

Chee Her

From: Shelli Barrios <Shelli.Barrios@INSURICA.com>
Sent: Tuesday, March 21, 2023 3:50 PM
To: Chee Her
Cc: Phillip W. Smith; Shelby Faust; Shelli Barrios
Subject: RE: Mangum Proposal - Property, Management Liability & Cyber

This is the underwriter's response:

\$61,477 – this includes the deductible and separate ER FTE limits.

Shelli Barrios | Account Manager
P 405-292-3926

INSURICA
3510 24th Avenue NW, Suite 201
Norman, OK 73069

From: Chee Her <cher@chmcok.com>
Sent: Tuesday, March 21, 2023 3:36 PM
To: Shelli Barrios <Shelli.Barrios@INSURICA.com>
Cc: Shelby Faust <sfaust@okoha.com>; Phillip W. Smith <Phillip.Smith@INSURICA.com>
Subject: RE: Mangum Proposal - Property, Management Liability & Cyber

Hi Shelli --- What is the renewal premium amount that provides the same coverage as last year (with the exception to Cyber)?



INSURANCE PROPOSAL

2023-2024 Policy Term

MANGUM CITY HOSPITAL AUTHORITY

Presented March 10, 2023

Presented by: Shelby Faust & Phillip Smith

SERVICE TEAM

Phillip Smith, MHA | Vice President, Healthcare
Practice Group Leader
Email: Phillip.Smith@INSURICA.com

J. Shelby Faust, Executive Vice President, OHA

Shelli Barrios | Account Manager
Email: Shelli.Barrios@INSURICA.com
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P: (405) 321-2700 **F:** (405) 360-8892
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P: (405) 605-8744 **F:** (405) 602-0471
4000 Lincoln Blvd. OKC, OK 73105

**Mangum City Hospital Authority
Healthcare Liability Coverage Terms**

| COVERAGE OVERVIEW | MedPro Group | COVERAGE OVERVIEW | THIE |
|--|---------------------------|--|---------------------------|
| Policy Term: April 21, 2023 to April 23, 2024 | | | |
| Professional - Insuring Agreements include, but are not limited to; | | Professional - Insuring Agreements include, but are not limited to; | |
| COVERAGE SELECTED: | Limits/Ded/Terms | COVERAGE SELECTED: | Limits/Ded/Terms |
| Professional Liability: | Claims-Made and Reported | Professional Liability: | Claims-Made and Reported |
| General Liability: | Occurrence | General Liability: | Occurrence |
| Employee Benefits Liability: | Claims-Made and Reported | Employee Benefits Liability: | Claims-Made and Reported |
| RETROACTIVE DATE: | | RETROACTIVE DATE: | |
| Professional Liability: | 10/1/2004 | Professional Liability: | 10/1/2004 |
| General Liability: | n/a | General Liability: | n/a |
| Employee Benefits Liability: | 10/1/2004 | Employee Benefits Liability: | 10/1/2004 |
| LIMITS OF LIABILITY | | LIMITS OF LIABILITY | |
| Professional Liability: | | Professional Liability: | |
| Per Event Limit | \$1,000,000 | Per Event Limit | \$1,000,000 |
| Aggregate Limit | \$3,000,000 | Aggregate Limit | \$3,000,000 |
| Claims Expense | Defense Outside the Limit | Claims Expense | Defense Outside the Limit |
| General Liability: | | General Liability: | |
| Per Event Limit | \$1,000,000 | Per Event Limit | \$1,000,000 |
| Aggregate Limit | \$3,000,000 | Aggregate Limit | \$3,000,000 |
| Products Completed Operations Hazard Aggregate Limit | \$3,000,000 | Products Completed Operations Hazard Aggregate Limit | \$3,000,000 |
| Personal and Advertising Injury Limit (Each Person) | \$1,000,000 | Personal and Advertising Injury Limit (Each Person) | \$1,000,000 |
| Damage to Premises Related to an Insured (Any One) | \$50,000 | Damage to Premises Related to an Insured (Any One Premises) | \$100,000 |
| Medical Expense Limit (Each Person) | \$5,000 | Medical Expense Limit (Each Person) | \$5,000 |
| Claims Expense | Defense Outside the Limit | Claims Expense | Defense Outside the Limit |
| Employee Benefits Liability: | | Employee Benefits Liability: | |
| Employee Benefits Liability Per Event Limit | \$1,000,000 | Employee Benefits Liability Per Event Limit | \$500,000 |
| Employee Benefits Liability Aggregate Limit | \$3,000,000 | Employee Benefits Liability Aggregate Limit | \$500,000 |
| Claims Expense | Defense Outside the Limit | Claims Expense | Defense Outside the Limit |
| Deductibles | | Deductibles | |
| Professional Liability: | | Professional Liability: | |
| Per Event Limit | \$5,000 | Per Event Limit | \$5,000 |
| Aggregate Limit | n/a | Aggregate Limit | n/a |
| Loss and Claims Expense | n/a | Loss and Claims Expense | n/a |
| General Liability: | | General Liability: | |
| Per Event Limit | \$5,000 | Per Event Limit | \$0 |
| Aggregate Limit | n/a | Aggregate Limit | n/a |
| Loss and Claims Expense | n/a | Loss and Claims Expense | n/a |
| Employee Benefits Liability: | | Employee Benefits Liability: | |
| Per Event Limit | \$5,000 | Per Event Limit | \$0 |
| Aggregate Limit | n/a | Aggregate Limit | n/a |
| Loss and Claims Expense | n/a | Loss and Claims Expense | n/a |
| Premiums: | | Premiums: | |
| Professional Liability - including Physicians FTE1 | | Professional Liability | \$46,840 |
| General Liability and Employee Benefits Liability | | General Liability | \$1,080 |
| Terrorism Premium (TRIA) | | Employee Benefits | \$1,500 |
| | | Terrorism Coverage Premium | \$87 |
| Total Premium | | Total Premium* | \$49,507 |
| | | *Optional quote for -0- Deductible is \$49,926. | |
| COVERAGE FORMS OVERVIEW | MedPro Group | COVERAGE FORMS OVERVIEW | THIE |
| This is not an all inclusive list of forms - please refer to insurance policy for full information. | | This is not an all inclusive list of forms - please refer to insurance policy for full information. | |

**Mangum City Hospital Authority
Healthcare Liability Coverage Terms**

| | |
|---|--|
| *Professional Liability Schedule of Named Insureds - Mangum City Hospital Authority and All Emergency Medicine, Hospitalist Physicians, Residents Employed and Contracted by Mangum City Hospital Authority | *Medical Professional Liability - Claims Made - Roster of Designated Employed Physicians Endorsement (Defines Who is an Insured) Roster attached - Retroactive Date - THIE has retro dates for each Employed Physician on Roster Schedule |
| *Healthcare Liability Policy Schedule of Trade, Fictitious and/or Business Names: Mangum Family Clinic, Mangum Regional Medical Center | *Medical Professional Liability - Excluded Patients Endorsement (This endorsement states the Professional will not cover any claim/loss that would be covered under the General Liability |
| *Healthcare Liability Policy Schedule of Additional Insured: Cohesive Healthcare Management & Consulting, LLC | *Medical Professional Liability - No Contingent Liability Endorsement (A contingent liability is potential obligation that may arise from an event that has not yet occurred) |
| *Professional Liability Policy - Disciplinary, Licensing, and Credentialing Actions Endorsement Company will not pay more than \$25,000 on behalf of an insured for Claim Expense and will not pay | *Medical Professional Liability - Disciplinary Proceedings Legal Expense Endorsement Limit: \$10,000 |
| *Professional Liability - Blanket Physician Insureds Endorsement (Does not include podiatrist, chiropractor, dentist, certified registered nurse anesthetist or midwife) | *Medical Professional provides coverage for Physicians serving as Medical Director and/or other administrative services listed Coverage is extended to employed mid-levels (i.e. PA, CRNA, etc.) |
| *General Liability Schedule of Named Insureds Mangum City Hospital Authority | *Medical Professional Liability - Media Expenses Limit: \$25,000 |
| *General Liability Policy - Employee Benefits Liability Endorsement | *Medical Professional Liability - Exclusions Media Expenses Limit: \$25,000 |
| *General Liability Policy - Blanket Waiver of Subrogation Endorsement | *Medical Professional Liability - allows Choice of Counsel and Consent to Settle subject to policy |
| *General Liability Policy - Blanket Additional Insured - Premises and Equipment Lessors Endorsement | *Medical Professional Liability - Participating Subscriber Endorsement |
| *General Liability Policy - Blanket Hired and Non-Owned Auto Limit - Limited Coverage Endorsement | *General Liability - Exclusion Access or Disclosure of Confidential or Personal Information - With Limited Bodily Injury Exception |
| *General Liability Policy - TRIA Coverage - Certified Acts of Terrorism | *General Liability - Exclusion Patient Injury - Injury does not apply to Bodily Injury, Personal or Advertising Injury and/or Medical Payments when any person is entering or leaving insured |
| *General Liability Policy - Evacuation, Disinfection, and Public Relations Expenses Endorsement - Limits: \$100,000 Per Event/\$100,000 Aggregate | *Oklahoma Professional Emergency Expenses Endorsement Claims Made - Sublimit \$25,000 |
| *General Liability Policy - Sexual Misconduct with sublimit for Innocent Insureds Endorsement Claims-made and reported Per Sexual Misconduct Event Sublimit: \$1,000,000, Aggregate Sexual Misconduct Event Sublimit: \$3,000,000, Claims Expenses : Defense outside the limit Retroactive Date | *General Liability - Exclusion for the request for damages arising out of actual, alleged, or threatened "sexual misconduct" We shall however have the right to defend such allegations Under Coverage B- Personal and Advertising Liability Duty to Defend ends |
| | General Liability - Druggists - Provides coverage of Bodily Injury and Property Damage arising out of or failing to render professional health care services as a pharmacist shall be deemed an occurrence |
| | |
| *Exclusions: (Not all Inclusive) | *Exclusions: (Not all Inclusive) |
| Contractual Liability | Contractual Liability |
| Criminal Acts | Criminal Acts |
| Employers Liability | Employers Liability |
| Employment Practices Liability | Employment Practices Liability |
| Insurer Versus Insured | Insurer Versus Insured |
| Managed Care Services | Liquor Liability |
| Workers' Compensation and Similar Laws | Workers' Compensation and Similar Laws |

