

An Insurance Proposal

Prepared For:

*Mangum City Hospital Authority
1 Wickersham Street
Mangum, OK 73554-9117*

OHA Insurance Agency, Inc.
4000 Lincoln Blvd.
Oklahoma City, Oklahoma 73105

Executive Summary

OHA Insurance Agency is pleased to offer the following insurance renewal proposals to Mangum City Hospital Authority effective 4/21/2021:

**MedPro Group
Medical Protective Company
Healthcare Liability Coverage**

The Medical Protective Company is a member of Berkshire Hathaway's MedPro Group and is rated A++ (Superior) by A.M. Best.

The Healthcare Liability Coverage(Professional/General Liability) proposed by Medical Protective Company is for the Policy Period April 21, 2021 -2022 and offers the same coverage as the Policy Period April 21, 2020 -2021. The premium increased from \$60,592 to \$69,078 due to an increase in patient exposures, a small rate adjustment and the step factor increase for the mid-term physician that was added during this past policy year.

MedPro has provided Professional/General Liability coverage to Mangum City Hospital Authority since 2015. Prior to 2015 the coverage was provided by PLICO which was purchased by MedPro in 2015. MedPro/PLICO is known for their superior customer service, and pride themselves in providing personalized attention to every customer. More so, because they have a local office, they are intimately familiar with the Oklahoma medical community, giving you accurate and beneficial guidance on a wide range of issues. They take a customer-focused, compassionate approach as advocates for our healthcare professionals.

**Philadelphia Insurance Company
Property Coverage**

Philadelphia Insurance Company has provided industry leading expertise and unsurpassed customer service for more than 55 years and Rated **A++** (Superior) by AM Best. They currently insure the hospital building that is owned the City of Mangum. The proposed property premium is \$18,545 which is less than last years' premium of \$26,954.

**Zurich
Property Coverage**

Zurich is a leading multi-line insurer that serves its customers in global and local markets. With about 55,000 employees, it provides a wide range of property and casualty, life insurance products and services in more than 215 countries and territories. Zurich's customers include individuals, small businesses, and mid-sized and large companies, as well as multinational corporations. Zurich has provided the property coverage for the past 3 years to Mangum City Hospital Authority. Zurich is rated **A+** by AM Best.

Zurich's proposed property premium for Mangum City Hospital Authority is \$40,150.

**Allied World Specialty Insurance Company
Directors and Officers/Employment Practices Liability**

Allied World Assurance Company Holdings, Ltd, through its subsidiaries, is a global provider of insurance and reinsurance solutions. They operate under the brand Allied World and have supported clients, cedents and trading partners with thoughtful service and meaningful coverages since 2001. Allied World is rated A by AM Best.

Allied World Insurance Company has provided the Directors and Officers/Employment Practice Liability coverage for Mangum City Hospital Authority for the past 4 years. The proposed premium for the Policy Period April 21, 2021 – 2022 is \$22,156 compared to last years' premium of \$16,611. The D&O/EPL market has changed tremendously due to COVID-19 which has resulted in higher premiums.

OHA Insurance Agency

Mangum City Hospital Authority

Healthcare Liability Coverage

MedPro	Policy Period 4/21/2021-2022	Policy Period 4/21/2020-2021
Professional Liability		
Per Event	\$1,000,000	\$1,000,000
Aggregate Limit	\$3,000,000	\$3,000,000
Claims Expenses	Defense Outside the Limits	Defense Outside the Limits
General Liability		
Per Event	\$1,000,000	\$1,000,000
Aggregate Limit	\$3,000,000	\$3,000,000
Medical Expense	\$5,000 each person	\$5,000 each person
Claims Expenses	Defense Outside the Limits	Defense Outside the Limits
Employee Benefits Liability		
Per event limit	\$1,000,000	\$1,000,000
Aggregate Limit	\$3,000,000	\$3,000,000
Claims Expenses	Defense Outside the Limits	Defense Outside the Limits
Cyber Liability		
Coverage	\$100,000	\$100,000
Aggregate Limit	\$100,000	\$100,000
Claims Expenses	Defense Within Limits	Defense Within Limits
Retention		
Professional Liability	\$Nil Per Event/ \$Nil Aggregate	\$Nil Per Event/ \$Nil Aggregate
General Liability	\$Nil Per Event/ \$Nil Aggregate	\$Nil Per Event/ \$Nil Aggregate
Employee Benefits Liability	\$1,000 Per Event/ \$Nil Aggregate	\$1,000 Per Event/ \$Nil Aggregate
Cyber Liability	\$Nil each Claim Self - Insured Retention	\$Nil each Claim Self - Insured Retention
	8 hours' Time Retention (Coverage E.2. and G)	8 hours' Time Retention (Coverage E.2. and G)
	180 consecutive days Period of Indemnity(Coverage M)	180 consecutive days Period of Indemnity(Coverage M)
Premium	\$69,078	\$60,592

