

Certificate of Insurance

11/25/2015

Producer:

HealthCare Risk Specialists
1034 Farmington Avenue
West Hartford, CT 06107
P: 860-521-8555 F: 860-521-0555
Credentialing@MyHCRS.com

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 DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

Named Insured:

Saratoga Emergency Physicians, PC
454 Maple Avenue
Saratoga Springs , NY 12866

COMPANIES AFFORDING COVERAGE

Company A: **Coverys Risk Retention Group**

Company B:

This is to certify that the policies of insurance listed below have been issued to the named insured 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.

Type of Insurance	Policy Number	Policy Effective Date (mm/dd/yyyy)	Policy Expiration Date (mm/dd/yyyy)	Limits	
A: Professional Liability	009NY000011065	12/1/2015	12/1/2016	Per Claim	Annual Aggregate
				\$1,300,000 / \$3,900,000	
B: Professional Excess Liability				Per Claim	Annual Aggregate

Coverage is provided under this policy on a Separate Limits basis for the named Covered Provider.

Covered Provider: Timothy Brooks, MD

Specialty: Emergency Medicine, No Surgery

Retroactive Date: 6/1/1989

Coverage: Claims Made

CERTIFICATE HOLDER

City of Saratoga Springs
474 Broadway
Saratoga Springs, NY 12866

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE 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.

Authorized Representative: *Cory Shane*

HEALTHCARE RISK SPECIALISTS

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