

**MEMORANDUM OF INSURANCE****Date Issued 12/18/2010****Producer**

Marsh U.S. Consumer  
a service of Seabury & Smith, Inc.  
P.O. Box 14576  
Des Moines, IA 50306-3576  
1-800-503-9230

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.

**Company Affording Coverage**

Chicago Insurance Company

**Insured**

Stephanie Vermillion  
PO Box 453  
Troutman NC 28166

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.**

Type of Insurance	Certificate Number	Effective Date	Expiration Date	Limits	
Professional Liability Pharmacist SE Consultant Pharmacist	AHL-2942914	07/03/2010	07/03/2011	Per Incident/ Occurrence	\$1,000,000
				Annual Aggregate	\$3,000,000

**PROOF OF INSURANCE****Memorandum Holder:****PROOF OF COVERAGE ONLY**

Should the above describe 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**

Joan O'Sullivan

