## **County of San Mateo Contractor's Declaration Form**

#### I. CONTRACTOR INFORMATION

Contractor Name:	Phone:	
Contact Person:	Fax:	Date
Address:		

#### II. EQUAL BENEFITS (check one or more boxes)

Contractors with contracts in excess of \$5,000 must treat spouses and domestic partners equally as to employee benefits. 0

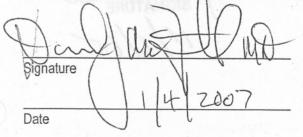
- Contractor complies with the County's Equal Benefits Ordinance by:
  - offering equal benefits to employees with spouses and employees with domestic partners. П
  - offering a cash equivalent payment to eligible employees in lieu of equal benefits. m
- Contractor does not comply with the County's Equal Benefits Ordinance.
- Contractor is exempt from this requirement because:
  - Contractor has no employees, does not provide benefits to employees' spouses, or the contract is for \$5,000 or less.
  - Contractor is a party to a collective bargaining agreement that began on (date) and expires on (date), and intends to offer equal benefits when said agreement expires.
- III. NON-DISCRIMINATION (check appropriate box)
- Finding(s) of discrimination have been issued against Contractor within the past year by the Equal Employment Opportunity Commission, Fair Employment and Housing Commission, or other investigative entity. Please see attached sheet of paper explaining the outcome(s) or remedy for the discrimination.
- No finding of discrimination has been issued in the past year against the Contractor by the Equal Employment V Opportunity Commission, Fair Employment and Housing Commission, or any other entity.

### IV. EMPLOYEE JURY SERVICE (check one or more boxes)

Contractors with original or amended contracts in excess of \$100,000 must have and adhere to a written policy that provides its employees living in San Mateo County up to five days regular pay for actual jury service in the County.

- Contractor complies with the County's Employee Jury Service Ordinance.
- Contractor does not comply with the County's Employee Jury Service Ordinance.
- П Contractor is exempt from this requirement because:
  - Г the contract is for \$100,000 or less.
  - Contractor is a party to a collective bargaining agreement that began on \_\_\_\_\_ (date) and expires on Π (date), and intends to comply when the collective bargaining agreement expires.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and that I am authorized to bind this entity contractually.



Name

Title

P

# COUNTY OF SAN MATEO

# SAN MATEO MEDICAL CENTER

#### MEMORANDUM

11/01/2005 Date:

To: Janine Keller, Risk Management/ Pony # EPS 163 Fax # 363-4864

Valerie Yv. Woolsey, San Mateo Medical Center/Fax # 2030 From:

Subject: Contract Insurance Approval

CONTRACTOR: Seguoia Anesthesia Consultants

DO THEY TRAVEL: No.

PERCENT OF TRAVEL TIME: 0

NUMBER OF EMPLOYEES: None

Pat Bougling DUTIES (SPECIFIC): Provide professional anesthesiology and pain management services including the management and supervision of those services

COVERAGE:	Amount	Approve	Waive	Modify
Comprehensive Liability:	<u>\$1m</u>	XX		
Motor Vehicle Liability:		AK	XQIC	10 NEV 1970
Professional Liability:	<u>\$1m</u>	xat		
Worker's Compensation:	vios Ordination	Gil	Alc	or e <u>ssi nos</u>
والمرافقة والمعارية متعارية منتجر بمستهدينا والمستحد والمراجع والمعاري والمراجع		0	0	

### **REMARKS/COMMENTS:**

Sequola Anesthesia Consultants is comprised of a group of partners with no administrative personnel or employees.

