

# Professional Liability Certificate

**Certificate Number:** \_\_\_\_\_

**Issued To:** \_\_\_\_\_

**Professional Title:** \_\_\_\_\_

**Company/Organization:** \_\_\_\_\_

**Policy Number:** \_\_\_\_\_

**Coverage Limit:** \_\_\_\_\_

**Effective Date:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_

**Authorized Signature:** \_\_\_\_\_

This certificate verifies the above-named individual/entity is covered by a Professional Liability Insurance policy for the period stated.