QUOTATION

NOTICE:

Actual terms, conditions and pricing provided by a subsequent quote may differ from that provided herein as the result of additional information provided to us. Coverage is not bound by this quote and may be made effective only by an authorized agent of the Issuing Company. Please review this quote carefully and advise us if you have any questions.

Issued By: Underwriter: Maegan Plante
Phone: (405) 815-4855
Email: Maegan.Plante@medpro.com

Quotation Date: February 17, 2023

Issued To: Producer: INSURICA Inc
Address: 3510 W 24th Ave NW Ste 201
Norman, OK 73069-8376

PREMIUM SUMMARY

| | | |
|-----------------------|---|-----|
| Total Premium: | Primary Total Policy Premium | \$ |
| | Total Premium | \$ |
| Commission: | Primary Policy: | 15% |
| Payment Terms: | <p>Payment must be received by MedPro Group within 28 days from date of billing invoice or the offer of coverage is subject to withdrawal.</p> <p>Payment Schedule – Primary Policy: Full Pay</p> <p>If surcharges/taxes/fees are included in the amount quoted, payment for such surcharges/taxes/fees will be due in full with the initial premium payment.</p> | |

HEALTHCARE LIABILITY COVERAGE TERMS

ISSUING COMPANY: The Medical Protective Company
Fort Wayne, Indiana

QUOTE NUMBER: H003788

EXPIRING POLICY NUMBER: H003788

| | |
|--|---|
| FIRST NAMED INSURED: | Mangum City Hospital Authority |
| ADDRESS: | 1 Wickersham St Mangum, OK 73554-9117 <input type="checkbox"/> Administrative First Named Insured |
| POLICY PERIOD: | From 04/21/2023 to 04/21/2024 both days at 12:01 a.m. at the address of the First Named Insured stated herein. |
| COVERAGE PARTS SELECTED: | (Please refer to the applicable Schedule of Named Insureds for detailed Retroactive Dates, Limits of Liability, Retentions, etc.) |
| Professional Liability: | Claims-Made and Reported |
| General Liability: | Occurrence |
| Employee Benefits Liability: | Claims-Made and Reported |
| RETROACTIVE DATE: | |
| Professional Liability: | 10/01/2004 |
| General Liability: | n/a |
| Employee Benefits Liability: | 10/01/2004 |
| | All days at 12:01 a.m. at the address of the First Named Insured stated herein. |
| LIMITS OF LIABILITY: | |
| Professional Liability: | |
| Per Event Limit | \$1,000,000 |
| Aggregate Limit | \$3,000,000 |
| Claims Expenses | Defense Outside Limits |
| General Liability: | |
| Per Event Limit | \$1,000,000 |
| General Aggregate Limit | \$3,000,000 |
| Products Completed Operations Hazard Aggregate Limit | \$3,000,000 |
| Personal and Advertising Injury Limit | \$1,000,000 Each Person |
| Damage to Premises Rented to an Insured | \$ 50,000 Any One Premises |
| Medical Expense Limit | \$ 5,000 Each Person |
| Claims Expenses | Defense Outside Limits |
| Employee Benefits Liability: | |
| Employee Benefits Liability Per Event Limit | \$1,000,000 |
| Employee Benefits Liability Aggregate Limit | \$3,000,000 |
| Claims Expenses | Defense Outside Limits |
| RETENTION: | |
| Professional Liability: | \$5,000 Per Event / \$Nil Aggregate Deductible - Loss and Claims Expense |

| | |
|---|--------------------------------------|
| General Liability: | \$5,000 Per Event / \$Nil Aggregate |
| | Deductible - Loss and Claims Expense |
| Employee Benefits Liability: | \$5,000 Per Event / \$Nil Aggregate |
| | Deductible - Loss and Claims Expense |
| PREMIUM: | |
| Policy Premium | \$ |
| Terrorism Premium (TRIA) | \$ 200 |
| Total Premium | \$ |
| FORMS & ENDORSEMENTS: Refer to attached Schedule of Forms and Endorsements | |

ADDITIONAL TERMS AND CONDITIONS

| | |
|--|--|
| <i>Expiration Date of Quotation:</i> | This quote is valid until the requested Policy Effective Date. |
| <i>Subjectivities:</i> | This quote is provided in reliance upon the representations made prior to the Quotation Date, is contingent upon the underwriting of a completed application and is also subject to the following: <ul style="list-style-type: none">• N/A |
| <i>Significant Coverage Provisions:</i> | In addition to the standard policy conditions and terms, the following significant coverage provisions or endorsements will be added to the policy: <ul style="list-style-type: none">• No coverage is provided for podiatrists, chiropractors, dentists, nurse anesthetists, and midwives unless listed on the Schedule of Named Insured Professional Liability attached. |
| <i>Additional Notes:</i> | <ul style="list-style-type: none">• N/A |

THIS NOTICE IS ATTACHED TO AND MADE PART OF YOUR POLICY IN RESPONSE TO THE DISCLOSURE REQUIREMENTS OF THE TERRORISM RISK INSURANCE ACT. THIS NOTICE DOES NOT GRANT ANY COVERAGE OR CHANGE THE POLICY.

| | |
|------------------------------------|--|
| Forming Part of Policy No.: | H003788 (Primary Policy) |
| Issued to: | Mangum City Hospital Authority |
| Policy Period: | From 04/21/2023 to 04/21/2024 at 12:01 a.m. at the address of the First Named Insured stated herein. |

**DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT
SCHEDULE***

| | |
|---|---------------|
| Terrorism Premium Quoted – Primary Policy (for Certified Acts) | \$ 200 |
| Terrorism Premium Quoted – Excess Policy (for Certified Acts) | \$ N/A |
| <u>The portion of premium that is attributable to coverage for certified acts of terrorism is shown in the Schedule of this endorsement if such coverage is purchased, and does not include any charges for the portion of losses covered by the United States Government under the Act.</u> | |
| Additional information, if any, concerning the terrorism premium: | |
| Coverage for acts of terrorism is included in your policy unless you sign and return this document indicating that you are declining coverage for certified acts of terrorism. | |
| * Information required to complete this Schedule, if not shown on this endorsement, will be shown in the Declarations. | |

You are hereby notified that under the Terrorism Risk Insurance Act, as amended and reauthorized, you have a right to purchase insurance coverage for losses resulting from acts of terrorism. *As defined in Section 102(1) of the Act:* The term “act of terrorism” means any act or acts that are certified by the Secretary of the Treasury—in consultation with the Secretary of Homeland Security, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 80% BEGINNING ON JANUARY 1, 2020, OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS SET FORTH ABOVE AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

By receipt of this Disclosure, you have been notified that under the Terrorism Risk Insurance Act, as extended on December 22, 2005, amended on December 31, 2007 and January 12, 2015, and reauthorized on December 20, 2019, any losses resulting from certified acts of terrorism under this policy coverage may be partially reimbursed by the United States Government, and may be subject to a \$100 billion cap that may reduce the coverage provided. By receipt of this Disclosure, you have been notified of the portion of the premium attributable to such coverage.

ELECTION TO PURCHASE TERRORISM COVERAGE:

IF YOU ELECT TO PURCHASE THE TERRORISM COVERAGE DESCRIBED IN THIS DISCLOSURE NOTICE, YOU NEED DO NOTHING FURTHER. COVERAGE FOR ACTS OF TERRORISM WILL BE AUTOMATICALLY ADDED TO YOUR POLICY FOR THE PREMIUM SET FORTH ABOVE.

