

MEMORANDUM OF LIABILITY INSURANCE	Current as of: 7/1/2024
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INSURED ASCENSION HEALTH ALLIANCE, its subsidiaries and their employees 4600 EDMUNDSON ROAD ST. LOUIS, MO 63134	This memorandum is issued as a matter of information only and confers no rights. This memorandum does not amend, extend or alter the coverage afforded below.
COMPANIES AFFORDING COVERAGE	
COMPANY A	Self-Insurance
COMPANY B	Endurance Specialty Insurance Ltd
	NAIC#
	N/A
	AA-3194130

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	LIMITS
							LIMITS IN USD UNLESS OTHERWISE INDICATED
A	PROFESSIONAL LIABILITY			SELF-INSURED	07/01/2024	07/01/2025	\$1,000,000 Each Medical Incident Unlimited Aggregate *\$1,000,000 Each Medical Incident \$3,000,000 Annual Aggregate
	<input checked="" type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> *OCCUR						
B	PROFESSIONAL LIABILITY		Y	P010894015	07/01/2024	07/01/2025	\$1,000,000 Each Medical Incident \$3,000,000 Annual Aggregate
	<input checked="" type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR						

ADDITIONAL INFORMATION

DESCRIPTION OF OPERATIONS / LOCATIONS / SPECIAL ITEMS:

Limits are not pyramiding or stacking if more than one coverage line applies to the same claim.

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

This form applies in all states except IN & KS.

*** Self-Insured Professional Liability occurrence form applies in WI only. Limits dependent on WI IPFCF eligibility.**

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.

The Memorandum serves solely to list insurance coverage/policies, limits and dates of coverage. Any modifications hereto are not authorized.

Updated forms can be found at <https://about.ascension.org/insurance-risk-management>

For questions, contact: certrequest@ascension.org