An Insurance Proposal

Medical Protective Company

OHA Insurance Agency, Inc.
4000 Lincoln Blvd.
Oklahoma City, Oklahoma 73105



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: Lyla Ruesewald
Phone: (405) 446-8682
Email: Lyla.Ruesewald@medpro.com

Quotation Date: March 24, 2021

Issued To: Producer: OHA Insurance Agency Inc
Address: 4000 N Lincoln Blvd
Oklahoma City, OK 73105-5207

PREMIUM SUMMARY

Total Premium:	Primary Total Policy Premium	\$ 69,078
	Total Premium	\$ 69,078
Commission:	Primary Policy:	
Payment Terms:	Payment must be received by Medical Protective within 28 days from date of billing invoice or the offer of coverage is subject to withdrawal.	
	Payment Schedule – Primary Policy: Full Pay	
	If a patient compensation fund surcharge is included in the amount quoted, payment for such surcharge will be due in full with the initial premium payment.	

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 04/21/2021 to 04/21/2022 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
Cyber Liability and Breach Response:	Claims-Made and Reported
RETROACTIVE DATE:	
Professional Liability:	10/01/2004
General Liability:	n/a
Employee Benefits Liability:	10/01/2004
Cyber Liability and Breach Response:	04/21/2018
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
Cyber Liability and Breach Response:	
Coverage A - Multimedia Liability	\$ 100,000 each claim/aggregate

Coverage B - Security and Privacy Liability	\$ 100,000 each claim/aggregate
Coverage C - Privacy Regulatory Defense and Penalties	\$ 100,000 each claim/aggregate
Coverage D - Privacy Breach Response Costs, Customer Notification Expenses, and Customer Support and Credit Monitoring Expenses	\$ 100,000 each claim/aggregate
Coverage E - Network Asset Protection	\$ 100,000 each claim/aggregate
Coverage F - Cyber Extortion	\$ 100,000 each claim/aggregate
Coverage G - Cyber Terrorism	\$ 100,000 each claim/aggregate
Coverage H - Regulatory Proceeding	\$ 100,000 each claim/aggregate
Coverage I - Evacuation Expense Reimbursement	\$ 100,000 each claim/aggregate
Coverage J - Disinfection Expense Reimbursement	\$ 100,000 each claim/aggregate
Coverage K - Public Relations Expense Reimbursement	\$ 100,000 each claim/aggregate
Coverage L - E-Discovery Claim Expenses and E-Discovery Regulatory Investigation Expenses	\$ 100,000 each claim/aggregate
Coverage M - Data Protection Reputational Harm	\$ 100,000 each claim/aggregate
Aggregate Limit	\$ 100,000
Claims Expenses	Defense Within Limits
RETENTION:	
Professional Liability:	\$Nil Per Event / \$Nil Aggregate
General Liability:	\$Nil Per Event / \$Nil Aggregate
Employee Benefits Liability:	\$1,000 Per Event / \$Nil Aggregate Deductible - Loss Only
Cyber Liability and Breach Response:	\$Nil Each Claim Self-Insured Retention 8 hours' Time Retention (Coverages E.2. and G) 180 consecutive days Period of Indemnity (Coverage M)
PREMIUM:	
Policy Premium	\$68,878
Terrorism Premium (TRIA)	\$ 200
Total Premium	\$69,078
FORMS & ENDORSEMENTS: Refer to attached Schedule of Forms and Endorsements	

ADDITIONAL TERMS AND CONDITIONS

Expiration Date of Quotation:	This quote is valid until the requested Policy Effective Date.
Subjectivities:	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
Significant Coverage Provisions:	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 physicians, surgeons, podiatrists, chiropractors, dentists, certified registered nurse anesthetists, midwives, residents or interns unless listed on the Schedule of Named Insureds attached.
Additional Notes:	<ul style="list-style-type: none">• N/A



Issuing Company:
The Medical Protective Company
Fort Wayne, Indiana

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 04/21/2021 to 04/21/2022 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

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.

