

# STATE OF FLORIDA STORAGE TANK CERTIFICATE OF INSURANCE

Reference: 40 CFR 280.97(b)(2)

**Insurance Company or Risk Retention Group:**
FL insurance companies

Beazley Excess and Surplus Insurance, Inc., (herein referred to as "Insurer"),  
[Name of insurance company or risk retention group]

65 Memorial Road, Suite 320, West Hartford, CT 06017

[Business address of Insurer]

Insurer is a(n) insurance company.  
[Enter "insurance company" or "risk retention group"]

**Insured:**
Sunbiz

Ascension Health Alliance

[Name of owner or operator]

4600 Edmundson Road, Saint Louis, MO 63134

[Business address of owner or operator]

**Policy Number:** D3795F240101

**Endorsement Number:** 27  
[If applicable]

**Period of Coverage:** 01-Jul-2024 to 01-Jul-2025  
[Current policy period]

**Policy Effective Date:** 7/1/2024

**Covered Locations:**

[List information for each facility. See Instruction #6 on page i for details. Indicate "See attachment" if required.]

FDEP FacID (for sites in Florida)	Facility Name and Site Address (for all sites covered)	Number of Tanks or Tank I.D. Nos.
9100280	St. Vincent's Medical Center, Inc. d/b/a Ascension St. Vincent's Riverside, 1 Shircliff Way, Jacksonville, FL 32204	2
9100280	St. Vincent's Medical Center, Inc. d/b/a Ascension St. Vincent's Riverside (DePaul Bldg), 2 Shircliff Way, Jacksonville, FL	1
8629589	St. Luke's – St. Vincent's Healthcare, Inc. d/b/a Ascension St. Vincent's Southside, 4201 Belfort Rd., Jacksonville, FL	1

**Certification:**

1. Insurer hereby certifies that it has issued to the Insured the liability insurance identified above to provide financial assurance for taking corrective action and compensating third parties for bodily injury and property damage caused by  
[Insert "taking corrective action" and/or "compensating third parties for bodily injury and property damage caused by"]

accidental discharges in accordance with and subject to the limits of

[Insert "accidental discharges" or "sudden accidental discharges" or "nonsudden accidental discharges" or leave blank if only corrective action is covered]

liability, exclusions, conditions, and other terms of the policy arising from operating the facilities/tanks identified above. The Insurer further warrants that such policy conforms in all respects with the requirements of Rule(s) 62-761.420 and/or 62-762.421, Florida Administrative Code (F.A.C.), as applicable, which adopt 40 CFR Part 280 Subpart H by reference, for the above specified financial assurance. It is agreed that any provision of the policy inconsistent with such regulations is hereby amended to eliminate such inconsistency.

The limits of liability are:

**Each Occurrence:** \$ 1,000,000.00

**Annual Aggregate:** \$ 2,000,000.00

[If the amount of coverage is different for different types of coverage or for different storage tanks or locations, indicate on the facility list above or by separate attachment the amount of coverage for each type of coverage and/or for each storage tank or location.]

exclusive of legal defense costs, which are subject to a separate limit under the policy.


2. Insurer further certifies the following with respect to this policy:

- (a) Bankruptcy or insolvency of the insured shall not relieve Insurer of its obligations under the policy to which this certificate applies.
- (b) Insurer is liable for the payment of amounts within any deductible applicable to the policy to the provider of corrective action or a damaged third-party, with a right of reimbursement by the insured for any such payment made by Insurer. This provision does not apply with respect to that amount of any deductible for which coverage is demonstrated under another mechanism or combination of mechanisms as specified in 40 CFR 280.95 - 280.102 and 280.104 - 280.107.
- (c) Whenever requested by the Florida Department of Environmental Protection (FDEP) Secretary or the Secretary's designee ("designee"), Insurer agrees to furnish, to the FDEP Secretary or designee, a signed duplicate original of the policy and all endorsements.
- (d) Cancellation or any other termination of the insurance by Insurer except for non-payment of premium or misrepresentation by the insured, will be effective only upon written notice and only after the expiration of 60 days after a copy of such written notice is received by the insured. Cancellation for non-payment of premium or misrepresentation by the insured will be effective only upon written notice and only after expiration of a minimum of 10 days after a copy of such written notice is received by the insured.
- (e) Policy does not include choice of law and venue in favor of jurisdictions other than Florida.  
 [Check here if the following paragraph, for claims-made policies, applies.]
- (f) The insurance covers claims otherwise covered by the policy that are reported to Insurer within six months of the effective date of cancellation or non-renewal of the policy except where the new or renewed policy has the same retroactive date or a retroactive date earlier than that of the prior policy, and which arise out of any covered occurrence that commenced after the policy retroactive date, if applicable, and prior to such policy renewal or termination date. Claims reported during such extended reporting period are subject to the terms, conditions, limits, including limits of liability, and exclusions of the policy.

