Client # 3514070

MEMORANDUM OF INSURANCE

Date Issued
June 23, 2026

Producer

AMBA
P.O. Box 14554
Des Moines, IA 50306

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

Liberty Insurance Underwriters, Inc.

Insured
Felicia Williams

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. The Memorandum of Insurance and verification of payment are your evidence of coverage. No coverage is afforded unless the premium is successfully paid in full.

Type of Insurance	Certificate Number	Effective Date	Expiration Date	Limits	
Professional Liability DentalHygnt SE Dental Hygienist	AHY-1295464101	06/23/2026	06/23/2027	Per Occurrence Aggregate	$1,000,000 $3,000,000
General Liability	AHY-1295464101	06/23/2026	06/23/2027	Per Occurrence Aggregate	$1,000,000 $3,000,000

Evidence of Insurance- Memorandum Holder is added as an Additional Insured, but only as respects to claims arising out of the sole Negligence of the Named Insured subject to the terms and provisions of the policy.

Memorandum Holder:

Global Foundation For Dental and Mental Healthcare and Awareness Inc.

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

Authorized Representative

Joshua Cipri