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 04/21/2021 to 04/21/2022 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
Disclosure Pursuant to Terrorism Risk Insurance Act	0015-XGX-00-0520	
Healthcare Liability Policy Declarations	0001-PXX-OK-0618	
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 Named Insureds - Cyber Liability and Breach Response	0008-PCX-00-1215	
Schedule of Trade, Fictitious and/or Business Names	0009-PXX-00-1215	
Healthcare Liability Policy Common Policy Provisions and Conditions	0010-PXX-00-1215	
Healthcare Liability Policy - Professional Liability Coverage Part	0011-PPH-00-1215	
Healthcare Liability Policy - General Liability Coverage Part	0012-PGH-00-1215	
Healthcare Liability Policy - Cyber Liability and Breach Response Coverage Part	0013-PCX-00-1215	
Schedule of Additional Insureds - Management Company Endorsement	1124-PXX-00-1215	
Disciplinary, Licensing and Credentialing Actions Endorsement (Professional Liability)	1303-PPX-00-1215	
Employee Benefits Liability Endorsement (General Liability) (Claims-Made and Reported Coverage)	1504-PGX-00-1215	
Blanket Waiver of Subrogation Endorsement (General Liability)	1512-PGX-00-1215	
Blanket Additional Insured - Premises and Equipment Lessors Endorsement (General Liability)	1514-PGX-00-1215	
Blanket Hired and Non-Owned Auto Liability Limited Coverage Endorsement (General Liability)	1517-PGX-00-1215	
Schedule of Additional Insureds - Mortgagees, Premises Lessors and Equipment Lessors - Notice of Cancellation Endorsement (General Liability)	1530-PGX-00-1215	
Cap on Losses from Certified Acts of Terrorism Endorsement (General Liability)	1536-PGX-00-0520	
Healthcare Liability Policy Oklahoma Amendatory Endorsement	1802-PXX-OK-1215	

Forming Part of Policy No.: H003788

Issued to: Mangum City Hospital Authority

Policy Period: From 04/21/2021 to 04/21/2022 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	\$Nil / \$Nil	\$48,649
<u>Physicians :</u>						
Byron Carpenter MD	1361770	05/01/2020	11/01/2020	FNI	\$Nil / \$Nil	Included
<u>Physician FTEs :</u>						
Physician FTE 1		02/01/2005		\$1,000,000 / \$3,000,000	\$Nil / \$Nil	\$9,196
All Emergency Physicians and Residents Employed and Contracted by Mangum City Hospital Authority	1463533			Physician FTE 1	\$Nil / \$Nil	Included
Physician FTE 2		04/21/2020		FNI	\$Nil / \$Nil	\$483
All Clinic Physicians Employed and Contracted by Mangum City Hospital Authority	1653669			Physician FTE 2	\$Nil / \$Nil	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 04/21/2021 to 04/21/2022 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:

\$ NIL Per Event / \$ NIL Aggregate

SCHEDULE OF NAMED INSUREDS				
NAMED INSURED	ID NUMBER	RETRO-ACTIVE DATE	TERMIN-ATION DATE	PREMIUM
Mangum City Hospital Authority	221619	n/a		\$10,550

* 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 04/21/2021 to 04/21/2022 at 12:01 a.m. at the address of the First Named Insured stated herein.

SCHEDULE OF NAMED INSUREDS – CYBER LIABILITY AND BREACH RESPONSE

Only with respect to coverage provided under the Cyber Liability and Breach Response 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:

Coverage A - Multimedia Liability	\$100,000 each claim/aggregate
Coverage B - Security and Privacy Liability	\$100,000 each claim/aggregate
Coverage C - Privacy Regulatory Defense and Penalties	\$100,000 each claim/aggregate
Coverage D - Privacy Breach Response Costs, Customer Notification Expenses, and Customer Support and Credit Monitoring Expenses	\$100,000 each claim/aggregate
Coverage E - Network Asset Protection	\$100,000 each claim/aggregate
Coverage F - Cyber Extortion	\$100,000 each claim/aggregate
Coverage G - Cyber Terrorism	\$100,000 each claim/aggregate
Coverage H - Regulatory Proceeding	\$100,000 each claim/aggregate
Coverage I - Evacuation Expense Reimbursement	\$100,000 each claim/aggregate
Coverage J - Disinfection Expense Reimbursement	\$100,000 each claim/aggregate
Coverage K - Public Relations Expense Reimbursement	\$100,000 each claim/aggregate
Coverage L - E-Discovery Claim Expenses and E-Discovery Regulatory Investigation Expenses	\$100,000 each claim/aggregate
Coverage M - Data Protection Reputational Harm	\$100,000 each claim/aggregate
Annual Aggregate Limit	\$100,000
Claims Expenses	Defense Within Limits

RETENTION:

\$Nil Each Claim Self-Insured Retention
 8 hours Time Retention (Coverages E.2. and G)
 180 consecutive days Period of Indemnity (Coverage M)

SCHEDULE OF NAMED INSURED				
NAMED INSURED	ID NUMBER	RETRO- ACTIVE DATE	TERMIN- ATION DATE	PREMIUM
Mangum City Hospital Authority	221619	04/21/2018		Included

* Indicates any applicable surcharges, taxes or fees.

