

**Agent**

Christopher M Baxter  
Baxter & Associates LLC  
Baxter & Associates Insurance Services LLC  
(800) 641-8865

## CERTIFICATE OF PROFESSIONAL LIABILITY INSURANCE Form

**Certificate Holder**

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,

**Insured**

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*This Certificate is issued as a matter of information only and confers no rights upon the holder. By its issuance the Company does not alter, change, modify or extend the provisions of said policy and does not waive any of its rights thereunder. As of the date of issuance, no claims have been reported or paid under this policy.*

**Insurer:** COPIC Risk Retention Group (RRG), Rated A "excellent" by AM Best

**Certificate Number:** BAX-

**Policy Period:** 01/01/1970 to 01/01/1971

**Malpractice Liability Limits:** \$ Per Medical Incident/Peer Review Incident  
\$ Annual Aggregate

**Specialty/Classification:**

**Practice Hours:**

**Rating Territory:**

**Additional Insured:** n/a

Countersigned by Authorized Representative



(850) 471-2993 TEL  
(850) 471-2962 FAX  
[www.baxterpro.com](http://www.baxterpro.com)

INCEPTION

Payment Transaction ID:

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