


CERTIFICATE OF COVERAGE	Issue Date: 10/01/2011
Adventist Health System Risk Management 111 North Orlando Avenue Winter Park, FL 32789 (407) 975-1420	This certificate is issued as a matter of information only and confers no rights upon the Certificate Holder. This certificate does not amend, extend or alter the coverage afforded by the AHS Liability Trust or any insurance policies listed below.

Named Participant: Florida Hospital d/b/a Florida Pathology Laboratory 601 East Rollins Street Orlando, FL 32803	COMPANIES AFFORDING COVERAGE
	Company Letter A: AHS Liability Trust
	Company Letter F: Florida Hospital Self-Funded Worker's Compensation Program

Coverages
This is to certify that the coverage below has been issued to the Named Participant listed above for the time 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.

Co Ltr	Type of Insurance	Policy Number	Policy Effective Date	Policy Expiration Date	Limits	
A	X Hospital Professional/Comprehensive General Liability & Managed Care Errors & Omissions	8528-2011	04/01/2011	04/01/2012	Each Occurrence	\$3,000,000
A	X Claims Made (HPL & Managed Care Errors)					
A	X Occurrence (CGL Only)					
F	X Worker's Compensation and Employer's Liability	Florida Division Facilities and all other States Except Texas AHSWC11	08/01/2011	08/01/2012	\$1,000,000	

Description of Operations/Locations/Vehicles/Special Items:
All operations subject to the terms and conditions of the Trust or insurance policies listed above.
Coverage provided is a per occurrence aggregate and is not increased by the number of named participants or claimants involved.

Certificate Holder	Cancellation
Florida Pathology Laboratory 601 E. Rollins Street Orlando, FL 32803	Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail written notice to the Certificate Holder named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives or employees.
	Authorized Representative: 
	Date: 12/21/2011