DECLINATION OF TERRORISM COVERAGE:

IN ORDER TO DECLINE TO PURCHASE COVERAGE, I UNDERSTAND THAT I MUST SIGN BELOW AND RETURN THIS DISCLOSURE FORM TO MY AUTHORIZED REPRESENTATIVE OR INSURANCE COMPANY. I FURTHER UNDERSTAND THAT IF I FAIL TO SIGN THIS DISCLOSURE FORM AND RETURN IT, I HAVE ELECTED TO PURCHASE TERRORISM COVERAGE AND THE PREMIUM AMOUNT(S) SET FORTH ABOVE WILL BE ADDED TO MY POLICY PREMIUM, AND COVERAGE FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WILL BE ADDED TO MY POLICY.

Policyholder/Applicant's Signature – Declination of Terrorism Coverage Only

Print Name

Date

Forming Part of Policy No.: H003788

Issued to: Mangum City Hospital Authority

Policy Period: From 04/21/2023 to 04/21/2024 at 12:01 a.m. at the address of the First Named Insured stated herein.

SCHEDULE OF FORMS AND ENDORSEMENTS

Forms and Endorsements attached to this Policy:

| FORM NAME | FORM NUMBER | ENDORSEMENT NUMBER |
|---|------------------|--------------------|
| Healthcare Liability Policy Declarations | 0001-PXX-OK-0121 | |
| Schedule of Forms and Endorsements | 0002-PXX-00-1215 | |
| Schedule of Named Insureds - Professional Liability | 0006-PPX-00-1215 | |
| Schedule of Named Insureds - General Liability | 0007-PGX-00-0717 | |
| Schedule of Trade, Fictitious and/or Business Names | 0009-PXX-00-1215 | |
| Healthcare Liability Policy Common Policy Provisions and Conditions | 0010-PXX-00-0121 | |
| Healthcare Liability Policy - Professional Liability Coverage Part | 0011-PPH-00-0121 | |
| Healthcare Liability Policy - General Liability Coverage Part | 0012-PGX-00-0121 | |
| Schedule of Additional Insureds - Management Company Endorsement | 1124-PXX-00-0121 | |
| Disciplinary, Licensing and Credentialing Actions Endorsement (Professional Liability) | 1303-PPX-00-0121 | |
| Blanket Physician Insureds Endorsement (Professional Liability) | 1355-PPX-00-0121 | |
| Employee Benefits Liability Endorsement (General Liability) (Claims-Made and Reported Coverage) | 1504-PGX-00-0121 | |
| Blanket Waiver of Subrogation Endorsement (General Liability) | 1512-PGX-00-1215 | |
| Blanket Additional Insured - Premises and Equipment Lessors Endorsement (General Liability) | 1514-PGX-00-0121 | |
| Blanket Hired and Non-Owned Auto Liability Limited Coverage Endorsement (General Liability) | 1517-PGX-00-0121 | |
| Cap on Losses from Certified Acts of Terrorism Endorsement (General Liability) | 1536-PGX-00-0520 | |
| Evacuation, Disinfection and Public Relations Expenses Endorsement (General Liability) | 1563-PGX-00-0121 | |
| Sexual Misconduct with Sublimits for Innocent Insureds Endorsement (General Liability) | 1565-PGX-00-0121 | |
| Oklahoma Amendatory Endorsement | 1802-PXX-OK-0121 | |

Forming Part of Policy No.: H003788

Issued to: Mangum City Hospital Authority

Policy Period: From 04/21/2023 to 04/21/2024 at 12:01 a.m. at the address of the First Named Insured stated herein.

SCHEDULE OF NAMED INSUREDS – PROFESSIONAL LIABILITY

Only with respect to coverage provided under the Professional Liability Coverage Part, and in consideration of the premium due, and in reliance upon the representations of all **insureds**, the **company** and the **insureds** agree the organizations and persons listed below are designated as **named insureds** and the Retroactive Dates, Limits of Liability and Retentions shown on the Declarations are amended as follows, but only with respect to the designated **named insureds**.

| SCHEDULE OF NAMED INSUREDS | | | | | | |
|-----------------------------------|-----------|-------------------|------------------|--|----------------------------------|----------|
| NAMED INSURED | ID NUMBER | RETRO-ACTIVE DATE | TERMINATION DATE | LIMITS OF LIABILITY (PER EVENT LIMIT/ AGGREGATE LIMIT) | RETENTION (PER EVENT/ AGGREGATE) | PREMIUM |
| Mangum City Hospital Authority | 221619 | 10/01/2004 | | \$1,000,000 / \$3,000,000 | \$5,000 / \$Nil | \$52,792 |

Physician FTEs :

| | | | | | | |
|---|---------|------------|--|---------------------------|-----------------|----------|
| Physician FTE 1 | | 02/01/2005 | | \$1,000,000 / \$3,000,000 | FNI | \$8,192 |
| All Emergency Medicine and Hospitalist Physicians and Residents Employed and Contracted by Mangum City Hospital Authority | 1923944 | | | Physician FTE 1 | Physician FTE 1 | Included |

* Indicates any applicable surcharges, taxes or fees.

As used in this Schedule, "FNI" means the **first named insured**.

All other terms and conditions of the policy remain unchanged.

Forming Part of Policy No.: H003788

Issued to: Mangum City Hospital Authority

Policy Period: From 04/21/2023 to 04/21/2024 at 12:01 a.m. at the address of the First Named Insured stated herein.

SCHEDULE OF NAMED INSUREDS – GENERAL LIABILITY

Only with respect to coverage provided under the General Liability Coverage Part, and in consideration of the premium due, and in reliance upon the representations of all **insureds**, the **company** and the **insureds** agree the organizations and persons listed below are designated as **named insureds** and the Retroactive Dates, Limits of Liability and Retentions shown on the Declarations are amended as follows, but only with respect to the designated **named insureds**.

LIMITS OF LIABILITY:

| | |
|--|----------------------------|
| Per Event Limit | \$1,000,000 |
| General Aggregate Limit | \$3,000,000 |
| Products Completed Operations Hazard Aggregate Limit | \$3,000,000 |
| Personal and Advertising Injury Limit | \$1,000,000 Each Person |
| Damage to Premises Rented to an Insured | \$ 50,000 Any One Premises |
| Medical Expense Limit | \$ 5,000 Each Person |
| Claims Expenses | Defense Outside Limits |

RETENTION:

\$ 5,000 Per Event / \$ NIL Aggregate Deductible - Loss and Claims Expense

| SCHEDULE OF NAMED INSUREDS | | | | |
|-----------------------------------|-----------|-------------------|-------------------|----------|
| NAMED INSURED | ID NUMBER | RETRO-ACTIVE DATE | TERMIN-ATION DATE | PREMIUM |
| Mangum City Hospital Authority | 221619 | n/a | | \$10,744 |

* Indicates any applicable surcharges, taxes or fees.

All other terms and conditions of the policy remain unchanged.

Forming Part of Policy No.: H003788

Issued to: Mangum City Hospital Authority

Policy Period: From 04/21/2023 to 04/21/2024 at 12:01 a.m. at the address of the First Named Insured stated herein.

**HEALTHCARE LIABILITY POLICY
SCHEDULE OF TRADE, FICTITIOUS AND/OR BUSINESS NAMES**

In consideration of the payment of the premium due, and in reliance upon the representations of all **insureds**, the **company** and the **insureds** agree that any trade, fictitious, and/or business name listed in the Schedule of Trade, Fictitious and/or Business Names below and any other trade, fictitious and/or business name by which any **named insured** operates or trades as are by reference included in the coverage afforded to the associated **named insured**. Any such trade, fictitious and/or business name shares the Limits of Liability and any other terms and conditions applicable to the associated **named insured**, regardless of the number of **named insured(s)** scheduled below or on the policy.

| SCHEDULE OF TRADE, FICTITIOUS AND/OR BUSINESS NAMES | | |
|--|------------------|---|
| NAMED INSURED | ID NUMBER | TRADE, FICTITIOUS OR BUSINESS (D/B/A) NAME |
| Mangum City Hospital Authority | 221619 | Mangum Family Clinic |
| Mangum City Hospital Authority | 221619 | Mangum Regional Medical Center |

All other terms and conditions of the policy remain unchanged.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**Endorsement No.:****Forming Part of Policy No.:** H003788**Issued to:** Mangum City Hospital Authority**Effective Date of Endorsement:** 04/21/2023 at 12:01 a.m. at the address of the First Named Insured stated herein.**HEALTHCARE LIABILITY POLICY
SCHEDULE OF ADDITIONAL INSURED – MANAGEMENT COMPANY ENDORSEMENT**

Only with respect to coverage provided under this endorsement and only under the Coverage Part(s) listed in the Schedule of Additional Insureds – Management Company below, and in consideration of the payment of the additional premium due, if any, and in reliance upon the representations of all **insureds**, the **company** and the **insureds** agree to amend the policy as follows:

The definition of **additional insured** in the Definitions section of the Common Policy Provisions and Conditions is deleted and replaced with the following:

Additional insured means a **management company** named in a **claim** or **potential claim** that arises from a **health care event, event** or offense resulting from the management of a **named insured** or **location** listed in a Schedule of Additional Insureds – Management Company.

