**CERTIFICATE OF LIABILITY INSURANCE**

**DATE (MM/DD/YYYY)**

4/26/2022

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**THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CON芙S 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 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).

**PRODUCER**

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

**INSURED**

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

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**COVERAGES**

<table>
<thead>
<tr>
<th>CERTIFICATE NUMBER: 332586477</th>
<th>REVISION NUMBER:</th>
</tr>
</thead>
</table>

**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.**

**INSURER(S) AFFORDING COVERAGE**

<table>
<thead>
<tr>
<th>COSTER NUMBER</th>
<th>NAIC #</th>
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<tbody>
<tr>
<td>INSURER A : COPIC Insurance Company</td>
<td>11860</td>
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**CERTIFICATE HOLDER**

To Whom It May Concern

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<table>
<thead>
<tr>
<th>AGENCY</th>
<th>Marsh &amp; McLennan Agency LLC</th>
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<tbody>
<tr>
<td>NAMED INSURED</td>
<td>Sanford</td>
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<tr>
<td>POLICY NUMBER</td>
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<tr>
<td>CARRIER</td>
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<td>EFFECTIVE DATE</td>
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**ADDITIONAL REMARKS SCHEDULE**

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**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**

**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, 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