

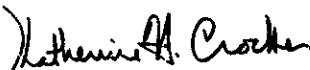


(415) 397-9700
(800) 652-1051
(907) 563-3414 (in Alaska)

CERTIFICATE OF INSURANCE

107178

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 policy below.

Certificate Holder R.I. Secretary Of State State Capitol Building 82 Smith Street Providence, RI 02903		Name and Address of Insured Richard Joseph Ruggieri, MD 160 Wayland Avenue Providence, RI 02906							
Current Medical Specialty: Internal Medicine (Non-Invasive)		The above Insured is: ☒ Named Insured ☐ Insured ☐ Locum Tenens							
Policy Number 609583	Insured's Effective Date 01/01/2012	Insured's Expiration Date 01/01/2013	Insured's Retroactive Date 09/27/1996						
Coverage and Limits of Liability and Reimbursement Provided ☐ Shared Limits of Liability and Reimbursement ☒ Separate Limits of Liability and Reimbursement									
☒ COVERAGE A: Professional Liability Insurance - Claims Made ☒ COVERAGE B: Limited Professional Office Premises Liability Insurance - Claims Made If both Coverage A and Coverage B are checked, they share in the Limits of Liability specified below. <table><tr><td>LIMITS OF LIABILITY:</td><td>DEDUCTIBLE:</td></tr><tr><td>\$1,000,000 Each Claim</td><td>\$Nil Each Claim</td></tr><tr><td>\$3,000,000 Aggregate Limit per Policy Period</td><td>\$Nil Aggregate per Policy Period</td></tr></table>				LIMITS OF LIABILITY:	DEDUCTIBLE:	\$1,000,000 Each Claim	\$Nil Each Claim	\$3,000,000 Aggregate Limit per Policy Period	\$Nil Aggregate per Policy Period
LIMITS OF LIABILITY:	DEDUCTIBLE:								
\$1,000,000 Each Claim	\$Nil Each Claim								
\$3,000,000 Aggregate Limit per Policy Period	\$Nil Aggregate per Policy Period								
☒ COVERAGE C: Physicians Administrative Defense Reimbursement Coverage - Claims Made <table><tr><td>\$30,000</td><td>Each Administrative Proceeding or Employment-Related Civil Action</td></tr><tr><td>\$30,000</td><td>Aggregate Limit per Policy Period</td></tr></table>				\$30,000	Each Administrative Proceeding or Employment-Related Civil Action	\$30,000	Aggregate Limit per Policy Period		
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\$30,000	Aggregate Limit per Policy Period								
This is to certify that the policy of insurance listed above has been issued to the insured named above for the period indicated subject to payment of all billed premiums by the due date specified and all terms, conditions, and exclusions of the policy. It is the responsibility of the insured to inform recipients of Certificates of Insurance of any changes in coverage, declination of issuance, or cancellation before the expiration date. Failure by the insured to provide such notice shall impose no obligation or liability of any kind upon NORCAL, its agents, or representatives.									
By: NORCAL Mutual Insurance Company		Issue Date: November 11, 2011							
 James Sunseri President		 Katherine H. Crocker Secretary							

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COMMUNICATIONS DIV.