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		Client # 3175045			
MEMORANDUM OF INSURANCE			Date Issued 10/08/2023		
Producer AMBA CA Insurance License #0196562 P.O. Box 14554 Des Moines, IA 50306 1-800-375-2764 Insured			This memorandum is issued as a matter of information only and confers no rights upon the holder. This memorandum does not amend, extend or alter-the coverages afforded by the Certificate listed below. Company Affording Coverage Liberty Insurance Underwriters Inc.		
issued or may pertain, the insu such Certificate. The limits sho The Memorandum of Insuranc is successfully paid in full.	rrance afforded by the Cer own may have been reduce	tificate described he ed by paid claims.	erein is subject to all th	e terms, exclusions an	d conditions of
Type of Insurance	Certificate Number	Effective Date	Expiration Date	Limits	
Professional Liability NP/CNS SEMbr NP Family	AHY-1110146102	09/26/2023	09/26/2024	Per Incident/ Occurrence	\$1,000,000
				Annual Aggregate	\$6,000,000
PROOF OF INSURANCE					
Memorandum Holder: PROOF OF COVERAGE ONLY			Should the above describe Certificate be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the Memorandum 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.		
			Brad J. Felle		