

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/21/2022

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).

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PRODUCER								CONTACT NAME:					
Marsh USA Inc. 1301 5th Avenue, Suite 1900							PHONE FAX (A/C, No, Ext): (A/C, No):						
Seattle, WA 98101							E-MAIL ADDRESS:						
							INSURER(S) AFFORDING COVERAGE NAIC #					NAIC#	
CN118985706-00000-XSWC-23-24							INSURER A : Safety National Casualty Corp.					15105	
INSURED							INSURER B:						
Providence Health & Services 1801 Lind Avenue SW #9016							INSURER C:						
Renton, WA 98057-9016							INSURER D :						
							INSURER E :						
							INSURER F:						
COVERAGES CERTIFICATE NUMBER:							SEA-003724552-05 REVISION NUMBER: 1						
							VE 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 ADDL SUBR						DELITI	POLICY EFF	POLICY EXP	LIMIT				
LTR	TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY			INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		\$		
										EACH OCCURRENCE DAMAGE TO RENTED			
	CLAIMS-MADE OCCUR									PREMISES (Ea occurrence)	\$		
									MED EXP (Any one person)	\$			
		J								PERSONAL & ADV INJURY	\$		
	GEI	N'L AGGREGATE LIMIT A POLICY PRO- JECT								GENERAL AGGREGATE	\$		
			LOC							PRODUCTS - COMP/OP AGG	\$		
	OTHER: AUTOMOBILE LIABILITY									COMBINED SINGLE LIMIT	\$		
	ANY AUTO									(Ea accident) BODILY INJURY (Per person)	\$		
		OWNED	SCHEDULED							BODILY INJURY (Per accident)	\$		
		AUTOS ONLY HIRED	AUTOS NON-OWNED							PROPERTY DAMAGE	\$		
		AUTOS ONLY	AUTOS ONLY							(Per accident)	\$		
		UMBRELLA LIAB									-		
		EXCESS LIAB	OCCUR							EACH OCCURRENCE	\$		
			CLAIMS-MADE							AGGREGATE	\$		
A	woi	DED RETENTION	N \$			SP 4067422		01/01/2023	01/01/2024	X PER OTH-	\$		
AND EMPLOYERS' LIABILITY Y/N				SIR: \$2,000,000 (MT)			0.70.72020	01/01/2024			2,000,000		
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?			N/A						E.L. EACH ACCIDENT	\$	2,000,000	
	(Mandatory in NH) If yes, describe under									E.L. DISEASE - EA EMPLOYEE		2,000,000	
	DES	SCRIPTION OF OPERATION	ONS below							E.L. DISEASE - POLICY LIMIT	\$	2,000,000	
DES	CDID	TION OF OPERATIONS / I	OCATIONS / VEHIC	I EQ //	COPD	 101, Additional Remarks Schedu	lo may h	a attached if more	o enaco le roquir	2d)			
DES	CKIP	TION OF OPERATIONS / L	OCATIONS / VEHIC	LES (A	ACORD	101, Additional Remarks Schedu	ie, iliay D	e attached ii mor	e space is require	euj			
<u></u>		FIGATE IIIO DET					0	CANCELLATION					
CE	KII	FICATE HOLDER					CANCELLATION						
St. Joseph Hospital							SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE						
2700 Dolbeer St							THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN						
Eureka, CA 95501							ACCORDANCE WITH THE POLICY PROVISIONS.						
							AUTHORIZED REPRESENTATIVE						
							AOTHORIZED REPRESENTATIVE						
								Marsh USA Inc.					