



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/12/2015

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 The PLEXUS Groupe LLC 21805 Field Parkway, Suite 300 Deer Park IL 60010	CONTACT NAME: Certificates PHONE (A/C, No. Ext): (847) 307-6100 FAX (A/C, No): (847) 307-6199 E-MAIL ADDRESS: certificates@plexusgroupe.com	
	INSURER(S) AFFORDING COVERAGE	
INSURED Progressus Therapy, LLC 2701 North Rocky Point Drive Suite 650 Tampa FL 33607	INSURER A: Arch Specialty Insurance NAIC # 21199	
	INSURER B: Sentinel Insurance Company 11000	
	INSURER C: Twin City Fire Insurance Co. 29459	
	INSURER D:	
	INSURER E:	
INSURER F:		

COVERAGES **CERTIFICATE NUMBER:** 15-16 GL, AL, WC, UMB **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
A	GENERAL LIABILITY						
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X		FLP004497804	6/14/2015	6/14/2016	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000
							MED EXP (Any one person) \$ 10,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 3,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						\$
B	AUTOMOBILE LIABILITY						
	<input checked="" type="checkbox"/> ANY AUTO			83UENPF5271	6/14/2015	6/14/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB						EACH OCCURRENCE \$ 6,000,000
	<input type="checkbox"/> EXCESS LIAB			FLP004497804	6/14/2015	6/14/2016	AGGREGATE \$ 6,000,000
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTIONS						\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		Y/N	83WBRR2440	6/14/2015	6/14/2016	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER
	If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				E.L. EACH ACCIDENT \$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Professional Liability			FLP004497804	6/14/2015	6/14/2016	Each Medical Incident \$1,000,000
	Retro Date: 9/7/2004			Claims Made			Aggregate \$3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 CERTIFICATE HOLDER IS NAMED AS AN ADDITIONAL INSURED (EXCEPT FOR WORKERS' COMP/EL & AL) WHERE AND TO THE EXTENT REQUIRED BY WRITTEN CONTRACT. BLANKET WAIVER OF SUBROGATION IS GRANTED IN FAVOR OF CERTIFICATE HOLDER ON ALL POLICIES (EXCEPT FOR AL) WHERE AND TO THE EXTENT REQUIRED BY WRITTEN CONTRACT WHERE PERMISSIBLE BY LAW.

CERTIFICATE HOLDER Mt. Diablo Unified School District 1936 Carlotta Drive Concord, CA 94519	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 W Fawcett III/KIMWAT

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**OTHER INSURANCE CHANGE-ADDITIONAL PROTECTED ORGANIZATION
ENDORSEMENT**

This endorsement modifies insurance provided under the following:

Healthcare General Liability Coverage Form;
Healthcare General Liability Coverage Form – Claims-Made,

whichever applies.

The organization listed below is added to **Section II – Who Is An Insured** of your policy. Coverage is provided for them only for the work you performed or should have performed on their behalf. They will share in your limits of insurance for any covered "claim". Damages paid on their behalf will reduce and may exhaust your limits of insurance under this policy.

Specific to any "claims" involving the additional protected organization named below, **Section VI - Other Insurance** is deleted and replaced with the following.

Section VI - OTHER INSURANCE

This insurance is primary, but only to the extent that we are required by a written contract to provide insurance that is primary and non-contributory, and the written contract so requiring is executed by the named insured before any "claim" or "suit".

Named Additional Protected Person:

The School Board of Broward County, FL, Its Members, officers, employees and agents
600 Southeast Third Avenue
Fort Lauderdale, FL 33301

Mt. Diablo Unified School District
1936 Carlotta Drive
Concord, CA 94519

All other terms and conditions of this Policy remain unchanged.

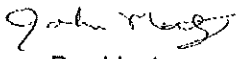
Issued By: Arch Specialty Insurance Company

Endorsement Number: 15

Policy Number: FLP0044978-04

Named Insured: Progressus Therapy, LLC

Endorsement Effective Date: June 14, 2015


President