

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/11/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s)

certificate does not come rights to the certificate notice in fied of such endorsement(s).							
PRODUCER	CONTACT NAME: Ty J. Blake						
Arthur J. Gallagher Risk Management Services, Inc.	PHONE FAX						
11550 Fuqua, Suite 205	(A/C, NO, EXT): (281) 674-1445	(A/C, No):					
Houston, TX 77034	E-MAIL						
Houston, TX //034	ADDRESS: ty blake@ajg.com						
	INSURER(S) AFFORDING COVERAGE		NAIC #				
	COMPANY A: Applied Medico-Legal Solution	11598					
	Retention Group, Inc.						
INSURED	COMPANY B:						
Professional Imaging, PLLC	COMPANY C:						
1717 Rotary Dr Humble, TX 77338-5235	COMPANY D:						
numble, 1x //336-3235	COMPANY E:						
	COMPANY F:						

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE 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 CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY				(,	(EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ N/A \$ N/A
	CLAIMS MADE OCCUR	_	N/A	37/3	27./2	MED EXP (Any one person)	\$ N/A	
				N/A	N/A	N/A	PERSONAL & ADV INJURY	\$ N/A
							GENERAL AGGREGATE	\$ N/A
	EN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS – COMP/OP AGG	\$ N/A
	POLICY JECT LOC							\$ N/A
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ N/A
	ANY AUTO						BODILY INJURY (Per person)	\$ N/A
	OWNED SCHEDULED AUTOS ONLY			N/A	N/A	N/A	BODILY INJURY (Per accident)	\$ N/A
	HIRED AUTOS NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$ N/A	
							\$ N/A	
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS MADE				1-	/-	EACH OCCURRENCE	\$ n/a
			N/A	N/A	N/A	AGGREGATE	\$ N/A	
	DED RETENTION \$							\$ N/A
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						WC STATU- OTH- TORY LIMITS ER	\$ N/A
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		A	N/A	N/A	N/A	E.L. EACH ACCIDENT	\$ N/A
	(Mandatory in NH) If yes, describe under						E.L. DISEASE – EA EMPLOYEE	\$ N/A
	DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ n/a
Α	OTHER						Each Med. Incident: \$	•
	Medical Prof. Liability Retro Date: 10/04/2003			GAMS115790	06/05/2023	06/05/2024	Aggregate Limit: \$	1,500,000
	Type: Claims Made							

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

INSURED SPECIALTY: Entity

CERTIFICATE HOLDER

Humble, TX 77338

COVERAGE IS LIMITED TO WORK ON BEHALF OF Professional Imaging, PLLC

Entity Limits: \$500,000 / \$1,500,000

Professional Imaging,	PLLC	SHOU
1717 Rotary Drive		THE

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

CANCELLATION

Donovay R. Weg