

CERTIFICATE OF INSURANCE (Texas)

Name of Covered Location: See schedule below

Address of Covered Location: See schedule below

Policy Number: ISPILLSCAYWR003

Period of Coverage: July 1, 2023 to July 1, 2024

Name of Insurer: Ironshore Specialty Insurance Company

Address of Insurer: 175 Berkeley Street, Boston, MA 02116

Name of Insured: Ascension Health Alliance

Address of Insured: 11775 Borman Drive, Saint Louis, MO 63146

CERTIFICATION:

1. Ironshore Specialty Insurance Company, the Insurer, as identified above, hereby certifies that it has issued liability insurance covering the following underground storage tank(s):

Facility ID	Facility Name and Address	Number of Tanks
Not Provided	Ascension Seton d/b/a Ascension Seton Northwest, 11113 Research Blvd., Austin, TX	1
Not Provided	Ascension Seton d/b/a Ascension Seton Northwest, 11113 Research Blvd., Austin, TX	1
Not Provided	Ascension Seton d/b/a Ascension Seton Medical Center Austin, 1201 W. 38th St., Austin, TX	1
Not Provided	Ascension Seton d/b/a Dell Medical Center at the University of Texas , 1500 Red River Drive, Austin, TX	1
Not Provided	Ascension Seton d/b/a Ascension Seton Shoal Creek, 3501 Mills Ave., Austin, TX	1
Not Provided	Ascension Providence, 6901 Medical Parkway, Waco, TX	1

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", exclusive of the legal defense costs, which are subject to a separate limit under the policy. This coverage is provided under ISPILLSCAYWR003. The effective date of said policy is July 1, 2023.

2. The Insurer further certifies the following with respect to the insurance described in Paragraph 1:

- a. Bankruptcy or insolvency of the insured shall not relieve the Insurer of its obligations under the policy to which this certificate applies.
- 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 §37.825 of this title (relating to Financial Test of Self- Insurance), §37.830 of this title (relating to Guarantee), §37.835 of this title (relating to Insurance and Risk Retention Group Coverage), §37.840 of this title (relating to Surety Bond), §37.845 of this title (relating to Letter of Credit), and §37.850 of this title (relating to Trust Fund).
- c. Whenever requested by the Executive Director of the TCEQ, the Insurer agrees to furnish to the executive director a signed duplicate original of the policy and all endorsements.
- d. Cancellation or any other termination of the insurance by the 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 ten 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 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.

I hereby certify that the wording of this instrument is identical to the wording in 30 TAC §37.835(b)(2), and that the Insurer is eligible to provide insurance as an excess or surplus lines insurer in Texas.



Authorized Representative of Ironshore Specialty Insurance Company

Maureen K. Domenicone
Vice President, Authorized Representative of Ironshore Specialty Insurance Company
175 Berkeley Street, Boston, MA 02116