All other terms and conditions of the policy remain unchanged.

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Forming Part of Policy No.: H003788

Issued to: Mangum City Hospital Authority

Policy Period: From 04/21/2021 to 04/21/2022 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:** 04/21/2021 at 12:01 a.m. at the address of the First Named Insured stated herein.**HEALTHCARE LIABILITY POLICY
SCHEDULE OF ADDITIONAL INSUREDS – 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**, offense or accident 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**, offense or accident.

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**.

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 INSUREDS

With respect to any **claim** arising from the acts and omissions of a **management company**, 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 INSURED – 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.

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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: 04/21/2021 at 12:01 a.m. at the address of the First Named Insured stated herein.

HEALTHCARE LIABILITY POLICY
SCHEDULE OF ADDITIONAL INSURED – MORTGAGEES, PREMISES LESSORS AND EQUIPMENT
LESSORS – NOTICE OF CANCELLATION 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 **mortgagee, premises lessor or equipment lessor** named in a **claim** or **potential claim** that arises from an **event**, offense or accident that results from the acts or omissions of an **insured** with respect to the ownership, maintenance, operation or use of premises or equipment mortgaged or leased to a **named insured** that took place during the term of the mortgage or lease for those premises or equipment. However, such **mortgagee, premises lessor or equipment lessor** is not an **additional insured** with respect to **losses** arising from, or in connection with, any acts or omissions alleged to have been committed by that **mortgagee, premises lessor or equipment lessor**.

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

Mortgagee, premises lessor or equipment lessor means any person or organization listed in a Schedule of Additional Insureds – Mortgagee, Premises Lessor or Equipment Lessor who provides premises and/or equipment to an organization that is a **named insured** pursuant to a written mortgage or lease agreement during the **policy period**.

The following subparagraph is added to the Cancellation, Nonrenewal and/or Termination of Coverage condition of the Conditions section of the Common Policy Provisions and Conditions:

It is further agreed that in the event that the **company** cancels this policy for any reason other than either non-payment of premium before the expiration date of the **policy period** or at the request of the **first named insured**, the **company** shall provide prior notice of such cancellation to the **additional insured** listed in a Schedule of Additional Insureds at the same time notice is provided to the **first named insured**.

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**. 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

All **additional insureds** share the Limits of Liability applicable to any **claim** with any **insured** for which the **additional insured** is alleged to be vicariously liable with respect to that same **claim**.

SCHEDULE OF ADDITIONAL INSUREDS – MORTGAGEE, PREMISES LESSOR OR EQUIPMENT LESSOR	
MORTGAGEE, PREMISES AND/OR EQUIPMENT LESSOR	LOCATION OF PREMISES / DESCRIPTION OF EQUIPMENT
Carnegie Tri-County Municipal Hospital Management, Inc	Leased Van

All other terms and conditions of the policy remain unchanged.

Draft

OHA Insurance Agency

Mangum City Hospital Authority

Property Proposal

Property Policy	Policy Period 4/21/2021-2022 Philadelphia	Policy Period 4/21/2021-2022 Zurich
Policy Limits		
Blanket Real Property	\$64,400	\$64,600
Blanket Personal Property	\$5,560,000	\$5,560,000
Business Income	\$6,399,000	\$6,399,000
Earth Movement	\$2,000,000	\$2,000,000
Flood	\$1,000,000	\$1,000,000
Deductibles		
Property	\$10,000	\$10,000
Wind and Hail	2%	\$250,000
Earth Movement	\$50,000	\$50,000
Flood	\$50,000	\$50,000
Hospital Bldg - 1 Wickersham St		
Business Personal Property Limit	\$5,000,000	\$5,000,000
Business Income Limit	\$5,454,685	\$5,454,685
Lab Building 2 – 1 Wickersham St		
Building Limit	\$64,400	\$64,400
Business Personal Property Limit	\$500,000	\$500,000
Business Income Limit	\$281,025	\$281,025
Clinic Building – 118 S Louis Tittle Ave		
Business Personal Property Limit	\$60,000	\$60,000
Business Income Limit	\$663,290	\$663,290
Premium	\$18,977	\$40,150

An Insurance Proposal

Philadelphia Insurance Company

OHA Insurance Agency, Inc.
4000 Lincoln Blvd.
Oklahoma City, Oklahoma 73105



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One Bala Plaza, Suite 100
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610.617.7900 Fax 610.617.7940
PHLY.com

PROPOSAL FOR INSURANCE

Quotation Number: 14456653

Proposal Date: 03/17/2021

Named Insured and Mailing Address:

Mangum City Hospital Authority
dba Magum Regional Medical Center
PO Box 280
Mangum, OK 73554-0280

Producer: 18820

Acrisure, LLC dba Frates Insurance & Ris
103 Dean A McGee Ave Ste 700
Oklahoma City, OK 73102

Contact: Phillip Williams

Phone: (405)290-5600

Fax: (405)290-5701

Insurer: Philadelphia Indemnity Insurance Company

Policy Period From: 04/21/2021

To: 04/21/2022

Proposal Valid Until: 04/21/2021

at 12:01 A.M. Standard Time at your mailing address shown above.

