ACORD CERT	FIC	ATE OF LIA	BILITY I	NSURA	NCE		ATE (MM/DD/YYYY)		
THIS CERTIFICATE IS ISSUED AS A M CERTIFICATE DOES NOT AFFIRMATIV BELOW. THIS CERTIFICATE OF INSU REPRESENTATIVE OR PRODUCER, ANI	ELY C	DR NEGATIVELY AMEN	D, EXTEND OR	ALTER THE	COVERAGE AFFORDE) BY 1	HE POLICIES		
IMPORTANT: If the certificate holder is a SUBROGATION IS WAIVED, subject to the certificate does not confer rights to the o	he terr	ms and conditions of the	e policy, certain	policies may					
PRODUCER			CONTACT NAME: Ty J. Bl						
Arthur J. Gallagher Risk Managem	ent S	ervices, Inc.	PHONE		FAX				
11550 Fuqua, Suite 205 Houston, TX 77034			(A/C, NO, EXT): (281 E-MAIL	1) 674-1445	(A/C, N	0):			
Houston, IX //034			ADDRESS: ty bla						
				plied Medico	ORDING COVERAGE -Legal Solutions Ri	sk	NAIC # 11598		
INSURED			COMPANY B:	1					
Midwest Dysphagia Consultants, I	LC		COMPANY C:						
1717 Rotary Dr			COMPANY D:						
Humble, TX 77338-5235 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 TYPE OF INSURANCE	ADDL S		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	1	ITS			
					EACH OCCURRENCE	\$ N/			
					PREMISES (Ea occurrence)	\$ N/			
CLAIMS MADE OCCUR		N/A	N/A	N/A	MED EXP (Any one person) \$ N/A PERSONAL & ADV INJURY \$ N/A GENERAL AGGREGATE \$ N/A				
	1								
GEN'L AGGREGATE LIMIT APPLIES PER:	1				PRODUCTS – COMP/OP AGG	\$ N/			
POLICY PRO- JECT LOC	1					\$ N/	Δ		
					COMBINED SINGLE LIMIT (Ea accident)	\$ N/			
ANY AUTO					BODILY INJURY (Per person)	\$ N/	A		
OWNED SCHEDULED AUTOS ONLY AUTOS		N/A	N/A	N/A	BODILY INJURY (Per accident)	\$ N/	A		
HIRED AUTOS NON-OWNED					PROPERTY DAMAGE (Per accident)	\$ N/	A		
ONLY AUTOS ONLY						\$ N/	A		
UMBRELLA LIAB OCCUR	+ +				EACH OCCURRENCE	\$ N/			
EXCESS LIAB CLAIMS MADE	.	N/A	N/A	N/A	AGGREGATE	\$ N/			
DED RETENTION \$						\$ N/			
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N					WC STATU- TORY LIMITS ER	- \$м/	2		
ANY PROPRIETOR/PARTNER/EXECUTIVE		N/A	N/A	N/A	E.L. EACH ACCIDENT	\$ N/			
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A				E.L. DISEASE – EA EMPLOYE				
If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE – POLICY LIMIT	\$ N/	A		
A OTHER Medical Prof. Liability Retro Date: 06/05/2017 Type: Claims Made		GAMS117115			Each Med. Incident: Aggregate Limit:		ed \$1M ed \$3M		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES	(ACORD 1	101, Additional Remarks Schedule, ma	ay be attached if more spa	ace is required)					
INSURED SPECIALTY: Radiology - D COVERAGE IS LIMITED TO WORK ON B	-		ia Consultants	s, LLC					
CERTIFICATE HOLDER			CANCELLATION	۱					
Midwest Dysphagia Consultants, 1717 Rotary Drive Humble, TX 77346	LLC		THE EXPIRATION	ON DATE THERE	DESCRIBED POLICIES BE (EOF, NOTICE WILL BE DELI ICY PROVISIONS.				
	AUTHORIZED REPRESENTATIVE								
				V	5 ACORD CORPORATIO	DN. All	rights reserved.		

ACORD CERTI	FIC	ATE OF LIA	BILITY I	NSURA	NCE		TE (MW/DD/YYYY) 05/17/2023		
THIS CERTIFICATE IS ISSUED AS A M CERTIFICATE DOES NOT AFFIRMATIV BELOW. THIS CERTIFICATE OF INSU REPRESENTATIVE OR PRODUCER, AND	ELY C RANCE D THE	DR NEGATIVELY AMEN E DOES NOT CONSTITU CERTIFICATE HOLDER.	D, EXTEND OR UTE A CONTRA	ALTER THE CT BETWEEN	COVERAGE AFFORDED N THE ISSUING INSUR	D BY 1 ER(S),	HE POLICIES AUTHORIZED		
IMPORTANT: If the certificate holder is a SUBROGATION IS WAIVED, subject to t certificate does not confer rights to the o	he teri	ms and conditions of the	e policy, certain endorsement(s	policies may					
PRODUCER			CONTACT NAME: Ty J. Bl	ake					
Arthur J. Gallagher Risk Managem	ent S	ervices, Inc.	PHONE		FAX				
11550 Fuqua, Suite 205			(A/C, NO, EXT): (28: E-MAIL	1) 674-1445	(A/C, N	ю):			
Houston, TX 77034			ADDRESS: ty bla	ake@ajg.com			ſ		
				olied Medico	ORDING COVERAGE D-Legal Solutions Ri	sk	NAIC # 11598		
INSURED			COMPANY B:						
David F. Box, MD			COMPANY C:						
1717 Rotary Dr			COMPANY D:						
Humble, TX 77338-5235			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 TYPE OF INSURANCE	ADDL S		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIM				
COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ N/ \$ N/			
CLAIMS MADE OCCUR					MED EXP (Any one person)	\$ N/	A		
		N/A	N/A	N/A	PERSONAL & ADV INJURY	\$ N/	A		
					GENERAL AGGREGATE	\$ N/	A		
GEN'L AGGREGATE LIMIT APPLIES PER:	_				PRODUCTS – COMP/OP AGG	\$ N/	A		
POLICY PRO- 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 ONLY AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$ N/	A		
						\$ N/	A		
UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$ N/	A		
EXCESS LIAB CLAIMS MADE		N/A	N/A	N/A	AGGREGATE	\$ N/	A		
DED RETENTION \$						\$ N/	A		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N					WC STATU- TORY LIMITS ER	Ч- \$м/	A		
ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A	N/A	N/A	N/A	E.L. EACH ACCIDENT	\$ N/	A		
(Mandatory in NH)					E.L. DISEASE – EA EMPLOYEI	= \$ N/	A		
If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$ N/	A		
A OTHER Medical Prof. Liability Retro Date: 09/01/2018		GAMS117115	06/05/2023	06/05/2024	Each Med. Incident: Aggregate Limit:		ed \$1M ed \$3M		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES	ACORD 1	101, Additional Remarks Schedule, ma	ay be attached if more spa	ace is required)					
INSURED SPECIALTY: Radiology - D.	iagnos	stic							
COVERAGE IS LIMITED TO WORK ON BE Limits applicable only to provide					tient Compensation H	fund.			
CERTIFICATE HOLDER			CANCELLATION						
Midwest Dysphagia Consultants, 1717 Rotary Drive Humble, TX 77346	LLC		THE EXPIRATION	ON DATE THERE	DESCRIBED POLICIES BE (EOF, NOTICE WILL BE DELI ICY PROVISIONS.				
			AUTHORIZED REPR	ESENTATIVE					
			Donoven						
			10-1	v					
				© 1988-20 1	15 ACORD CORPORATIO	DN. Ali	rights reserved.		

ACORD CERT	FIC	CATE OF LIA	BILITY I	NSURA	NCE		TE (MWDD/YYYY) 5/17/2023			
THIS CERTIFICATE IS ISSUED AS A M CERTIFICATE DOES NOT AFFIRMATIV BELOW. THIS CERTIFICATE OF INSU REPRESENTATIVE OR PRODUCER, AND	ELY RANC DTHE	OR NEGATIVELY AMEN E DOES NOT CONSTIT CERTIFICATE HOLDER.	D, EXTEND OR UTE A CONTRA	ALTER THE	COVERAGE AFFORDED N THE ISSUING INSURE	ВҮ Т R(S),	HE POLICIES AUTHORIZED			
IMPORTANT: If the certificate holder is a SUBROGATION IS WAIVED, subject to the certificate does not confer rights to the o	he ter	ms and conditions of th	e policy, certain	policies may						
PRODUCER			CONTACT NAME: Ty J. Bl	ako						
Arthur J. Gallagher Risk Managem	ent S	Services, Inc.	PHONE		FAX					
11550 Fuqua, Suite 205		·	(A/C, NO, EXT): (28: E-MAIL	1) 674-1445	(A/C, No)					
Houston, TX 77034			ADDRESS: ty bla	ake@ajg.com						
				plied Medico	ORDING COVERAGE D-Legal Solutions Ris	k	NAIC # 11598			
INSURED			COMPANY B:	oup, me.						
Laura L. Cline, MD			COMPANY C:							
1717 Rotary Dr			COMPANY D:							
Humble, TX 77338-5235			COMPANY E:							
COMPANY F:										
COVERAGES		CERTIFICATE NUMBER	R:		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 TYPE OF INSURANCE		WVD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	-				
COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ N/2 \$ N/2				
					MED EXP (Any one person) \$ N/A					
		N/A	N/A	N/A	PERSONAL & ADV INJURY	\$ N/2				
					GENERAL AGGREGATE	\$ N/	A			
GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$ N/	A			
PRO- POLICY JECT LOC						\$ N/2	A			
AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ N/2	A			
ANY AUTO					BODILY INJURY (Per person)	\$ N/	A			
OWNED SCHEDULED AUTOS ONLY AUTOS		N/A	N/A	N/A	BODILY INJURY (Per accident)	\$ N/2	A			
HIRED AUTOS NON-OWNED ONLY AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$ N/	A			
						\$ N/	A			
UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$ N/2	A			
EXCESS LIAB CLAIMS MADE		N/A	N/A	N/A	AGGREGATE	\$ N/2	A			
DED RETENTION \$						\$ N/2	A			
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N					WC STATU- TORY LIMITS ER	\$ N/2	A			
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/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/2	A			
A OTHER Medical Prof. Liability					Each Med. Incident:					
Retro Date: 06/18/2018		GAMS117115	06/05/2023	06/05/2024	Aggregate Limit:	snare	ed \$3M			
Type: Claims Made										
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES	ACORD	101, Additional Remarks Schedule, ma	ay be attached if more spa	ace is required)						
INSURED SPECIALTY: Radiology - D	Lagno	stic								
COVERAGE IS LIMITED TO WORK ON B					tiont Componention E	- d				
Limits applicable only to provid	ars d	luarrired for and en	torred in the	SLALE'S PAT	trent compensation FU	. unu				
CERTIFICATE HOLDER			CANCELLATION	1						
Midwest Dysphagia Consultants, 1717 Rotary Drive Humble, TX 77346	LLC		THE EXPIRATION	ON DATE THERE	DESCRIBED POLICIES BE CA EOF, NOTICE WILL BE DELIVI ICY PROVISIONS.					
			AUTHORIZED REPR	ESENTATIVE						
	Donovan R. Wege									
L			l .	\$	5 ACORD CORPORATION	I. All	rights reserved.			

