

Healthcare Professional Liability

LIBERTY INSURANCE UNDERWRITERS INC.

(A Stock Insurance Company, hereinafter the "Company") 55 Water Street, 18th Floor New York, NY 10041

DECLARATIONS - SPECIFIED MEDICAL PROFESSIONAL LIABILITY OCCURRENCE INSURANCE POLICY

Item	Policy Number: AHV-102388006	Renewal Of: AHV-102388005						
I.	Named Insured The Students Of Lake Land College D	District #517						
2.	MAILING ADDRESS Comptroller 5001 Lake Land Boulevard Mattoon, IL 61938							
3.	Policy Period 12:01 A.M. Standard Time At F Location of Designated Premises	from: 04/15/2019 To: 04/15/2020						
4.								
	COVERAGE A. Professional Liability [X] B. General Liability [] Terrorism Risk Insurance Act [] C. Endorsements []	PREMIUM \$7,898.00 \$0.00						
	TOTAL:	\$7,898.00						
5.	LIMITS (\$1,000,000 each Incident or Occurrence	OF LIABILITY \$3,000,000 in the Aggregate						
6.	Deductible (if applicable): \$0 each Incident or Occurrence							
7.	The Named Insured is: Sole Proprietor (including Individual) Partnership Corporation Other: Affiliation: Student Malpractice Blanket Liability							
8.	Business or Occupation of the Named Insured: Student							
9.	This policy is made and accepted subject to the printed conditions of this policy together with the provisions, stipulations and agreements contained in the following form(s) or endorsement(s): HCPL-2025 (1/14), HCPL-8101A (04/14) HCPL-2025 (1/109), HCPL-2038 (11/09), OFAC IL (09/09) HCPL-2025-9000-IL(1109), HCPL-8318 (01/15), HCPL-8325 (02/15), HCPL-8328 (02/15)							
	Representative Agent: Mercer Consumer, a service of Mercer Health & Benefits Administration LLC P.O. Box 14576 Des Moines, IA 50306-3576 1							

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HCPL-2025D (11/09)

Client # 337708									
MEMORANDUM OF INSUR	ANCE	Date Issued							
Producer Mercer Consumer, a service of Mercer Health & Benefits Adm P.O. Box 14576 Des Moines, IA 50306-3576 www.proliability.com Insured The Students of Lake Land Co Comptroller 5001 Lake Land Boulevard Mattoon, IL 61938		Date Issued April 2, 2019 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							
wialloon, 11 01330									
This is to certify that the Certificate listed below has been issued to the insured named above for the policy period indicated, not withstanding any requirement, term or condition of any contract or other document with respect to which this memorandum may be issued or may pertain, the insurance afforded by the Certificate described herein is subject to all the terms, exclusions and conditions of such Certificate. The limits shown may have been reduced by paid claims.									
Type of Insurance	Certificate Number	Effective Date	Ex	piration Date	Limits				
Professional Liability	AHV-102388006	04/15/2019		04/15/2020	Per Occurrence Aggregate	\$1,000,000 \$3,000,000			
General Liability					Per Occurrence Aggregate				
Evidence of lactory									
Evidence of Insurance Faculty is only covered while	instructing the studen	ts. The school is n	ame	d as an addition	al insured.				
Memorandum Holder: The Students of Lake Land College District #517 Comptroller 5001 Lake Land Boulevard Mattoon, IL 61938				Should the above described 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 eft, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives. Authorized Representative Mark Brostowitz Principal					

CA License #0G39709, In CA d/b/a Mercer Health & Benefits Insurance Services LLC

Salation (