

Victor Manuel
608 John Glenn Dr
Garland, TX 75040

Re: Policy# V44748
Dear Victor Manuel

Thank you for choosing CM&F Group, Inc. for your healthcare professional liability insurance needs. CM&F has been in business since 1919 and has provided stable, secure and reliable insurance programs to healthcare practitioners since 1947. When you consider our 65+ years of experience in the malpractice arena, coupled with the financial superiority of our carrier partners - *you can rest assured that your professional integrity is very well protected.*

ENCLOSED ARE YOUR POLICY DOCUMENTS:

1. Multi-Specialty Healthcare Professional - CERTIFICATE
2. Mandatory & Optional Endorsements
3. Accord Certificate of Liability (PROOF OF INSURANCE)

Please review these documents for accuracy and keep them in a safe place. If you have any questions, please call us at 1-800-221-4904 or send us an e-mail to: info@cmfgroup.com. Aside from providing access to the highest quality coverages on the market, we are fully committed to delivering superior customer service, so please know that we welcome your call should you have any questions or need assistance at any time.

Your healthcare professional liability policy offers broad coverage, including the following policy features and benefits which we call **"The CM &F Advantage"**.

- | | |
|---|--|
| > Professional Liability \$1,000,000/\$3,000,000 | > Medical Payments \$25,000/\$100,000 |
| > License Defense \$35,000/\$100,000 | > HIPAA Defense \$35,000 |
| > Deposition Defense \$25,000 | > First Aid Coverage \$25,000 |
| > Loss Of Earnings \$2,500 per day/\$35,000 | > Good Samaritan Coverage Included |
| > Biomedical Defense \$10,000 | > Assault Upon You \$25,000 |

If you would like to review your coverage, please visit the CM&F Client Access Portal (**www.MYCMFACCOUNT.com**): The secure CM&F Client Access Portal is updated in real time with payments and balances so that you can track your costs, coverage and renewal dates - at your convenience 24/7. But should you need personal assistance, the CM&F Customer Care Team is at your service Monday - Friday:

Customer Service Claim Team at 1-800-221-4904
Email: info@cmfgroup.com

We wish you continued success and thank you again for choosing CM&F!

Sincerely,
The CM&F Group, Inc.

The Medical Protective Company®
A STOCK INSURANCE COMPANY
5814 Reed Road, Fort Wayne, Indiana 46835
 Strength. Defense. Solutions. Since 1899.

MULTI-SPECIALTY HEALTHCARE PROFESSIONAL - CERTIFICATE

Policy Period:	2023-07-16 <small>at 12:01 a.m. Standard Time at the address of the First Named Insured.</small>	To: 2024-07-16	Certificate Number:	V44748																																					
Item 1(a) Named Insured:	N/A	Student	Non-Insured acting in the capacity of an Administrative First Named Insured																																						
Victor Manuel Professional Services Specialty: Acupuncturist Classification: N/A			Item 1(b) Additional Insureds:																																						
First Named Insured Address:																																									
608 John Glenn Dr Garland, TX 75040			<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;">New Business</td> <td style="width: 33%; border: none; text-align: center;">X</td> <td style="width: 33%; border: none;"></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none; text-align: right;">Renewal Business</td> </tr> </table>			New Business	X				Renewal Business																														
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COVERAGES:	POLICY TYPE*			RETROACTIVE DATE	LIMITS OF LIABILITY																																				
	Occurrence	Standard Claims Made	Convertible Claims Made																																						
PROFESSIONAL LIABILITY A. Professional Liability (PL) & B. Good Samaritan Acts C. Assault Upon You D. First Aid E. Medical Payments F. Deposition Fees - Administrative Hearing Expense - Sexual Misconduct Expense - Loss of Earnings - HIPAA Proceeding Expense - Biomedical Waste Hearing Expense	X				<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: right;">Per Claim</td> <td style="width: 10%; text-align: center;">/</td> <td style="width: 40%; text-align: right;">Aggregate</td> </tr> <tr> <td style="text-align: right;">\$1,000,000</td> <td></td> <td style="text-align: right;">\$3,000,000</td> </tr> <tr> <td style="text-align: right;">Included</td> <td></td> <td style="text-align: right;">Included</td> </tr> <tr> <td style="text-align: right;">\$25,000</td> <td></td> <td style="text-align: right;">\$25,000</td> </tr> <tr> <td style="text-align: right;">\$25,000</td> <td></td> <td style="text-align: right;">\$25,000</td> </tr> <tr> <td style="text-align: right;">\$25,000</td> <td></td> <td style="text-align: right;">\$100,000</td> </tr> <tr> <td style="text-align: right;">\$25,000</td> <td></td> <td style="text-align: right;">\$25,000</td> </tr> <tr> <td style="text-align: right;">\$35,000</td> <td></td> <td style="text-align: right;">\$100,000</td> </tr> <tr> <td style="text-align: right;">\$25,000</td> <td></td> <td style="text-align: right;">\$25,000</td> </tr> <tr> <td style="text-align: right;">\$2,500</td> <td></td> <td style="text-align: right;">\$35,000</td> </tr> <tr> <td style="text-align: right;">\$35,000</td> <td></td> <td style="text-align: right;">\$35,000</td> </tr> <tr> <td style="text-align: right;">\$10,000</td> <td></td> <td style="text-align: right;">\$10,000</td> </tr> </table>	Per Claim	/	Aggregate	\$1,000,000		\$3,000,000	Included		Included	\$25,000		\$25,000	\$25,000		\$25,000	\$25,000		\$100,000	\$25,000		\$25,000	\$35,000		\$100,000	\$25,000		\$25,000	\$2,500		\$35,000	\$35,000		\$35,000	\$10,000		\$10,000
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WORKPLACE LIABILITY A. Healthcare Professional Premises Liability & B. Personal Injury Liability <small>Workplace Liability does not apply if the General Liability Insuring Agreement is made part of your coverage.</small>	X				<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: right;">Included</td> <td style="width: 40%; text-align: right;">Included</td> </tr> <tr> <td style="text-align: right;">Included</td> <td style="text-align: right;">Included</td> </tr> </table>	Included	Included	Included	Included																																
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EMPLOYMENT PRACTICES LIABILITY**																																									
CYBER LIABILITY																																									
BILLING PRACTICES & REGULATORY																																									
COMMERCIAL GENERAL LIABILITY - Each Occurrence Limit - Damages to Premises Rented to an Insured Business - Personal & Advertising Injury - General Aggregate Limit - Product Completed Operations Aggregate - Hired and Non-Owned Auto <small>General Liability does not apply if the Workplace Liability Insuring Agreement is made part of your coverage.</small>																																									
FORMS & ENDORSEMENTS:			SEE POLICY FORMS & ENDORSEMENTS SCHEDULE																																						
RISK PURCHASING GROUP NOTICE:			An insurance policy purchased from The Medical Protective Company through a risk purchasing group may not be subject to all state insurance laws and regulations. No claim against a risk purchasing group, or its members, shall be entitled to payments from any state insurance insolvency guaranty fund, or similar mechanism. A purchasing group, or its members, or claimants against the group or its members, may not receive any benefit from such guaranty fund, or similar mechanism, for claims arising under the insurance policies procured through the purchasing group.																																						
Premium: \$309.00 Surcharges: \$0.00 Taxes: \$0.00 TOTAL: \$309.00			For Service or questions, please call: CM&F Group, Inc. 1-800-221-4904																																						
			Master Policy Number: MMPOC19190																																						
			IN WITNESS WHEREOF, The Medical Protective Company has caused this policy to be signed by its President and Corporate Secretary (and countersigned by its duly Authorized Representative, where necessary). <div style="text-align: center;"> President </div> <div style="text-align: center;"> Secretary </div>																																						
NOTICE	*THIS POLICY CONTAINS CLAIMS-MADE COVERAGE. ** CLAIM EXPENSE IS PAID WITHIN THE LIMITS OF LIABILITY. LIMITS MAY CHANGE BY COVERAGE PROVISION OR ENDORSEMENT. PLEASE READ YOUR POLICY AND ENDORSEMENTS CAREFULLY. DISCUSS WITH YOUR INSURANCE AGENT IF NEEDED.				Countersignature / Authorized Representative:																																				

