



EVANSTON INSURANCE COMPANY

Policy No. MM-802052
 Prev. No. NEW
 Prod. No. CC206

DECLARATIONS - PHYSICIANS, SURGEONS AND DENTISTS PROFESSIONAL LIABILITY INSURANCE

Claims Made Policy: This policy is limited to liability for only those CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD. Please review the policy carefully.

1. **NAMED INSURED:**

- (a) Coverage A: Individual Liability Coverage: JOHN PFEIFFER, M.D.
- (b) Coverage B: Association, Corporation or Partnership Liability Coverage: N/A

2. **BUSINESS ADDRESS OF THE INSURED:**

660 CELEBRATION AVENUE,
 CELEBRATION, FL 34747

SURPLUS LINES AGENT Frances L. Brown
 LIC # A032062 1211 Semoran Blvd.
 Suite 227
 Casselberry FL 32707

3. **PROFESSIONAL SPECIALTY OF THE INSURED: FAMILY PRACTICE**

PROD AGT Daniel Brown
Brown & Brown INS

4. **POLICY PERIOD:** From June 1, 2000 to June 1, 2001
12:01 A.M. Standard Time at address of Insured stated above.

CITY ORLANDO FL
 This insurance is issued pursuant to the Florida Surplus Lines Law. Persons insured by Surplus Lines Carriers do not have the protection of the Florida insurance Guaranty Act to the extent of any right of recovery for the obligation of any insolvent unlicensed insurer.
 File #

5. **RETROACTIVE DATE:** June 1, 2000

6. **COVERAGE AND LIMITS OF LIABILITY:**

COVERAGE A: (a) Each Claim Including Claim Expenses,
Each Insured: **\$1,000,000**

(b) Aggregate For All Claims and Claim Expenses, Each Insured: **\$3,000,000**

COVERAGE B: (c) Each Claim Including Claim Expenses,
Each Insured

(d) Aggregate For All Claims and Claim Expenses, Each Insured:

COVERAGE A, COVERAGE B AND BOTH COMBINED:

(e) Single Per Patient Claim Including Claim Expenses, All Insureds: **\$1,000,000**

POLICY LIMIT: Subject to Coverage A and Coverage B above, the Total Aggregate Limit of Liability for the Policy Period, including the Optional Extension Period, for All Claims, All Claim Expenses, All Insureds: **\$3,000,000**

- 7. **DEDUCTIBLE:**
Applicable to each claim, including claim expenses: \$ 5,000
- 8. **PREMIUM FOR POLICY PERIOD:** \$ 8,762.00
Plus: Florida Surplus Lines Tax of 5% \$ 439.35
Service fee of .3% \$ 26.36
Adm fee \$ 25.00
- 9. **OPTIONAL EXTENSION PERIOD:**
12months @ 200% of the full annual premium of Declarations, Item 8.
- 10. The Insured is not a proprietor, superintendent, executive officer, director, partner, or trustee of any hospital, sanitarium, clinic with bed-and-board facilities, laboratory, or any business enterprise and not named in Item 1 hereinabove, except as follows:

NONE
- 11. **ENDORSEMENTS ATTACHED AT POLICY INCEPTION:**
Amendatory Endorsement - Physicians

ALL CLAIMS TO BE REPORTED DIRECTLY TO

Shand Morahan & Company, Inc.
Ten Parkway North
Deerfield, Illinois 60015
(847) 572-6000

F. L. Brown
Michael A. Rozenberg
(Authorized Representative)