Product: Medical Facilities/Hospitals

Submission Type: New Business

PHLY Representative: Boyack, Brandon R. LUTCF

PHLY Representative Phone: (913) 333-4996

Email: brandon.boyack@phly.com

Underwriter: Hutman, Sherry I.

Underwriter Phone: (913) 333-5041

Email: Sherry.Hutman@phly.com

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO EXTEND INSURANCE AS STATED IN THIS PROPOSAL.

THIS PROPOSAL CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

	PREMIUM
UltimateCover Coverage Part	\$ 18,545.00

The Total Premium includes Federal Terrorism Risk Insurance Act Premium
in the amount of:

TOTAL	\$ 18,545.00
	\$ 432.00

Bill Plan Options:*

- 25% Down and 11 Consecutive Monthly Installments - Combined minimum premium must be \$7,350
- 25% Down and 9 Consecutive Monthly Installments - Combined minimum premium must be \$6,000
- 25% Down and 5 Consecutive Monthly Installments - Combined minimum premium must be \$3,333
- 25% Down and 3 Consecutive Monthly Installments - Combined minimum premium must be \$2,000
- 50% Down and 2 Consecutive Monthly Installments - Combined minimum premium must be \$2,000
- 30% Down and 3 Quarterly Installments - Combined minimum premium must be \$2,150
- Premiums under \$2,000 are Fixed Annual billing

*Bill plan options are only available for Direct Bill customers. All others require Fixed Annual billing

The premium shown is subject to the following terms and conditions:

A signed UM/UIM Selection/Rejection form is required upon binding. (If applicable.)

Any taxes, fees or surcharges included in the total premium shown on the proposal are not subject to installment billing.



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Proposal Date: 03/17/2021
Quotation Number: 14456653

Named Insured: Mangum City Hospital Authority

The premium shown is subject to the following terms and conditions:

A maximum per installment fee of \$5.00 may be included (some states may vary).

-
-
-

***The following is required PRIOR TO BINDING:

- PHLY Diagnostic Equipment Questionnaire
- Schedule of any equipment valued at \$250,000 or more. The schedule should include a description of the equipment, explanation of its use, and value. Any piece of equipment valued at \$2,500,000 is subject to review prior to binding
- Property is quoted at \$10,000 AOP deductible with SEPARATE 2% Wind/hail deductible
- As respects Boiler coverage, the deductible for Diagnostic Equipment is equal to 2 X the PD deductible



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Quotation Number: 14456653

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The producer placing this policy may receive commission and additional underwriting profit share incentives. These incentives are based on the underwriting performance of this producer's book of business. Any questions about the nature of this compensation should be directed to the producer.

In order to complete the underwriting process, we require that you send us the additional information requested in the "conditions" section of this proposal. We are not required to bind coverage prior to our receipt, review and underwriting approval, of said additional information. However, if we do bind coverage, it shall be for a temporary period of not more than 30 days. Such temporary binding of coverage shall be void ab initio ("from the beginning") if we have not received, reviewed and approved in writing such materials within 15 days from the effective date of the temporary binder. This 30 day temporary conditional binder may be extended only in writing signed by the Insurer. Payment of premium shall not operate to extend the binding period or nullify the automatic voiding as described above.

This quotation is strictly conditioned upon no material change in the risk occurring between the date of this proposal and the inception date of the proposed policy (including any claim or notice of circumstances that which may reasonably expected to give rise to a claim under any policy of which the policy being proposed by this letter is a renewal or replacement). In the event of such change in risk, the Insurer may in its sole discretion, whether or not this quotation has been already accepted by the Insured, modify and/or withdraw this quotation.

Subject to the terms and conditions outlined above and prior to the quote expiration date, this quote may be bound by signing and dating below and by initialing, on the previous page, the option to be bound. This form will then act as the binder of coverage for 30 days from the date signed and may be distinguished by the Quotation number on page 1. This binder is only valid for 30 days.

No coverage is afforded or implied unless shown in this proposal.