ACORD CERT	FIC	CATE OF LIA	BILITY I	NSURA	NCE		ATE (MM/DD/YYYY))5/17/2023			
THIS CERTIFICATE IS ISSUED AS A M CERTIFICATE DOES NOT AFFIRMATIV BELOW. THIS CERTIFICATE OF INSU REPRESENTATIVE OR PRODUCER, AN	ELY C	OR NEGATIVELY AMEN E DOES NOT CONSTIT	ID, EXTEND OR UTE A CONTRA	ALTER THE	COVERAGE AFFORDED	BY 1	THE POLICIES			
IMPORTANT: If the certificate holder is a SUBROGATION IS WAIVED, subject to a certificate does not confer rights to the o	he ter	ms and conditions of th	e policy, certain	policies may						
PRODUCER			CONTACT NAME: Ty J. Bl							
Arthur J. Gallagher Risk Managem	ent S	ervices. Inc.	PHONE		FAX					
11550 Fuqua, Suite 205			(A/C, NO, EXT): (28: E-MAIL	1) 674-1445	(A/C, N	o):				
Houston, TX 77034			ADDRESS: ty bla	ake@ajg.com			-			
				plied Medico	DRDING COVERAGE D-Legal Solutions Ri	.sk	NAIC # 11598			
INSURED			COMPANY B:							
Latricia Gillis, MD			COMPANY C:							
1717 Rotary Dr Humble, TX 77338-5235			COMPANY D:							
Humble, 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 TYPE OF INSURANCE	INSR		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIM	-				
COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ n/ \$ n/				
CLAIMS MADE OCCUR					MED EXP (Any one person)	\$ N/	A			
		N/A	N/A	N/A	PERSONAL & ADV INJURY					
					GENERAL AGGREGATE	A				
GEN'L AGGREGATE LIMIT APPLIES PER:	_				PRODUCTS – COMP/OP AGG	\$ N/	A			
POLICY PRO- 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 AUTOS		N/A	N/A	N/A	BODILY INJURY (Per accident)	\$ N/	A			
HIRED AUTOS NON-OWNED ONLY AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$ N/	A			
						\$ N/	A			
UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$ N/	A			
EXCESS LIAB CLAIMS MAD		N/A	N/A	N/A	AGGREGATE	\$ N/	A			
DED RETENTION \$						\$ N/	A			
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N					WC STATU- TORY LIMITS ER	l- \$n∕	A			
ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A	N/A	N/A	N/A	E.L. EACH ACCIDENT	\$ N/				
(Mandatory in NH)					E.L. DISEASE – EA EMPLOYEE	5 \$ N/	A			
If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$ N/	A			
A OTHER Medical Prof. Liability Retro Date: 09/01/2017 Type: Claims Made		GAMS117115	06/05/2023	06/05/2024	Each Med. Incident: Aggregate Limit:		ed \$1M ed \$3M			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES	(ACORD	101, Additional Remarks Schedule, m	ay be attached if more spa	ace is required)						
INSURED SPECIALTY: Radiology - D COVERAGE IS LIMITED TO WORK ON B	-		ia Consultant:	s, LLC						
CERTIFICATE HOLDER			CANCELLATION	J						
Midwest Dysphagia Consultants,	LLC		SHOULD ANY	OF THE ABOVE	DESCRIBED POLICIES BE (EOF, NOTICE WILL BE DELI					
1717 Rotary Drive Humble, TX 77346			ACCORDANCE	WITH THE POL	ICY PROVISIONS.					
	AUTHORIZED REPRESENTATIVE									
				© 1988-201	15 ACORD CORPORATIO	DN. All	rights reserved.			

ACORD CERT	FIC	ATE OF LIA	BILITY I	NSURA	NCE		TE (MM/DD/YYYY) 05/17/2023		
THIS CERTIFICATE IS ISSUED AS A M CERTIFICATE DOES NOT AFFIRMATIV BELOW. THIS CERTIFICATE OF INSU REPRESENTATIVE OR PRODUCER, ANI	ELY C RANCE D THE	DR NEGATIVELY AMEN E DOES NOT CONSTITU CERTIFICATE HOLDER.	D, EXTEND OR UTE A CONTRA	ALTER THE CT BETWEEI	COVERAGE AFFORDED N THE ISSUING INSUR	D BY 1 ER(S),	HE POLICIES AUTHORIZED		
IMPORTANT: If the certificate holder is a SUBROGATION IS WAIVED, subject to the certificate does not confer rights to the o	he teri	ms and conditions of the	e policy, certain endorsement(s	policies may					
PRODUCER			CONTACT NAME: Ty J. Bl	ako					
Arthur J. Gallagher Risk Managem	ent S	ervices, Inc.	PHONE		FAX				
11550 Fuqua, Suite 205			(A/C, NO, EXT): (28: E-MAIL	1) 674-1445	(A/C, N	ю):			
Houston, TX 77034			ADDRESS: ty bla	ake@ajg.com			1		
				plied Medico	DRDING COVERAGE D-Legal Solutions Ri	sk	NAIC # 11598		
INSURED			COMPANY B:	<u>,</u>					
David A. Hall, MD			COMPANY C:						
1717 Rotary Dr			COMPANY D:						
Humble, TX 77338-5235			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 TYPE OF INSURANCE	ADDL S		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIN				
COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ N/ \$ N/			
CLAIMS MADE OCCUR					MED EXP (Any one person)	\$ N/	A		
		N/A	N/A	N/A	PERSONAL & ADV INJURY	\$ N/	A		
					GENERAL AGGREGATE	\$ N/	A		
GEN'L AGGREGATE LIMIT APPLIES PER:	_				PRODUCTS – COMP/OP AGG	\$ N/	A		
POLICY PRO- 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 ONLY AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$ N/	A		
						\$ N/	A		
UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$ N/	A		
EXCESS LIAB CLAIMS MADE		N/A	N/A	N/A	AGGREGATE	\$ N/	A		
DED RETENTION \$						\$ N/	A		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <u>Y/N</u>					WC STATU- TORY LIMITS ER	 \$м/	A		
ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A	N/A	N/A	N/A	E.L. EACH ACCIDENT	\$ N/	A		
(Mandatory in NH) If yes, describe under					E.L. DISEASE – EA EMPLOYE	E \$ N/	A		
DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$ N/	A		
A OTHER Medical Prof. Liability Retro Date: 06/18/2018		GAMS117115	06/05/2023	06/05/2024	Each Med. Incident: Aggregate Limit:		ed \$1M ed \$3M		
Type: Claims Made DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES	ACORD 1	101. Additional Remarks Schedule ma	av be attached if more so	ace is required)					
Sector Hower of Electrone / LOCATIONS / VEHICLES		, Additional Remarks Conedule, Ille	a, so anaoneu il more spe	soo io roquirou)					
INSURED SPECIALTY: Radiology - D COVERAGE IS LIMITED TO WORK ON B	EHALF	OF Midwest Dysphag							
Limits applicable only to provid	ere di	uarrited for and en	torred in the	SLALE'S PAT	tient compensation i	ana.			
CERTIFICATE HOLDER			CANCELLATION	1					
Midwest Dysphagia Consultants, 1717 Rotary Drive Humble, TX 77346	LLC		SHOULD ANY	OF THE ABOVE ON DATE THERE	DESCRIBED POLICIES BE (EOF, NOTICE WILL BE DELI ICY PROVISIONS.				
,			AUTHORIZED REPR						
			Norman	0			righto reasons i		
				© 1988-201	15 ACORD CORPORATIO	JN. All	rights reserved.		

ACORD CERT	FIC	CATE OF LIA	BILITY I	NSURA	NCE		ATE (MM/DD/YYYY))5/17/2023			
THIS CERTIFICATE IS ISSUED AS A M CERTIFICATE DOES NOT AFFIRMATIV BELOW. THIS CERTIFICATE OF INSU REPRESENTATIVE OR PRODUCER, AN	ELY (OR NEGATIVELY AMEN E DOES NOT CONSTIT	D, EXTEND OR UTE A CONTRA	ALTER THE	COVERAGE AFFORDED) BY 1	THE POLICIES			
IMPORTANT: If the certificate holder is a SUBROGATION IS WAIVED, subject to a certificate does not confer rights to the o	he ter	ms and conditions of th	e policy, certain	policies may						
PRODUCER			CONTACT NAME: Ty J. Bl							
Arthur J. Gallagher Risk Managem	ent S	Services. Inc.	PHONE		FAX					
11550 Fuqua, Suite 205			(A/C, NO, EXT): (28: E-MAIL	1) 674-1445	(A/C, N	o):				
Houston, TX 77034			ADDRESS: ty bla	ake@ajg.com			•			
				plied Medico	DRDING COVERAGE D-Legal Solutions Ri	sk	NAIC # 11598			
INSURED			COMPANY B:							
Gilbert D. Hallman, MD			COMPANY C:							
1717 Rotary Dr Humble, TX 77338-5235			COMPANY D:							
Humble, 1X //330-3235			COMPANY E:							
COMPANY F:										
COVERAGES		CERTIFICATE NUMBER			REVISION NUMBER:					
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INSR TYPE OF INSURANCE	ADDL INSR		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIM	-				
COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ N/ \$ N/				
CLAIMS MADE OCCUR					MED EXP (Any one person) \$ N/A					
		N/A	N/A	N/A	PERSONAL & ADV INJURY					
					GENERAL AGGREGATE	A				
GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS – COMP/OP AGG	\$ N/	A			
POLICY PRO- 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 AUTOS		N/A	N/A	N/A	BODILY INJURY (Per accident)	\$ N/	A			
HIRED AUTOS NON-OWNED ONLY AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$ N/	A			
						\$ N/	A			
UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$ N/	A			
EXCESS LIAB CLAIMS MAD		N/A	N/A	N/A	AGGREGATE	\$ N/	A			
DED RETENTION \$						\$ N/	A			
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N					WC STATU- TORY LIMITS ER	- \$n/	A			
ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A	N/A	N/A	N/A	E.L. EACH ACCIDENT	\$ N/				
(Mandatory in NH)					E.L. DISEASE – EA EMPLOYEE	\$ N/	A			
If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$ N/	A			
A OTHER Medical Prof. Liability Retro Date: 11/01/2018 Type: Claims Made		GAMS117115	06/05/2023	06/05/2024	Each Med. Incident: Aggregate Limit:		ed \$1M ed \$3M			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES	(ACORD	101, Additional Remarks Schedule, m	ay be attached if more spa	ace is required)						
INSURED SPECIALTY: Radiology - D COVERAGE IS LIMITED TO WORK ON B	-		ia Consultant:	s, LLC						
CERTIFICATE HOLDER			CANCELLATION							
Midwest Dysphagia Consultants, 1717 Rotary Drive Humble, TX 77346	LLC		THE EXPIRATION	ON DATE THERE	DESCRIBED POLICIES BE C EOF, NOTICE WILL BE DELI' ICY PROVISIONS.					
AUTHORIZED REPRESENTATIVE										
L			1	V	15 ACORD CORPORATIO	N. All	rights reserved.			

