Endorsement #32

Effective date of this Endorsement: 01-Jul-2024
This Endorsement is attached to and forms a part of Policy Number: D3795F240101
Beazley Excess and Surplus Insurance, Inc. referred to in this endorsement as either the "Insurer" or the "Underwriters"

ENDORSEMENT OF INSURANCE TO
DEMONSTRATE FINANCIAL RESPONSIBILITY FOR STORAGE TANKS
STATE OF INDIANA

This endorsement modifies insurance provided under the following:

BEAZLEY ECLIPSE

In consideration of the premium charged for the Policy, it is hereby understood and agreed that:

Name: See Below

Address: See Below

Policy Number: D3795F240101

Period of Coverage: 01-Jul-2024 to 01-Jul-2025

Name of Insurer: Beazley Excess and Surplus Insurance, Inc.

Address of Insurer: 65 Memorial Road, Suite 320, West Hartford, CT 06017

Name of Insured: Ascension Health Alliance

Address of Insured: 4600 Edmundson Road, Saint Louis, MO 63134

1. This endorsement certifies that the policy to which the endorsement is attached provides liability insurance covering the following underground storage tanks:

Number of Tanks	Facility Name	Facility Address	IDEM Facility ID
1	St. Vincent Dunn Hospital, Inc. d/b/a Ascension St. Vincent Dunn	1600 South 23rd, Bedford, IN	01013029
2	St Vincent Clay Hospital, Inc. d/b/a Ascension St. Vincent Clay	1206 E. National Ave., Brazil, IN	6154
2	St. Vincent Carmel Hospital, Inc. d/b/a Ascension St. Vincent Carmel	13500 N. Meridian St, Carmel, IN	5832
7	St. Mary's Health, Inc. d/b/a Ascension St. Vincent Evansville	3700 Washington Avenue, Evansville, IN	7364
3	St. Vincent Hospital	2001 West 86th St.,	7449

	and Health Care Center, Inc. d/b/a Ascension St. Vincent Hospital	Indianapolis, IN	
1	St. Vincent Heart Center of Indiana, LLC d/b/a Ascension St. Vincent Heart Center	10580 N MERIDIAN ST, Indianapolis, IN	6597
1	St. Vincent Seton Specialty Hospital, Inc. d/b/a Ascension St. Vincent Seton Specialty Hospital	8050 Township Line Road, Indianapolis, IN	6086
1	St. Joseph Hospital and Health Center, Inc. d/b/a Ascension St. Vincent Kokomo	1907 W. Sycamore St., Kokomo, IN	5854

For taking corrective action and compensating third parties for bodily injury and property damage caused by accidental releases; in accordance with and subject to the limits of liability, exclusions, conditions, and other terms of the policy; arising from operating the underground storage tank(s) identified above.

The limits of liability are $1,000,000 each occurrence and $2,000,000 annual aggregate limits of the Insurer's, exclusive of legal defense costs, which are subject to a separate limit under the policy. This coverage is provided under D3795F240101. The effective date of said policy is 01-Jul-2024.

2. The insurance afforded with respect to such occurrences is subject to all of the terms and conditions of the policy; provided, however, that any provisions inconsistent with subsections (a) through (e) of this paragraph 2 are hereby amended to conform with subsections (a) through (e).

a. Bankruptcy or insolvency of the Insured shall not relieve the Insurer of its obligations under the policy to which this endorsement is attached.

b. The 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 the 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 329 IAC 9-8-6 through 329 IAC 9-8-12.

c. Whenever requested by the Indiana Department of Environmental Management (IDEM) commissioner, the Insurer agrees to furnish to the IDEM commissioner a signed duplicate original of the policy and all endorsements.

d. Cancellation or any other termination of the insurance by the Insurer, except for nonpayment of premium or misrepresentation by the Insured, will be effective only upon written notice and only after the expiration of sixty (60) days after a copy of such written notice is received by the Insured. Cancellation for nonpayment of premium or misrepresentation by the Insured will be effective only upon written notice and only after expiration of a minimum of ten (10) days after a copy of such written notice is received by the Insured.

e. The insurance covers claims otherwise covered by the policy that are reported to the Insurer within six (6) months of the effective date of cancellation or nonrenewal 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.

I hereby certify that the wording of this instrument is identical to the wording in 329 IAC 9-8-8(b)(1) and that the Insurer is licensed to transact the business of insurance or eligible to provide insurance as an excess or surplus lines insurer in Indiana.

[Signature of authorized representative of Insurer or Risk Retention Group]

Signature of authorized representative of Insurer
Vanessa Ortega
Group Head of Operations, Authorized Representative of Beazley Excess and Surplus Insurance, Inc.
65 Memorial Road, Suite 320, West Hartford, CT 06017