This proposal does not constitute a binder of insurance.

This proposal is strictly limited to the terms and conditions herein. Any other coverage extensions, deletions or changes requested in the submission are hereby rejected.

Signature of Authorized Insurance Representative

Date

Policy Number: 14456653Named Insured: Mangum City Hospital Authority
PHILADELPHIA
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 Terrorism Premium (Certified Acts) \$ 432.00

PHILADELPHIA INSURANCE COMPANIES DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE REJECTION OPTION

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, 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 85% THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017; 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019 and 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 PROVIDED 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.

Your attached proposal (or policy) includes a charge for terrorism. We will issue (or have issued) your policy with terrorism coverage unless you decline by placing an "X" in the box below.

NOTE 1: If -included is shown on your proposal (or policy) for terrorism you WILL NOT have the option to reject the coverage.

NOTE 2: You will want to check with entities that have an interest in your organization as they may require that you maintain terrorism coverage (e.g. mortgagees).

EXCEPTION: If you have property coverage on your policy, the following Standard Fire Policy states do not permit an Insured to reject fire ensuing from terrorism: CA, CT, GA, HI, IA, IL, ME, MA, MO, NJ, NY, NC, OR, RI, VA, WA, WV, WI. Therefore, if you are domiciled in the above states and reject terrorism coverage, you will still be charged for fire ensuing from terrorism as separately designated on your proposal.

	I decline to purchase terrorism coverage. I understand that I will have no coverage for losses arising from "certified" acts of terrorism, EXCEPT as noted above.
--	---

You, as the Insured, have 30 days after receipt of this notice to consider the selection/rejection of "terrorism" coverage. After this 30 day period, any request for selection or rejection of terrorism coverage WILL NOT be honored.

REQUIRED IN GA – LIMITATION ON PAYMENT OF TERRORISM LOSSES (applies to policies which cover terrorism losses insured under the federal program, including those which only cover fire losses)

The provisions of the Terrorism Risk Insurance Act, as amended, can limit our maximum liability for payment of losses from certified acts of terrorism. That determination will be based on a formula set forth in the law involving the national total of federally insured terrorism losses in an annual period and individual insurer participation in payment of such losses. If one or more certified acts of terrorism in an annual period causes the maximum liability for payment of losses from certified acts of terrorism to be reached, and we have satisfied our required level of payments under the law, then we will not pay for the portion of such losses above that maximum. However, that is subject to possible change at that time, as Congress may, under the Act, determine that payments above the cap will be made.

INSURED'S SIGNATURE _____
DATE _____



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Proposal Date: 03/17/2021
Quotation Number: 14456653

Named Insured: Mangum City Hospital Authority

LOCATION SCHEDULE

Loc	Bldg					
#	#	Address #1	Address #2	City	St	Zip
0001	0001	1 Wickersham St		Mangum	OK	73554-9117
0001	0002	1 Wickersham St		Mangum	OK	73554-9117
0002	0001	118 S Louis Tittle Ave		Mangum	OK	73554-4441



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Named Insured: Mangum City Hospital Authority

FORM SCHEDULE

Form	Edition	Description
WHY MyPHLY	0000	WHY MyPHLY?
CSNotice-1	0120	Making Things Easier
BJP-190-1	1298	Commercial Lines Policy Jacket
OK Fracking Notice	1215	OK Notice: Earthquakes From Oil And Gas Activities
PI-FEES-NOTICE 1	1119	Notice Late/Non-Sufficient Funds/Reinstatement Fee
PP2020	0220	Privacy Notice For Commercial Lines
CPD-PIIC	0614	Common Policy Declarations
Location Schedule	0100	Location Schedule
Named Insured Sched	0100	Named Insured Schedule
PI-BELL-1	1109	Bell Endorsement
PI-CME-1	1009	Crisis Management Enhancement Endorsement
IL0017	1198	Common Policy Conditions
IL0174	0702	Oklahoma Changes - Appraisal
IL0179	1002	Oklahoma Notice
IL0236	0907	Oklahoma Changes - Cancellation and Nonrenewal
PI-ACL-001 OK	1218	Absolute Cyber Liability And Electronic Exclusion
PI-TER-DN1	0115	Disclosure Notice Of Terrorism Ins Coverage Rejection
CP P 003	0706	Excl of Loss Due to Virus or Bacteria Advisory Notice
PI-ULTD-002	1198	Property Coverage Part Declarations
PI-ULTD-005	0513	Additional Coverage Summary Declarations
PI-ULTD-006	1198	UltimateCover Program Blanket Limits
CP0090	0788	Commercial Property Conditions
CP0140	0706	Exclusion of Loss Due to Virus or Bacteria
PI-SP-M-B	1005	Exclusion of Certain Earthquake Coverage
PI-SP-M-C	1005	Exclusion of Certain Flood Coverage
PI-ULT-007	1198	Property Coverage Form
PI-ULT-008	1198	Causes of Loss Form
PI-ULT-009	1198	Crime Coverage Form
PI-ULT-010	1198	Business Income with Extra Expense Coverage Form
ULT10COV	1198	Business Income with Extra Expense Coinsurance Sched
ULT10OPT	1198	Business Income with Extra Expense Optional Cov Sched
PI-ULT-018	0216	Windstorm Or Hall Percentage Deductible
PI-ULT-019	0906	Earthquake Endorsement
PI-ULT-021	1198	Flood Endorsement
PI-ULT-021A	0110	Flood Endorsement Location Schedule
PI-ULT-023	0701	Boiler and Machinery Endorsement
PI-ULT-056	0599	Oklahoma Changes - Replacement Cost Endorsement
PI-ULT-072	1010	Limitations On Fungus,Wet Rot, Dry Rot And Bacteria
PI-ULT-83	0401	Loss of Income due to Workplace Violence



