

General Liability/Professional (also known as Malpractice) Liability Insurance Certificate Instructions

We require the following information listed in bold print below for insurance coverage. If your insurance company or agency cannot give you the coverage we require, you will need to go to another insurer or agent who will issue the required coverage. (Attached is a letter which can be removed from the yellow book and given to your insurance agent to help obtain the correct insurance for you.)

- 1. LICENSEE NAME or LICENSEE BUSINESS NAME & ADDRESS**– Need to have the Licensee name OR business name with current address. *Note: Your license agreement and Insurance policy must have the same name.*
- 2. GENERAL LIABILITY** – Required to carry at least One million dollars per occurrence and Three million dollars aggregate. General Liability protects the doctor against liability resulting from claims made by a patient or customer of personal injury or property damage on the licensed premises. This does not cover loss to the doctor’s property or injury to the doctor.
- 3. PROFESSIONAL LIABILITY** (also known as Malpractice) – Required to carry at least One million dollars per occurrence and Three million dollars aggregate. This protects the doctor against negligence claims made against him/her.
- 4. ADDITIONAL NAMED INSURED** –Wal-Mart Stores, Inc. needs to be named as *Additional Insured on the policy for General Liability.* This means Wal-Mart will be defended by the doctor’s insurance company in the course of the defense for the doctor. Many companies and agencies do not charge extra for this. Please use the following address for additional insured:

If the doctor is adjacent to a **Wal-Mart** location, the address must be as follows:

Wal-Mart Stores, Inc.
702 S.W. 8th Street
Bentonville, AR 72716-0235

If the doctor is adjacent to a **Sam’s Club** location, the address must be as follows:

Wal-Mart Stores, Inc. d/b/a Sam’s Clubs
702 S.W. 8th Street
Bentonville, AR 72716-0235

- 5. POLICY COVERAGE** – The policy date must be effective before your contract with Wal-Mart/Sam’s Club begins and it must have the period of coverage listed. (e.g. 2-18-09 through 2-17-10).

PLEASE MAKE SURE YOU REQUEST THAT A COPY OF YOUR INITIAL INSURANCE CERTIFICATE AND ALL SUBSEQUENT RENEWALS BE SENT TO THE WAL-MART HOME OFFICE.

In the event there is a delay in obtaining a policy number for your coverage, you are required to obtain and submit a temporary binder from your insurance company in the interim. Please have the completed certificate sent as soon as it is obtained.

The expiration date of the initial insurance certificate must not be less than 60 days from current date.

Below is a list of several agencies/companies provided for your convenience. Please feel free to contact either an agent or company of your choice or one listed below.

Brown & Brown Insurance –all 50 states. Contact: Mary Gwyn 800-237-2021 x 4463 to find an agency in your state or go to <http://optometric.protectorplan.com>.

USI Optometric – All states. Go to www.usioptometric.com. Contact: Katie Carrol 800-621-8412

Professional Insurance Plans – All States. Contact: Greg Bellamy 800-783-7086 or www.professionalplans.com
Also works with the Indiana Patient Compensation Fund.

Meyers, Reese, Smith & Chester – Ohio, Michigan – Contact: Kim Yrglic 440-248-8000

HTT AGENCY – Ohio, Indiana, Kentucky - Contact: Michelle Swafford 513-741-2100

DeFusco & Assoc. Ohio - Contact: Donita Murray (614) 221-8285

Robert L. Aubert Co. Louisiana - Contact: Kathy Snow 985-892-3101

Madeley & Company Inc. – Texas – 800-382-7741 Fax: 214-522-0311

MEMORANDUM OF INSURANCE

Date Issued
January 28, 2009

Producer

Marsh Affinity Group Services
a service of Seabury & Smith, Inc.
P.O. Box 14576
Des Moines, IA 50306-3576
www.proliability.com

This memorandum is issued as a matter of information only and confers no rights upon the holder. This memorandum does not amend, extend or alter the coverages afforded by the Certificate listed below.

Company Affording Coverage

Chicago Insurance Company

Insured

John Doe
Doe & Associates Optometry Inc (1)
OD Street address
OD Town, State Zip

This is to certify that the Certificate listed below has been issued to the insured named above for the policy period indicated, not withstanding any requirement, term or condition of any contract or other document with respect to which this memorandum may be issued or may pertain, the insurance afforded by the Certificate described herein is subject to all the terms, exclusions and conditions of such Certificate. The limits shown may have been reduced by paid claims.

