OF COVERAGE ONLY		Should the above describe Certificate be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the Memorandum Holder named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.			
		Authorized Representative Brad J. Feller			
					