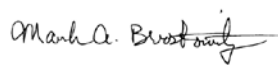


MEMORANDUM OF INSURANCE				Date Issued October 25, 2016	
Producer Mercer Consumer, a service of Mercer Health & Benefits Administration LLC P.O. Box 14576 Des Moines, IA 50306-3576 www.proliability.com		This memorandum is issued as a matter of information only and confers no rights upon the holder. This memorandum does not amend, extend or alter the coverages afforded by the Certificate listed below.			
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			
This is to certify that the Certificate listed below has 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 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.					
Type of Insurance	Certificate Number	Effective Date	Expiration Date	Limits	
Professional Liability	AHV-102104006	10/31/2016	10/31/2017	Per Occurrence	\$1,000,000
				Aggregate	\$3,000,000
General Liability				Per Occurrence	
				Aggregate	
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		