



**State Volunteer Mutual Insurance Company
Certificate of Professional Liability Insurance**

This Certificate is Issued to:

**UT MEDICAL STUDENTS
C/O MATT ENNIS PHD
UT COLLEGE OF MEDICINE
910 MADISON AVE SUITE 1002
MEMPHIS, TN 38163**

Name of Insured and Policy Information:

**UT MEDICAL STUDENTS
C/O MATT ENNIS PHD
UT COLLEGE OF MEDICINE
910 MADISON AVE SUITE 1002
MEMPHIS, TN 38163**

Account Number: **800068**
 Policy Number: **89-D848**
 Retroactive Date: **07/01/1982**
 Policy Period: **07/01/2016 To: 07/01/2017**
 (12:01 A.M. standard time)

The Policy identified above by a policy number is in force on the date of this Certificate of Insurance. Insurance is afforded only with respect to those coverages for which a specific limit of liability has been entered and is subject to all the terms of the policy. This Certificate of Insurance neither affirmatively or negatively amends, extends or alters the coverage afforded under the policy, or binder identified in this document. In the event of cancellation of the policy, SVMIC will make all reasonable effort to send notice of cancellation to the Certificate Holder at the address shown, but the Company assumes no responsibility for any mistake or failure to give such notice.

Coverages	Limits of Liability	
A. Individual Professional Liability	each medical incident \$200,000	annual aggregate \$600,000
B. Practice Entity Professional Liability	each medical incident N/A	annual aggregate N/A
C. Extender Employee Professional Liability	each medical incident N/A	annual aggregate N/A
D. Office Premises Liability		annual aggregate N/A
E. Office Premises Medical Payments	each person N/A	each accident N/A

Mutual Interests. Mutually Insured.

4079758-P000000-000000-800068 Authorized Representative: **Heather Lancaster**

PO Box 1065 Brentwood, TN 37024-1065 Phone 615.377.1999 Toll Free 800.342.2239 Fax 615.843.0347 www.svmic.com