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FORM SCHEDULE

Form	Edition	Description
PI-ULT-085	0516	Cap On Losses From Certified Acts Of Terrorism
PI-ULT-088	0419	Changes - Electronic Data
PI-ULT-089	0605	Multiple Deductible Form
PI-ULT-104	0908	Elite Property Enhancement: Nursing Homes/Medical Fac
PI-ULT-142	0814	Collapse - Exclusion And Additional Coverage Re-Stated
PI-ULT-148	1016	Boiler And Machinery - Separate Deductible Endorsement
PI-ULT-238	0119	Continuous Or Repeated Water Damage Exclusion



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Quotation Number: 14456653

Named Insured: Mangum City Hospital Authority

ULTIMATECOVER

Total: \$ 18,545.00

BLANKET LIMITS

Blanket No	Limit
1	\$ 64,400
2	\$ 5,560,000
3	\$ 6,399,000

LOCATION COVERAGES

Loc/Bldg	Coverage	Blanket #	Limit	Premium
1-1	BUSINESS PERSONAL PROPERTY Deductible: 10000, Coinsurance: 90%, Wind/Hail Ded: 2% W/H, Agreed Value: NO	2	\$ 5,000,000	\$ 7,050.00
1-1	BUS INCOME Deductible (hours): 72, Coinsurance: 90%, Agreed Value: , Agreed Value Limit: NONE, Extra Expense: YES, Extended Period: NONE, Monthly Limitation: NONE, Ordinary Payroll: FULL	3	\$ 5,454,685	\$ 5,509.00
1-1	TERRORISM			\$ 377.00
1-2	BUILDING Deductible: 10000, Coinsurance: 90%, Wind/Hail Ded: 2% W/H, Agreed Value: NO	1	\$ 64,400	\$ 91.00
1-2	BUSINESS PERSONAL PROPERTY Deductible: 10000, Coinsurance: 90%, Wind/Hail Ded: 2% W/H, Agreed Value: NO	2	\$ 500,000	\$ 705.00
1-2	BUS INCOME Deductible (hours): 72, Coinsurance: 90%, Agreed Value: , Agreed Value Limit: NONE, Extra Expense: YES, Extended Period: NONE, Monthly Limitation: NONE, Ordinary Payroll: FULL	3	\$ 281,025	\$ 284.00
1-2	TERRORISM			\$ 32.00
2-1	BUSINESS PERSONAL PROPERTY Deductible: 10000, Coinsurance: 90%, Wind/Hail Ded: 2% W/H, Agreed Value: NO	2	\$ 60,000	\$ 85.00
2-1	BUS INCOME Deductible (hours): 72, Coinsurance: 90%, Agreed Value: , Agreed Value Limit: NONE, Extra Expense: YES, Extended Period: NONE, Monthly Limitation: NONE, Ordinary Payroll: FULL	3	\$ 663,290	\$ 670.00
2-1	TERRORISM			\$ 23.00

PROP ELITE - NURSE HOMES/MED FAC/HOSP



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ULTIMATECOVER

Coverage	Limit/Ded	Premium
FLOOD		\$ 1,683.00
ANY ONE PREMISES LIMIT	1,000,000	
ALL PREMISES IN ANY SINGLE POLICY YEAR LIMIT	1,000,000	
DEDUCTIBLE	50,000	
Coverage Applies at Locations:1-1, 1-2, 2-1		
EARTHQUAKE		\$ 721.00
ANY ONE COVERED PREMISES LIMIT	2,000,000	
ALL COVERED PREMISES IN ANY SINGLE POLICY YEAR LIMIT	2,000,000	
DOLLAR DEDUCTIBLE	50,000	
(See Deductible Exceptions Schedule, If applicable)		
Coverage Applies at Locations:1-1, 1-2, 2-1		
BOILER MACHINERY/EQUIPMENT BREAKDOWN (SEE FORM)		\$ 1,315.00