ACORD CERTI	FIC	CA	TE OF LIA	BILITY I	NSURA	NCE		TE (MM/DD/YYYY) 5/17/2023			
THIS CERTIFICATE IS ISSUED AS A M CERTIFICATE DOES NOT AFFIRMATIV BELOW. THIS CERTIFICATE OF INSU REPRESENTATIVE OR PRODUCER, AND		OR N E DO	NEGATIVELY AMEND DES NOT CONSTITU	EXTEND OR	ALTER THE	COVERAGE AFFOR	DED BY T	HE POLICIES			
IMPORTANT: If the certificate holder is a SUBROGATION IS WAIVED, subject to t certificate does not confer rights to the o	he te	rms a	and conditions of the	policy, certain	policies may						
PRODUCER				CONTACT NAME: Ty J. Bl							
Arthur J. Gallagher Risk Managem	ent s	Serv	ices. Inc.	PHONE		FA					
11550 Fuqua, Suite 205				(A/C, NO, EXT): (28 1 E-MAIL	1) 674-1445	(A)	/C, No):				
Houston, TX 77034				ADDRESS:ty bla	ake@ajg.com						
					olied Medico	ORDING COVERAGE	Risk	NAIC # 11598			
INSURED				COMPANY B:							
Alexei A. Krainev, MD				COMPANY C:							
1717 Rotary Dr Humble, TX 77338-5235				COMPANY D:							
Humble, 1X //336-3235				COMPANY E:							
COMPANY F:											
COVERAGES			TIFICATE NUMBER:			REVISION NUMB					
THIS IS TO CERTIFY THAT THE POLICIES O INDICATED. NOTWITHSTANDING ANY REQ CERTIFICATE MAY BE ISSUED OR MAY PI EXCLUSIONS AND CONDITIONS OF SUCH PO	JIREM ERTAII DLICIE	1ENT, N, TH S. LIN	TERM OR CONDITION IE INSURANCE AFFORE //ITS SHOWN MAY HAVE	OF ANY CONTR DED BY THE PO BEEN REDUCED	RACT OR OTHE DLICIES DESCR	R DOCUMENT WITH R BED HEREIN IS SUBJE	RESPECT T	O WHICH THIS			
INSR TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	1	LIMITS				
COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ N/2) \$ N/2				
CLAIMS MADE OCCUR						MED EXP (Any one person) \$ N/A					
			N/A	N/A	N/A	PERSONAL & ADV INJURY	A				
	_					GENERAL AGGREGATE	A				
GEN'L AGGREGATE LIMIT APPLIES PER:	_					PRODUCTS – COMP/OP A	.GG \$ N/2	A			
POLICY JECT LOC							\$ N/2	A			
						COMBINED SINGLE LIMIT (Ea accident)	\$ N/2	A			
ANY AUTO						BODILY INJURY (Per perso	on) \$ \ /2	A			
OWNED SCHEDULED AUTOS ONLY			N/A	N/A	N/A	BODILY INJURY (Per accid	ent) \$ N/2	A			
HIRED AUTOS NON-OWNED ONLY AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$ N/2	A			
							\$ N/2	A			
UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$ N/2	A			
EXCESS LIAB CLAIMS MADE			N/A	N/A	N/A	AGGREGATE	\$ N/2	A			
DED RETENTION \$							\$ N/2	A			
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							OTH- ER \$ N/2	A			
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		N/A	N/A	N/A	E.L. EACH ACCIDENT	\$ N/2	A			
(Mandatory in NH) If yes, describe under						E.L. DISEASE - EA EMPLO	DYEE \$ N/2	A			
DESCRIPTION OF OPERATIONS below						E.L. DISEASE – POLICY LI	MIT \$ N/2	A			
A OTHER Medical Prof. Liability Retro Date: 08/10/2019 Type: Claims Made			GAMS117115	06/05/2023	06/05/2024	Each Med. Incider Aggregate Limit:		ed \$1M ed \$3M			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES	ACORD	0 101, A	dditional Remarks Schedule, may	be attached if more spa	ace is required)						
INSURED SPECIALTY: Radiology - D.	iagno		-								
COVERAGE IS LIMITED TO WORK ON B	-			Consultants	s, LLC						
CERTIFICATE HOLDER					1						
Midwest Dysphagia Consultants, 1717 Rotary Drive Humble, TX 77346	LLC			THE EXPIRATION	ON DATE THERE	DESCRIBED POLICIES E EOF, NOTICE WILL BE D ICY PROVISIONS.					
			E.	AUTHORIZED REPR	ESENTATIVE						
				Donovau							
					0	5 ACORD CORPORA	TION. All I	riahts reserved.			

ACORD CERT	FIC	CA	TE OF LIAI	BILITY I	NSURA	NCE		TE (MM/DD/YYYY)		
THIS CERTIFICATE IS ISSUED AS A M CERTIFICATE DOES NOT AFFIRMATIV BELOW. THIS CERTIFICATE OF INSU REPRESENTATIVE OR PRODUCER, AN	ELY RANC	OR NE DO	NEGATIVELY AMEND DES NOT CONSTITU	, EXTEND OR	ALTER THE	COVERAGE AFFORDED	ATE H By T	IOLDER. THIS THE POLICIES		
IMPORTANT: If the certificate holder is a SUBROGATION IS WAIVED, subject to a certificate does not confer rights to the	he te	rms a	and conditions of the	policy, certain	policies may					
PRODUCER				CONTACT NAME: TV J. Bl	-					
Arthur J. Gallagher Risk Managem	ent :	Serv		PHONE	ake	FAX				
11550 Fuqua, Suite 205				(A/C, NO, EXT): (281 E-MAIL	1) 674-1445	(A/C, No	:			
Houston, TX 77034				ADDRESS: ty bla	ake@ajg.com					
					olied Medico	DRDING COVERAGE D-Legal Solutions Ris	sk	NAIC # 11598		
INSURED				COMPANY B:	1 ,					
Mary E. Prentice, MD				COMPANY C:						
1717 Rotary Dr				COMPANY D:						
Humble, TX 77338-5235				COMPANY E:						
COMPANY F:										
COVERAGES		-	TIFICATE NUMBER:			REVISION NUMBER:				
INDICATED. NOTWITHSTANDING ANY REQ CERTIFICATE MAY BE ISSUED OR MAY P EXCLUSIONS AND CONDITIONS OF SUCH PA	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 TYPE OF INSURANCE		SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s			
						EACH OCCURRENCE DAMAGE TO RENTED	\$ N/2			
						PREMISES (Ea occurrence)	\$ N/.			
CLAIMS MADE OCCUR			N/A	N/A	N/A	MED EXP (Any one person) PERSONAL & ADV INJURY	\$ N/. \$ N/.			
	1					GENERAL AGGREGATE	\$ N/			
GEN'L AGGREGATE LIMIT APPLIES PER:	1					PRODUCTS – COMP/OP AGG	\$ N/			
POLICY PRO- JECT LOC							\$ N/			
						COMBINED SINGLE LIMIT (Ea accident)	\$ N/			
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						PROPERTY DAMAGE	\$ N/	A		
ONLY AUTOS ONLY						(Per accident)	\$ N/			
UMBRELLA LIAB OCCUR							\$ N/			
EXCESS LIAB CLAIMS MAD			N/A	N/A	N/A	EACH OCCURRENCE AGGREGATE	\$ N/			
DED RETENTION \$	-						\$ N/			
WORKERS COMPENSATION						WC STATU- TODY LIMITO				
AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE			N/A	N/A	N/A	E.L. EACH ACCIDENT	\$ N/. \$ N/.			
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A		N/A	N/A	N/M	E.L. DISEASE – EA EMPLOYEE	\$ N/			
If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE – POLICY LIMIT	\$ N/	A		
A OTHER Medical Prof. Liability Retro Date: 02/01/2018 Type: Claims Made			GAMS117115			Each Med. Incident:	Share			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES	ACORD	0 101, A	dditional Remarks Schedule, may	be attached if more spa	ace is required)					
INSURED SPECIALTY: Radiology - D COVERAGE IS LIMITED TO WORK ON B	-			a Consultants	s, LLC					
CERTIFICATE HOLDER			(CANCELLATION	1					
Midwest Dysphagia Consultants, 1717 Rotary Drive Humble, TX 77346	LLC			THE EXPIRATION	ON DATE THERE	DESCRIBED POLICIES BE CA EOF, NOTICE WILL BE DELIV ICY PROVISIONS.				
	AUTHORIZED REPRESENTATIVE DONOVEM M. WLY									
L					© 1988-201	5 ACORD CORPORATIO	N. All	rights reserved.		

