## Certificate of Liability Insurance

**Certificate Number:** 1039446904  
**Revision Number:**

**Date (MM/DD/YYYY):** 4/30/2021

**To Whom It May Concern**

**Certificate Holder:**

Marsh & McLennan Agency LLC  
300 N Cherapa PL  
Suite 601  
Sioux Falls SD 57103

**Contact:**

Catie Olson  
605-339-3874  
605-339-3874  
catie.olson@marshmma.com

**Insurer(s) Affording Coverage:**

<table>
<thead>
<tr>
<th>Insurer</th>
<th>NAIC #</th>
</tr>
</thead>
<tbody>
<tr>
<td>COPIC Insurance Company</td>
<td>11860</td>
</tr>
</tbody>
</table>

**Producers Authorized:**

<table>
<thead>
<tr>
<th>Insurer</th>
<th>Authorized Representative</th>
</tr>
</thead>
<tbody>
<tr>
<td>SANFORD</td>
<td>Sanford</td>
</tr>
</tbody>
</table>

**Insured:**

Sanford  
1305 West 18th St  
PO Box 5039  
Sioux Falls SD 57117-5039

**Producer:**

Marsh & McLennan Agency LLC  
300 N Cherapa PL  
Suite 601  
Sioux Falls SD 57103

**Producer:**

Catie Olson  
605-339-3874  
605-339-3620  
catie.olson@marshmma.com

**Insurers:**

<table>
<thead>
<tr>
<th>Insurer</th>
<th>NAIC #</th>
</tr>
</thead>
<tbody>
<tr>
<td>COPIC Insurance Company</td>
<td>11860</td>
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</tbody>
</table>

**Certificate of Liability Insurance**

**Date:** 5/1/2021  
**Policy Period:** 5/1/2021 - 5/1/2022

**Limits:**

<table>
<thead>
<tr>
<th>Type of Insurance</th>
<th>Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commercial General Liability</td>
<td>$20,000,000</td>
</tr>
<tr>
<td>Automobile Liability</td>
<td>$</td>
</tr>
<tr>
<td>Workers Compensation and Employers' Liability</td>
<td>$</td>
</tr>
</tbody>
</table>

**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.**

**Important:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or 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).

**Certification:**

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.

**Certification of Insured:**

Coverage is provided for all employees while acting within the scope of their duties for or on behalf of Sanford. All credentialing requests are handled internally by Sanford. Please visit https://www.sanfordhealth.org/medical-professionals/certificate-of-insurance to submit your request.

**Description of Operations / Locations / Vehicles:**

Coverage is provided for all employees while acting within the scope of their duties for or on behalf of Sanford. All credentialing requests are handled internally by Sanford. Please visit https://www.sanfordhealth.org/medical-professionals/certificate-of-insurance to submit your request.

**Cancellation:**

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:**

[Signature]

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### ADDITIONAL REMARKS SCHEDULE

<table>
<thead>
<tr>
<th>AGENCY</th>
<th>Marsh &amp; McLennan Agency LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAMED INSURED</td>
<td>Sanford</td>
</tr>
<tr>
<td></td>
<td>1305 West 18th St</td>
</tr>
<tr>
<td></td>
<td>PO Box 5039</td>
</tr>
<tr>
<td></td>
<td>Sioux Falls, SD 57117-5039</td>
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<td>EFFECTIVE DATE</td>
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<table>
<thead>
<tr>
<th>CARRIER</th>
<th>NAIC CODE</th>
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</table>

**ADDITIONAL REMARKS**

**FORM NUMBER:** 25  **FORM TITLE:** CERTIFICATE OF LIABILITY INSURANCE

Named Insured includes the following entities:

Sanford, Sanford West, Sanford North, Sanford Health, Sanford Bismarck, Sanford Living Centers, Sanford Health Foundation West, Sanford Medical Center Fargo, Sanford Clinic North, 1527 Broadway LLC, Sanford Health Network North, Sanford Health Foundation Thief River Falls, Sanford Health Foundation Hillsboro, Sanford Health Foundation North, Sanford Health of Northern Minnesota, Sanford Health Foundation of Northern Minnesota, Baker Park, Inc., North Country Senior Living, LLC, North Country Senior Living Owners’ Association, Sanford Bemidji Medical Park Owners’ Association, Sanford Healthcare Accessories, LLC, Healthcare Environmental Services, LLC, Sanford Medical Center dba Sanford USD Medical Center, Sanford Clinic, Sanford Health Network, Southwest Minnesota Radiation Center, LLC, Shetek Medical Services LLC, Sanford Home Medical Equipment, Inc., Sanford Home Health, Sanford World Clinics, Sanford Health Foundation, SOB, Inc., ES Holdings LLC, Sanford Health Plan, Sanford Heart of America Health Plan, Sanford Health Plan of Minnesota, Sanford Research, Sanford Frontiers, Profile Products, LLC, Profile Development, LLC, Profile Franchising, LLC, Sanford Consumer Services, LLC, Sanford Health Mobile Med, LLC, B.O.B., LLC, Sanford Research North, QLK, LLC

Healthcare Professional & General Liability Self-Insured Retention:

- $4,000,000 Each Medical Incident
- $18,000,000 Aggregate