The following definition is added to the Definitions section of the Common Policy Provisions and Conditions:

Management company means any person or organization listed in a Schedule of Additional Insureds – Management Company who has a signed management company agreement with a **named insured** that is in effect at the time of the **health care event, event** or offense.

The following subparagraph is added to the Insuring Clause(s) of the Coverage Part(s) listed in the Schedule of Additional Insureds – Management Company below:

The **company's** duty to defend and pay **losses** or **claims expense** on behalf of any **insured** shall extend to any **additional insured** meeting the terms and conditions of this policy, but only with respect to liability arising out of the management of a **named insured** or **location** listed in a Schedule of Additional Insureds – Management Company.

However, the coverage provided to an **additional insured** shall not be broader than that which an **insured** is required by written contract or agreement to provide to that **additional insured** and is subject to all other conditions, definitions, exclusions and terms applicable to the **insured**.

The following provision is added to the Limits of Liability section of the Coverage Part(s) listed in the Schedule of Additional Insureds – Management Company below:

ADDITIONAL INSURED

The **management company** shares the Limits of Liability of the applicable Coverage Part with the corresponding Named Insured/Location listed in a Schedule of Additional Insureds – Management Company, and with any **insured**

who is acting within the scope of their duties for the corresponding Named Insured/Location.

| SCHEDULE OF ADDITIONAL INSUREDS – MANAGEMENT COMPANY | | |
|---|--------------------------------|--|
| MANAGEMENT COMPANY | NAMED INSURED/LOCATION | COVERAGE PART |
| Cohesive Healthcare Management & Consulting, LLC | Mangum City Hospital Authority | Professional Liability & General Liability |

All other terms and conditions of the policy remain unchanged.

Draft

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Endorsement No.:

Forming Part of Policy No.: H003788

Issued to: Mangum City Hospital Authority

Effective Date of Endorsement: 04/21/2023 at 12:01 a.m. at the address of the First Named Insured stated herein.

**HEALTHCARE LIABILITY POLICY
DISCIPLINARY, LICENSING AND CREDENTIALING ACTIONS ENDORSEMENT
(PROFESSIONAL LIABILITY)**

In consideration of the payment of the additional premium due, if any, and in reliance upon the representations of all **insureds**, the **company** and the **insureds** agree to amend the policy as follows:

The following provision is added to the Insuring Clause section of the Professional Liability Coverage Part:

DISCIPLINARY, LICENSING, AND CREDENTIALING ACTIONS

The **company's** duty to defend a **claim** includes the defense of any disciplinary, licensing, or credentialing action brought against an **insured** who is a person by (1) a state board of medical examiners or state dental board responsible for investigating and disciplining licensees, (2) a hospital or facility professional review board or committee through formally adopted, written procedures, or (3) the United States Drug Enforcement Administration, subject to the following additional conditions:

- A. If the policy provides coverage to such an **insured** on a Claims-Made and Reported basis:
 1. the action must arise from the **insured's** rendering of, or failure to render, **professional services**, after the **retroactive date**, but before the end of the **policy period**, and for which there is no other insurance available; and
 2. the action must be first initiated against the **insured** during the **policy period**.
- B. If the policy provides coverage to such an **insured** on an Occurrence basis, the action must arise from the **insured's** rendering of, or failure to render, **professional services** during the **policy period**, and for which there is no other insurance available.
- C. The payment of **claims expense** for such actions will be in addition to the applicable Limit of Liability. However, the **company** will not pay more than \$25,000 in **claims expense** on behalf of an **insured** for any single action. Furthermore, the **company** will not pay more than \$100,000 for **claims expense** on behalf of all **insureds** for all such actions covered under the policy.
- D. The **company** has no duty to pay any fines, penalties, or other costs assessed against an **insured** as a result of any such action.

However, payments for **claims** under this Insuring Clause shall not be subject to any Deductible or Self-Insured Retention.

All other terms and conditions of the policy remain unchanged.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**Endorsement No.:****Forming Part of Policy No.:** H003788**Issued to:** Mangum City Hospital Authority**Effective Date of Endorsement:** 04/21/2023 at 12:01 a.m. at the address of the First Named Insured stated herein.**BLANKET PHYSICIAN INSUREDS ENDORSEMENT
(PROFESSIONAL LIABILITY)**

In consideration of the payment of the additional premium due, if any, and in reliance upon the representations of all **insureds**, the **company** and the **insureds** agree to amend the policy as follows:

Only with respect to coverage under the Professional Liability Coverage Part, the definition of **employee** in the Common Policy Provisions and Conditions is deleted and replaced with the following:

Employee means any person who is under the supervision and control of any **named insured** and who was acting within the scope of their duties on behalf of that **named insured** at the time of the **event**, offense, **health care event** or any other act or omission that results in a **claim** or **potential claim**. **Employee** also includes any leased worker, temporary worker or volunteer so long as such person is or was acting within the scope of their duties on behalf of a **named insured** that is an organization.

As used in this definition:

1. "leased worker" means a person leased to, or used by, a **named insured** under an agreement between a **named insured** and organizations providing staffing to a **named insured** to perform duties related to the conduct of that **named insured's** business. Leased worker does not include a temporary worker;
2. "temporary worker" means a person who is furnished to a **named insured** to substitute for a permanent **employee** on leave or to meet seasonal or short-term workload conditions. A temporary worker does not include a leased worker; and
3. "volunteer" means a person who provides their services or labor to a **named insured**, without being paid by that **named insured**, under the supervision or direction of the **named insured**. Volunteer does not include any independent contractor or staff physician.

However, **employee** does not mean any podiatrist, chiropractor, dentist, certified registered nurse anesthetist or midwife.

All other terms and conditions of the policy remain unchanged.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**Endorsement No.:****Forming Part of Policy No.:** H003788**Issued to:** Mangum City Hospital Authority**Effective Date of Endorsement:** 04/21/2023 at 12:01 a.m. at the address of the First Named Insured stated herein.**HEALTHCARE LIABILITY POLICY
EMPLOYEE BENEFITS LIABILITY ENDORSEMENT
(GENERAL LIABILITY)
(CLAIMS-MADE AND REPORTED COVERAGE)****NOTICE:****This endorsement contains claims-made and reported coverage. Please read this endorsement carefully.**

In consideration of the payment of the additional premium due, if any, and in reliance upon the representations of all **insureds**, the **company** and the **insureds** agree to amend the policy as follows:

The following provision is added to the Insuring Clauses section of the General Liability Coverage Part:

EMPLOYEE BENEFITS LIABILITY**1. Claims-Made and Reported**

This is Claims-Made and Reported coverage and the following provisions apply:

- a. The **company** will pay on behalf of any **insured** all **loss** and **claims expense**, subject to any applicable Deductible or Self-Insured Retention, and up to the Limits of Liability shown on the Declarations with respect to this Insuring Clause, arising from an **event** related to the **administration** of **employee benefits** that took place on or after the applicable retroactive date shown on the Declarations. Moreover, to be covered under this policy, the **loss** or **claims expense** must arise from:
 - (1) a **claim** that was first made against, and received by, an **insured** during the **policy period**, and reported to the **company**, in writing, during the **policy period** or within any applicable **extended reporting period**; or
 - (2) a **potential claim** that was first known about or discovered by an **insured** during the **policy period**, and reported to the **company**, in writing, during the **policy period** or within the automatic limited **extended reporting period**.
- b. All **claims** and **potential claims** for damages arising out of, or in connection with, the same **event** will be deemed to have been first made on the date that the first of those **claims** is made against any **insured**, or the date the first of such **potential claims** is discovered by an **authorized insured**, whichever date is earlier. Only the policy in effect when the first such **claim** is made and reported to the **company**, or the first such **potential claim** is discovered and reported to the **company**, whichever is earlier, will apply to the **event**, no matter when any subsequent **claims** are made or reported, or **potential claims** are discovered and reported. If, prior to the effective date of this policy, the first such **claim** is made, or the first such **potential claim** is discovered, this policy will not apply to any subsequent **claim** or **potential claim** made during this **policy period** or any **extended reporting period**.

Only with respect to coverage provided under this endorsement, the following definitions are added to the Definitions section of the Common Policy Provisions and Conditions:

Administration means:

1. providing information to **employees**, including their dependents and beneficiaries, with respect to eligibility for or scope of an **employee benefits** program;
2. handling records in connection with an **employee benefits** program; or
3. effecting, continuing, or terminating any **employee's** participation in any **employee benefits** program.

Administration does not mean:

1. the exercise of or failure to exercise any authority or control respecting:
 - a. the management of any **employee benefits** program; or
 - b. the investment or disposition of any **employee benefits** program;
2. the rendering of any advice with respect to the investment of any assets of any **employee benefits** program;
3. handling payroll deductions; or
4. handling overtime requirements or payments, or payroll issues concerning exempt or non-exempt **employees**.

