

## Hospital Vendor Contract Summary Sheet

1.     Existing Vendor                       New Vendor
  
2.    **Name of Contract:** The Hartford
  
3.    **Contract Parties :** MRMC/The Hartford
  
4.    **Contract Type Services:** Property Insurance/Loss of Income
  
5.    **Impacted Hospital Departments:** MRMC
  
6.    **Contract Summary:** This agreement is for property insurance for the lab building, contents coverage, and loss of business income. Covers loss of income due to operational disruption, includes payroll, and extra expenses. Has a waiting period of 72 hours. Covers electrical/mechanical failure and related losses
  
7.    **Cost:** \$46,400.00
  
8.    **Prior Cost:** \$38,527.00
  
9.    **Term:** 1 year
  
10.   **Termination Clause:** None
  
11.   **Other:** Standard Deductible: \$10,000.00 per occurrence