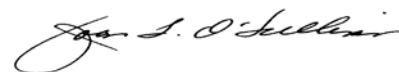
Type of Insurance	Certificate Number	Effective Date	Expiration Date	Limits	
Professional Liability (3) Optometrist	AHL-0000000	09/28/2008	09/28/2009 (5)	Per Occurrence	\$1,000,000
				Aggregate	\$3,000,000
General Liability (2)	AHL-0000000	09/28/2008	09/28/2009 (5)	Per Occurrence	\$1,000,000
				Aggregate	\$3,000,000

Evidence of Insurance MEMORANDUM HOLDER IS NAMED AS AN ADDITIONAL INSURED, BUT ONLY AS RESPECTS TO CLAIMS ARISING OUT OF THE SOLE NEGLIGENCE OF THE PERSONS INSURED UNDER THE PROVISIONS OF THIS POLICY. (4)

WAL-MART STORES, INC (4)
702 SW 8TH STREET
BENTONVILLE, AR 72716

Should the above described Certificate be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the Memorandum 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
Joan O'Sullivan



ACORD TM CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
3/30/2009

PRODUCER Professional Insurance Plans 3197 Brighton Place Drive Lexington, KY 40509 800.783.7086	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 AFFORDED BY THE POLICIES BELOW.
INSURED John Doe Doe & Associates Optometry Inc ① OD Street address OD Town, State Zip	INSURERS AFFORDING COVERAGE INSURER A: Zurich Insurance Company INSURER B: INSURER C: INSURER D: INSURER E:

COVERAGE

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
②	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC	PAS 04395502	4/1/2009	4/1/2010 ⑤	EACH OCCURRENCE \$ 1,000,000.00 Damage To Rented Premises \$ 1,000,000.00 MED EXP (Any one person) \$ 10,000.00 PERSONAL & ADV INJURY \$ 1,000,000.00 GENERAL AGGREGATE \$ 3,000,000.00 PRODUCTS - COMP/OP AGG \$ 1,000,000.00
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ③			⑤	WC STATU- OTH- TORY LIMITS ER EL EACH ACCIDENT \$ EL DISEASE - EA EMPLOYEE \$ EL DISEASE - POLICY LIMIT \$
A	OTHER Professional Liability ③	PAS 04395502	4/1/2009	4/1/2010	EACH OCCURRENCE 1,000,000.00 AGGREGATE LIMIT 3,000,000.00

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

Optometrist Offices/Wal-Mart Stores, Inc., It's Affiliates and Subsidiaries are Designated as an Additional Insured in Regards to General Liability. Coverage is individually afforded per Doctor. John Doe, OD., is covered for professional liability by this policy, as subject to the policy conditions. ④

CERTIFICATE HOLDER Walmart Stores, Inc. ④ 702 S.W. 8th Street Bentonville, AR 72716	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT. BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE <i>Greg Bellamy</i>
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Letter that can be given to Insurance Agent to obtain correct insurance

Dear Insurance Agent:

As an optometrist leasing space from Wal-Mart Stores, Inc., I require a Certificate of Liability which includes the items listed in bold print below for insurance coverage.

1. **DOCTOR NAME OR BUSINESS & ADDRESS**– Need to have my name or my business name with a **current** address
2. **GENERAL LIABILITY** – Required to carry at least One million dollars per occurrence and Three million aggregate.
3. **PROFESSIONAL LIABILITY** – Required to carry at least One million dollars per occurrence and Three million aggregate.
4. **ADDITIONAL NAMED INSURED** - Additional Named Insured must cover General Liability.

(Doctor – please circle one of the following :)

I am adjacent to a Sam’s Club. The correct address should be:

“Wal-Mart Stores, Inc. d/b/a Sam’s Club, 702 SW 8th Street, Bentonville, AR 72716-0235”

I am adjacent to a Wal-Mart Store. The correct address should be:

“Wal-Mart Stores, Inc., 702 SW 8th Street, Bentonville, AR 72716-0235”

5. **POLICY COVERAGE** – Policy date must be effective on or before my contract begins and it must have the period of coverage (e.g.. 2-18-09 through 2-18-10)

I REQUEST THAT A COPY OF MY INITIAL INSURANCE CERTIFICATE AND ALL SUBSEQUENT RENEWALS BE SENT TO BOTH OF THE FOLLOWING ADDRESSES BELOW:

(personal address of the doctor)

AND

**Attn: Professional Services
Wal-Mart Stores, Inc.
702 S. W. 8th St.
Bentonville, AR 72716-0235**

In the event there is a delay in obtaining a policy number, I will need a temporary binder in the interim to be sent to the above addresses. Please send the completed certificate as soon as it is available.

Sincerely,

(signature of the doctor)