Employee benefits means any group benefits administered on behalf of a **named insured's employees**, including:

1. group insurance plans or programs, such as life, health, accident, dental, or legal advice;
2. individual retirement accounts, salary reduction plans under I.R.S. Code 401(k), or any amendment thereto, savings plans, pension plans, stock ownership plans or employee stock subscription plans;
3. travel or vacation plans; or
4. workers' compensation, occupational disease, unemployment, Social Security, or disability benefits insurance.

Only with respect to coverage provided under this endorsement, the EMPLOYEE BENEFITS LIABILITY exclusion and the ERISA exclusion are deleted from the Exclusions section of the Common Policy Provisions and Conditions.

The following exclusions are added to the Exclusions section of the General Liability Coverage Part:

EXCLUSIONS APPLICABLE TO THE EMPLOYEE BENEFITS LIABILITY INSURING CLAUSE

The coverage provided under the Employee Benefits Liability Insuring Clause does not apply to:

1. Bodily Injury, Property Damage And Personal And Advertising Injury

Any **claim** arising from, or in connection with, **bodily injury, property damage, or personal and advertising injury**.

2. Claim For Benefits Where Funds Available With Reasonable Cooperation

Any **claim** for benefits to the extent that such benefits are available, with reasonable effort and cooperation of the **insured**, from the applicable funds accrued or other collectible insurance.

3. Collective Bargaining

Any **claim** arising from, or in connection with, the breach of any collective bargaining agreement.

4. ERISA

Any **claim** arising from, or in connection with, an **insured's** duty as a sponsor of an employee benefit plan under the Employee Retirement Income Security Act of 1974 (ERISA), or any amendment or regulation that applies thereto. However, this exclusion is limited to:

- a. any breach of any insured's fiduciary duties in violation of any applicable law or regulation;

- b. an **insured's** failure or inability to fund the plan in accordance with the plan document or any applicable law or regulation; and
 - c. liability for the payment of benefits owed to a participant or beneficiary of the plan that have been paid or may lawfully be paid from the plan's funds or those of other employee programs.
5. Failure To Perform Under A Contract
Damages arising out of the failure of an insurer to perform under a contract.
6. Health Care Event
Any **claim** arising from, or in connection with, any **health care event**.
7. Performance Of Investments And Advice Given Regarding Employee Benefits
Any **claim** arising from, or in connection with:
 - a. errors in providing information on past performance of investment vehicles; or
 - b. advice given to any person with respect to that person's decision to participate or not to participate in any **employee benefits** plan.
8. Unpaid Obligations Under Employee Benefit Plan
Any **claim** arising from, or in connection with, damages arising out of an insufficiency of funds to meet any obligations under any plan included as an **employee benefit**.

The following provisions are added to the Limits of Liability Section of the General Liability Coverage Part:

EMPLOYEE BENEFITS LIABILITY PER EVENT LIMIT

The Employee Benefits Liability Per Event Limit of Liability shown on the Declarations is the most the **company** will pay under the Employee Benefits Liability Insuring Clause because of **bodily injury** arising out of any one **event**.

EMPLOYEE BENEFITS LIABILITY AGGREGATE LIMIT

The Employee Benefits Liability Aggregate Limit of Liability shown on the Declarations is the most the **company** will pay because of **bodily injury** included in the Employee Benefits Liability Insuring Clause.

Only with respect to the Employee Benefits Liability Insuring Clause, the Settlement condition in the Conditions section of the Common Policy Provisions and Conditions is deleted and replaced by the following:

SETTLEMENT

The **company** may settle any **claim, potential claim,** or other matter brought against an **insured** as the **company** deems expedient. However, the **company** shall first provide written notice to the **first named insured**.

All other terms and conditions of the policy remain unchanged.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Endorsement No.:

Forming Part of Policy No.: H003788

Issued to: Mangum City Hospital Authority

Effective Date of Endorsement: 04/21/2023 at 12:01 a.m. at the address of the First Named Insured stated herein.

**HEALTHCARE LIABILITY POLICY
BLANKET WAIVER OF SUBROGATION ENDORSEMENT
(GENERAL LIABILITY)**

In consideration of the payment of the additional premium due, if any, and in reliance upon the representations of all **insureds**, the **company** and the **insureds** agree to amend the policy as follows:

Only with respect to coverage provided under the General Liability Coverage Part, the following condition is added to the Conditions section of the Common Policy Provisions and Conditions:

WAIVER OF SUBROGATION

The **company** shall waive any right of recovery the **company** may have against a person or organization to the extent that the **insured** has agreed in writing prior to the date of loss to waive the **insured's** rights of recovery against that person or organization.

All other terms and conditions of the policy remain unchanged.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Endorsement No.:**Forming Part of Policy No.:** H003788**Issued to:** Mangum City Hospital Authority**Effective Date of Endorsement:** 04/21/2023 at 12:01 a.m. at the address of the First Named Insured stated herein.

**HEALTHCARE LIABILITY POLICY
BLANKET ADDITIONAL INSURED – PREMISES AND EQUIPMENT LESSORS ENDORSEMENT
(GENERAL LIABILITY)**

Only with respect to coverage provided under this endorsement and under the General Liability Coverage Part, and in consideration of the payment of the additional premium due, if any, and in reliance upon the representations of all **insureds**, the **company** and the **insureds** agree to amend the policy as follows:

The definition of **additional insured** in the Definitions section of the Common Policy Provisions and Conditions is deleted and replaced with the following:

Additional insured means a **premises lessor or equipment lessor** named in a **claim** or **potential claim** that arises from an **event** or offense resulting from the acts or omissions of an **insured** in the maintenance, operation or use of premises or equipment leased to a **named insured** that took place during the term of the lease for those premises or equipment. However, such **premises lessor or equipment lessor** is not an **additional insured** with respect to **events** or offenses arising from, or in connection with, any acts or omissions alleged to have been committed by that **premises lessor or equipment lessor**.

The following definition is added to the Definitions section of the Common Policy Provisions and Conditions:

Premises lessor or equipment lessor means any person or organization who provides premises and/or equipment to an organization that is a **named insured** pursuant to a written lease agreement during the **policy period**.

The following subparagraph is added to all Insuring Clauses of the General Liability Coverage Part:

The **company's** duty to defend and pay **losses** or **claims expense** on behalf of any **insured** shall extend to any **additional insured** meeting the terms and conditions of this policy, but only with respect to any **loss** or **claims expense** payable as the result of the **additional insured's** vicarious liability for the acts or omissions of an **insured** otherwise covered under this Coverage Part.

However, the coverage provided to an **additional insured** shall not be broader than that which an **insured** is required by written contract or agreement to provide to that **additional insured** and is subject to all other conditions, definitions, exclusions and terms applicable to the **insured**. Additionally, coverage shall not apply to structural alterations, new construction or demolition operations performed by or on behalf of an **additional insured**.

The following provision is added to the Limits of Liability section of the General Liability Coverage Part:

ADDITIONAL INSUREDS

Additional insureds share the Limits of Liability of the **insured** for which the **additional insured** is alleged to be vicariously liable for the acts or omissions of the **insured** otherwise covered under this Coverage Part.

All other terms and conditions of the policy remain unchanged.

Draft

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**Endorsement No.:****Forming Part of Policy No.:** H003788**Issued to:** Mangum City Hospital Authority**Effective Date of Endorsement:** 04/21/2023 at 12:01 a.m. at the address of the First Named Insured stated herein.**HEALTHCARE LIABILITY POLICY
BLANKET HIRED AND NON-OWNED AUTO LIABILITY LIMITED COVERAGE ENDORSEMENT
(GENERAL LIABILITY)**

In consideration of the payment of the additional premium due, if any, and in reliance upon the representations of all **insureds**, the **company** and the **insureds** agree to amend the policy as follows:

Only with respect to coverage provided under this endorsement, the following provision is added to the Bodily Injury and Property Damage Liability Insuring Clause of the General Liability Coverage Part:

The **company** will pay on behalf of an **insured** all **loss** and **claims expense**, subject to any applicable Deductible or Self-Insured Retention, and up to the Limits of Liability shown on the Declarations with respect to this Insuring Clause, arising from an **event** resulting in **bodily injury** or **property damage** that, notwithstanding any provision to the contrary in this Insuring Clause, occurred during the **policy period**, and arising from:

1. the maintenance or use by any **insured** of a **hired auto** in the course of the **insured's** business; or
2. the use of a **non-owned auto** by an **insured** in the course of the **insured's** business.

Only with respect to coverage provided under this endorsement, the Aircraft, Auto or Watercraft, Liquor Liability and Mobile Equipment exclusions in the Exclusions section of the General Liability Coverage Part are deleted.

Only with respect to coverage provided under this endorsement, the Damage to Property exclusion in the Exclusions section of the General Liability Coverage Part is deleted and replaced with the following:

Damage To Property

Property damage to:

- a. property owned or being transported by, or rented, leased, or loaned to any **insured**.
- b. property in the care, custody, or control of any **insured**.

