



**CERTIFICATE OF PROFESSIONAL LIABILITY INSURANCE**

**Certificate Issued to:**

Miracles in Sight  
3900 Westpoint Boulevard  
Suite F  
Winston-Salem, NC 27103

**Name and Address of Insured:**

Miracles in Sight  
3900 Westpoint Boulevard  
Suite F  
Winston-Salem, NC 27103

**Policy Number:** OMC0008863  
**Retroactive Date:** 04/20/1986  
**Policy Period:** 04/20/2021 to 04/20/2022  
**Insured Type:** Eye Bank

**Primary Limits of Liability:**  **Separate**  **Shared**

\$2,000,000 each Claim  
\$4,000,000 aggregate

Coverage is issued on a claims-made and reported basis.

This Certificate of Insurance is issued as a matter of information only and confers no rights upon the holder. By its issuance, OMIC does not modify or extend the provisions of its policy and does not waive any of its rights thereunder. In the event this coverage is terminated, OMIC will attempt to give written notice to the party listed above to whom this Certificate is issued, but failure to give notice will impose no obligation upon OMIC. Notice of termination will be given to the Insured as provided in the policy.

**Certificate Issued by:**

Ophthalmic Mutual Insurance Company  
655 Beach Street  
San Francisco CA 94109-1336

Date: 05/04/2021

A handwritten signature in black ink that reads "Marina Jam".

Authorized Representative