	Client#:	850070		IRIST	EI EH					
					Г	DATE (MM)	/DD/YYYY)			
		ICATE OF LIAB		JRANU		03/28/	2023			
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 any rights to the certificate holder in lieu of such endorsement(s).										
_	DUCER	to the certificate holder in heu c								
	arsh & McLennan Agency LLC	NAME: Jesse Garcia PHONE (A/C, No, Ext): 858-750-4695 FAX (A/C, No): 858-452-7530								
	arsh & McLennan Ins. Agency LLC	E-MAIL ADDRESS: Jesse.Garcia@MarshMMA.com								
PO) Box 85638									
Sa	n Diego, CA 92186	INSURER(S) AFFORDING COVERAGE				29459				
INSURED			INSURER B : Hanover Insurance Company				2292			
	Iris Telehealth, Inc.		INSURER C : Underwriters at Lloyd's London				55555			
	114 W 7th Street, Suite 900		INSURER D :							
	Austin, TX 78701		INSURER E :							
			INSURER F :							
CO	VERAGES CERTIF	ICATE NUMBER:			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	R TYPE OF INSURANCE ADI	DL SUBR R WVD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	rs				
Α	X COMMERCIAL GENERAL LIABILITY	72SBMNY8131SC	03/19/2023	03/19/2024	EACH OCCURRENCE	\$1,000	,000			
	CLAIMS-MADE X OCCUR				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000	,000			
					MED EXP (Any one person)	\$10,00	0			
					PERSONAL & ADV INJURY	\$1,000	,000			
	GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE	\$2,000	,000			
	PRO- JECT LOC				PRODUCTS - COMP/OP AGG	\$2,000	,000			
	OTHER:				EPL	\$\$10,0	00 Agg			
Α	AUTOMOBILE LIABILITY	72SBMNY8131SC	03/19/2023	03/19/2024	COMBINED SINGLE LIMIT (Ea accident)	_{\$} 1,000	,000			
	ANY AUTO				BODILY INJURY (Per person)	\$				
	OWNED AUTOS ONLY SCHEDULED AUTOS				BODILY INJURY (Per accident)	\$				
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY				PROPERTY DAMAGE (Per accident)	\$				
						\$				
Α	X UMBRELLA LIAB X OCCUR	72SBMNY8131SC	03/19/2023	03/19/2024	EACH OCCURRENCE	\$5,000	,000			
	EXCESS LIAB CLAIMS-MADE				AGGREGATE	\$				
	DED X RETENTION \$10000					\$				
в	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N	WZ3J34566100	03/19/2023	02/22/2024	X PER OTH ER					
	ANY PROPRIETOR/PARTNER/EXECUTIVE N /	A			E.L. EACH ACCIDENT	\$1,000				
	(Mandatory in NH) If yes, describe under				E.L. DISEASE - EA EMPLOYER					
~	DÉSCRIPTION OF OPERATIONS below		00/00/0000	00/00/000 4	E.L. DISEASE - POLICY LIMIT		,000			
С	Cyber	ESL0039618942	02/22/2023	02/22/2024	\$5,000,000 per Clai					
					\$5,000,000 Aggrega	ate				
DEC										
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) RE: Evidence of Insurance.										
UE	RTIFICATE HOLDER			CANCELLATION						
Deschutes County Health System 2577 NE Courtney Dr Bend, OR 97701			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

Ah Hach

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QUICK REFERENCE BUSINESS LIABILITY COVERAGE FORM READ YOUR POLICY CAREFULLY

BUS	Beginning on Page			
Α.	Bu Me	DVERAGES siness Liability edical Expenses verage Extension - Supplementary Payments	1 1 2 2	
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