

MEMORANDUM OF LIABILITY INSURANCE	Current as of: 7/1/2024
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INSURED ASCENSION HEALTH ALLIANCE and its subsidiaries 4600 EDMUNDSON ROAD ST. LOUIS, MO 63134	THIS MEMORANDUM IS ISSUED AS A MATTER OF INFORMATION ONLY TO AUTHORIZED VIEWERS FOR THEIR INTERNAL USE ONLY AND CONFERS NO RIGHTS UPON ANY VIEWER OF THIS MEMORANDUM OTHER THAN THOSE PROVIDED FOR IN THE POLICY. THIS MEMORANDUM DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE DESCRIBED BELOW. THIS MEMORANDUM MAY ONLY BE COPIED, PRINTED AND DISTRIBUTED WITHIN AN AUTHORIZED VIEWER FOR ITS INTERNAL USE, ANY OTHER USE, DUPLICATION OR DISTRIBUTION OF THIS MEMORANDUM WITHOUT PRIOR WRITTEN CONSENT IS PROHIBITED.
COMPANIES AFFORDING COVERAGE	
COMPANY A	Self-Insurance
COMPANY B	Endurance Specialty Insurance Ltd
COMPANY C	ACE American Insurance Company
COMPANY D	Indemnity Insurance Company of North America
NAIC#	
N/A	
AA-3194130	
22667	
43575	

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS MEMORANDUM MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO. LETTER	TYPE OF INSURANCE	ADDL INSD	SUB WVD	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	MINIMUM LIMITS	
							LIMITS IN USD UNLESS OTHERWISE INDICATED	
A	COMMERCIAL GENERAL LIABILITY		Y	Self-Insured	07/01/2024	07/01/2025	EACH OCCURRENCE	\$1,000,000
	<input checked="" type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> * OCCUR						MED. EXPENSE (Any one person)	\$10,000
	<input checked="" type="checkbox"/> BLANKET CONTRACTUAL LIABILITY						PERSONAL & ADVERT. INJURY	\$1,000,000
	<input checked="" type="checkbox"/> HOST LIQUOR LIABILITY						GENERAL AGGREGATE	Unlimited
	<input checked="" type="checkbox"/> ALL OTHER PROFESSIONALS						PRODUCTS-COMP./OPS AGG.	Unlimited
B	COMMERCIAL GENERAL LIABILITY	Y	Y	P010894015	07/01/2024	07/01/2025	EACH OCCURRENCE	\$1,000,000
	<input checked="" type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR						DAMAGES TO RENTED PREMISES (Each occurrence)	\$150,000
	<input type="checkbox"/>						MED. EXPENSE (Any one person)	\$5,000
	<input type="checkbox"/>						PERSONAL & ADVERT. INJURY	\$1,000,000
	<input checked="" type="checkbox"/> Policy <input type="checkbox"/> Project <input type="checkbox"/> Loc						GENERAL AGGREGATE	\$3,000,000
						PRODUCTS-COMP./OPS AGG.	\$3,000,000	
C	AUTOMOBILE LIABILITY	Y	Y	ISAH10835926	07/01/2024	07/01/2025	COMBINED SINGLE LIMIT, BODILY INJURY and PROPERTY DAMAGE (Each accident) – AUTOS	\$5,000,000
	<input checked="" type="checkbox"/> ANY AUTO							
	<input checked="" type="checkbox"/> HIRED AUTOS							
	<input checked="" type="checkbox"/> NON-OWNED AUTOS			ISAH10835987	07/01/2024	07/01/2025	COMBINED SINGLE LIMIT, BODILY INJURY and PROPERTY DAMAGE (Each accident) - AMBULANCES	\$5,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		Y	WLRC58100894 **	07/01/2024	07/01/2025	WORKERS COMPENSATION LIMITS	Statutory
	<input checked="" type="checkbox"/> INCL. OFFICERS: <input type="checkbox"/> EXCL.			WLRC58101011-AZ	07/01/2024	07/01/2025	E.L. EACH ACCIDENT	\$5,000,000
D				SCFC58101138-WI			E.L. DISEASE – EACH EMPLOYEE	\$5,000,000
							E.L. DISEASE – POLICY LIMIT	\$5,000,000
C	EXCESS WORKERS COMPENSATION (for qualified self-insureds)		Y	WCUC58101217	07/01/2024	07/01/2025	WORKERS COMPENSATION LIMITS	Statutory
							EMPLOYERS LIABILITY	\$5,000,000

ADDITIONAL INFORMATION

THE FOLLOWING COVERAGE ENHANCEMENTS ARE PROVIDED, TO THE EXTENT REQUIRED BY THE TERMS OF OUR SIGNED CONTRACTS, LEASES, AND/OR AGREEMENTS:

Additional Insured: The landlord, landlord’s agent(s), landlord’s lender(s), lesser(s), vendors, clients, and any other party are listed as additional insured only if required by a written contract between the Additional Insured and the Named Insured and only for the Additional Insured’s liability arising out of another Insured’s acts, errors or omissions or out of the Named Insured’s operations or out of premises owned by or rented to the Named Insured, that are otherwise covered by this policy, and not for liability arising out of the Additional Insured’s own acts, errors, or omissions or out of acts of parties other than other Insureds and only to the extent and for the amount of coverage required by the written contract or to the extent and for the limits of insurance provided by this policy, whichever is less. In no event shall inclusion of an Additional Insured operate to increase the Limits of Liability provided by this policy.

Coverage is **primary and non-contributory** as required by contract on applicable policies shown above.

A **waiver of subrogation** is included on the applicable policies shown above as required by contract.

Except where otherwise required by law, all insureds share the limits of liability.

* **Self-Insured General Liability occurrence form applies in IN, WI**
 ** **Applies to all states except AZ and WI**

The Memorandum serves solely to list insurance coverage/policies, limits and dates of coverage. Any modifications hereto are not authorized. Updated form can be found at <https://about.ascension.org/insurance-risk-management>
 For questions, contact Ascension at certrequest@ascension.org