

Client #

**MEMORANDUM OF INSURANCE** Date Issued 10/19/2011

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

This memorandum is issued as a matter of information only and confers no rights upon the holder. This memorandum does not amend, extend or alter the coverages afforded by the Certificate listed below.

**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, not withstanding 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.

Type of Insurance	Certificate Number	Effective Date	Expiration Date	Limits	
Professional Liability Nurse Employed RN No Labor & Delivery	<i>your # here</i>	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

*Joan O'Sullivan*

CA Lic.