					_		-			
ACORD CERT	IFIC	CAT	ΓE OF LIA	BILITY I	NSURA	NCE		ATE(MM/DD/YYYY))5/17/2023		
THIS CERTIFICATE IS ISSUED AS A M CERTIFICATE DOES NOT AFFIRMATIN BELOW. THIS CERTIFICATE OF INSU REPRESENTATIVE OR PRODUCER, AN	ELY (OR N E DO	EGATIVELY AMENI ES NOT CONSTITU	D, EXTEND OR	ALTER THE	COVERAGE AFFORDED	ATE H BY 1	IOLDER. THIS THE POLICIES		
IMPORTANT: If the certificate holder is SUBROGATION IS WAIVED, subject to certificate does not confer rights to the	the ter	rms ai	nd conditions of the	policy, certain	policies may					
PRODUCER				CONTACT NAME: TV J. Bl						
Arthur J. Gallagher Risk Manager	ent S	Servi	ces, Inc.	PHONE		FAX				
11550 Fuqua, Suite 205			-	(A/C, NO, EXT): (281 E-MAIL	1) 674-1445	(A/C, No):			
Houston, TX 77034			-	ADDRESS: ty bla	ake@ajg.com			1		
			-			ORDING COVERAGE D-Legal Solutions Ris	- le	NAIC # 11598		
				Retention Gr		b legar boracions kr.	J.	11390		
INSURED				COMPANY B:						
Ami E. Rice, MD 1717 Rotary Dr			-	COMPANY C:						
Humble, TX 77338-5235			-	COMPANY D:						
			-	COMPANY E:						
COVERAGES		CERT	IFICATE NUMBER	COMPANY F:		REVISION NUMBER:				
INDICATED. NOTWITHSTANDING ANY REC CERTIFICATE MAY BE ISSUED OR MAY F EXCLUSIONS AND CONDITIONS OF SUCH F	COVERAGESCERTIFICATE 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 TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s			
						EACH OCCURRENCE DAMAGE TO RENTED	\$ N/	A		
COMMERCIAL GENERAL LIABILITY						PREMISES (Ea occurrence)	\$ N/	A		
CLAIMS MADE OCCUR			N/A	N/A	N/A	MED EXP (Any one person)	\$ N/			
	-					PERSONAL & ADV INJURY GENERAL AGGREGATE	\$ N/ \$ N/			
GEN'L AGGREGATE LIMIT APPLIES PER:	-					PRODUCTS – COMP/OP AGG	\$ N/			
POLICY PRO- 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 AUTOS			N/A	N/A	N/A	BODILY INJURY (Per accident)	\$ N/	A		
HIRED AUTOS NON-OWNED ONLY AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$ N/	A		
							\$ N/	A		
UMBRELLA LIAB OCCUR			(-	/-	(-	EACH OCCURRENCE	\$ N/	A		
EXCESS LIAB CLAIMS MAD	E		N/A	N/A	N/A	AGGREGATE	\$ N/	A		
DED RETENTION \$						WC STATU- OTH-	\$ N/	A		
AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE	1					TORY LIMITS	\$ N/	A		
OFFICER/MEMBER EXCLUDED?	N/A		N/A	N/A	N/A	E.L. EACH ACCIDENT	\$ N/ \$ N/			
(Mandatory in NH) If yes, describe under						E.L. DISEASE - EA EMPLOYEE	1			
A OTHER						E.L. DISEASE - POLICY LIMIT Each Med. Incident:	\$ N/ Share			
Medical Prof. Liability Retro Date: 06/05/2017 Type: Claims Made			GAMS117115					ed \$3M		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES	(ACORD	101, Add	ditional Remarks Schedule, ma	y be attached if more spa	ace is required)					
INSURED SPECIALTY: Radiology - I COVERAGE IS LIMITED TO WORK ON F	-			a Consultants	s, LLC					
CERTIFICATE HOLDER				CANCELLATION	N					
Midwest Dysphagia Consultants, 1717 Rotary Drive	LLC			THE EXPIRATION	ON DATE THERI	DESCRIBED POLICIES BE CA EOF, NOTICE WILL BE DELIV ICY PROVISIONS.				
Humble, TX 77346			-	AUTHORIZED REPR	ESENTATIVE					
				Donovau	v					
					© 1988-20′	15 ACORD CORPORATIO	N. All	rights reserved.		

ACORD CERTI	FIC	CA		BILITY I	NSURA	NCE		TE (MM/DD/YYYY)			
THIS CERTIFICATE IS ISSUED AS A M CERTIFICATE DOES NOT AFFIRMATIV BELOW. THIS CERTIFICATE OF INSU REPRESENTATIVE OR PRODUCER, AND		OR NE DO	NEGATIVELY AMEND DES NOT CONSTITU	, EXTEND OR	ALTER THE	COVERAGE AFFORD	DED BY T	HE POLICIES			
IMPORTANT: If the certificate holder is a SUBROGATION IS WAIVED, subject to t certificate does not confer rights to the o	he te	rms a	and conditions of the	policy, certain	policies may						
PRODUCER				CONTACT NAME: Ty J. Bl							
Arthur J. Gallagher Risk Managem	ent 9	Serv		PHONE	ake	FA					
11550 Fuqua, Suite 205				(A/C, NO, EXT): (28 1 E-MAIL	1) 674-1445	(A)	/C, No):				
Houston, TX 77034				ADDRESS:ty bla	ake@ajg.com						
					olied Medico	DRDING COVERAGE	Risk	NAIC # 11598			
INSURED				COMPANY B:							
Gregory L. Smith, MD				COMPANY C:							
1717 Rotary Dr Humble, TX 77338-5235				COMPANY D:							
Humble, 1X //336-3235				COMPANY E:							
COMPANY F:											
COVERAGES			TIFICATE NUMBER:			REVISION NUMBI					
INDICATED. NOTWITHSTANDING ANY REQU CERTIFICATE MAY BE ISSUED OR MAY PE EXCLUSIONS AND CONDITIONS OF SUCH PE	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 TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	ì	LIMITS				
COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ N/2) \$ N/2				
CLAIMS MADE OCCUR						MED EXP (Any one person) \$ N/A					
			N/A	N/A	N/A	PERSONAL & ADV INJURY	A				
	_					GENERAL AGGREGATE	\$ N/2	A			
GEN'L AGGREGATE LIMIT APPLIES PER:	_					PRODUCTS – COMP/OP A	.GG \$ N/2	A			
POLICY JECT LOC							\$ N/2	A			
						COMBINED SINGLE LIMIT (Ea accident)	\$ N/2	A			
						BODILY INJURY (Per perso	on) \$ N/2	A			
OWNED SCHEDULED AUTOS ONLY			N/A	N/A	N/A	BODILY INJURY (Per accid	ent) \$ N/2	A			
HIRED AUTOS NON-OWNED ONLY AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$ N/	A			
							\$ N/	A			
UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$ N/2	A			
EXCESS LIAB CLAIMS MADE			N/A	N/A	N/A	AGGREGATE	\$ N/2	A			
DED RETENTION \$							\$ N/2	A			
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							OTH- ER \$ N/2	A			
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		N/A	N/A	N/A	E.L. EACH ACCIDENT	\$ N/2	A			
(Mandatory in NH) If yes, describe under						E.L. DISEASE - EA EMPLO	DYEE \$ N/2	A			
DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LI	MIT \$ N/2	A			
A OTHER Medical Prof. Liability Retro Date: 06/05/2017 Type: Claims Made			GAMS117115	06/05/2023	06/05/2024	Each Med. Incider Aggregate Limit:		ed \$1M ed \$3M			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES	ACORD	0 101, Ad	dditional Remarks Schedule, may	be attached if more spa	ace is required)						
INSURED SPECIALTY: Radiology - D.	iagno	setio	~								
COVERAGE IS LIMITED TO WORK ON BE	-			a Consultants	s, LLC						
CERTIFICATE HOLDER			C		1						
Midwest Dysphagia Consultants, 1717 Rotary Drive	LLC			THE EXPIRATION	ON DATE THERE	DESCRIBED POLICIES E EOF, NOTICE WILL BE D					
Humble, TX 77346						ICY PROVISIONS.					
	AUTHORIZED REPRESENTATIVE DONOVEM R. Wy										
					0	5 ACORD CORPORA	TION. All	rights reserved.			

ACORD CERT	FIC	ATE OF LIA	BILITY I	NSURA	NCE		ATE (MM/DD/YYYY))5/17/2023			
THIS CERTIFICATE IS ISSUED AS A M CERTIFICATE DOES NOT AFFIRMATIV BELOW. THIS CERTIFICATE OF INSU REPRESENTATIVE OR PRODUCER, AN	ELY C	DR NEGATIVELY AMEN E DOES NOT CONSTIT	D, EXTEND OR UTE A CONTRA	ALTER THE	COVERAGE AFFORDED) BY 1	THE POLICIES			
IMPORTANT: If the certificate holder is a SUBROGATION IS WAIVED, subject to a certificate does not confer rights to the o	he ter	ms and conditions of the	e policy, certain	policies may						
PRODUCER			CONTACT NAME: Ty J. Bl							
Arthur J. Gallagher Risk Managem	ent S	ervices. Inc.	PHONE		FAX					
11550 Fuqua, Suite 205			(A/C, NO, EXT): (28: E-MAIL	1) 674-1445	(A/C, N	o):				
Houston, TX 77034			ADDRESS: ty bla	ake@ajg.com			-			
				plied Medico	DRDING COVERAGE D-Legal Solutions Ri	sk	NAIC # 11598			
INSURED			COMPANY B:							
Ronnie C. Wiedower, MD			COMPANY C:							
1717 Rotary Dr Humble, TX 77338-5235			COMPANY D:							
Humble, 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 TYPE OF INSURANCE	INSR		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIM	-				
COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ n/ \$ n/				
CLAIMS MADE OCCUR					MED EXP (Any one person) \$ N/A					
		N/A	N/A	N/A	PERSONAL & ADV INJURY					
					GENERAL AGGREGATE	A				
GEN'L AGGREGATE LIMIT APPLIES PER:	_				PRODUCTS – COMP/OP AGG	\$ N/	A			
POLICY PRO- 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 AUTOS		N/A	N/A	N/A	BODILY INJURY (Per accident)	\$ N/	A			
HIRED AUTOS NON-OWNED ONLY AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$ N/	A			
						\$ N/	A			
UMBRELLA LIAB OCCUR	1 1				EACH OCCURRENCE	\$ N/	A			
EXCESS LIAB CLAIMS MAD		N/A	N/A	N/A	AGGREGATE	\$ N/	A			
DED RETENTION \$						\$ N/	A			
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N					WC STATU- TORY LIMITS ER	l- \$n∕	A			
ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A	N/A	N/A	N/A	E.L. EACH ACCIDENT	\$ N/				
(Mandatory in NH)					E.L. DISEASE – EA EMPLOYEE	5 \$ N/	A			
If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$ N/	A			
A OTHER Medical Prof. Liability Retro Date: 09/01/2018 Type: Claims Made		GAMS117115	06/05/2023	06/05/2024	Each Med. Incident: Aggregate Limit:		ed \$1M ed \$3M			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES	(ACORD	101, Additional Remarks Schedule, ma	ay be attached if more spa	ace is required)						
INSURED SPECIALTY: Radiology - D COVERAGE IS LIMITED TO WORK ON B	-		ia Consultant:	s, LLC						
CERTIFICATE HOLDER			CANCELLATION							
Midwest Dysphagia Consultants, 1717 Rotary Drive Humble, TX 77346	LLC		THE EXPIRATION	ON DATE THERE	DESCRIBED POLICIES BE (EOF, NOTICE WILL BE DELI' ICY PROVISIONS.					
AUTHORIZED REPRESENTATIVE										
L				V	15 ACORD CORPORATIO	DN. All	rights reserved.			

