

# Medical Assurance Company of Mississippi

## CERTIFICATE OF MEDICAL PROFESSIONAL LIABILITY INSURANCE

**ISSUED TO:**

UNIVERSITY OF MS MEDICAL CENTER  
AMANDA ROBERSON, MEDICAL STAFF DIR  
2500 N STATE ST  
JACKSON, MS 39216-4500

**NAME AND ADDRESS OF INSURED:**


Medical Students Of The University  
of Mississippi Medical School  
2500 N State St  
Jackson, MS 39216-4500

**POLICY NUMBER:** 01523-A2731**LIMITS OF COVERAGE:** \$ 2,000,000 PER CLAIM  
\$ 3,000,000 ANNUAL AGGREGATE**DATE OF INCEPTION:** 1/01/2024**DATE OF EXPIRATION:** 1/01/2025**RETROACTIVE DATE:** 7/01/1981

This will certify that Medical Assurance Company of Mississippi has issued to the Insured named above a policy of insurance, subject to the provisions of the current policy contracts in use by the Company. This Certificate of Insurance neither affirmatively nor negatively amends, alters, or extends the coverage afforded by the policy described above.

Medical Assurance Company of Mississippi makes no representation that the above described policy provides coverage to you or the above Named Insured for the circumstances about which you are concerned.

Medical Assurance Company of Mississippi will not notify you of any change in, or cancellation or nonrenewal of the above described policy; and Medical Assurance Company of Mississippi denies any duty or responsibility to do so. The failure to notify you of any change in, or cancellation or nonrenewal of the above described policy will impose no obligation or liability of any kind whatsoever upon Medical Assurance Company of Mississippi, its agents, assigns or representatives.



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Authorized Representative

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11/02/2023

Date Signed

ORIGINAL