SIGNATURE 11/1/11

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#### p.1



CERTIFICATE O	FINSURANCE	Issue Date: 10/10/200	06	
First Named Insured:	Claime-Made Profession	A Claims-Made Professional Liability Policy		
Sequola Anesthesia Consultants Attn: Lewis Margolis MD 320 Mindanao Drive Redwood City, CA 94065		IMPORTANT NOTICE: This document demonstrates coverage in force on the Issue Date above with Limits of Liability of at least the amounts set forth below. It is issued as a matter of information and does not confer rights to any recipient. This document is not binding, is not part of the Policy described below, and does not change or extend the coverage provided by that Policy.		
Protected Party: Aviva	Y Cohen MD	Gw Aa	ns9 A samon runar co.	
Specialty: ANE01 Ane	sthesiology	ty.	oloisethesiolog	
Policy Number:	Polic	y Period:	Retroactive Date:	
Policy Number: 0054656	Polic From: 11/01/2006	y Period: To: 11/01/2007	Retroactive Date: 02/12/1987	
salari carlinar	From: 11/01/2006		02/12/1987 ce Agency	
0054656 The Protected Party abo A Named Insured	From: 11/01/2006 ove is: ted Party	To: 11/01/2007 Agency and Address: The Doctors Insuran 6 Hamilton Landing, Novato, CA 94949	02/12/1987 ce Agency	
0054656 The Protected Party abo A Named Insured	From: 11/01/2006 ove is: ted Party	To: 11/01/2007 Agency and Address: The Doctors Insuran 6 Hamilton Landing, Novato, CA 94949 (800)553-9293	02/12/1987 ce Agency	

- Individuals who occupy a "slot" share Limits of Liability with all others who occupy the same "slot" during the Policy Period.
- III. Photocopies of this document are deemed as valid as the original.
- IV. The policy, including endorsements, determines the coverage provided. Some claims may not be covered by the terms of the policy, or may be subject to restrictions such as lower Limits of Liability.
- V. If the policy, or coverage for any person, is canceled for any reason or if the terms of the policy are changed, we will notify the First Named Insured only. Coverage is not in effect unless and until all payments are received when due.

MPL003 (06/06)	102	Page 1 of 1	MC003	85239200 - 00	Insured
185 Green	wood Road : P.O. Box	2900 : Napa, CA 94558-0900 : (707)226-01	100 : (800)42	1-2368 : www.thedoctors.com	



CERTIFICATE OF INSURANCE	Issue Date: 09/18/2006
First Named Insured:	A Claims-Made Professional Liability Policy
Sequoia Anesthesia Consultants 320 Mindanao Drive Attn: Lewis Margolis MD Redwood City, CA 94065	IMPORTANT NOTICE: This document demonstrates coverage in force on the Issue Date above with Limits of Liability of at least the amounts set forth below. It is issued as a matter of information and does not confer rights to any recipient. This document is not binding, is not part of the Policy described below, and does not change or extend the coverage provided by that Policy.

Protected Party: Thomas A Gaffey MD

Specially: ANE01 Anesthesiology

Policy Number:	Polic	y Period:	Retroactive Date:
0054656	From: 11/01/2006	To: 11/01/2007	07/03/2006
The Protected Party above A Named Insured A Locum Tenens An Additional Protected		Agency and Address The Doctors Insura 6 Hamilton Landing Novato, CA 94949 (800)553-9293	nce Agency
	LIMITS C	F LIABILITY	
Claim Limit:		\$1,000,000	
Aggregate Limit:		\$3,000,000	

I. Locum Tenens and Additional Protected Parties share Limits of Liability with the applicable Named Insured.

II. Individuals who occupy a "slot" share Limits of Liability with all others who occupy the same "slot" during the Policy Period.

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MPL003 (06/06)	102	Page 1 of 1	MC003	83438000 - 00	insured
185 Gree	nwood Road : P.O. Box	2900 : Napa, CA 94558-0900 : (707)226-0	100 : (800)42	1-2368 : www.thedoctors.com	

