

ACORD™ CERTIFICATE OF LIABILITY INSURANCEDATE (MM/DD/YYYY)
02/27/09

PRODUCER

The NIA Group, LLC
One Executive Drive
P.O. Box 6728
Somerset, NJ 08875-6728

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 AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

NAIC #

INSURED

Humedco Corporation
500 Kings Highway North
Cherry Hill, NJ 08034

INSURER A: **Landmark American Insurance Company**

33138

INSURER B:

INSURER C:

INSURER D:

INSURER E:

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE 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 POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A		OTHER Professional Claims Made	LHM811197 \$50,000 Deductib	02/28/09	02/28/10	\$1,000,000 per claim \$3,000,000 Per Loc. Agg \$5,000,000 Policy Agg

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

** Supplemental Name **

Humedco Corporation
Atlanta Women's Medical Center, Inc.
Philadelphia Women's Center, Inc.
(See Attached Descriptions)

CERTIFICATE HOLDER

CANCELLATION

****Evidence of Insurance****

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE



DESCRIPTIONS (Continued from Page 1)

Cherry Hill Women's Center, Inc.
Hartford GYN Center
Northeast Women's Center, Inc.

Coverage: Dr. Twiddy - med mal while working for Humedco
Employed Physicians, Surgeons or Dentists Endorsement -
Professional services rendered on behalf of named insured NOT excluded for
Physician - Kenneth M. Twiddy, M.D retro date 08/15/06

Locum Tenens Insured:

Deborah Lyn Levich, M.D. - retro date 02/28/06
Gary Francis Nobert, M.D. - retro date 02/28/06
Karen L. Houch, M.D. - retro date 02/28/06
Stacey L. Jeronis, M.D. - retro date 02/28/06
Frederick James Rau, M.D. - retro date 02/28/06
Gerald Rehert MD - retro date 2/28/07
Adam L. Moises, M.D. - retro date 02/28/09
Richard M. Lieblich, M.D. - retro date 02/28/09
Carol Watson, M.D. - retro date 02/28/09
Matthew Saidel, M.D. - retro date 02/28/09
Ralph Laughingwell (Inactive) retro date 10/16/06
Steven L. Richman, D.O. (Inactive) - retro date 02/28/06
Mary S Blanks, M.D. (Inactive) - retro date 02/28/06
Chad Aaron Grotgut, M.D. (Inactive) - retro date 02/28/06
John Roizin, M.D. (Inactive) - retro date 02/28/06

Warranty : as a condition precedent to all coverage under this policy the insured will warrant that all Physicians, Surgeons, & Dentists will maintain on a continuous basis, subsequent to the effective date of this policy, their own Medical Malpractice Professional Liability Insurance coverage. Failure to maintain such coverage w/ limits of at least \$1M/\$3M shall result in the voiding of all insurance coverage under this policy. This DOES NOT apply to Doctors listed in Employed Physicians, Surgeons or Dentists Endorsement.

Coverage: Northeast Women's Center Retro Date 07/13/07 as inactive entity for past liability per sale contract

** Location Information**

Loc#1: 500 Kings Highway North, Cherry Hill, NJ 08034
Loc#2: 235 West Wieuca Road, Atlanta, GA 30342
Loc#3: 125 N 8th Street, Philadelphia, PA 19106
Loc#4: 502 Kings Highway North, Cherry Hill, NJ 08034
Loc#5: One Main Street, Unit N-1, Hartford, CT 06106
Loc#6: 2751 Comly Road, Philadelphia, PA 19154

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