This memorandum is issued as a matter of information only and confers no rights upon the holder. This memorandum does not amend, extend or alter the coverages afforded by the Certificate listed below.

**Producer**
Mercer Consumer, a service of
Mercer Health & Benefits Administration LLC
P.O. Box 14576
Des Moines, IA 50306-3576
www.proliability.com

**Insured**
The Students of University of Florida
Occupational Therapy
Po Box 100164
1225 Center Drive Room 2101
Gainesville, FL 32610

**Company Affording Coverage**
Liberty Insurance Underwriters Inc

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This is to certify that the Certificate listed below has been issued to the insured named above for the policy period indicated, not withstanding any requirement, term or condition of any contract or other document with respect to which this memorandum may be issued or may pertain, the insurance afforded by the Certificate described herein is subject to all the terms, exclusions and conditions of such Certificate. The limits shown may have been reduced by paid claims.

<table>
<thead>
<tr>
<th>Type of Insurance</th>
<th>Certificate Number</th>
<th>Effective Date</th>
<th>Expiration Date</th>
<th>Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional Liability</td>
<td>AHV-102104006</td>
<td>10/31/2016</td>
<td>10/31/2017</td>
<td>Per Occurrence $1,000,000 Aggregate $3,000,000</td>
</tr>
<tr>
<td>General Liability</td>
<td></td>
<td></td>
<td></td>
<td>Per Occurrence Aggregate</td>
</tr>
</tbody>
</table>

**Evidence of Insurance**
Faculty is only covered while instructing the students. The school is named as an additional insured.

**Memorandum Holder:**
The Students of University of Florida
Occupational Therapy
Po Box 100164
1225 Center Drive Room 2101
Gainesville, FL 32610

Should the above described Certificate be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the Memorandum 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.

**Authorized Representative**
Mark Brostowitz
Principal

CA Ins Lic. #0G39709, In CA d/b/a Mercer Health & Benefits Insurance Services LLC