ACORD CERT	FIC	ATE OF LIA	BILITY I	NSURA	NCE		ATE (MM/DD/YYYY) 05/17/2023			
THIS CERTIFICATE IS ISSUED AS A M CERTIFICATE DOES NOT AFFIRMATIV BELOW. THIS CERTIFICATE OF INSU REPRESENTATIVE OR PRODUCER, AN	ELY C	DR NEGATIVELY AMEN E DOES NOT CONSTIT	D, EXTEND OR UTE A CONTRA	ALTER THE	COVERAGE AFFORDED	BY 1	HE POLICIES			
IMPORTANT: If the certificate holder is a SUBROGATION IS WAIVED, subject to a certificate does not confer rights to the o	he ter	ms and conditions of the	e policy, certain	policies may						
PRODUCER			CONTACT NAME: Ty J. Bl							
Arthur J. Gallagher Risk Managem	ent S	ervices. Inc.	PHONE		FAX					
11550 Fuqua, Suite 205			(A/C, NO, EXT): (28: E-MAIL	1) 674-1445	(A/C, N	lo):				
Houston, TX 77034			ADDRESS: ty bla	ake@ajg.com						
				plied Medico	DRDING COVERAGE D-Legal Solutions Ri	sk	NAIC # 11598			
INSURED			COMPANY B:							
Anita Lawrenz, MD			COMPANY C:							
1717 Rotary Dr Humble, TX 77338-5235			COMPANY D:							
Humble, 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 TYPE OF INSURANCE	ADDL INSR		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		ITS				
COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ n/ \$ n/				
CLAIMS MADE OCCUR					MED EXP (Any one person) \$ N/A					
		N/A	N/A	N/A	PERSONAL & ADV INJURY					
					GENERAL AGGREGATE	A				
GEN'L AGGREGATE LIMIT APPLIES PER:	_				PRODUCTS – COMP/OP AGG	\$ N/	A			
POLICY PRO- 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 AUTOS		N/A	N/A	N/A	BODILY INJURY (Per accident)	\$ N/	A			
HIRED AUTOS NON-OWNED ONLY AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$ N/	A			
						\$ N/	A			
UMBRELLA LIAB OCCUR	1 1				EACH OCCURRENCE	\$ N/	A			
EXCESS LIAB CLAIMS MAD		N/A	N/A	N/A	AGGREGATE	\$ N/	A			
DED RETENTION \$						\$ N/	A			
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N					WC STATU- TORY LIMITS ER	-∣ \$n/	A			
ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A	N/A	N/A	N/A	E.L. EACH ACCIDENT	\$ N/				
(Mandatory in NH)					E.L. DISEASE – EA EMPLOYEI	E \$ N/	A			
If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$ N/	A			
A OTHER Medical Prof. Liability Retro Date: 06/01/2021 Type: Claims Made		GAMS117115	06/05/2023	06/05/2024	Each Med. Incident: Aggregate Limit:		≥d \$1M ≥d \$3M			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES	(ACORD	101, Additional Remarks Schedule, ma	ay be attached if more spa	ace is required)						
INSURED SPECIALTY: Radiology - D COVERAGE IS LIMITED TO WORK ON B	-		ia Consultant:	s, LLC						
CERTIFICATE HOLDER			CANCELLATION	N						
Midwest Dysphagia Consultants, 1717 Rotary Drive Humble, TX 77346	LLC		THE EXPIRATION	ON DATE THERE	DESCRIBED POLICIES BE (EOF, NOTICE WILL BE DELI ICY PROVISIONS.					
	AUTHORIZED REPRESENTATIVE DONOVEM M. Weg									
L			L	© 1988-201	15 ACORD CORPORATIO	DN. All	rights reserved.			

ACORD CERT	FIC	ATE OF LIA	BILITY I	NSURA	NCE		ATE (MM/DD/YYYY))5/17/2023			
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 a SUBROGATION IS WAIVED, subject to a certificate does not confer rights to the o	he ter	ms and conditions of the	e policy, certain	policies may						
PRODUCER			CONTACT NAME: Ty J. Bl							
Arthur J. Gallagher Risk Managem	ent S	ervices. Inc.	PHONE		FAX					
11550 Fuqua, Suite 205			(A/C, NO, EXT): (28: E-MAIL	1) 674-1445	(A/C, N	o):				
Houston, TX 77034 ADDRESS: ty blake@ajg.com										
	DRDING COVERAGE D-Legal Solutions Ri	sk	NAIC # 11598							
INSURED			COMPANY B:							
Giavonne Rondo, MD			COMPANY C:							
1717 Rotary Dr			COMPANY D:							
Humble, TX 77338-5235			COMPANY E:							
			COMPANY F:							
COVERAGES		CERTIFICATE NUMBER			REVISION NUMBER:					
THIS IS TO CERTIFY THAT THE POLICIES (INDICATED. NOTWITHSTANDING ANY REQ CERTIFICATE MAY BE ISSUED OR MAY P EXCLUSIONS AND CONDITIONS OF SUCH PO	JIREME ERTAIN	ENT, TERM OR CONDITION I, THE INSURANCE AFFOR S. LIMITS SHOWN MAY HAV	N OF ANY CONTE RDED BY THE PC 'E BEEN REDUCEL	RACT OR OTHE DLICIES DESCR	R DOCUMENT WITH RESI BED HEREIN IS SUBJECT	PECT 1	O WHICH THIS			
LTR TYPE OF INSURANCE	INSR		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIM	-				
COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ N/ \$ N/				
CLAIMS MADE OCCUR			N/A		MED EXP (Any one person)	\$ N/	A			
		N/A		N/A	PERSONAL & ADV INJURY	\$ N/	\$ N/A			
					GENERAL AGGREGATE	\$ N/	A			
GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS – COMP/OP AGG	\$ N/	/A			
POLICY PRO- JECT LOC						\$ N/	A			
AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ N/	A			
ANY AUTO			N/A	N/A	BODILY INJURY (Per person)	\$ N/A				
OWNED SCHEDULED AUTOS ONLY AUTOS		N/A			BODILY INJURY (Per accident)	\$ N/	A			
HIRED AUTOS NON-OWNED ONLY AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$ N/	A			
						\$ N/	A			
UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$ N/	A			
EXCESS LIAB CLAIMS MAD		N/A	N/A	N/A	AGGREGATE	\$ N/				
DED RETENTION \$						\$ N/	A			
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N					WC STATU- TORY LIMITS ER	- \$n/	A			
ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A	N/A	N/A	N/A	E.L. EACH ACCIDENT	\$ N/				
OFFICER/MEMBER EXCLUDED?					E.L. DISEASE – EA EMPLOYEE	\$ N/	A			
If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE – POLICY LIMIT	\$ N/	A			
A OTHER Medical Prof. Liability Retro Date: 06/01/2021 Type: Claims Made		GAMS117115	06/05/2023	06/05/2024	Each Med. Incident: Aggregate Limit:		ed \$1M ed \$3M			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES	(ACORD	101, Additional Remarks Schedule, ma	y be attached if more spa	ace is required)	•					
INSURED SPECIALTY: Radiology - D COVERAGE IS LIMITED TO WORK ON B	-		ia Consultant:	s, LLC						
CERTIFICATE HOLDER			CANCELLATION	J						
Midwest Dysphagia Consultants, LLC SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE										
1717 Rotary Drive Humble, TX 77346				WITH THE POL	ICY PROVISIONS.					
			Donovem	a						
				© 1988-201	5 ACORD CORPORATIO	N. All	riahts reserved.			