Only with respect to coverage provided under this endorsement, the following persons and organizations are added to the definition of **insureds** in the Definition section of the Common Policy Provisions and Conditions:

1. any person using a **hired auto** with an **insured's** permission;
2. with respect to a **non-owned auto**, any partner or executive officer of an **insured**, but only while such **non-owned auto** is being used on behalf of the **insured**; and

3. any other person or organization, but only with respect to their liability because of acts or omissions of an **insured** otherwise covered under the Bodily Injury and Property Damage Insuring Clause, or the acts of an **insured** as defined under subparagraphs 1 and 2 above.

Only with respect to coverage provided under this endorsement, the following persons and organizations are not **insureds**, notwithstanding any provision to the contrary in the Definition section of the Common Policy Provisions and Conditions:

1. any person engaged in the business of their employer with respect to **bodily injury** to any co-employee of such person injured in the course of employment, or consequential injury to any relative of such co-employee, or for any obligation to reimburse a third party as the result of the **bodily injury** to the co-employee;
2. any partner, executive officer or manager (if the **insured** is a limited liability company) with respect to any **auto** owned by such partner or officer or a member of their household;
3. any person while employed in or otherwise engaged in performing duties related to the conduct of an **auto business** other than an **auto business** operated by the **insured**;
4. the owner or lessee (of whom the **insured** is a sublessee) of a **hired auto** or the owner of a **non-owned auto** or any agent of **employee** of any such owner or lessee; or
5. any person or organization with respect to the conduct of any current or past partnership, joint venture or limited liability company that is not an **insured**.

Only with respect to coverage provided under this endorsement, the following definitions apply:

Auto business means the business or occupation of selling, repairing, servicing, storing or parking **autos**.

Hired auto means any **auto** an **insured** leases, hires, rents or borrows on a temporary, occasional or infrequent basis. It does not include any **auto** the **insured** leases, hires, rents or borrows from:

1. any of the **insured's employees** or members of their households; or
2. partners, executive officers or managers (if the **insured** is a limited liability company) or members of their households.

Non-owned auto means any **auto** the **insured** does not own, lease, hire or borrow which is used in connection with the **insured's** business. However, if the **insured** is a partnership, a **non-owned auto** does not include any **auto** owned by any partner.

Tort liability means liability that would have been imposed by law in the absence of any contract or agreement.

Only with respect to coverage provided under this endorsement, the Other Insurance in the Conditions section of the Common Policy Provisions and Conditions is deleted and replaced by the following:

If any other valid and collectable insurance is available to any **insured** for a **claim** or **potential claim** under any primary policy covering the "hired auto" or "non-owned auto", then this insurance will be excess over such other insurance even if such other insurance is stated to be primary, excess, contingent or otherwise.

All other terms and conditions of the policy remain unchanged.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**Endorsement No.:****Forming Part of Policy No.:** H003788**Issued to:** Mangum City Hospital Authority**Effective Date of Endorsement:** 04/21/2023 at 12:01 a.m. at the address of the First Named Insured stated herein.**HEALTHCARE LIABILITY POLICY
CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM ENDORSEMENT
(GENERAL LIABILITY)**

In consideration of the payment of the additional premium due, if any, and in reliance upon the representations of all **insureds**, the **company** and the **insureds** agree to amend the policy as follows:

The following provision is added to the Limits of Liability section of the General Liability Coverage Part:

CERTIFIED ACTS OF TERRORISM

If losses covered by insurance that are attributable to **certified acts of terrorism** in a calendar year exceed \$100 billion in the aggregate, and the **company** has met its deductible amount under the **TRIA Act** for that calendar year, the **company** shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion. In such case, the losses are subject to pro rata allocation in accordance with the procedures established by the Secretary of the Treasury.

Only with respect to coverage provided under the General Liability Coverage Part, the following definitions are added to the Definitions section of the Common Policy Provisions and Conditions:

Certified act of terrorism means an act that is certified by the Secretary of the Treasury in accordance with the provisions of the **TRIA Act**, to be an act of terrorism pursuant to the **TRIA Act**. The **TRIA Act** sets forth the following criteria for a **certified act of terrorism**:

1. The act resulted in losses covered by insurance in excess of \$5,000,000 in the aggregate, attributable to all types of insurance subject to the **TRIA Act**;
2. The act is a violent act or an act that is dangerous to human life, property or infrastructure and is committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. The act must have resulted in damage within the United States including its territories and possessions and Puerto Rico, or outside the United States in cases of an air carrier or vessel meeting the definitions of such as provided in the **TRIA Act**, or the premises of a United States mission; and
3. No act of terrorism shall be certified if the act is committed as a part of the course of a war declared by Congress.

TRIA Act means the federal Terrorism Risk Insurance Act of 2002, as extended on December 22, 2005, and amended on December 31, 2007 and January 12, 2015, and reauthorized on December 20, 2019.

All other terms and conditions of the policy remain unchanged.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Endorsement No.:

Forming Part of Policy No.: H003788

Issued to: Mangum City Hospital Authority

Effective Date of Endorsement: 04/21/2023 at 12:01 a.m. at the address of the First Named Insured stated herein.

**EVACUATION, DISINFECTION AND PUBLIC RELATIONS EXPENSES ENDORSEMENT
(GENERAL LIABILITY)**

In consideration of the payment of the additional premium due, if any, and in reliance upon the representations of all **insureds**, the **company** and the **insureds** agree to amend the policy as follows:

The following provision is added to the Insuring Clauses section of the General Liability Coverage Part:

EVACUATION, DISINFECTION AND PUBLIC RELATIONS EXPENSES

The **company** will reimburse a **named insured**, upon satisfactory proof of payment, for:

1. **evacuation expenses** paid by the **named insured** resulting from an **evacuation event** that occurred during this **policy period**;
2. **disinfection expenses** paid by the **named insured** resulting from a **disinfection event** that occurred during this **policy period**; or
3. **public relations expenses** paid by the **named insured** resulting from a **public relations event** that occurred during this **policy period**;

provided that no other valid and collectible insurance is available to the **named insured**, whether on a primary, excess, contingent or any other basis, for the **evacuation expense, disinfection expense, or public relations expense**.

The **company's** duty to reimburse a **named insured** for any **evacuation expenses, disinfection expenses, or public relations expenses** is strictly conditioned upon an **authorized insured's** forwarding a report of the **evacuation event, disinfection event, or public relations event**, as applicable, to the **company** during the **policy period**, or within 60 days thereafter. All such reports shall be directed to the **company** in writing and include documented proof, a description, and details regarding the time, date and place of the **evacuation event, disinfection event, or public relations event**, as applicable.

Only with respect to coverage provided under this endorsement, the following definitions are added to the Definitions section of the Common Policy Provisions and Conditions:

Disinfection event means any case or series of cases of hospital-borne infectious bacteria, virus or disease that requires reporting of such case or series of cases to any local, state or federal governmental or healthcare oversight agency or entity. However, the definition of **disinfection event** does not include a contamination as a result of pollutant, war, or an act of terrorism.

Disinfection expenses means reasonable costs and expenses incurred by a **named insured**:

1. to hire a third party to disinfect an **insured's** premises as a result of a **disinfection event**; or
2. to notify third parties directly affected by such **disinfection event**.

However, **disinfection expenses** do not include any salaries, benefits, remuneration, overhead, fees, or loss of earnings incurred by, or paid to, any **insured**.

Evacuation event means an evacuation of a **named insured's** premises because a determination is made by the **named insured** that imminent danger exists arising from an external event or a condition in the **named insured's** premises which would cause loss of life or harm to **patients** or **residents**. **Evacuation event** does not include an evacuation arising from:

1. a strike, bomb threat or false fire alarm, unless vacating is ordered by a civil authority;
2. a planned vacating drill;
3. the vacating of one or more **patients** or **residents** that is due to, and confined to, an individual's medical condition;
4. a governmental action;
5. a nuclear hazard; or
6. war or military action.

Evacuation expenses means reasonable costs and expenses incurred by a **named insured**:

1. to perform an evacuation; or
2. to notify third parties directly affected by such **evacuation event**.

However, **evacuation expenses** do not include:

1. any other expenses incurred by an **employee**, volunteer, or other person providing assistance with, in any part of, or included in, the evacuation; or
2. any salaries, benefits, remuneration, overhead, fees or loss of earnings incurred by, or paid to, any **insured**.

Public relations event means the publication or broadcast of information which can reasonably be expected to damage a **named insured's** reputation, if such event is caused by:

1. an **evacuation event**;
2. a **disinfection event**;
3. an actual or alleged act, error or omission in the furnishing or failure to furnish **treatment**;
4. an abusive act; or
5. workplace violence or threat of workplace violence.

Public relations expenses means reasonable fees and costs incurred by a **named insured**:

1. to engage attorneys, experts and consultants, including third-party media consultants and security consultants to respond directly to an **evacuation event**, **disinfection event**, or **public relations event**;
2. to notify third parties directly affected by an applicable **evacuation event**, **disinfection event**, or **public relations event**; or
3. incurred in the management of public relations of an applicable **evacuation event**, **disinfection event**, or **public relations event**.

