

INSURANCE CERTIFICATE REQUEST

August 4, 2006

The Surgical Clinic, PLLC.

RE: 34222Q, 356 Building Ins. Expiration Date: _____

In accordance with your lease agreement (Article VIII), you are required to provide and maintain an insurance policy with the following coverage amounts for any one accident or occurrence:

- **Comprehensive General Public Liability Insurance** with limits for property damage claims of no less than \$100,000.00.
- **Personal Injury or Death** limits of no less than \$1,000,000.00 per person and \$1,000,000.00 per occurrence.
- **Casualty Insurance** insuring against loss or damage to your equipment and other personal property in the Premises by fire and all other casualties usually covered under an "all risk" policy of casualty insurance.

Our records indicate we have not received proof of current coverage or your current coverage has expired. Please have your insurance company provide a Certificate of Insurance (preferably an ACCORD Certificate of Insurance) to verify coverage. Additionally, the certificate must have the following companies listed as additional insured:

- Holladay Property Services Midwest, Inc., 830 Fesslers Parkway, Suite 111, Nashville, Tennessee 37210 (**Please list as certificate holder as well as additional insured.
- Hospital Corporation of America, One Park Plaza Building 2, Real Estate Dept., 5th floor, Nashville, Tennessee 37203.
- HCA Healthcare Services of Tennessee, One Park Plaza Building 2, Real Estate Dept., 5th floor, Nashville, Tennessee 37203.

The certificate must clearly show proof of benefits, coverage limits, and policy effective dates. You can mail/fax this information to:

Holladay Properties
Attn: Tara Mason
1508 Elm Hill Pike
Nashville, Tennessee 37210
Fax: (615) 259-9121

If possible, please include a copy of this letter with verification of your insurance coverage. Thank you for your cooperation in this matter.

Sincerely,
Holladay Properties