

COVERAGE SUMMARY

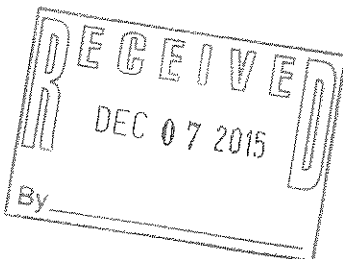
Policy Number 0918354	Policy Period from 01/01/2016 <small>(12:01 A.M. Standard Time at the Principal Address of the First Named Insured)</small>	Effective Date 01/01/2016	to	Expiration Date 01/01/2017
First Named Insured Marin Garza MD				
Principal Address 1901 South 24th Ave Edinburg, TX 78539		Mailing Address P.O. Box 180 Linn, TX 78563		
First Named Insured's Coverage				
		LIMITS OF LIABILITY		
		Claim Limit	Aggregate Limit	
Coverage A-Individual Professional Liability		\$200,000	\$600,000	
Coverage B-Entity Professional Liability (optional)		---	---	
Policy Aggregate (if any)		---	---	
Specialty FGP01	Family General Practice No Surgery			
Retroactive Date 01/01/2006	Rating Territory Texas Area D			

Rating and Coverage information for any other Protected Party is shown in the Endorsements.

Coverage under your policy is subject to the terms and conditions of the Endorsements listed below:

MPL100 09/13	Business Associate Agreement (HIPAA)	MPL219C 11/13	MediGuard Coverage
MPL101TX 07/12	Texas Changes	MPL240 01/09	IRB-Approved Clinical Trials
MPL102TX 01/14	TX DOI Important Notice	MPL262 11/04	Lower Limits of Liability for Prior Acts
MPL203 11/04	Exclusion of Outside Practices	MPL270 01/12	Cyber
MPL210 11/04	Change in Limits of Liability		

This Policy has been issued through the Physicians Purchasing Group of America (PPGA) and may not be subject to all of the insurance laws and regulations of your state



Continued



THIS ENDORSEMENT CHANGES YOUR POLICY—PLEASE READ IT CAREFULLY.

First Named Insured: **Marin Garza MD**

Policy Number: **0918354**

Additional Premium:

Return Premium:

Endorsement Effective Date: **01/01/2016**

Date Issued: **11/12/2015**

CHANGE IN LIMITS OF LIABILITY

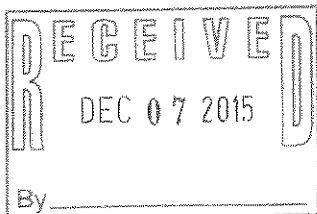
In consideration of the premium charged, the Limits of Liability shown in the Coverage Summary or applicable Endorsement, are changed to the Limits of Liability below.

If this change reflects an increase in the Limits of Liability, the increased Limits of Liability will not apply to any *Claim* that arises, in full or in part, from any *Professional Services Incident* or *Review Incident* that **you** knew or believed, or by diligent inquiry had, or would have had, a reasonable basis to know or believe, may give rise to a *Claim*. Such a *Claim* will be subject to the previous lower Limits of Liability.

	<u>Claim Limit</u>	<u>Aggregate Limit</u>
Limits of Liability	\$200,000	\$600,000

This Endorsement applies to: **Marin Garza MD**

**ALL OTHER TERMS, CONDITIONS, AND LIMITATIONS
CONTAINED IN YOUR POLICY REMAIN THE SAME.**



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4.1 This Spectrum Policy consists of the Declarations, Coverage Forms, Common Policy Conditions and any
03 other Forms and Endorsements issued to be a part of the Policy. This insurance is provided by the stock
IL insurance company of The Hartford Insurance Group shown below.
SBM

INSURER: HARTFORD LLOYDS INSURANCE COMPANY
785 GREENS PARKWAY, SUITE 200, HOUSTON, TX 77067
COMPANY CODE: B

Policy Number: 65 SBM IL0341 DX



SPECTRUM POLICY DECLARATIONS

ORIGINAL

Named Insured and Mailing Address: DR MARIN GARZA
(No., Street, Town, State, Zip Code)

PO BOX 180
LINN TX 78563
USAA #: 112717850

Policy Period: From 10/04/15 To 10/04/16 1 YEAR
12:01 a.m., Standard time at your mailing address shown above. Exception: 12 noon in New Hampshire.

Name of Agent/Broker: USAA INSURANCE AGENCY INC/PHS
Code: 812846

Previous Policy Number: 65 SBM IL0341

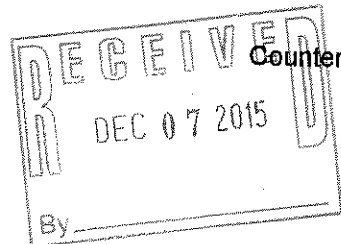
Named Insured is: INDIVIDUAL

Audit Period: NON-AUDITABLE

Type of Property Coverage: NONE

Insurance Provided: In return for the payment of the premium and subject to all of the terms of this policy, we agree with you to provide insurance as stated in this policy.

TOTAL ANNUAL PREMIUM IS: \$425 MP



Countersigned by

Suean S. Castaneda

Authorized Representative

07/23/15
Date

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