



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/12/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERs NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES 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 rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Phoenix-Alliant Insurance Services, Inc. 2415 E Camelback Rd Ste 950 Phoenix AZ 85016	CONTACT NAME: Dawn Rooney PHONE (A/C, No, Ext): 518-256-9215 FAX (A/C, No): E-MAIL ADDRESS: Dawn.Rooney@alliant.com		
	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : Chubb Custom Insurance Company		38989
	INSURER B : Federal Insurance Company		20281
	INSURER C : Pacific Indemnity Company		20346
	INSURER D :		
	INSURER E :		
INSURER F :			
INSURED AngioAdvancements, LLC 17111 Shelby Ln North Fort Myers FL 33917			License#: 0C36861 ANGIADV-01

COVERAGES

CERTIFICATE NUMBER: 523321835

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.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
C	X COMMERCIAL GENERAL LIABILITY		36061686	12/20/2025	12/20/2026	EACH OCCURRENCE	\$ 1,000,000	
	X CLAIMS-MADE <input type="checkbox"/> OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000	
	X Retro Date:					MED EXP (Any one person)	\$ 10,000	
	X 12/20/2010					PERSONAL & ADV INJURY	\$ 1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,000	
	X POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC					PRODUCTS - COMP/OP AGG	\$ Excluded	
	OTHER:						\$	
B	AUTOMOBILE LIABILITY		73612791	12/20/2025	12/20/2026	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
	X ANY AUTO					BODILY INJURY (Per person)	\$	
	OWNED AUTOS ONLY					BODILY INJURY (Per accident)	\$	
	Hired AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
							\$	
B	X UMBRELLA LIAB		78191341	12/20/2025	12/20/2026	EACH OCCURRENCE	\$ 9,000,000	
	X EXCESS LIAB					AGGREGATE	\$ 9,000,000	
	DED <input type="checkbox"/> RETENTION \$						\$	
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y / N N / A	2671832664	12/20/2025	12/20/2026	X PER STATUTE	OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					E.L. EACH ACCIDENT	\$ 1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000	
						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000	
	Commercial Products Liability Retroactive Date: 12/20/2012 Ded. Aggregate \$25,000					Each Occur./Aggregate Medical Expense Ded. Each Event	\$10M/\$10M \$15,000 \$5,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate is issued as Proof of Coverage.

CERTIFICATE HOLDER

CANCELLATION

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

© 1988-2015 ACORD CORPORATION. All rights reserved.