Ą	CORD CERTI	FIC	CA		BILITY I	NSURA	NCE		ATE (MM/DD/YYYY) 05/17/2023	
CE BE	IS CERTIFICATE IS ISSUED AS A MA RTIFICATE DOES NOT AFFIRMATIVI LOW. THIS CERTIFICATE OF INSUR PRESENTATIVE OR PRODUCER, AND		OR I E DO	NEGATIVELY AMEND DES NOT CONSTITU	, EXTEND OR	ALTER THE	COVERAGE AFFORD	ED BY 1	THE POLICIES	
SU	PORTANT: If the certificate holder is a BROGATION IS WAIVED, subject to the tificate does not confer rights to the c	ne te	rms a	and conditions of the	policy, certain	policies may i				
	DUCER				CONTACT					
Art	hur J. Gallagher Risk Manageme	nt (Sorw		NAME: Ty J. Bl PHONE	аке	FAX			
	550 Fuqua, Suite 205	inc .	(A/C, NO, EXT): (28)	L) 674-1445	(A/C	;, No):				
Houston, TX 77034 E-MAIL ADDRESS: ty blake@ajg.com										
INSURER(S) AFFORDING COVERAGE									NAIC #	
COMPANY A: Applied Medico-Legal Solutions Risk 11598 Retention Group, Inc.										
INSU	JRED				COMPANY B:					
	nneth Herbert Richmond, MD				COMPANY C:					
	7 Rotary Dr mble, TX 77338-5235				COMPANY D:					
nui					COMPANY E:					
					COMPANY F:					
CO	VERAGES		CER	TIFICATE NUMBER:			REVISION NUMBE	R:		
IND CEI EXC	S IS TO CERTIFY THAT THE POLICIES C ICATED. NOTWITHSTANDING ANY REQU RTIFICATE MAY BE ISSUED OR MAY PE CLUSIONS AND CONDITIONS OF SUCH PC	JIREM RTAII	ENT, N, T⊢ S. LIN	TERM OR CONDITION IE INSURANCE AFFORE MITS SHOWN MAY HAVE	OF ANY CONTR DED BY THE PO	RACT OR OTHE LICIES DESCRI DBY PAID CLAIN	R DOCUMENT WITH RI BED HEREIN IS SUBJE	SPECT 1	TO WHICH THIS	
INSR LTR	TYPE OF INSURANCE		SUBR WVD		(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)				
							EACH OCCURRENCE DAMAGE TO RENTED	\$ N/		
							PREMISES (Ea occurrence)	\$ N/		
	CLAIMS MADE OCCUR			N/A	N/A	N/A	MED EXP (Any one person)	\$ N/		
		-					PERSONAL & ADV INJURY	\$ N/		
		-					GENERAL AGGREGATE	\$ N/ G \$ N/		
	GEN'L AGGREGATE LIMIT APPLIES PER:	-					PRODUCTS – COMP/OP AG	Ά		
	POLICY JECT LOC						COMBINED SINGLE LIMIT			
							(Ea accident)	\$ N/	Ά	
	ANY AUTO						BODILY INJURY (Per persor	i) \$ N/	\$ N/A	
	OWNED SCHEDULED AUTOS ONLY AUTOS			N/A	N/A N/	N/A	BODILY INJURY (Per accide	nt) \$ N/	'A	
	HIRED AUTOS NON-OWNED ONLY AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$ N/	'A	
								\$ N/	'A	
	UMBRELLA LIAB OCCUR							\$ N/		
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS MADE			N/A	N/A	N/A	EACH OCCURRENCE	\$ N/		
	DED RETENTION \$						AGGREGATE	\$ N/		
	WORKERS COMPENSATION						WC STATU-	DTH-		
	AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE						· · · · · · · · · · · · · · · · · · ·	R \$ N/		
	OFFICER/MEMBER EXCLUDED?	N/A		N/A	N/A	N/A	E.L. EACH ACCIDENT	\$ N/		
	(Mandatory in NH) If yes, describe under						E.L. DISEASE – EA EMPLO			
A	DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIN			
~	Medical Prof. Liability Retro Date: 11/08/2021 Type: Claims Made			GAMS117115	06/05/2023	06/05/2024	Each Med. Inciden Aggregate Limit:		ed \$1M ed \$3M	
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD	101, A	dditional Remarks Schedule, may	be attached if more spa	ice is required)				
TNO				_						
	URED SPECIALTY: Radiology - Di ERAGE IS LIMITED TO WORK ON BE	-			Consultante	s, LLC				
			~-			, _				
CE	RTIFICATE HOLDER			C	ANCELLATION	I				
1	idwest Dysphagia Consultants, 3 717 Rotary Drive	LLC			THE EXPIRATION	ON DATE THERE	DESCRIBED POLICIES B EOF, NOTICE WILL BE DE ICY PROVISIONS.			
	umble, TX 77346									
					AUTHORIZED REPR					
L						0	5 ACORD CORPORAT	ION. All	rights reserved.	

ACORD CERT	FIC	CATE OF LIA	BILITY I	NSURA	NCE		ATE (MM/DD/YYYY))5/17/2023			
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 a SUBROGATION IS WAIVED, subject to a certificate does not confer rights to the o	he ter	ms and conditions of th	e policy, certain	policies may						
PRODUCER			CONTACT NAME: Ty J. Bl							
Arthur J. Gallagher Risk Managem	ent S	ervices. Inc.	PHONE		FAX					
11550 Fuqua, Suite 205			(A/C, NO, EXT): (28: E-MAIL	1) 674-1445	(A/C, N	o):				
Houston, TX 77034 ADDRESS: ty blake@ajg.com										
				plied Medico	DRDING COVERAGE D-Legal Solutions Ri	.sk	NAIC # 11598			
INSURED			COMPANY B:							
Elizabeth M. Prusak, MD			COMPANY C:							
1717 Rotary Dr Humble, TX 77338-5235			COMPANY D:							
Humble, 1X //336-3235			COMPANY E:							
			COMPANY F:							
COVERAGES		CERTIFICATE NUMBER			REVISION NUMBER					
THIS IS TO CERTIFY THAT THE POLICIES (INDICATED. NOTWITHSTANDING ANY REQ CERTIFICATE MAY BE ISSUED OR MAY P EXCLUSIONS AND CONDITIONS OF SUCH PO	JIREME ERTAIN	ENT, TERM OR CONDITIO I, THE INSURANCE AFFO S. LIMITS SHOWN MAY HAV	N OF ANY CONTR RDED BY THE PC	RACT OR OTHE DLICIES DESCR	R DOCUMENT WITH RES	РЕСТ Т	O WHICH THIS			
LTR TYPE OF INSURANCE	INSR		(MM/DD/YYYY)	(MM/DD/YYYY)	LIM	-				
COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ n/ \$ n/				
CLAIMS MADE OCCUR				N/A	MED EXP (Any one person)	\$ N/	A			
		N/A	N/A		PERSONAL & ADV INJURY	\$ N/	\$ N/A			
					GENERAL AGGREGATE	\$ N/	A			
GEN'L AGGREGATE LIMIT APPLIES PER:	_				PRODUCTS – COMP/OP AGG	\$ N/	i/A			
POLICY PRO- JECT LOC						\$ N/	A			
AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ N/	A			
ANY AUTO				N/A	BODILY INJURY (Per person)	\$ N/	A			
OWNED SCHEDULED AUTOS ONLY AUTOS		N/A	N/A		BODILY INJURY (Per accident)	\$ N/	A			
HIRED AUTOS NON-OWNED ONLY AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$ N/	A			
						\$ N/	A			
UMBRELLA LIAB OCCUR	1 1				EACH OCCURRENCE	\$ N/	A			
EXCESS LIAB CLAIMS MAD		N/A	N/A	N/A	AGGREGATE	\$ N/	A			
DED RETENTION \$						\$ N/	A			
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N					WC STATU- TORY LIMITS ER	l- \$n∕	A			
ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A	N/A	N/A	N/A	E.L. EACH ACCIDENT	\$ N/				
(Mandatory in NH)					E.L. DISEASE – EA EMPLOYEE	5 \$ N/	A			
If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$ N/	A			
A OTHER Medical Prof. Liability Retro Date: 03/01/2022 Type: Claims Made		GAMS117115	06/05/2023	06/05/2024	Each Med. Incident: Aggregate Limit:		ed \$1M ed \$3M			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES	(ACORD	101, Additional Remarks Schedule, m	ay be attached if more spa	ace is required)						
INSURED SPECIALTY: Radiology - D COVERAGE IS LIMITED TO WORK ON B	-		ia Consultant:	s, LLC						
CERTIFICATE HOLDER			CANCELLATION	J						
Midwest Dysphagia Consultants, LLC SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE										
1717 Rotary Drive Humble, TX 77346			ACCORDANCE		ICY PROVISIONS.					
			Jonovem	0						
				© 1988-201	15 ACORD CORPORATIO	DN. All	rights reserved.			

ACORD CERT	FIC	ATE OF LIA	BILITY I	NSURA	NCE		ATE (MM/DD/YYYY)		
THIS CERTIFICATE IS ISSUED AS A M CERTIFICATE DOES NOT AFFIRMATIV BELOW. THIS CERTIFICATE OF INSU REPRESENTATIVE OR PRODUCER, AN	ELY C	DR NEGATIVELY AMEN	D, EXTEND OR UTE A CONTRA	ALTER THE	COVERAGE AFFORDED	BY 1	THE POLICIES		
IMPORTANT: If the certificate holder is a SUBROGATION IS WAIVED, subject to a certificate does not confer rights to the o	he teri	ms and conditions of the	e policy, certain	policies may					
PRODUCER			CONTACT NAME: Ty J. Bl	aka					
Arthur J. Gallagher Bisk Management Services, Inc. PHONE FAX									
11550 Fuqua, Suite 205			(A/C, NO, EXT): (28: E-MAIL	1) 674-1445	(A/C, N	0):			
Houston, TX 77034 ADDRESS: ty blake@ajg.com									
INSURER(S) AFFORDING COVERAGE NAI COMPANY A: Applied Medico-Legal Solutions Risk 11598 Retention Group, Inc. 11598									
INSURED			COMPANY B:	<u> </u>					
Daniel Alexander Bonnin, MD			COMPANY C:						
1717 Rotary Dr			COMPANY D:						
Humble, TX 77338-5235			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 TYPE OF INSURANCE	ADDL S		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIM	-			
COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ n/ \$ n/			
CLAIMS MADE OCCUR						\$ N/			
		N/A	N/A	N/A	MED EXP (Any one person) PERSONAL & ADV INJURY	\$ N/			
	1				GENERAL AGGREGATE		5 N/A		
GEN'L AGGREGATE LIMIT APPLIES PER:	1				PRODUCTS – COMP/OP AGG	\$ N/			
POLICY PRO- JECT LOC						\$ N/	A		
					COMBINED SINGLE LIMIT (Ea accident)	\$ N/	A		
ANY AUTO				N/A	BODILY INJURY (Per person)	\$ N/	N/A		
OWNED SCHEDULED AUTOS ONLY AUTOS		N/A	N/A		BODILY INJURY (Per accident)	\$ N/	\$ N/A		
HIRED AUTOS NON-OWNED ONLY AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$ N/	A		
						\$ N/	A		
UMBRELLA LIAB OCCUR	+ +				EACH OCCURRENCE	\$ N/	A		
EXCESS LIAB CLAIMS MAD		N/A	N/A	N/A	AGGREGATE	\$ N/			
DED RETENTION \$	1					\$ N/	A		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N					WC STATU- TORY LIMITS ER	l- \$n/	Δ		
ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A	N/A	N/A	N/A	E.L. EACH ACCIDENT	\$ N/			
OFFICER/MEMBER EXCLUDED?					E.L. DISEASE – EA EMPLOYEE	5 \$ N/	A		
If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$ N/	A		
A OTHER Medical Prof. Liability Retro Date: 04/05/2022 Type: Claims Made		GAMS117115	06/05/2023	06/05/2024	Each Med. Incident: Aggregate Limit:		ed \$1M ed \$3M		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES	(ACORD 1	101, Additional Remarks Schedule, ma	ay be attached if more spa	ace is required)					
INSURED SPECIALTY: Radiology - D COVERAGE IS LIMITED TO WORK ON B	-		ia Consultant:	s, LLC					
CERTIFICATE HOLDER			CANCELLATION	1					
Midwest Dysphagia Consultants, LLC SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE 1717 Rotary Drive THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN Humble, TX 77346 ACCORDANCE WITH THE POLICY PROVISIONS.									
			AUTHORIZED REPR	- 1					
L			<u> </u>	· ·	5 ACORD CORPORATIO	DN. All	rights reserved.		

