

BRANCH	B/A	PRODUCER NUMBER	CLIENT NUMBER	DATE OF ISSUE	PRIOR CERTIFICATE NUMBER
23	A	0001614	556232	08/02/04	AHC-1285431

SPECIFIED MEDICAL PROFESSIONAL LIABILITY OCCURRENCE INSURANCE POLICY

Offered Through Allied Health Purchasing Group Association
Purchasing Group Policy Number: 44-2010129

Item	DECLARATIONS	CERTIFICATE NUMBER	AHC- 1285431										
1	<p><i>Named Insured</i></p> <p style="text-align: center;">THE STUDENTS OF PCI HEALTH TRAINING CENTER</p>												
2.	MAILING ADDRESS	8101 JW CARPENTER FREEWAY DALLAS, TX 75247											
3.	Policy Period	12:01 A.M. Standard Time At Location Of Designated Premises	From: 07/30/2004 To: 07/30/2005										
4.	<p>The insurance afforded is only with respect to such of the following types of insurance as indicated by specific premium charge or charges:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>COVERAGE</u></th> <th style="text-align: left;"><u>PREMIUM</u></th> </tr> </thead> <tbody> <tr> <td>A. Professional Liability [x]</td> <td>\$5,800.00</td> </tr> <tr> <td>B. General Liability</td> <td>NO OPTION</td> </tr> <tr> <td>C. Endorsements [x]</td> <td>\$1,450.00</td> </tr> <tr> <td style="text-align: right;">Total:</td> <td>\$7,250.00</td> </tr> </tbody> </table>			<u>COVERAGE</u>	<u>PREMIUM</u>	A. Professional Liability [x]	\$5,800.00	B. General Liability	NO OPTION	C. Endorsements [x]	\$1,450.00	Total:	\$7,250.00
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B. General Liability	NO OPTION												
C. Endorsements [x]	\$1,450.00												
Total:	\$7,250.00												
5.	LIMITS OF LIABILITY												
	\$ 1,000,000	each Incident or Occurrence	\$ 3,000,000 in the Aggregate										
6.	Deductible (if applicable):												
7.	<p>The Named Insured Is: <input type="checkbox"/> Sole Proprietor (including Individual) <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/></p> <p><input type="checkbox"/> Other: Affiliation: STUDENT MALPRACTICE BLANKET LIABILITY</p>												
8.	Business or Occupation of the Named Insured: STUDENT												
9.	<p>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 endorsement(s):</p> <p>PLE-2081, PLJ-2025(01/95), PON-2003, PLE-2157(05/01)</p> <div style="text-align: center; margin-top: 20px;"> <p>CHICAGO INSURANCE COMPANY</p> <p>55 E. MONROE STREET, CHICAGO, ILLINOIS 60603</p> </div> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> <p>REPRESENTATIVE:</p> <p>MARSH Affinity Group Services a service of SEABURY & SMITH 1440 RENAISSANCE DRIVE PARK RIDGE, IL 60068 1-800-621-3008</p> </td> <td style="width: 50%;"> <p>BROKER: 2265</p> <p>DYER INSURANCE AGENCY P.O. BOX 1537 ROCKWALL, TX 75087</p> </td> </tr> </table>			<p>REPRESENTATIVE:</p> <p>MARSH Affinity Group Services a service of SEABURY & SMITH 1440 RENAISSANCE DRIVE PARK RIDGE, IL 60068 1-800-621-3008</p>	<p>BROKER: 2265</p> <p>DYER INSURANCE AGENCY P.O. BOX 1537 ROCKWALL, TX 75087</p>								
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