The person whose signature appears below hereby certifies that the wording of this instrument is identical to the wording as adopted and incorporated by reference in Rule(s) 62-761.420 and/or 62-762.421, F.A.C., and that Insurer is

eligible to provide insurance as an excess or surplus lines insurer in Florida

[Insert "licensed to transact the business of insurance" or "eligible to provide insurance as an excess or surplus lines insurer in Florida"]


  
\_\_\_\_\_  
[Signature of Authorized Representative of Insurer]

Vanessa Ortega Group Head of Operations  
[Name and Title]

65 Memorial Road, Suite 320, West Hartford, CT 06017  
[Address]

\_\_\_\_\_  
[Telephone Number]

vanessa.ortega@beazley.com  
[Email Address]

  
\_\_\_\_\_  
[Signature of Witness or Notary]

Ashley Gaudenzi - TUA  
[Printed Name of Witness or include Notary Seal]

Authority to amend policy, pursuant to paragraph 1., is substantiated by [Select at least one]:

- \_\_\_\_ embossed seal of Insurer
- \_\_\_\_ electronic seal of Insurer
- \_\_\_\_ signature is of Insurer's President
- signature matches signature on policy
- \_\_\_\_ accompanying letter from Insurer's President verifies signatory has authority to amend policies

07/17/2024  
[Date of Witness or Notary]

## Attachment

Aboveground Storage Tank(s):

Facility ID	Facility Name and Address	Number of Tanks
N/A	St. Vincent's Medical Center, Inc. d/b/a Ascension St. Vincent's Riverside (DePaul Bldg), 2 Shircliff Way, Jacksonville, FL	1
N/A	ST VINCENTS AMBULATORY CARE INC, DBA ASCENSION MEDICAL GROUP ST VINCENTS, 4500 Salisbury Road, Jacksonville, FL	2
N/A	St. Vincent's Medical Center, Inc. d/b/a Ascension St. Vincent's Riverside - Collins Road Free Standing ED , 8083 Parramore Rd., Jacksonville, FL	1
N/A	St. Vincent's Medical Center, Inc. d/b/a Ascension St. Vincent's Riverside - Arlington Free Standing ED, 9820 Hutchinson Park Dr., Jacksonville, FL	1
N/A	St. Vincent's Medical Center Clay County, Inc. d/b/a Ascension St. Vincent's Clay County, 1670 St Vincent's Way, Middleburg, FL	1
N/A	Sacred Heart Health System, Inc. d/b/a Ascension Sacred Heart Emerald Coast, 7800 US Hwy 98 West, Miramar Beach, FL	2
N/A	Sacred Heart Health System, Inc. d/b/a Ascension Sacred Heart Community Emergency Center - Navarre, 7334 Navarre Parkway, Navarre, FL	1
N/A	Bay County Health System, LLC d/b/a Ascension Sacred Heart Bay, 615 N. Bonita Avenue, Panama City, FL	10
N/A	Bay County Health System, LLC d/b/a Ascension Sacred Heart Bay, 11111 Panama City Beach Parkway, Panama City, FL	1
N/A	Sacred Heart Health System, Inc. d/b/a Ascension Sacred Heart Community Emergency Center, 1501 W. 9 Mile Rd, Pensacola, FL	1
N/A	Sacred Heart Health System, Inc. d/b/a Summit Medical Center, 1890 Summit Blvd, Pensacola, FL	1
N/A	Sacred Heart Health System, Inc. d/b/a Ascension Sacred Heart Pensacola, 5151 N. 9TH Ave., Pensacola, FL	7
N/A	Sacred Heart Health System, Inc. d/b/a Ascension Sacred Heart Gulf, 3801 E Hwy 98, Port St. Joe, FL	1
N/A	St. Vincent's Health System, Inc. d/b/a Ascension St. Vincent's St. Johns County, 205 Trinity Way, Saint Johns, FL	2