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<b>CERTIFICATE</b> OF	INSURANCE	Issue Date: 09/18/20	06	
First Named Insured:	lases Date: thranking	A Claims-Made Professional Liability Policy		
Sequoia Anesthesia Consultants 320 Mindanao Drive Attn: Lewis Margolis MD Redwood City, CA 94065		IMPORTANT NOTICE: This document demonstrates coverage in force on the Issue Date above with Limits of Liability of at least the amounts set forth below. It is issued as a matter of information and does not confer rights to any recipient. This document is not binding, is not part of the Policy described below, and does not change or extend the coverage provided by that Policy.		
Protected Party: Michael	H Fahmy MD	and the deal	Protociad Party: Michela R N	
Speciality: ANE01 Anesth	esiology	ygolo	icaction n.A. 19530. A. 19860.008	
the second se				
Policy Number:	Polic	y Period:	Retroactive Date:	
Policy Number: 0054656	Polic From: 11/01/2006	y Period: To: 11/01/2007	Retroactive Date: 01/23/2006	
	From: 11/01/2006	Prove 14 25 Aller	01/23/2006	
0054656 The Protected Party above X A Named Insured A Locum Tenens	From: 11/01/2006 is: I Party	To: 11/01/2007 Agency and Address: The Doctors Insuran 6 Hamilton Landing, Novato, CA 94949	01/23/2006	
0054656 The Protected Party above A Named Insured	From: 11/01/2006 is: I Party	To: 11/01/2007 Agency and Address: The Doctors Insuran 6 Hamilton Landing, Novato, CA 94949 (800)553-9293	01/23/2006	

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First Named Insured:	ANPORTANT NOTICE	A Claims-Made Professional Liability Policy			
Sequoia Anesthesia Const Attn: Lewis Margolis MD 320 Mindanao Drive Redwood City, CA 94865	Atants	IMPORTANT NOTICE: This document demonstrates coverage in force on the issue Data above with Limits of Liability of at least the amount set forth below. It is issued as a matter of information and does not confer rights to any recipient. This document is not binding, is not part of the Policy described below, and does not chan or extend the coverage provided by that Policy.			
Protected Party: Nichole R	Herbert MD	UN VI	HET IS SUCCESSION AND A DOTO		
Specialty: ANEO1 Anesthe	siology	V	and Aneshresiolog		
Policy Number:	Polic	y Pariod:	Retroactive Date:		
0054656	From: 11/01/2006	To: 11/01/2007	01/01/1996		
0054656 The Protected Party above it A Named Insured A Locum Tenens An Additional Protected F	S: Second A bas you of one cost of the transfer	To: 11/81/2007 Agency and Address: The Doctors Insurar 6 Hamilton Landing, Novato, CA 94949 (800)653-9293	ince Agency		
The Protected Party above is X A Named Insured A Locum Tenens	s: Party	Agency and Address The Doctors Insurar 6 Hamilton Landing, Novato, CA 94949	ince Agency		
The Protected Party above in X A Named Insured	s: Party	Agency and Address: The Doctors Insurar 6 Hamilton Landing, Novato, CA 94949 (800)553-9293	ince Agency		

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MPL003 (06/06) 102 Page 1 of 1 MC003 85169400 - 00 185 Greenwood Roed : P.O. Box 2909 : Nepa, CA 94556-0900 : (707)226-0100 : (600)421-2368 : www.thedoclors.com P.4

Insured

#### p.5

# THEDOCTORSCOMPANY

CERTIFICATE OF INSURANCE	Issue Date: 09/18/2006
First Named Insured:	A Claims-Made Professional Liability Policy
Sequoia Anesthesia Consultants 320 Mindanao Drive Attn: Lewis Margolis MD Redwood City, CA 94065	IMPORTANT NOTICE: This document demonstrates coverage in force on the Issue Date above with Limits of Liability of at least the amounts set forth below. It is issued as a matter of information and does not confer rights to any recipient. This document is not binding, is not part of the Policy described below, and does not change or extend the coverage provided by that Policy.