Have a complaint or need help?

If you have a problem with a claim or your premium, call your insurance company or HMO first. If you can't work out the issue, the Texas Department of Insurance may be able to help.

Even if you file a complaint with the Texas Department of Insurance, you should also file a complaint or appeal through your insurance company or HMO. If you don't, you may lose your right to appeal.

The Medical Protective Company

To get information or file a complaint with your insurance company or HMO:

Call: Customer Service at 1-260-486-0800

Toll-Free: 1-888-633-7765

Email: customerservice@medpro.com

Mail: 5814 Reed Road, Fort Wayne, IN 46835

The Texas Department of Insurance

To get help with an insurance question or file a complaint with the state:

Call with a question: 1-800-252-3439

File a complaint: www.tdi.texas.gov

Email: ConsumerProtection@tdi.texas.gov

Mail: MC 111-1A, P.O. Box 149091, Austin, TX 78714-9091

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A STOCK INSURANCE COMPANY

5814 Reed Road, Fort Wayne, Indiana 46835

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MULTI-SPECIALTY HEALTHCARE PROFESSIONAL MASTER POLICY CERTIFICATE OF INSURANCE SCHEDULE OF POLICY FORMS & ENDORSEMENTS

Forms and Endorsements of your Certificate are as follows:

<i>Form #</i>	<i>Description</i>
Form No.	Title
MCL	Cover Letter
18012	MPS Multi-Specialty Healthcare Professionals Policy Certificate
000-CCN-TX-0120	Texas Complaint Notice HCP - non Chiro
18507	MPS Multi-Specialty Healthcare Professionals Form & Endorsement Schedule
18505	MPS Multi-Specialty Healthcare Professionals Policy Schedule of Insureds
18511	General Definitions
18519	General Conditions
18522	General Exclusions
18528	Professional Liability Insuring Agreement - Occurrence
18550	Workplace Liability Insuring Agreement - Occurrence
19120	MPS Economic Sanctions Exclusion Endorsement
19187	Biomedical Waste Hearing Expense Endorsement - Occurrence
19218	Reuse or Multidose Supply Procedure Exclusion Endorsement
19631	Procedures Exclusion Endorsement
18832	Texas Amendatory Endorsement
TX-NOTICE	Risk Management and Claims Tips

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***MULTI-SPECIALTY HEALTHCARE PROFESSIONAL
MASTER POLICY
SCHEDULE OF INSURED'S ENDORSEMENT***

Item 1(a) of the **CERTIFICATE** is as follows:

ITEM 1(a) NAMED INSURED			PROFESSIONAL SERVICES SPECIALTY	
CLASS	RETROACTIVE DATE* (If Applicable)	TYPE I) Individual E) Entity S) Student	MODIFIED COVERAGE ENDORSEMENT NUMBER	PREMIUM SURCHARGE TAXES (If Applicable)
Victor Manuel		I	Not Applicable	Included

Item 1(b) of the **CERTIFICATE** is as follows:

ITEM 1(b) ADDITIONAL INSURED	AFFILIATED ITEM 1(a) NAMED INSURED	PREMIUM SURCHARGE TAXES (If Applicable)

All other terms and conditions of the Policy remain unchanged.