

## Coverage Summary for Entity Professional Liability Policy

Name and Address of **Policyholder**:

United Clinical Laboratories, Inc.  
205 Bluff St.  
Dubuque, IA 52001

Name and Address of Agent:

TRICOR INC Dubuque  
P.O. Box 1810  
Dubuque, IA 52004  
(952) 830-0032

Policy Number:

145295

**Policy Period:**

The policy begins at 12:01 a.m. on 02/01/2006 and ends at 12:01 a.m. on 02/01/2007.

**Retroactive Date** of Policy:

02/01/1987

**Start Date:**

02/01/2005

Date Issued:

01/16/2006

This Entity Professional Liability Policy covers the **policyholder** if Coverage A is shown below, and, if Coverage B is shown below, any eligible members of the above-named **policyholder** who are named on the attached **certificate schedule** and who are issued specific **certificates**. New members who are issued **certificates** during the **policy period** are deemed named on the **certificate schedule**.

Each individual **certificate** will specify the effective date, limits of liability, and any special coverages or forms applicable to the **certificate holder**.

Coverages	Coverage Limits	
Professional Liability 0060 07-03-PW	\$3,000,000	Each <b>Professional Health Care Incident</b>
Coverage A -- Policyholder Coverage	\$5,000,000	Annual Aggregate
Legal Expense Coverage	\$5,000	Annual Aggregate

**Endorsements****Coverage Limits**

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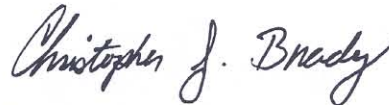
0096 01-04-PW-IA	State Exceptions Endorsement - Iowa		
1013 07-03-PW	Consent to Settle		
1035 07-03-PW	Medicare/Medicaid Billing Errors & Omissions and Confidentiality Endorsement	\$25,000	Each Professional Health Care Incident
		\$25,000	Annual Aggregate
1044 07-03-PW	Practice Endorsement for Entity		
1052 07-03-PW	Premium Audit Endorsement		

**TOTAL PREMIUM \$38,921.00**

IN WITNESS WHEREOF, PHYSICIANS INSURANCE COMPANY OF WISCONSIN, INC. has caused this policy to be signed by its President and Secretary.



President  
Physicians Insurance Company of Wisconsin, Inc.



Secretary