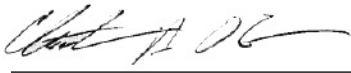


# PSYCHIATRISTS PROFESSIONAL LIABILITY INSURANCE

## Certificate of Insurance

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 provided by the insurance policy below.

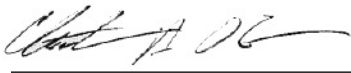
1. NAME AND ADDRESS OF NAMED INSURED			
David Johnson, MD Iris Telehealth Medical Group, PA 114 W 7th Street, Suite 900 Austin, TX 78701		The policy of insurance listed below has been issued to the named insured for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policy described herein is subject to all the terms, exclusions and conditions of such policy. Aggregate limits shown may have been reduced by paid claims.	
2. COMPANY		3. POLICY NUMBER	4. CERTIFICATE NUMBER
Fair American Insurance and Reinsurance Company		GP - FCO06 - 033333906	600819
5. POLICY PERIOD			
<b>From:</b>	February 22, 2022 at 12:01 A.M. Standard Time	<b>To:</b>	February 22, 2023 at 12:01 A.M. Standard Time
<b>Retro Date (Group):</b>	N/A at 12:01 A.M. Standard Time	<b>Retro Date (N.I.):</b>	N/A at 12:01 A.M. Standard Time
6. TYPE OF INSURANCE		7. COVERED SPECIALTY	
Professional Liability		Psychiatry (MD)	
8. EFFECTIVE	LIMITS OF LIABILITY	COVERAGE	STATE/RATING AREA OTHER STATES
Professional Liability per claim/Business Liability per claim/Aggregate			
02/22/2022	\$1,000,000 / \$1,000,000 / \$3,000,000	Occurrence	CA3
9. NAME AND ADDRESS OF CERTIFICATE HOLDER			
County of Siskiyou Behavioral Health 2060 Campus Dr Mount Shasta, CA 96067		Should the above described policy be canceled before the expiration date thereof, the company will endeavor to mail written notice to the certification 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.	
10. NAME AND ADDRESS OF ADMINISTRATOR		11. AUTHORIZED OFFICER OF COMPANY	
Professional Risk Management Services® 1401 Wilson Boulevard, Suite 700 Arlington, VA 22209 Telephone: (800) 245-3333 clientservices@prms.com February 01, 2022 Date		 President Fair American Insurance and Reinsurance Company	

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Professional Liability per claim/Business Liability per claim/Aggregate			
02/22/2022	\$1,000,000 / \$1,000,000 / \$3,000,000	Occurrence	CA3
9. NAME AND ADDRESS OF CERTIFICATE HOLDER			
County of Siskiyou Behavioral Health - South County Office 1107 Ream Avenue Mount Shasta, CA 96067		Should the above described policy be canceled before the expiration date thereof, the company will endeavor to mail written notice to the certification 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.	
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Professional Risk Management Services® 1401 Wilson Boulevard, Suite 700 Arlington, VA 22209 Telephone: (800) 245-3333 clientservices@prms.com February 01, 2022 Date		 President Fair American Insurance and Reinsurance Company	