ACORD CERT	FIC	ATE OF LIA	BILITY I	NSURA	NCE		ATE (MM/DD/YYYY))5/17/2023			
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 a SUBROGATION IS WAIVED, subject to a certificate does not confer rights to the o	he ter	ms and conditions of th	e policy, certain	policies may						
PRODUCER			CONTACT NAME: Ty J. Bl							
Arthur J. Gallagher Risk Managem	ent S	ervices. Inc.	PHONE DI	are	FAX					
11550 Fuqua, Suite 205			(A/C, NO, EXT): (28: E-MAIL	1) 674-1445	(A/C, N	o):				
Houston, TX 77034 ADDRESS: ty blake@ajg.com										
				plied Medico	DRDING COVERAGE D-Legal Solutions Ri	sk	NAIC # 11598			
INSURED			COMPANY B:							
David Lynn Marcus, MD			COMPANY C:							
1717 Rotary Dr Humble, TX 77338-5235			COMPANY D:							
Humble, 1X //330-3235			COMPANY E:							
			COMPANY F:							
COVERAGES		CERTIFICATE NUMBER			REVISION NUMBER					
THIS IS TO CERTIFY THAT THE POLICIES (INDICATED. NOTWITHSTANDING ANY REQ CERTIFICATE MAY BE ISSUED OR MAY P EXCLUSIONS AND CONDITIONS OF SUCH PO	JIREMI ERTAIN	ENT, TERM OR CONDITIO I, THE INSURANCE AFFOI S. LIMITS SHOWN MAY HA\	N OF ANY CONTF RDED BY THE PC	RACT OR OTHE DLICIES DESCR	R DOCUMENT WITH RES	PECT 1	O WHICH THIS			
LTR TYPE OF INSURANCE	INSR		(MM/DD/YYYY)	(MM/DD/YYYY)	LIM	-				
COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ N/ \$ N/				
CLAIMS MADE OCCUR					MED EXP (Any one person)	\$ N/	A			
		N/A	N/A	N/A	PERSONAL & ADV INJURY	\$ N/	\$ N/A			
					GENERAL AGGREGATE	\$ N/	A			
GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS – COMP/OP AGG	\$ N/	/A			
POLICY PRO- JECT LOC						\$ N/	A			
AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ N/	A			
ANY AUTO			N/A	N/A	BODILY INJURY (Per person)	\$ N/	A			
OWNED SCHEDULED AUTOS ONLY AUTOS		N/A			BODILY INJURY (Per accident)	\$ N/	N/A			
HIRED AUTOS NON-OWNED ONLY AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$ N/	A			
						\$ N/	A			
UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$ N/	A			
EXCESS LIAB CLAIMS MAD		N/A	N/A	N/A	AGGREGATE	\$ N/	A			
DED RETENTION \$						\$ N/	A			
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N					WC STATU- TORY LIMITS ER	- \$n/	A			
ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A	N/A	N/A	N/A	E.L. EACH ACCIDENT	\$ N/				
(Mandatory in NH)					E.L. DISEASE – EA EMPLOYEE	\$ N/	A			
If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$ N/	A			
A OTHER Medical Prof. Liability Retro Date: 01/10/2023 Type: Claims Made		GAMS117115	06/05/2023	06/05/2024	Each Med. Incident: Aggregate Limit:		ed \$1M ed \$3M			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES	(ACORD	101, Additional Remarks Schedule, m	ay be attached if more spa	ace is required)						
INSURED SPECIALTY: Radiology - D COVERAGE IS LIMITED TO WORK ON B	-		ia Consultant:	s, LLC						
CERTIFICATE HOLDER			CANCELLATION	J						
Midwest Dysphagia Consultants, LLC SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE										
1717 Rotary Drive Humble, TX 77346			ACCORDANCE		ICY PROVISIONS.					
			Donoven	0						
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ACORD CERT	FIC	ATE OF LIA	BILITY I	NSURA	NCE		ATE (MM/DD/YYYY)		
THIS CERTIFICATE IS ISSUED AS A M CERTIFICATE DOES NOT AFFIRMATIV BELOW. THIS CERTIFICATE OF INSU REPRESENTATIVE OR PRODUCER, ANI	ELY C	DR NEGATIVELY AMEN E DOES NOT CONSTIT	D, EXTEND OR UTE A CONTRA	ALTER THE	COVERAGE AFFORDED	BY 1	THE POLICIES		
IMPORTANT: If the certificate holder is a SUBROGATION IS WAIVED, subject to the certificate does not confer rights to the o	he teri	ms and conditions of the	e policy, certain	policies may					
PRODUCER			CONTACT NAME: Ty J. Bl	aka					
Arthur J. Gallagher Risk Management Services, Inc.									
11550 Fuqua, Suite 205		·	(A/C, NO, EXT): (28: E-MAIL	1) 674-1445	(A/C, N	0):			
Houston, TX 77034 ADDRESS: ty blake@ajg.com									
INSURER(S) AFFORDING COVERAGE NAIC COMPANY A: Applied Medico-Legal Solutions Risk 11598 Retention Group, Inc. 11598									
INSURED			COMPANY B:	1					
Luis M. Velasco-Cervilla, MD			COMPANY C:						
1717 Rotary Dr			COMPANY D:						
Humble, TX 77338-5235			COMPANY E:						
			COMPANY F:						
COVERAGES		CERTIFICATE NUMBER			REVISION NUMBER				
THIS IS TO CERTIFY THAT THE POLICIES (INDICATED. NOTWITHSTANDING ANY REQ CERTIFICATE MAY BE ISSUED OR MAY P EXCLUSIONS AND CONDITIONS OF SUCH PO	JIREME ERTAIN	ENT, TERM OR CONDITION I, THE INSURANCE AFFOR S. LIMITS SHOWN MAY HAV	N OF ANY CONTF RDED BY THE PC	RACT OR OTHE	R DOCUMENT WITH RES BED HEREIN IS SUBJECT	РЕСТ Т	O WHICH THIS		
LTR TYPE OF INSURANCE	INSR		(MM/DD/YYYY)	(MM/DD/YYYY)	LIM	-			
					EACH OCCURRENCE	\$ N/			
					PREMISES (Ea occurrence)	\$ N/			
CLAIMS MADE OCCUR		N/A	N/A	N/A	MED EXP (Any one person) PERSONAL & ADV INJURY		\$ N/A \$ N/A		
	1				GENERAL AGGREGATE		\$ N/A \$ N/A		
GEN'L AGGREGATE LIMIT APPLIES PER:	1				PRODUCTS – COMP/OP AGG	\$ N/			
POLICY PRO- JECT LOC						\$ N/	Δ		
					COMBINED SINGLE LIMIT (Ea accident)	\$ N/			
ANY AUTO			N/A	N/A	BODILY INJURY (Per person)	\$ N/A			
OWNED SCHEDULED AUTOS ONLY AUTOS		N/A			BODILY INJURY (Per accident)	\$ N/	N/A		
HIRED AUTOS NON-OWNED					PROPERTY DAMAGE (Per accident)	\$ N/	A		
ONLY AUTOS ONLY						\$ N/	A		
UMBRELLA LIAB OCCUR	+ +				EACH OCCURRENCE	\$ N/			
EXCESS LIAB CLAIMS MADE		N/A	N/A	N/A	AGGREGATE	\$ N/			
DED RETENTION \$						\$ N/			
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N					WC STATU- TORY LIMITS ER	ן- אוא /	2		
ANY PROPRIETOR/PARTNER/EXECUTIVE		N/A	N/A	N/A	E.L. EACH ACCIDENT	\$ N/			
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A		,		E.L. DISEASE – EA EMPLOYEI				
If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE – POLICY LIMIT	\$ N/	A		
A OTHER Medical Prof. Liability Retro Date: 08/01/2022 Type: Claims Made		GAMS117115			Each Med. Incident: Aggregate Limit:		ed \$1M ed \$3M		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES	(ACORD 1	101, Additional Remarks Schedule, ma	ay be attached if more spa	ace is required)					
INSURED SPECIALTY: Radiology - D COVERAGE IS LIMITED TO WORK ON B	-		ia Consultant:	s, LLC					
CERTIFICATE HOLDER			CANCELLATION	1					
1717 Rotary Drive	Midwest Dysphagia Consultants, LLC SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE								
Humble, TX 77346	Humble, TX //346								
			AUTHORIZED REPR	- 1					
L				· ·	5 ACORD CORPORATIO	DN. All	rights reserved.		

