



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/04/2013

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 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. 12621 Featherwood Dr., Suite 300 Houston, TX 77034	CONTACT NAME:		
	PHONE (A/C, NO, EXT):	FAX (A/C, No):	
	E-MAIL ADDRESS:		
	INSURER(S) AFFORDING COVERAGE		
INSURED Professional Imaging, L.L.C. Apt. 701 910 Houston Street Fort Worth, TX 76102-6224	COMPANY A: Applied Medico-Legal Solutions RRG Inc		NAIC # 11598
	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	
	GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY CLAIMS MADE OCCUR			N/A	N/A	N/A	EACH OCCURRENCE	\$ N/A
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO-JECT LOC						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ N/A
							MED EXP (Any one person)	\$ N/A
							PERSONAL & ADV INJURY	\$ N/A
							GENERAL AGGREGATE	\$ N/A
							PRODUCTS - COMP/OP AGG	\$ N/A
								\$ N/A
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS HIRED AUTOS			N/A	N/A	N/A	COMBINED SINGLE LIMIT (Ea accident)	\$ N/A
							BODILY INJURY (Per person)	\$ N/A
							BODILY INJURY (Per accident)	\$ N/A
							PROPERTY DAMAGE (Per accident)	\$ N/A
								\$ N/A
	UMBRELLA LIAB EXCESS LIAB			N/A	N/A	N/A	EACH OCCURRENCE	\$ N/A
	DED RETENTION \$						AGGREGATE	\$ N/A
								\$ N/A
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			N/A	N/A	N/A	WC STATUTORY LIMITS	OTH-ER \$ N/A
							E.L. EACH ACCIDENT	\$ N/A
							E.L. DISEASE - EA EMPLOYEE	\$ N/A
							E.L. DISEASE - POLICY LIMIT	\$ N/A
	OTHER Medical Prof. Liability Retro Date: 10/04/2003			GAMS115790	06/05/2013	06/05/2014	Each Med. Incident:	\$500,000
							Aggregate Limit:	\$1,500,000

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

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