CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 4/30/2025

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 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 Sioux Falls SD 57103	**CONTACT NAME:** Stef Reinschmidt **PHONE (A/C, No, Ext):** 605-339-3874 **FAX (A/C, No):** **E-MAIL ADDRESS:** stef.reinschmidt@marshmma.com
	INSURER(S) AFFORDING COVERAGE / **NAIC #**
	INSURER A : COPIC Insurance Company — 11860
INSURED SANFO1 Sanford 1305 West 18th St PO Box 5039 Sioux Falls SD 57117-5039	**INSURER B :** **INSURER C :** **INSURER D :** **INSURER E :** **INSURER F :**

COVERAGES **CERTIFICATE NUMBER:** 320374180 **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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X **COMMERCIAL GENERAL LIABILITY**			UCS0000036	5/1/2025	5/1/2026	EACH OCCURRENCE	$ 20,000,000
	☐ CLAIMS-MADE ☒ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
	X INCL PROF LIAB						MED EXP (Any one person)	$
	X CLAIMS MADE						PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 20,000,000
	X POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	$
	☐ OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	☐ ANY AUTO						BODILY INJURY (Per person)	$
	☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
	☐ ☐							$
	☐ **UMBRELLA LIAB** ☐ OCCUR						EACH OCCURRENCE	$
	☐ **EXCESS LIAB** ☐ CLAIMS-MADE						AGGREGATE	$
	☐ DED ☐ RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						☐ PER STATUTE ☐ OTH-ER	
	ANYPROPRIETOR/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	$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

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.

CERTIFICATE HOLDER

To Whom It May Concern

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

AGENCY CUSTOMER ID: SANFO1

LOC #: _____

ADDITIONAL REMARKS SCHEDULE

Page _____ _____

AGENCY	NAMED INSURED
Marsh & McLennan Agency LLC	Sanford 1305 West 18th St PO Box 5039 Sioux Falls SD 57117-5039
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE: 5/01/2025

ADDITIONAL REMARKS

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, 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, Sanford Research North, Black Hills Surgical Hospital, LLC, Black Hills Urgent Care, LLC, Northeast Wyoming Surgery Center, LLC, Black Hills Orthopedic & Spine Center of Wyoming, Inc., Black Hills Orthopedic & Spine Center, Inc.

Healthcare Professional & General Liability Self-Insured Retention:

$5,000,000 Each Medical Incident

$25,000,000 Aggregate