However, **public relations expenses** do not include:

1. any salaries, benefits, remuneration, overhead, fees, or loss of earnings incurred by, or paid to, any **insured**; or
2. expenses for general brand promotion or awareness, business upgrades, redesigns, reconfigurations, improvements, or maintenance expenses, or expenses related to normal or ongoing business operations.

Only with respect to coverage provided under this endorsement, the following provision is added to the Limits of Liability section of the General Liability Coverage Part:

EVACUATION, DISINFECTION AND PUBLIC RELATIONS EXPENSES

Per Event Limit \$100,000

Aggregate Limit \$100,000

The Aggregate Limit shown above is the most the **company** will reimburse for all **evacuation expenses, disinfection expenses, or public relations expenses** in connection with all **evacuation events, disinfection events, or public relations events**.

The Per Event Limit specified above is the most the **company** will reimburse a **named insured** for **evacuation expenses, disinfection expenses, or public relations expenses** in connection with any **evacuation event, disinfection event, or public relations event**.

Only with respect to coverage provided under this endorsement, the following exclusion is added:

Privacy Breach

Any request for reimbursement of **public relations expenses** paid in connection with a criminal or civil investigation, complaint or formal administrative proceeding, if such investigation, complaint, or proceeding arises from or is in connection with an actual or alleged violation or infringement of any right to privacy, or any breach of any of the following regulations, or similar statutes and regulations, associated with the confidentiality, access, control, and use of personally identifiable, non-public information:

1. Health Insurance Portability and Accountability Act of 1996 (Public Law 104-191), known as HIPAA, and related state medical privacy laws;
2. Gramm-Leach-Bliley Act of 1999 (G-L-B), also known as the Financial Services Modernization Act of 1999;
3. state and Federal statutes and regulations regarding the security and privacy of consumer information;
4. governmental privacy protection regulations or laws associated with the control and use of personal information;
5. privacy provisions of consumer protection laws, including the Federal Fair Credit Reporting Act (FCRA) and similar state laws;
6. Children's Online Privacy Protection Act or similar laws; and
7. the EU Data Protection Act or other similar privacy laws worldwide.

All other terms and conditions of the policy remain unchanged.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**Endorsement No.:****Forming Part of Policy No.:** H003788**Issued to:** Mangum City Hospital Authority**Effective Date of Endorsement:** 04/21/2023 at 12:01 a.m. at the address of the First Named Insured stated herein.**SEXUAL MISCONDUCT WITH SUBLIMITS FOR INNOCENT INSUREDS ENDORSEMENT
(GENERAL LIABILITY)
(CLAIMS-MADE AND REPORTED COVERAGE)****NOTICE:****This endorsement contains claims-made and reported coverage. Please read this endorsement carefully.**

In consideration of the payment of the additional premium due, if any, and in reliance upon the representations of all **insureds**, the **company** and the **insureds** agree to amend the policy as follows:

The following provision is added to the Insuring Clauses section of the General Liability Coverage Part:

A. SEXUAL MISCONDUCT LIABILITY**1. Claims-Made and Reported**

Regardless of whether "Claims-Made and Reported" or "Occurrence" is shown on the Declarations with respect to this Coverage Part, the following provisions apply:

a. The **company** will pay on behalf of any **insured**, not including a **perpetrator**, all **loss**, subject to any applicable Deductible or Self-Insured Retention, and up to the Sexual Misconduct Sublimits of Liability, arising from a **sexual misconduct event** otherwise triggering the General Liability Coverage Part, that took place on or after the Sexual Misconduct Liability retroactive date if the following apply:

- (1) the **insured** did not know at the time of the actual or alleged **sexual misconduct**, that the **perpetrator** had previously engaged in, or was alleged to have previously engaged in, **sexual misconduct**; and
- (2) for a **named insured** organization, that an **authorized insured** did not know at the time of the actual or alleged **sexual misconduct**, that the **perpetrator** had previously engaged in, or was alleged to have previously engaged in, **sexual misconduct**.

Moreover, to be covered under this policy, the **loss** must arise from:

- (1) a **claim** that was first made against, and received by, an **insured** during the **policy period**, and reported to the **company**, in writing, during the **policy period** or within any applicable **extended reporting period**; or
- (2) a **potential claim** that was first known about or discovered by an **insured** during the **policy period**, and reported to the **company**, in writing, during the **policy period** or within the automatic limited **extended reporting period**.

- b. The **company** will pay **claims expense**, subject to any applicable Deductible or Self-Insured Retention, and up to the Sexual Misconduct Sublimits of Liability if shown in this endorsement as "Defense Within Limits," to defend any **insured** against any **claim** or **potential claim** arising from a **sexual misconduct event** otherwise triggering the General Liability Coverage Part, that took place on or after the Sexual Misconduct Liability retroactive date. Moreover, to be covered under this policy, the **claims expense** must arise from:
- (1) a **claim** that was first made against, and received by, an **insured** during the **policy period**, and reported to the **company**, in writing, during the **policy period** or within any applicable **extended reporting period**; or
 - (2) a **potential claim** that was first known about or discovered by an **insured** during the **policy period**, and reported to the **company**, in writing, during the **policy period** or within the automatic limited **extended reporting period**.

However, the **company's** defense of an **insured** will cease when it is established by trial or arbitration verdict, court ruling, regulatory ruling or legal admission, nolo contendere/no contest plea, or Alford plea that the **insured** engaged in **sexual misconduct**. Additionally, the **company's** defense of a **named insured** organization will cease when it is established by trial or arbitration verdict, court ruling, regulatory ruling or legal admission, nolo contendere/no contest plea, or Alford plea that an **authorized insured** knew at the time of the actual or alleged **sexual misconduct** that the person accused of having engaged in the act had previously engaged in, or was alleged to have previously engaged in, **sexual misconduct**.

- c. All **claims** and **potential claims** by all persons or organizations arising out of, or in connection with, a **sexual misconduct event** involving the same **perpetrator**, will be deemed to have been first made on the date that the first of those **claims** is made against any **insured**, or the date the first of such **potential claims** is discovered by an **authorized insured**, whichever date is earlier. Only the policy in effect when the first such **claim** is made and reported to the **company**, or the first such **potential claim** is discovered and reported to the **company**, whichever is earlier, will apply to the **sexual misconduct event** no matter when any subsequent **claims** are made or reported, or **potential claims** are discovered and reported. If, prior to the effective date of this policy, the first such **claim** is made, or the first such **potential claim** is discovered, this policy will not apply to any subsequent **claims** or **potential claims** made during this **policy period** or any **extended reporting period**.

The following provision is added to the Limits of Liability section of the General Liability Coverage Part:

SEXUAL MISCONDUCT LIABILITY

| | |
|---|------------------------|
| Per Sexual Misconduct Event Sublimit | \$ 1,000,000 |
| Aggregate Sexual Misconduct Event Sublimit: | \$ 3,000,000 |
| Claims Expenses | Defense Outside Limits |

Subject to the applicable Aggregate Limit available under this policy for this Coverage Part, the Aggregate Sexual Misconduct Event Sublimit is the most the **company** will pay under this Coverage Part for all **sexual misconduct events** for all **insureds** covered under this policy regardless of the number of **insureds, claims** made or **potential claims** first discovered, person or organizations making **claims** or **potential claims**, or **locations**.

Subject to the applicable Per Event and Aggregate Limits of Liability available under this policy for this Coverage Part, and the Aggregate Sexual Misconduct Event Sublimit shown above, the Per Sexual Misconduct Event Sublimit is the most the **company** will pay under this Coverage Part for any **sexual misconduct event** covered under this policy regardless of the number of **insureds, claims** made or **potential claims** first discovered, persons or organizations making **claims** or **potential claims**, or **locations**.

The Per Sexual Misconduct Event Sublimit and the Aggregate Sexual Misconduct Event Sublimits of Liability specified above are within and shall erode the applicable Per Event and Aggregate Limits of Liability under this Coverage Part.

The following is added to the Retroactive Dates item shown on the Declarations:

Sexual Misconduct Liability: 04/21/2023

The Sexual Misconduct exclusion in the Exclusions section of the General Liability Coverage Part is deleted and replaced with the following:

Sexual Misconduct

Any **claim** or **potential claim** arising from, or in connection with, any actual or threatened **sexual misconduct**. The **company** will, however, provide a defense and indemnity for such allegations subject to the Sexual Misconduct Liability insuring clause.

Only with respect to coverage provided under this endorsement, the following definitions are added to the Definitions section of the Common Policy Provisions and Conditions:

Perpetrator means any individual who allegedly or actually, directly or indirectly participated in, acted in concert with, or aided and abetted, any consensual or non-consensual conduct, physical acts, gestures or communications of a sexual act or nature, including, but not limited to: sexual intimacy, sexual molestation, sexual assault, sexual battery, sexual abuse, sexual harassment, sexual exploitation, or alienation of affection.

Sexual misconduct event means an **event** resulting in **bodily injury** or **property damage**, or an offense resulting in **personal and advertising injury**, arising out of, or in connection with, **sexual misconduct**. All **events** resulting in **bodily injury** or **property damage**, or offenses resulting in **personal and advertising injury**, arising out of, or in connection with, **sexual misconduct** involving the same **perpetrator** shall constitute one **sexual misconduct event** regardless of the number of acts of **sexual misconduct**, persons injured, **insureds**, **locations**, or length of time over which such **sexual misconduct** occurs.