Protected Party: Shirley X Liu MD

Specialty: ANE01 Anesthesiology

Policy Number:	Policy	Period:	Retroactive Date:
0054656	From: 11/01/2006	To: 11/01/2007	04/03/2006
The Protected Party abo A Named Insured A Locum Tenens An Additional Protect		Agency and Address: The Doctors Insurance Agency 6 Hamilton Landing, Suite 170 Novato, CA 94949 (800)553-9293	
	LIMITS O	FLIABILITY	
Claim Limit:		\$1,000,000	
Aggregate Limit:		\$3,000,000	

I. Locum Tenens and Additional Protected Parties share Limits of Liability with the applicable Named Insured.

II. Individuals who occupy a "slot" share Limits of Liability with all others who occupy the same "slot" during the Policy Period.

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MPL003 (06/06)	102	Page 1 of 1	MC003	83437900 - 00	Insured
185 Green	wood Road : P.O. Bo	2900 : Napa, CA 94558-0900 : (707)226-	0100 : (800)42	1-2368 : www.thedoctors.com	



CERTIFICATE OF INSURANCE	Issue Date: 09/18/2006
First Named Insured:	A Claims-Made Professional Liability Policy
Sequoia Anesthesia Consultants 320 Mindanao Drive Attn: Lewis Margolis MD Redwood City, CA 94065	IMPORTANT NOTICE: This document demonstrates coverage in force on the Issue Date above with Limits of Liability of at least the amounts set forth below. It is issued as a matter of Information and does not confer rights to any recipient. This document is not binding, is not part of the Policy described below, and does not change or extend the coverage provided by that Policy.

Protected Party: Lewis S Margolis MD

Specialty: ANE01 Anesthesiology

Policy Number:	Policy Period:		Retroactive Date:
0054656	From: 11/01/2006 To: 11/01/2007		08/29/1976
The Protected Party above is: X A Named Insured A Locum Tenens An Additional Protected Party		Agency and Address: The Doctors Insurance Agency 6 Hamilton Landing, Suite 170 Novato, CA 94949 (800)553-9293	
	LIMITS O	FLIABILITY	
Claim Limit:		\$1,000,000	
Aggregate Limit:		\$3,000,000	

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MPL003 (06/06)	102	Page 1 of 1	MC003	83437200 - 00	insured
185 Green	wood Road : P.O. Box	2900 ; Napa, CA 94558-0900 : (707)226-	0100 : (800)42	1-2368 : www.thedoctors.com	

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#### p.7



CERTIFICATE OF INSURANCE	Issue Date: 09/18/2005
First Named Insured:	A Claims-Made Professional Liability Policy
Sequoia Anesthesia Consultants 320 Mindanao Drive Attn: Lewis Margolis MD Redwood City, CA 94065	IMPORTANT NOTICE: This document demonstrates coverage in force on the Issue Date above with Limits of Liability of at least the amounts set forth below. It is issued as a matter of information and does not confer rights to any recipient. This document is not binding, is not part of the Policy described below, and does not change or extend the coverage provided by that Policy.

Protected Party: Daniel J McFarland MD

Specially: ANEO1 Anesthesiology

Policy Number:	Policy Period:		Retroactive Date:
0054656	From: 11/01/2006	To: 11/01/2007	07/01/1984
The Protected Party above is: X A Named Insured A Locum Tenens An Additional Protected Party		Agency and Address The Doctors Insurat 6 Hamilton Landing Novato, CA 94949 (800)553-9293	nce Agency
		FLIABILITY	Ciem Limit:
Claim Limit:		\$1,000,000	
Aggregate Limit:		\$3,000,000	

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MPL003 (06/06)	102	Page 1 of 1	MC003	83437000 - 00	Insured
185 0	Greenwood Road : P.O. Box 2900	: Napa, CA 94558-0900 : (707)226-01	00 : (800)421	-2368 : www.thedoctors.com	

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CERTIFICATE OF INSURANCE	Issue Date: 09/18/2006
First Named Insured:	A Claims-Made Professional Liability Policy
Sequola Anesthesia Consultants 320 Mindanao Drive Attn: Lewis Margolis MD Redwood City, CA 94065	IMPORTANT NOTICE: This document demonstrates coverage in force on the Issue Date above with Limits of Liability of at least the amounts set forth below. It is issued as a matter of information and does not confer rights to any recipient. This document is not binding, is not part of the Policy described below, and does not change or extend the coverage provided by that Policy.

