



CERTIFICATE OF INSURANCE

SET TAB STOPS AT ARROWS
 ISSUE DATE (MM/DD/YY)
 6/18/90 td

PRODUCER
 FRANK B. HALL & CO. OF R.I., INC.
 1600 FLEET NATIONAL BANK BUILDING
 PROVIDENCE, RI 02903

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.

COMPANIES AFFORDING COVERAGE

COMPANY LETTER **A** MMJUA-RI

COMPANY LETTER **B**

COMPANY LETTER **C**

COMPANY LETTER **D**

COMPANY LETTER **E**

INSURED
 R.I.H. SURGERY FOUNDATION, ETAL
 (PER END. #1)
 110 LOCKWOOD STREET
 PROVIDENCE, RI 02903

COVERAGES

THIS IS TO CERTIFY THAT 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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIABILITY LIMITS IN THOUSANDS	
					EACH OCCURRENCE	AGGREGATE
	GENERAL LIABILITY <input type="checkbox"/> COMPREHENSIVE FORM <input type="checkbox"/> PREMISES/OPERATIONS <input type="checkbox"/> UNDERGROUND <input type="checkbox"/> EXPLOSION & COLLAPSE HAZARD <input type="checkbox"/> PRODUCTS/COMPLETED OPERATIONS <input type="checkbox"/> CONTRACTUAL <input type="checkbox"/> INDEPENDENT CONTRACTORS <input type="checkbox"/> BROAD FORM PROPERTY DAMAGE <input checked="" type="checkbox"/> PERSONAL INJURY	JUA 20111	6/1/90	6/1/91	BODILY INJURY \$ PROPERTY DAMAGE \$ BI & PD COMBINED \$ PERSONAL INJURY \$ 1,000	
	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS (PRIV. PASS) <input checked="" type="checkbox"/> ALL OWNED AUTOS (OTHER THAN PRIV. PASS) <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> GARAGE LIABILITY				BODILY INJURY (PER PERSON) \$ BODILY INJURY (PER ACCIDENT) \$ PROPERTY DAMAGE \$ BI & PD COMBINED \$	
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				BI & PD COMBINED \$	
	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY				STATUTORY \$ (EACH ACCIDENT) \$ (DISEASE-POLICY LIMIT) \$ (DISEASE-EACH EMPLOYEE)	
	OTHER <input checked="" type="checkbox"/> PROFESSIONAL LIABILITY	JUA 20111	6/1/90	6/1/91	1,000 each incident 3,000 incident aggregate	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER

STATE OF RHODE ISLAND
 SECRETARY OF STATE
 100 NORTH MAIN STREET
 PROVIDENCE, RI 02903

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10 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

ENDORSEMENT

This endorsement effective June 1, 1990 forms a part of
(12:01 a.m. standard time)

Policy Number JUA 20111

Issued to: RIH Surgery Foundation, Et Al, Per End. 1

By: Medical Malpractice Joint Underwriting Association of Rhode Island

It is agreed that named insured reads:

RIH Surgery Foundation, Department of Surgery Associates, Inc. and/or
Jorge E. Albina, M.D.,
Joseph Ferreira Amaral, M.D.,
Wilfred I. Carney, Jr., M.D.,
Michael DeFoix Caldwell, M.D.,
Karl E. Karlson, M.D.,
Joseph L. Pfeifer, M.D.,
H. Hank Simms, M.D. and
William Chinglih Feng, M.D.. Individually

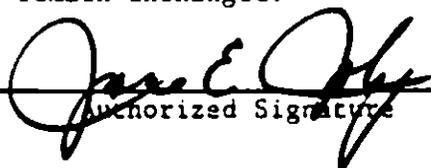
RECEIVED
SECRETARY OF STATE
CORPORATION DIVISION

JUN 19 10 42 AM '90

All other terms and conditions of this policy remain unchanged.

End. 1

06/12/90ff


Authorized Signature

FILE COPY