



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
4/26/2012

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).


<b>PRODUCER</b> Howalt+McDowell Insurance, Inc. 300 N. Cherapa Place, Ste 601 PO Box 5113 Sioux Falls SD 57117-5113	<b>CONTACT NAME:</b> Kerry Rush, AU, CTC, CISR <b>PHONE (A/C. No. Ext):</b> (605) 339-3874 <b>E-MAIL ADDRESS:</b> krush@howaltmcdowell.com <b>PRODUCER CUSTOMER ID #:</b> 00011090	<b>FAX (A/C. No):</b> (605) 339-3620	
	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURED</b> Sanford PO Box 2010 801 Broadway North Fargo ND 58122	<b>INSURER A:</b> MMIC Insurance Inc		<b>16942</b>
	<b>INSURER B:</b>		
	<b>INSURER C:</b>		
	<b>INSURER D:</b>		
	<b>INSURER E:</b>		
	<b>INSURER F:</b>		

**COVERAGES**                      **CERTIFICATE NUMBER:** 12/13 GL/PL/UMB                      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR 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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<b>GENERAL LIABILITY</b>			SIR000005	5/1/2012	5/1/2013	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ n/a
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$ n/a
	GEN'L AGGREGATE LIMIT APPLIES PER:							PERSONAL & ADV INJURY
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC						GENERAL AGGREGATE	\$ 3,000,000
							PRODUCTS - COMP/OP AGG	\$ Included
	<b>AUTOMOBILE LIABILITY</b>						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS							\$
	<input type="checkbox"/> NON-OWNED AUTOS							\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB			SIR000005	5/1/2012	5/1/2013	EACH OCCURRENCE	\$ 20,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB						AGGREGATE	\$ 20,000,000
	<input type="checkbox"/> DEDUCTIBLE						EACH CLAIM	\$ 20,000,000
	<input type="checkbox"/> RETENTION \$						AGGREGATE	\$ 20,000,000
	<input checked="" type="checkbox"/> OCCUR							
	<input checked="" type="checkbox"/> CLAIMS-MADE							
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						WC STATUTORY LIMITS	OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A				E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
A	<b>Medical Professional Liability</b>			SIR000005	5/1/2012	5/1/2013	EACH CLAIM	1,000,000
	<b>Claims-Made</b>						AGGREGATE	3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
Proof of Insurance. Coverage is provided for all employees while acting within the scope of their duties for or on behalf of Sanford.

<b>CERTIFICATE HOLDER</b>  To Whom it may Concern	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE  J J. Scherschligt, CP 

## COMMENTS/REMARKS

Named Insured includes the following entities: Sanford, Sanford North, Sanford Health, Sanford Medical Center Fargo, Sanford Clinic North, Sanford Clinic North DBA Sanford Health Broadway Clinic, Sanford Health Network North, Sanford Medical Center Wheaton, Sanford Health Foundation North, FM Ambulance Services, Inc., Sanford Healthcare Accessories, LLC, Sanford Medical Center Thief River Falls, Sanford Medical Center Mayville, Sanford Health of Northern Minnesota, Sanford Health Foundation of Northern Minnesota, Bemidji Medical Equipment, Inc., Baker Park, Inc., North Country Senior Living, LLC, North Country Management, Inc., North Country Medical Clinic, MeritCare Minnesota, Healthcare Environmental Services, Inc., Agassiz Assurance Company, Sanford Health Network, Southwest Minnesota Radiation Center, LLC, Sanford Medical Center dba Sanford USD Medical Center, Sanford Clinic, Sanford Consumer Services, LLC, Sanford Home Medical Equipment, Inc., Sanford Home Health, Sanford World Clinics, Sanford Health Foundation, Sanford Health Plan, Sanford Health Plan of Minnesota, Sanford Research/USD, Shetek Medical Services, 1527 Broadway LLC, North Country Senior Living Owners' Association, Edith Sanford Breast Cancer Foundation.

Self-Insured Retention:

\$2,000,000 Each Occurrence - Commercial General Liability

\$2,000,000 Each Medical Incident - Professional Liability

\$14,000,000 Aggregate Shared