	Clien	#: 18	3997	72			MIRA	CINS			
					н іт			F	DATE (M	M/DD/YYYY)	
									2025		
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AN CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXT											
BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED											
REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.											
IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on											
this certificate does not confer any rights to the certificate holder in lieu of such endorsement(s).											
PRODUCER						CONTACT NAME: Ginger Horton					
USI Insurance Services. LLC 6100 Fairview Road, Suite 800						PHONE (A/C, No, Ext): 813.522.4108 E MAIL					
Charlotte, NC 28210						E-MAIL ADDRESS: ginger.horton@usi.com					
855 874-1396					INSURER(S) AFFORDING COVERAGE INSURER A : General Star Indemnity Company					NAIC #	
INSURED					INSURER B :				57502		
	Medical Directors of					INSURER D :					
Miracles in Sight						INSURER D :					
	3900 Westpoint Blvd., Sui				INSURE	INSURER E :					
Winston Salem, NC 27103						INSURER F :					
		-		NUMBER:		REVISION NUMBER:					
THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.											
	TYPE OF INSURANCE	ADDL	SUBR				POLICY EXP	LIMI	TS		
LIK	COMMERCIAL GENERAL LIABILITY	INSK	WVD	I OLIOT NOMBER				EACH OCCURRENCE	\$		
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
								MED EXP (Any one person)	\$		
								PERSONAL & ADV INJURY	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$		
	POLICY JECT LOC							PRODUCTS - COMP/OP AGG	\$ \$		
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	•		
	ANY AUTO							(Ea accident) BODILY INJURY (Per person)	\$ \$		
	OWNED AUTOS ONLY AUTOS							BODILY INJURY (Per accident	\$		
	HIRED AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$							PER OTH STATUTE ER	-		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$		
	OFFICER/MEMBER EXCLUDED?	N / A						E.L. DISEASE - EA EMPLOYE			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT			
Α	Professional			IJG931775D		04/20/2025	04/20/2026	Each Claim: \$1,000	,000		
	Liability							Aggregate: \$3,000,	000		
								Deductible: \$5,000			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)											
			_								
CEF	RTIFICATE HOLDER			CANC	CANCELLATION						
proof of insurance						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					

AUTHORIZED REPRESENTATIVE

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