Protected Party: Tad G Nishimura MD

Specialty: ANEO1 Anesthesiology

Policy Number:	Policy	Period:	Retroactive Date:
0054656	From: 11/01/2006	To: 11/01/2007	07/01/1975
X A Named Insured	WARDA SOGNEDE STOLEN.		Agency uite 170
	LIMITS O		
Claim Limit:		\$1,000,000	
Aggregate Limit:		\$3,000,000	

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MPL003 (06/06) 102 Page 1 of 1 MC003 83437100 - 00 Insured 185 Greenwood Road : P.O. Box 2900 : Napa, CA 94558-0900 : (707)226-0100 : (800)421-2368 : www.thedoctors.com

# THEDOCTORSCOMPANY

CERTIFICATE OF INSURANCE		Issue Date: 08/02/2006		
First Named Insured:	First Named Insured: A Cl		A Claims-Made Professional Liability Policy	
Debra A Reinking MD 3521 Investment Bivd Suite 5 Hayward, CA 94545		IMPORTANT NOTICE: This document demonstrates coverage in force on the Issue Date above. It is issued as a matter of information and does not confer rights to any recipient. This document is not part of the Pollcy described below, and does not change or extend the coverage provided by that Pollcy.		
Protected Party: Debra A	Reinking MD	GM o	niquity Jeffrey M Shapin	
Specialty: ANEO1 Anesth	nesiology		ay: ANED1 Amathosiology	
Policy Number:	Polic	y Period:	Retroactive Date:	
Policy Number: 0039503	Polic From: 05/16/2006	y Period: To: 05/16/2007	Retroactive Date: 05/16/1988	
CHERTER REPORTS	From: 05/16/2006 e is:		05/16/1988 : nce Agency	
0039503 The Protected Party above X A Named Insured A Locum Tenens	From: 05/16/2006 e is: d Party	To: 05/16/2007 Agency and Address: The Doctors Insurar 6 Hamilton Landing, Novato, CA 94949	05/16/1988 : nce Agency	
0039503 The Protected Party above X A Named Insured A Locum Tenens	From: 05/16/2006 e is: d Party	To: 05/16/2007 Agency and Address: The Doctors Insurar 6 Hamilton Landing, Novato, CA 94949 (800)553-9293	05/16/1988 : nce Agency	

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MPL003 (11/04)	102	Page 1 of 1	MC003	79694500 - 00	Insured
185 Greenv	vood Road : P.O. Bo	x 2900 : Napa, CA 94558-0900 : (707)226-0	100 : (800)42	1-2368 : www.thedoctors.com	



CERTIFICATE OF INSURANCE	Issue Date: 09/18/2006
First Named Insured:	A Claims-Made Professional Liability Policy
Sequola Anesthesia Consultants 320 Mindanao Drive Attn: Lewis Margolis MD Redwood City, CA 94065	IMPORTANT NOTICE: This document demonstrates coverage in force on the Issue Date above with Limits of Liability of at least the amounts set forth below. It is issued as a matter of information and does not confer rights to any recipient. This document is not binding, is not part of the Policy described below, and does not change or extend the coverage provided by that Policy.

Protected Party: Jeffrey M Shapiro MD

Specialty: ANE01 Anesthesiology

Policy Number:	rpactive Date	Policy Period:		Retroactive Date:
0054656	880P\8	From: 11/01/2006	om: 11/01/2006 To: 11/01/2007 07/25/1998	
X A Named Ins	The Protected Party above is: X A Named Insured A Locum Tenens An Additional Protected Party		Agency and Address The Doctors Insura 6 Hamilton Landing Novato, CA 94949 (800)553-9293	nce Agency
		LIMITS C	F LIABILITY	
Claim Limit:			\$1,000,000	
Aggregate L	imit:		\$3,000,000	

