First Professionals Insurance Company

OPTOMETRISTS' PROFESSIONAL CLAIMS MADE LIABILITY POLICY
FIRST PROFESSIONALS INSURANCE COMPANY, INC.

Memorandum of Insurance

To Whom It May Concern:

Named Insured: Lucie N. Ngar, O.D.
P.O. Box 585
Ruskin, FL 33575

This is to advise you that First Professionals Insurance Company, Inc. has issued to the Named Insured the policy enumerated below, subject to all the terms of such policy. This memorandum neither affirmatively nor negatively amends, extends or alters the coverage of such policy.

POLICY NUMBER	TYPE OF INSURANCE	LIMITS (Each/Agg.)	CLAIMS REPORTING PERIOD
IN100313	Professional Liability	$1,000,000/$3,000,000	01/07/2012 to 01/07/2013

Retroactive Date: 01/07/2008

Classification: Optometrist FOA

Date Issued: 10/07/2011

Laura L. Archer
Vice President of Underwriting

1000 Riverside Avenue, Suite 800 • Jacksonville, Florida 32204 • (904) 354-5910 • 1-800-741-3742 • Fax (904) 358-6728
P.O. Box 44033 • Jacksonville, Florida 32231-4033 • www.firstprofessionals.com

First Professionals Insurance Company

OPTOMETRISTS' PROFESSIONAL CLAIMS MADE LIABILITY POLICY
FIRST PROFESSIONALS INSURANCE COMPANY, INC.

Memorandum of Insurance

West Coast Mobile Eye Care, Inc.
P. O. Box 585
Ruskin, FL 33575

Named Insured: Lucie N. Ngar, O.D.
P.O. Box 585
Ruskin, FL 33575

This is to advise you that First Professionals Insurance Company, Inc. has issued to the Named Insured the policy enumerated below, subject to all the terms of such policy. This memorandum neither affirmatively nor negatively amends, extends or alters the coverage of such policy.

POLICY NUMBER	TYPE OF INSURANCE	LIMITS	CLAIMS REPORTING PERIOD
IN100313	Professional Liability	$1,000,000 each claim $3,000,000 aggregate	From: 01/07/2012 To: 01/07/2013

Retroactive Date: 01/07/2008
Classification: Optometrist
Date Issued: 10/07/2011

Laura L. Archer
Vice President of Underwriting

FPIC OPL-740-FL (01/07)

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