ACORD CERT	FIC	CATE		BILITY I	NSURA	NCE		ATE (MM/DD/YYYY)		
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 t certificate does not confer rights to the	he ter	rms and o	conditions of the	policy, certain	policies may					
PRODUCER				CONTACT NAME: Ty J. Bl	ako					
Arthur J. Gallagher Risk Management Services, Inc. PHONE FAX (A/C, NO, EXT): (281) 674-1445 (A/C, No):										
11550 Fuqua, Suite 205			-	(A/C, NO, EXT): (28] E-MAIL	1) 674-1445		(A/C, NO):			
Houston, TX 77034 ADDRESS: ty blake@ajg.com										
INSURER(S) AFFORDING COVERAGE NAM COMPANY A: Applied Medico-Legal Solutions Risk 11598 Retention Group, Inc.										
INSURED				COMPANY B:						
Wali Ullah Jahangiri, MD				COMPANY C:						
1717 Rotary Dr Humble, TX 77338-5235				COMPANY D:						
Rumbre, 1X //336-5255				COMPANY E:						
				COMPANY F:						
COVERAGES		-	CATE NUMBER:			REVISION NUM				
THIS IS TO CERTIFY THAT THE POLICIES OF INDICATED. NOTWITHSTANDING ANY REQ CERTIFICATE MAY BE ISSUED OR MAY P EXCLUSIONS AND CONDITIONS OF SUCH POLICIES	JIREM ERTAIN DLICIE	ENT, TER N, THE IN	M OR CONDITION	OF ANY CONTR DED BY THE PO	RACT OR OTHE	R DOCUMENT WITH	RESPECT T	O WHICH THIS		
LTR TYPE OF INSURANCE		WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	i	LIMITS			
						EACH OCCURRENCE DAMAGE TO RENTED	\$ N/			
					N/A	PREMISES (Ea occurrence				
			N/A	N/A		MED EXP (Any one perso	,	\$ N/A \$ N/A		
	1					PERSONAL & ADV INJU GENERAL AGGREGATE				
GEN'L AGGREGATE LIMIT APPLIES PER:	1					PRODUCTS – COMP/OP				
POLICY JECT LOC	1						\$ N/			
						COMBINED SINGLE LIMI				
					N/A	(Ea accident) BODILY INJURY (Per per	rson) \$ N/	A		
OWNED SCHEDULED			N/A	N/A		BODILY INJURY (Per acc	,	A		
AUTOS ONLY AUTOS HIRED AUTOS NON-OWNED						PROPERTY DAMAGE	, \$ n/	Δ		
ONLY AUTOS ONLY						(Per accident)	\$ N/			
UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS MADI	_		N/A	N/A	N/A	EACH OCCURRENCE	\$ N/			
DED RETENTION \$	9					AGGREGATE	\$ N/			
WORKERS COMPENSATION						WC STATU-	OTH-			
AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE			N/A	N/A	N/A	E.L. EACH ACCIDENT	ER \$ N/			
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A		N/A	N/A	N/A	E.L. DISEASE – EA EMPI				
If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY		Δ		
A OTHER Medical Prof. Liability Retro Date: 08/01/2022 Type: Claims Made			GAMS117115			Each Med. Incid Aggregate Limit	ent: Share			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES	(ACORD	101, Additiona	al Remarks Schedule, may	be attached if more spa	ace is required)					
INSURED SPECIALTY: Radiology - D COVERAGE IS LIMITED TO WORK ON B	-		west Dysphagi	a Consultants	s, LLC					
CERTIFICATE HOLDER					1					
Midwest Dysphagia Consultants, LLC SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE 1717 Rotary Drive ACCORDANCE WITH THE POLICY PROVISIONS.										
Humble, TX 77346				ACCORDANCE						
				AUTHORIZED REPR	a 1					
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ACORD CERT	FIC	CA	TE OF LIAI	BILITY I	NSURA	NCE		XTE (MM/DD/YYYY)		
CERTIFICATE DOES NOT AFFIRMATIV BELOW. THIS CERTIFICATE OF INSU	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 SUBROGATION IS WAIVED, subject to certificate does not confer rights to the	he te	rms a	and conditions of the	policy, certain	policies may					
PRODUCER				CONTACT NAME: TV J. Bl						
Arthur J. Gallagher Risk Managem	ent	Serv		PHONE	are	FAX				
11550 Fuqua, Suite 205				(A/C, NO, EXT): (281 E-MAIL	1) 674-1445	(A/C, No):			
Houston, TX 77034				ADDRESS: ty bla	ake@ajg.com					
					plied Medico	DRDING COVERAGE D-Legal Solutions Ris	sk	NAIC # 11598		
INSURED				COMPANY B:	1 ,					
Gary Fox, MD				COMPANY C:						
1717 Rotary Dr				COMPANY D:						
Humble, TX 77338-5235				COMPANY E:						
				COMPANY F:						
COVERAGES			TIFICATE NUMBER:			REVISION NUMBER:				
THIS IS TO CERTIFY THAT THE POLICIES O INDICATED. NOTWITHSTANDING ANY REQ CERTIFICATE MAY BE ISSUED OR MAY P EXCLUSIONS AND CONDITIONS OF SUCH P	JIREM ERTAI DLICIE	1ENT, N, TH ES. LIN	TERM OR CONDITION IE INSURANCE AFFORI MITS SHOWN MAY HAVE	OF ANY CONTR DED BY THE PO BEEN REDUCED	RACT OR OTHE DLICIES DESCR D BY PAID CLAIN	R DOCUMENT WITH RESP IBED HEREIN IS SUBJECT	ECT T	O WHICH THIS		
INSR TYPE OF INSURANCE		SUBR WVD		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s			
						EACH OCCURRENCE	\$ N/			
						PREMISES (Ea occurrence)	\$ N/			
CLAIMS MADE OCCUR			N/A	N/A	N/A	MED EXP (Any one person)	\$ N/			
	+					PERSONAL & ADV INJURY GENERAL AGGREGATE	\$ N/A \$ N/A			
GEN'L AGGREGATE LIMIT APPLIES PER:	-					PRODUCTS – COMP/OP AGG	\$ N/			
PRO-	-					FILODOCIS - COMP/OF AGG				
						COMBINED SINGLE LIMIT	\$ N/			
				N/A		(Ea accident) BODILY INJURY (Per person)	\$ N/			
OWNED SCHEDULED			N/A		N/A	BODILY INJURY (Per accident)	\$ N/A			
AUTOS ONLY AUTOS HIRED AUTOS NON-OWNED						PROPERTY DAMAGE	\$ N/			
ONLY AUTOS ONLY						(Per accident)				
		<u> </u>					\$ N/			
UMBRELLA LIAB OCCUR	_		N/A	N/A	N/A	EACH OCCURRENCE	\$ N/			
DED RETENTION \$	-					AGGREGATE	\$ N/			
WORKERS COMPENSATION						WC STATU- OTH-				
AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE				/-	(-		\$ N/			
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A		N/A	N/A	N/A	E.L. EACH ACCIDENT E.L. DISEASE – EA EMPLOYEE	\$ N/ \$ N/			
If yes, describe under DESCRIPTION OF OPERATIONS below							\$ N/			
A OTHER Medical Prof. Liability Retro Date: 05/01/2022 Type: Claims Made			GAMS117115			E.L. DISEASE - POLICY LIMIT Each Med. Incident: Aggregate Limit:	Share			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES	(ACORE	0 101, A	dditional Remarks Schedule, may	be attached if more spa	ace is required)					
	INSURED SPECIALTY: Radiology - Diagnostic COVERAGE IS LIMITED TO WORK ON BEHALF OF Midwest Dysphagia Consultants, LLC									
CERTIFICATE HOLDER					J					
Midwest Dysphagia Consultants, LLC SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFOR 1717 Rotary Drive THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN Humble, TX 77346 ACCORDANCE WITH THE POLICY PROVISIONS.										
				AUTHORIZED REPR	- 1					
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ACORD CERT	FIC	CATE OF LIA	BILITY I	NSURA	NCE		ATE (MM/DD/YYYY))5/17/2023		
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 a SUBROGATION IS WAIVED, subject to the certificate does not confer rights to the o	he ter	ms and conditions of th	e policy, certain	policies may					
PRODUCER			CONTACT NAME: Ty J. Bl						
Arthur J. Gallagher Risk Managem	ent S	Services. Inc.	PHONE DI	are	FAX				
11550 Fuqua, Suite 205			(A/C, NO, EXT): (28: E-MAIL	1) 674-1445	(A/C, N	o):			
Houston, TX 77034 ADDRESS: ty blake@ajg.com									
	DRDING COVERAGE D-Legal Solutions Ri	sk	NAIC # 11598						
INSURED			COMPANY B:						
James Edward Smith, DO			COMPANY C:						
1717 Rotary Dr			COMPANY D:						
Humble, TX 77338-5235			COMPANY E:						
			COMPANY F:						
COVERAGES		CERTIFICATE NUMBER			REVISION NUMBER:				
THIS IS TO CERTIFY THAT THE POLICIES (INDICATED. NOTWITHSTANDING ANY REQ CERTIFICATE MAY BE ISSUED OR MAY P EXCLUSIONS AND CONDITIONS OF SUCH PO	JIREM ERTAIN	ENT, TERM OR CONDITIO J, THE INSURANCE AFFO S. LIMITS SHOWN MAY HAV	n of any contr Rded by the PC /e been reduced	RACT OR OTHE DLICIES DESCR	R DOCUMENT WITH RESI IBED HEREIN IS SUBJECT	PECT 1	O WHICH THIS		
LTR TYPE OF INSURANCE	INSR		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIM	-			
COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ N/ \$ N/			
CLAIMS MADE OCCUR					MED EXP (Any one person)	\$ N/A			
		N/A	N/A	N/A	PERSONAL & ADV INJURY	\$ N/	\$ N/A		
					GENERAL AGGREGATE	\$ N/	N/A		
GEN'L AGGREGATE LIMIT APPLIES PER:	_				PRODUCTS – COMP/OP AGG	\$ N/	/A		
POLICY PRO- JECT LOC						\$ N/	A		
					COMBINED SINGLE LIMIT (Ea accident)	\$ N/	A		
ANY AUTO				N/A	BODILY INJURY (Per person)	\$ N/	N/A		
OWNED SCHEDULED AUTOS ONLY AUTOS		N/A	N/A		BODILY INJURY (Per accident)	\$ N/	A		
HIRED AUTOS NON-OWNED ONLY AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$ N/	A		
					,	\$ N/	A		
UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$ N/	A		
EXCESS LIAB CLAIMS MADE		N/A	N/A	N/A	AGGREGATE	\$ N/	A		
DED RETENTION \$						\$ N/	A		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N					WC STATU- TORY LIMITS ER	- \$n/	A		
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A	N/A	N/A	N/A	E.L. EACH ACCIDENT	\$ N/			
(Mandatory in NH)					E.L. DISEASE – EA EMPLOYEE	\$ N/	A		
If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$ N/	A		
A OTHER Medical Prof. Liability Retro Date: 05/01/2023 Type: Claims Made		GAMS117115	06/05/2023	06/05/2024	Each Med. Incident: Aggregate Limit:		ed \$1M ed \$3M		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES	ACORD	101, Additional Remarks Schedule, m	ay be attached if more spa	ace is required)					
INSURED SPECIALTY: Radiology - D COVERAGE IS LIMITED TO WORK ON B	-		ia Consultant:	s, LLC					
CERTIFICATE HOLDER			CANCELLATION	N					
Midwest Dysphagia Consultants, LLCSHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE1717 Rotary DriveTHE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.									
			AUTHORIZED REPR	0					
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