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MPL003 (06/06)	102	Page 1 of 1	MC003	63437300 - 00	insured
185 Green	wood Road : P.O. Box 2	900 : Napa, CA 94558-0900 : (707)226-010	00 : (800)421	-2368 : www.thedoctors.com	



CERTIFICATE OF I	NSURANCE	Issue Date: 09/18/20	006	
First Named Insured:		A Claims-Made Professional Liability Policy		
Sequoia Anesthesia Consultants 320 Mindanao Drive Attn: Lewis Margolis MD Redwood City, CA 94065		IMPORTANT NOTICE: This document demonstrates coverage in force on the Issue Date above with Limits of Liability of at least the amounts set forth below. It is issued as a matter of information and does not confer rights to any recipient. This document is not binding, is not part of the Policy described below, and does not change or extend the coverage provided by that Policy.		
Protected Party: Chris R S	itasny MD			
Specialty: ANE01 Anesthe	esiology		e Granden en Arten anderen en Bergeren	
Policy Number:	Polic	y Period:	Retroactive Date:	
	From: 11/01/2006	/2006 To: 11/01/2007 07/17/2006		
0054656	FIGHT. 11/01/2008	10: 11/01/2007	0//1//2006	
The Protected Party above A Named Insured A Locum Tenens An Additional Protected	is: Show and Address: Si Doctors Incursion Age amilton Landing, Bute	Agency and Address: The Doctors Insurar 6 Hamilton Landing, Novato, CA 94949 (800)553-9293	ice Agency	
The Protected Party above	is: Party	Agency and Address The Doctors Insurar 6 Hamilton Landing Novato, CA 94949	ice Agency	
The Protected Party above	is: Party	Agency and Address: The Doctors Insurar 6 Hamilton Landing, Novato, CA 94949 (800)553-9293	ice Agency	

I. Locum Tenens and Additional Protected Parties share Limits of Liability with the applicable Named Insured.

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MPL003 (06/06)	102	Page 1 of 1	MC003	83438100 - 00	Insured
185 Green	wood Road : P.O. Box 2	900 : Napa, CA 94558-0900 : (707)226-01	00 : (800)42	1-2368 : www.thedoctors.com	

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CERTIFICATE OF INSURANCE	Issue Date: 09/18/2006
First Named Insured:	A Claims-Made Professional Liability Policy
Sequoia Anesthesia Consultants 320 Mindanao Drive Attn: Lewis Margolis MD Redwood City, CA 94065	IMPORTANT NOTICE: This document demonstrates coverage in force on the Issue Date above with Limits of Liability of at least the amounts set forth below. It is issued as a matter of information and does not confer rights to any recipient. This document is not binding, is not part of the Policy described below, and does not change or extend the coverage provided by that Policy.

Protected Party: Chris Tataru MD

Specialty: ANE01 Anesthesiology

Policy Number:	Policy	Period:	Retroactive Date:
0054656	From: 11/01/2006	To: 11/01/2007	03/15/1998
The Protected Party above is: A Named Insured A Locum Tenens An Additional Protected Party		Agency and Address: The Doctors Insurance 6 Hamilton Landing, St Novato, CA 94949 (800)553-9293	
	LIMITS O	FLIABILITY	
Claim Limit:		\$1,000,000	Claim Limit:
Aggregate Limit:			Simil sheerooA

I. Locum Tenens and Additional Protected Parties share Limits of Liability with the applicable Named Insured.

 Individuals who occupy a "slot" share Limits of Liability with all others who occupy the same "slot" during the Policy Period.

- III. Photocopies of this document are deemed as valid as the original.
- IV. The policy, including endorsements, determines the coverage provided. Some claims may not be covered by the terms of the policy, or may be subject to restrictions such as lower Limits of Liability.
- V. If the policy, or coverage for any person, is canceled for any reason or if the terms of the policy are changed, we will notify the First Named Insured only. Coverage is not in effect unless and until all payments are received when due.

