

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/10/2023

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 Insureon, Division of Specialty Program Group LLC / DBA SPG Insurance Solutions LLC in CA									CONTACT NAME: PHONE (A/C, No, Ext): (800) 688-1984 FAX (A/C, No, Ext): 312-690-4123					
203 N. LaSalle St., 20th Floor, Chicago, IL 60601									E-MAIL ADDRESS:					
									INSURER(S) AFFORDING COVERAGE				NAIC #	
									INSURER A: MedPro RRG				13589	
INSURED								INSURER B:						
Sarah A. Baran								INSURER C:						
15 Burning Bush Way, Orchard Park, NY, 14127									INSURER D:					
									INSURER E:					
									INSURER F:					
COVERAGES CERTIFICATE NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HA									REVISION NUMBER:					
II C	NDICA ERTI XCLU	ATED. NOTWITI FICATE MAY BE	HST.	ANDING ANY RE SUED OR MAY	QUIF PERT POLI	REMENTAIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORDS LIMITS SHOWN MAY HAVE	OF ANY	CONTRACT THE POLICIES EDUCED BY I	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPECT D HEREIN IS SUBJECT TO	TO \	WHICH THIS	
INSR LTR		TYPE OF INSURANCE			INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
		COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR									EACH OCCURRENCE \$ DAMAGE TO RENTED			
	CLAIMS-MADE OCCUR									PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$				
										PERSONAL & ADV INJURY \$;			
	GEN'L AGGREGATE LIMIT APPLIES PER:										GENERAL AGGREGATE \$	i		
		POLICY PRO- JECT LOC									PRODUCTS - COMP/OP AGG \$			
	OTHER: AUTOMOBILE LIABILITY									COMBINED SINGLE LIMIT &				
	ANY AUTO									(Ea accident) BODILY INJURY (Per person) \$				
	ALL OWNED SCHEDULED AUTOS AUTOS									BODILY INJURY (Per accident) \$;			
		HIRED AUTOS		NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	;		
				7.0100							\$;		
		UMBRELLA LIAB		OCCUR							EACH OCCURRENCE \$	5		
		EXCESS LIAB		CLAIMS-MADE							AGGREGATE \$;		
	DED RETENTION\$									\$;			
	AND	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N									PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?			N/A						E.L. EACH ACCIDENT \$				
	(Mandatory in NH) If yes, describe under									E.L. DISEASE - EA EMPLOYEE \$				
A		DÉSCRIPTION OF OPERATIONS below					L57023		4/40/0000	1/10/2024	E.L. DISEASE - POLICY LIMIT \$ Occurrence/Aggregate \$		00 / \$6,000,000	
^	Pioi	Professional Liability (Errors and Omissions)					L5/023		1/10/2023	1/10/2024	Occurrence/Aggregate •	1,000,0	007 \$0,000,000	
DES	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)													
	DTIE	ICATE HOLDI	EP					CANCELLATION						
<u> </u>	17.111	IOATE HOLDI	_1\					CANCELLATION						
Insured's Copy									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					