



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
01/24/2025

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 the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER  Arthur J. Gallagher Risk Management Services, Inc. 11550 Fuqua, Suite 205 Houston, TX 77034	CONTACT NAME:	
	PHONE (A/C, NO, EXT):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	COMPANY A: <b>Admiral Insurance Company</b>	
INSURED  Synergy Groups Medical 11602 Kirkshaw Dr Richmond, TX 77407	NAIC #	
	24856	
	COMPANY B:	
	COMPANY C:	
	COMPANY D:	
	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 LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>GENERAL LIABILITY</b>						
	COMMERCIAL GENERAL LIABILITY						
	CLAIMS MADE <input checked="" type="checkbox"/> OCCUR			CO000008642-01	01/21/2025	01/21/2026	EACH OCCURRENCE \$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
							MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 3,000,000
							PRODUCTS - COMP/OP AGG \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						
	X POLICY	PRO-JECT	LOC				\$ N/A
	<b>AUTOMOBILE LIABILITY</b>						
	ANY AUTO OWNED AUTOS ONLY			N/A	N/A	N/A	COMBINED SINGLE LIMIT (Ea accident) \$ N/A
	HIRED AUTOS ONLY						BODILY INJURY (Per person) \$ N/A
		SCHEDULED AUTOS					BODILY INJURY (Per accident) \$ N/A
		NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident) \$ N/A
							\$ N/A
	<b>UMBRELLA LIAB</b>						
	EXCESS LIAB			N/A	N/A	N/A	EACH OCCURRENCE \$ N/A
	DED	RETENTION \$					AGGREGATE \$ N/A
							\$ N/A
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A	N/A	N/A	N/A	WC STATUTORY LIMITS \$ N/A
							OTH-ER \$ N/A
							E.L. EACH ACCIDENT \$ N/A
							E.L. DISEASE - EA EMPLOYEE \$ N/A
							E.L. DISEASE - POLICY LIMIT \$ N/A
A	<b>OTHER</b> Medical Prof. Liability Retro Date: 01/21/2025			CO000008642-01	01/21/2025	01/21/2026	Each Med. Incident: \$1,000,000.00 Aggregate Limit: \$3,000,000.00

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

COVERED PROVIDER - CAROLINE MBOGUA, MD - WHILE PROVIDING SERVICES ON BEHALF OF FIRST NAMED INSURED

**CERTIFICATE HOLDER****CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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