


# PSYCHIATRISTS PROFESSIONAL LIABILITY INSURANCE

## Certificate of Insurance

This certificate is issued as a matter of information only and confers no rights upon the certificate holder.

This certificate does not amend, extend or alter the coverage provided by the insurance policy below.


1. NAME AND ADDRESS OF NAMED INSURED			
Donna Linton, NP Iris Telehealth Medical Group, PA 114 W 7th Street, Suite 900 Austin, TX 78701		The policy of insurance listed below has been issued to the named insured 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 policy described herein is subject to all the terms, exclusions and conditions of such policy. Aggregate limits shown may have been reduced by paid claims.	
2. COMPANY		3. POLICY NUMBER	4. CERTIFICATE NUMBER
Fair American Insurance and Reinsurance Company		GP - FCO07 - 033333906	600819
5. POLICY PERIOD			
<b>From:</b>	<u>February 22, 2023</u> at 12:01 A.M. Standard Time	<b>To:</b>	<u>February 22, 2024</u> at 12:01 A.M. Standard Time
<b>Retro Date (Group):</b>	<u>N/A</u> at 12:01 A.M. Standard Time	<b>Retro Date (N.I.):</b>	<u>N/A</u> at 12:01 A.M. Standard Time
6. TYPE OF INSURANCE		7. COVERED SPECIALTY	
Professional Liability		Nurse Practitioner (with RX privileges)	
8. EFFECTIVE	LIMITS OF LIABILITY	COVERAGE	STATE/RATING AREA OTHER STATES
Professional Liability per claim/Business Liability per claim/Aggregate			
02/22/2023	\$1,000,000 / \$1,000,000 / \$3,000,000	Occurrence	OR1
9. NAME AND ADDRESS OF CERTIFICATE HOLDER			
Deschutes County Mental Health 1128 NW Harriman St Bend, OR 97702		Should the above described policy be canceled before the expiration date thereof, the company will endeavor to mail written notice to the certification holder named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.	
10. NAME AND ADDRESS OF ADMINISTRATOR		11. AUTHORIZED OFFICER OF COMPANY	
Professional Risk Management Services® 4300 Wilson Boulevard, Suite 700 Arlington, VA 22203 Telephone: (800) 245-3333 clientservices@prms.com <u>February 15, 2023</u> Date		 _____ President Fair American Insurance and Reinsurance Company	

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1. NAME AND ADDRESS OF NAMED INSURED			
Roberta L. Mowdy, NP Iris Telehealth Medical Group, PA 114 W 7th Street, Suite 900 Austin, TX 78701		The policy of insurance listed below has been issued to the named insured 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 policy described herein is subject to all the terms, exclusions and conditions of such policy. Aggregate limits shown may have been reduced by paid claims.	
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Fair American Insurance and Reinsurance Company		GP - FCO07 - 033333906	600819
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8. EFFECTIVE	LIMITS OF LIABILITY	COVERAGE	STATE/RATING AREA OTHER STATES
Professional Liability per claim/Business Liability per claim/Aggregate			
02/22/2023	\$1,000,000 / \$1,000,000 / \$3,000,000	Occurrence	OR1
9. NAME AND ADDRESS OF CERTIFICATE HOLDER			
Deschutes County Health Services 2577 NE Courtney Drive Bend, OR 97701		Should the above described policy be canceled before the expiration date thereof, the company will endeavor to mail written notice to the certification holder named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.	
10. NAME AND ADDRESS OF ADMINISTRATOR		11. AUTHORIZED OFFICER OF COMPANY	
Professional Risk Management Services® 4300 Wilson Boulevard, Suite 700 Arlington, VA 22203 Telephone: (800) 245-3333 clientservices@prms.com February 15, 2023 Date		 President Fair American Insurance and Reinsurance Company	