



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/28/2024

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).

<b>PRODUCER</b> Sterling Seacrest Pritchard, Inc. 2500 Cumberland Pkwy Se Ste 400 Atlanta GA 30339  License#: 70726 CADUOCC-01	<b>CONTACT NAME:</b> Casey Carpenter <b>PHONE (A/C. No. Ext):</b> 770-635-0444 <b>E-MAIL ADDRESS:</b> ccarpenter@sspins.com		<b>FAX (A/C. No):</b>
	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURED</b> Caduceus Occupational Medicine, LLC 535 North Central Avenue Hapeville GA 30354	<b>INSURER A:</b> The Doctor's Co.		
	<b>INSURER B:</b>		
	<b>INSURER C:</b>		
	<b>INSURER D:</b>		
	<b>INSURER E:</b>		
	<b>INSURER F:</b>		

**COVERAGES** **CERTIFICATE NUMBER:** 1082131230 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Professional Liability - Claims Made			1247020	7/1/2024	7/1/2025	Each Claim: \$1,000,000 Aggregate: \$3,000,000 Retroactive Date: 07/01/2002

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

See Attached...

<b>CERTIFICATE HOLDER</b>  FOR INFORMATIONAL PURPOSES USA	<b>CANCELLATION</b>  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 

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**ADDITIONAL REMARKS SCHEDULE**

AGENCY Sterling Seacrest Pritchard, Inc.		NAMED INSURED Caduceus Occupational Medicine, LLC 535 North Central Avenue Hapeville GA 30354	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE**

Schedule of Named Insureds:  
 Caduceus Telemed, LLC; Retroactive Date: 02/01/2018  
 Robin R Armenia DO; Retroactive Date: 01/01/2021  
 Brandon Dawkins MD; Retroactive Date: 06/27/2016  
 Stephen A Dawkins MD; Retroactive Date: 07/01/2002  
 Sateesh R Devagupthapu MD; Retroactive Date: 05/01/2023  
 Kelly Dixon-Martin, MD; Retroactive Date: 7/5/2023  
 Eric H Gruenberger MD; Retroactive Date: 03/03/2023  
 Rita Livingston, MD; Retroactive Date: 3/11/2024  
 Judith L Tharp MD; Retroactive Date: 09/30/2019

Schedule of Additional Insureds:  
 Work Comp Surgeons LLC; Retroactive Date - 10/01/2018  
 Karen Beach, NP - Retroactive Date: 8/15/2001  
 Binh Bui-Oliver, NP - Retroactive Date: 2/3/2014  
 Demetrius Steele, NP - Retroactive Date: 11/27/2017  
 Esther Iwotor, NP - Retroactive Date: 4/11/2022  
 Judith Klingensmith, NP - Retroactive Date: 8/31/2022  
 Steve Munoz, PA - Retroactive Date: 6/26/2023  
 Annette Sanders, NP - Retroactive Date: 6/1/2022  
 Krishna Tah, PA - Retroactive Date: 8/22/2022  
 Herretta Pickens, NP - Retroactive Date: 5/23/2023  
 Shantorius Stacks, NP - Retroactive Date: 5/23/2023  
 Sequoyah Brown, NP- Retroactive Date: 1/22/2024  
 Rima Momin, PA - Retroactive Date: 6/5/2024  
 Jessica Vargas, NP- Retroactive Date - 6/17/24  
 Malachi Hutto, PA- Retroactive Date - 6/10/24

Additional Insureds share in the Limits of Liability with Caduceus Occupational Medicine, LLC (Named Insured).

Course and Scope Limitation: Sateesh R Devagupthapu MD; Eric H Gruenberger MD; Kelly Dixon-Martin, MD