**MEMORANDUM OF INSURANCE**

**Producer**

Marsh U.S. Consumer  
a service of Seabury & Smith, Inc.  
P.O. Box 14576  
Des Moines, IA 50306-3576  
1-800-503-9230  

**Company Affording Coverage**

Liberty Insurance Underwriters Inc

**Insured**

Your Name Here

This is to certify that the Certificate listed below has been issued to the insured named above for the policy period indicated, notwithstanding any requirement, term or condition of any contract or other document with respect to which this memorandum may be issued or may pertain, the insurance afforded by the Certificate described herein is subject to all the terms, exclusions and conditions of such Certificate. The limits shown may have been reduced by paid claims.

<table>
<thead>
<tr>
<th>Type of Insurance</th>
<th>Certificate Number</th>
<th>Effective Date</th>
<th>Expiration Date</th>
<th>Limits</th>
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</thead>
</table>
| Professional Liability Nurse Employed RN No Labor & Delivery | Your Name Here | 12/01/2011 | 12/01/2012 | Per Incident/Occurrence $1,000,000  
Annual Aggregate $6,000,000 |

**PROOF OF INSURANCE**

**Memorandum Holder:**  

**PROOF OF COVERAGE ONLY**

Should the above describe Certificate be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the Memorandum Holder named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

Authorized Representative  
Joan O’Sullivan

CA Lic.