Only with respect to coverage provided under this endorsement, the Settlement condition in the Conditions section of the Common Policy Provisions and Conditions is amended by adding the following:

However, the **company** may settle any **claim** or **potential claim** involving a **sexual misconduct event** as the **company** deems expedient after first providing written notice to the **first named insured**.

All other terms and conditions of the policy remain unchanged.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**Endorsement No.:****Forming Part of Policy No.:** H003788**Issued to:** Mangum City Hospital Authority**Effective Date of Endorsement:** 04/21/2023 at 12:01 a.m. at the address of the First Named Insured stated herein.**HEALTHCARE LIABILITY POLICY
OKLAHOMA AMENDATORY ENDORSEMENT**

In consideration of the payment of the additional premium due, if any, and in reliance upon the representations of all **insureds**, the **company** and the **insureds** agree to amend the policy as follows:

The Economic Sanctions Exclusion in the Exclusions section of the Common Policy Provisions and Conditions is deleted and replaced with the following:

ECONOMIC SANCTIONS EXCLUSION

Whenever coverage provided by this policy would be in violation of any U.S. economic trade sanctions such as, but not limited to, those sanctions administered and enforced by the U.S. Treasury Department's Office of Foreign Assets Control, such coverage shall be null and voidable. Similarly, any coverage relating to or referred to in any certificates or other evidences of insurance or any **claim** or **potential claim** that would be in violation of U.S. economic or trade sanctions as described above shall also be null and voidable.

The Fraudulent Claims Exclusion in the Exclusions section of the Common Policy Provisions and Conditions is deleted and replaced with the following:

FRAUDULENT CLAIMS

Any **claim** or **potential claim** made by an **insured** who knows that the **claim** or **potential claim** is false or fraudulent, as regards to amount or otherwise; additionally, this policy shall become voidable and all **claims** and **potential claims** hereunder shall be forfeited.

The Cancellation, Nonrenewal and/or Termination of Coverage condition in the Conditions section of the Common Policy Provisions and Conditions is deleted and replaced with the following:

CANCELLATION, NONRENEWAL AND/OR TERMINATION OF COVERAGE

1. This policy may be canceled by the **first named insured**. The **first named insured** shall provide written notice to the **company** requesting cancellation. The cancellation shall be effective on the date requested by the **first named insured** or the date the notice is received by the **company**, whichever is later.
2. Any coverage contained within this policy may be terminated by the **first named insured**. The **first named insured** shall provide written notice to the **company** requesting the coverage termination. The termination shall be effective on the date requested by the **first named insured** or the date the notice is received by the **company**, whichever is later.
3. If the **first named insured** cancels this policy, or terminates any coverage contained therein, earned premium shall be computed in accordance with the standard short rate tables and procedure. If the **company** cancels this policy, or terminates any coverage contained therein, earned premium shall be computed pro rata. Premium

adjustments shall be made within a reasonable period of time after cancellation. However, payment or tender of unearned premium shall not be a condition of cancellation.

4. This policy, or any coverage contained therein, may also be canceled or terminated by the **company**. The **company** will provide written notice to the **first named insured** at the last address on record with the **company** not less than 10 days prior to the effective date of such cancellation if the reason for cancellation is nonpayment of premium. If the cancellation is for any reason other than nonpayment of premium, the **company** will provide written notice to the **first named insured** at the last address on record with the **company** not less than 45 days prior to the effective date of such cancellation.
5. If the policy is in place for less than 45 business days and is not a renewal policy, the **company** may cancel the policy for any reason. If the policy is in place for 45 business days or longer, or is a renewal policy, the **company** may only cancel the policy for one or more of the following reasons:
 - a. nonpayment of premium;
 - b. discovery of fraud or material misrepresentation in the procurement of the insurance or with respect to any **claims** or **potential claims** submitted thereunder;
 - c. discovery of willful or reckless acts or omissions by an **insured** which increases any hazard insured against;
 - d. the occurrence of a change in the risk which substantially increases any hazard insured against after the coverage has been issued or renewed;
 - e. a violation of any federal, state or local fire, health, safety, building or construction regulation or ordinance with respect to any insured property or the occupancy thereof which substantially increases any hazard insured against;
 - f. a determination by the Oklahoma Commissioner of Insurance that the continuation of the policy would place the **company** in violation of the state's insurance laws;
 - g. an **insured's** conviction of a crime having as one of its necessary elements an act increasing any hazard insured against; or
 - h. **loss** or substantial changes in the **company's** reinsurance.
6. This policy may be nonrenewed by the **company** by providing written notice of the nonrenewal to the **first named insured** at the last known address not less than 45 days prior to the expiration date provided in the policy. If the notice is provided less than 45 days before the end of the **policy period**, the **policy period** shall be extended until 45 days after the notice was provided. Earned premium for such an extension of coverage shall be calculated pro rata based upon the rate applicable at the beginning of the **policy period**. However, no notice is required if:
 - a. the **company** has offered to renew the policy;
 - b. the **insured** obtained replacement coverage;
 - c. the **insured** has agreed in writing to obtain replacement coverage; or
 - d. the **insured** has agreed in writing to obtain replacement coverage.
7. The **company** will provide notice to the **first named insured** at least 45 days prior to the end of the **policy period** if the **company** intends to condition renewal upon:
 - a. an increase in premium;
 - b. a change in the deductible;
 - c. a reduction in the limits of insurance; or
 - d. a reduction in the coverage offered.

If the notice required under this subparagraph is provided less than 45 days prior to the end of the **policy period**, the policy shall remain in effect without change until 45 days after the notice is given, or the effective date of any replacement coverage obtained by the **insured**, whichever occurs first. If the **insured** elects not to renew, earned premium for any extension of the **policy period** shall be calculated pro rata based upon the rate applicable at the beginning of the **policy period**. If the **insured** accepts the change(s), the change(s) shall become effective at the beginning of the new **policy period**. However, no advance notice shall be required for changes:

- a. in a rate or plan filed with or approved by the Insurance Commissioner, or filed pursuant to the Property and Casualty Competitive Loss Cost Rating Act and applicable to an entire class of business;
 - b. based upon the altered nature of the extent of the risk insured; or
 - c. in policy forms filed with or approved by the Oklahoma Insurance Commissioner and applicable to an entire class of business.
8. If the **company** cancels or nonrenews an **insured's** policy, the **insured's** coverage under that policy shall terminate on the earlier of:
- a. the date stated on the cancellation or nonrenewal notice; or
 - b. the date the **insured** procures replacement coverage.

The Fraud Warning condition in the Conditions section of the Common Policy Provisions and Conditions is deleted and replaced with the following:

OKLAHOMA FRAUD WARNING

WARNING: Any person who knowingly, and with an intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

The Representations condition in the Conditions section of the Common Policy Provisions and Conditions is deleted and replaced with the following:

REPRESENTATIONS

1. By acceptance of this policy, each **insured** agrees and represents that the statements and particulars made in all **applications** are true and correct. It is further understood and agreed that all **applications** are incorporated into, and shall form a part of, this policy. Therefore, this policy and any endorsements hereto, and all **applications** embody all agreements between the **company** and any of its authorized representatives, and all **insureds** relating to this insurance.
2. In the event any **application** was executed or endorsed by an **insured's** insurance producer, the **insured** acknowledges that the insurance producer has acted under the **insured's** express authority and that the **insured** has thoroughly reviewed the information contained on any **application**.
3. The representations made by an **insured** in the **applications** are the basis for the coverage provided, as well as the **company's** calculation of the applicable premium. Therefore, it is understood and agreed that, to the extent permitted by law, the **company** reserves all rights, including the right to rescind this policy, or deny any coverage provided for a **claim** or **potential claim**, based upon any material misrepresentation made by any **insured**. As used in this condition, "material misrepresentation" means concealment, misrepresentation, omission or fraud which, if known by the **company**, would have led to refusal by the **company** to make this contract or provide coverage, or to make this contract or provide coverage on different terms or conditions.
4. No knowledge or information possessed by any **insured** shall be imputed to any other **insured**, except for material facts or information known to the person or persons who signed or submitted an **application** to the **company**. In the event of any material misrepresentation in connection with any of the particulars or statements in the **application**, this policy shall be voidable with respect to any **insured** who knew of such material misrepresentation or to whom such knowledge is imputed.

The following condition is added to the Conditions section of the Common Policy Provisions and Conditions:

ADDRESS OF COMPANY

The **company** is located at 5814 Reed Road, Fort Wayne, Indiana, 46835.

The following provision is added to the Optional Extended Reporting Period provision of the Extended Reporting Period condition of the Conditions section of the Common Policy Provisions and Conditions:

The **company** has no duty to make an offer for an **extended reporting period** if the policy is cancelled for material misrepresentation, fraud or nonpayment of premium.

All other terms and conditions of the policy remain unchanged.

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