

MEDICAL PROFESSIONAL LIABILITY OCCURRENCE INSURANCE POLICY

Region	Producer	Issued	Prior Certificate Number	Purchasing Group Policy Number
23	0001614	02/18/2009	AHL-2934444	44-2010129

Offered through Allied Health Purchasing Group Association

SECTION I

DECLARATIONS

Item **CERTIFICATE NUMBER:** AHL-2934444

1. **Named Insured:** MELINDA A YALE

2. **Mailing Address:** 2331 TYNECASTLE HWY UNIT 5
BANNER ELK, NC 28604

3. **Policy Period:** From: 02/28/2009 To: 02/28/2010
12:01 A.M. Standard Time At Location of Designated Premises

4. **Business or Profession:** Affiliation: Pharmacists Professional Liability
Pharmacist
Self-Employed 20 Hours or More Per Week

5. **The Named Insured is a(n):** ☐ Partnership ☐ Corporation ☒ Individual
☐ Sole Proprietor (with employees) ☐ Other:

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):

PLJ-2037 (05/98), PLE-2087 (04/00), PON-2003, POE-2151 (10/98),

SECTION II

Item	COVERAGE	Premium
A.	Professional Liability <input checked="" type="checkbox"/>	\$476.00
B.	General Liability <input type="checkbox"/>	
	Endorsements <input type="checkbox"/>	

TOTAL PREMIUM:

\$476.00

LIMITS OF LIABILITY

\$2,000,000

Each Incident and
Each Occurrence

\$4,000,000

Aggregate

SECTION III

SUPPLEMENTARY PAYMENTS

- A. First Party Assault
- B. Licensing Board Reimbursement
- C. Wage Loss and Expense
- D. Deposition Expense
- E. First Aid Reimbursement

Representative Agent or Broker

Marsh Affinity Group Services
a service of Seabury & Smith
12421 Meredith Drive
Urbandale, IA 50398
1-800-503-9230

MARSH

Marsh Affinity Group Services
a service of Seabury & Smith, Inc.
P.O. Box 14576
Des Moines, IA 50306-3576
www.proliability.com

February 18, 2009

MELINDA A YALE
2331 TYNECASTLE HWY UNIT 5
BANNER ELK, NC 28604

Re: Allied Health Professional Liability
Customer Number: 855019
Policy Number: AHL-2934444
Expiration Date: 02/28/2010

Dear MELINDA A YALE,

I am pleased to enclose your insurance policy through the Chicago Insurance Company. Please review the material carefully and keep with your important papers. If this is a renewal, we have not included the coverage form as it has not changed. Should you need a new copy of the coverage form, please contact our office.

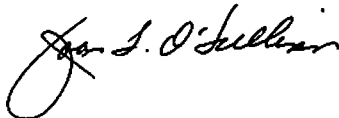
Please note the important information below:

Address or Mid-Term Changes: Any change of address or request for mid-term change should be sent to the following address to assure timely receipt of future notices. All requests must be signed and dated by the policy holder. Also note that requests for mid-term changes to your coverage must be approved by an underwriter prior to binding coverage.

Marsh Affinity Group Services,
a service of Seabury & Smith, Inc.
P.O. Box 14576
Des Moines, IA 50306-3576
515-365-6338

If you have any questions or did not receive the policy form and would like to request a copy, please contact our office Monday through Friday from 8:15 a.m. to 5:00 p.m. (CT) 1-800-503-9230. Thank you for the opportunity to serve your insurance needs.

Sincerely,



Joan O'Sullivan
Marsh Affinity Group Services
a service of Seabury & Smith, Inc.

Enclosure