



**AMERICAN ASSOCIATION OF NURSE ANESTHETISTS
CERTIFICATE OF INSURANCE
CLAIMS-MADE OR OCCURRENCE**



Occurrence

Claims-Made **Retroactive Date:** N/A

This professional liability insurance provides claims-made coverage for those claims which are the result of medical incidents that happen on or subsequent to the retroactive date stated above and which are first made against you while this policy is in force

Producer	Branch	Prefix	Policy Number	Policy Period
028740	970	CRN	270746857	From 12:01 AM Standard Time on: 2/1/2012 To 12:01 AM Standard Time on: 2/1/2013

Named Insured and Address: **Program Administrator:**

Chester Carl Bostek Aurora Health Services 221 E. 7th Ave., #115 Anchorage, AK 99501	AANA Insurance Services 116 S. Prospect Avenue Park Ridge, IL 60068 (800) 343-1368
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Medical Specialty: **Code:** **Insurance Provided by:**

Nurse Anesthetist	80960	American Casualty Co 333 S. Wabash Avenue Chicago, IL 60604
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Business, Policy, Coverage Type & New Graduate information:

Business Type	Renewal Business
Policy Type	Moonlighting (Over 1000 Hours)
Coverage Type	Individual With Entity
New Grad Credit	N/A

COVERAGE PARTS	LIMITS OF LIABILITY		
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A. COVERAGE AGREEMENT

Professional Liability	\$1,000,000.00	each claim	\$3,000,000.00	aggregate
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B. Coverage Extensions:

Disciplinary Hearings or Proceedings	\$5,000	per proceeding	\$25,000	aggregate
Defendant Expense Benefit			\$10,000	aggregate
Deposition Representation	\$2,500	per deposition	\$5,000	aggregate

Premium

Premium	\$3,654.00
Taxes	
Surcharges	
Total	\$3,654.00

Forms and Endorsements

G-142858-A54_8-02; G-142870-A54_8-02; G-143935-A54_5-02; G-143940-A54_5-02; G-142858-A52_5-02; G-142837-A_5-02; G-142836-A_5-02; G-145184-A_6-03; GSL35679XX_5-11; GSL21479-AK_122010; GSL21479_092010

Signature

Jim M. Huggan 1/2/2012
 Authorized Representative Date

Keep this document in a safe place. It is evidence of your insurance coverage.

Please report claims to the Program Administrator named above.