MPL003	(06/06)	102	Fage 1 of 1	MC003	83437400 - 00	Insured
	185 Greenw	rood Road : P.O. E	ox 2900 : Napa, CA 94558-0900 : (707)22	26-0100 : (800)421	I-2368 : www.thedoctors.com	



CERTIFICATE OF INSURANCE	Issue Date: 09/18/2006
First Named Insured:	A Claims-Made Professional Liability Policy
Sequola Anesthesia Consultants 320 Mindanao Drive Attn: Lewis Margolis MD Redwood City, CA 94065	IMPORTANT NOTICE: This document demonstrates coverage in force on the Issue Date above with Limits of Liability of at least the amounts set forth below. It is issued as a matter of information and does not confer rights to any recipient. This document is not binding, is not part of the Policy described below, and does not change or extend the coverage provided by that Policy.

Protected Party: Cynthia Y Weller MD

Specialty: ANEO1 Anesthesiology

Policy Number:	Policy	Period:	Retroactive Date:
0054656	From: 11/01/2006	To: 11/01/2007	07/17/2006
The Protected Party above is: A Named Insured A Locum Tenens An Additional Protected Party		Agency and Address: The Doctors Insurance Agency 6 Hamilton Landing, Suite 170 Novato, CA 94949 (800)553-9293	
	LIMITS OF	LIABILITY	
Claim Limit:		\$1,000,000	Claim Limit
Aggregate Limit:		\$3,000,000	timit elegenepy

- Individuals who occupy a "slot" share Limits of Liability with all others who occupy the same "slot" during the Policy Period.
- III. Photocopies of this document are deemed as valid as the original.
- IV. The policy, including endorsements, determines the coverage provided. Some claims may not be covered by the terms of the policy, or may be subject to restrictions such as lower Limits of Liability.
- V. If the policy, or coverage for any person, is canceled for any reason or if the terms of the policy are changed, we will notify the First Named Insured only. Coverage is not in effect unless and until all payments are received when due.

MPL003 (06/06)	102	Page 1 of 1	MC003	83438200 - 00	Insured
185 Green	wood Road : P.O. Box 2	2900 : Napa, CA 94558-0900 : (707)226-0	100 : (800)42	1-2368 : www.thedoctors.com	



CERTIFICATE OF INSURANCE	Issue Date: 09/18/2006
First Named Insured:	A Claims-Made Professional Liability Policy
Sequoia Anesthesia Consultants 320 Mindanao Drive Attn: Lewis Margolis MD Redwood City, CA 94065	IMPORTANT NOTICE: This document demonstrates coverage in force on the Issue Date above with Limits of Liability of at least the amounts set forth below. It is issued as a matter of information and does not confer rights to any recipient. This document is not binding, is not part of the Policy described below, and does not change or extend the coverage provided by that Policy.

Protected Party: Moon G Yun MD

Specialty: ANE01 Anesthesiology

Policy Number:	Policy	Period:	Retroactive Date:
0054656	From: 11/01/2006	To: 11/01/2007	06/15/2001
The Protected Party all		Agency and Address The Doctors Insura 6 Hamilton Landing Novato, CA 94949 (800)553-9293	nce Agency
	LIMITS O	FLIABILITY	
Claim Limit: Aggregate Limit:	850,000,12 85,000,000		

I. Locum Tenens and Additional Protected Parties share Limits of Liability with the applicable Named Insured.

 Individuals who occupy a "slot" share Limits of Liability with all others who occupy the same "slot" during the Policy Period.

III. Photocopies of this document are deemed as valid as the original.

IV. The policy, including endorsements, determines the coverage provided. Some claims may not be covered by the terms of the policy, or may be subject to restrictions such as lower Limits of Liability.

V. If the policy, or coverage for any person, is canceled for any reason or if the terms of the policy are changed, we will notify the First Named Insured only. Coverage is not in effect unless and until all payments are received when due.

MPL003 (06/06)	102	Page 1 of 1	MC003	83437500 - 00	insured
185 Greenw	rood Road : P.O. Bo	x 2900 : Napa, CA 94558-0900 : (707)226-0	0100 : (800)42	1-2368 : www.thedoctors.com	

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