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Proposal Date: 03/17/2021
Quotation Number: 14456653

Named Insured: Mangum City Hospital Authority

ULTIMATECOVER

CRIME

For the Additional Coverages and Coverage Extensions shown below, if a Superceding Limit of Insurance is shown, that Superceding Limit is the applicable Limit of Insurance

Coverage	Limit of Ins	Deductible	Superceding Limit	Superceding Deductible	Premium
Money & Securities (inside)	\$ 5,000	\$ 500			
Money & Securities (outside)	\$ 5,000	\$ 500			
Money Order/Counterfeit Currency	\$ 5,000	\$ 500			
Kidnap, Ransom, Extortion	\$ 25,000	None			
Forgery or Alteration					
Computer Fraud					
Employee Dishonesty					

ADDITIONAL POLICY COVERAGES – subject to the Limit of Insurance shown below:

Coverage	Limit of Insurance
Brands and Labels	Included in Policy Limits
Claims Expense	\$ 10,000
Contract Penalty Clause	\$ 25,000
Computer Property	Included in Personal Property Limits
Excavation & Landscaping	\$ 25,000
Fine Arts	\$ 25,000
Fines for False Alarms	\$ 5,000
Fire Department Service Charge	\$ 50,000
Fire, Sprinkler or Burglar Alarm Upgrade	\$ 50,000
Fish in Aquariums	\$ 1,000
Glass	Included in Policy Limits
Guard Dogs	\$ 1,000
Lost Key Replacement	\$ 2,500
Newly Acquired Property	\$ 1,000,000 Blanket Limit Real & Personal
New Construction	\$ 500,000
Ordinance or Law – Undamaged Portion	Included in Building Limit
Ordinance or Law – Demolition	\$ 250,000
Ordinance or Law – Incr. Cost or Construction	\$ 250,000
Personal Effects – Portable Electronic Equip away from premises	\$ 1,000
Personal Effects – Premises	\$ 25,000
Personal Effects – Spouses	\$ 500
Personal Effects – Worldwide	\$ 1,000
Pollutant Cleanup & Removal	\$ 25,000
Precious Metals	\$ 2,500
Signs	Included in Personal Property Limits
Theft Damage to Building	Included in Personal Property Limits
Utility Service – Direct Damage	\$ 10,000
Voluntary Parting	\$ 10,000

For the Additional Coverages and Coverage Extensions shown below, if a Superceding Limit of Insurance is shown, that Superceding Limit is the applicable Limit of Insurance

Coverage	Limit of Insurance	Superceding Limit	Premium
Accounts Receivable	\$ 250,000		
Arson Reward	\$ 25,000		
Computer Virus	\$ 2,500		
Consequential Damage	\$ 25,000		
Debris Removal	\$ 250,000		
Pers Prop at Unspecified Premises	\$ 100,000		
Pers Prop in Transit	\$ 50,000		
Valuable Papers	\$ 250,000		

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**BOILER AND MACHINERY ENDORSEMENT**

This endorsement modifies insurance provided under the following:

Property Coverage Form
 Causes of Loss Form
 Business Income and Extra Expense Coverage Form
 Business Income Coverage Form
 Extra Expenses Coverage Form

SCHEDULE

Coverage Description	Limit of Insurance
Property Damage	\$ 5,624,400
Property Damage and Business Income/Extra Expense	\$
Business Income and Extra Expense	\$ 6,399,000
Business Income	\$
Extra Expense	\$

Sublimits of Insurance applicable to each covered location. These sublimits are part of and not in addition to the Limits of Insurance shown above.

Coverage	Sublimit of Insurance
Ammonia Contamination	\$ 100,000
Water Damage	\$ 100,000
Hazardous Substances	\$ 100,000
Spoilage	\$ 100,000
Expediting Expense	\$ 250,000
Newly Acquired Location Coverage	\$ 1,000,000
Off Premises Service Interruption	
Business Income	\$
Business Income and Extra Expense	\$ 6,399,000
Extra Expense	\$
Spoilage	\$ 25,000
Ordinance or Law	\$ 300,000

Deductibles

Coverage	Deductible
Property Damage	\$ 5,000
Business Income and Extra Expense	72 hours
Business Income	hours
Extra Expense	\$
Spoilage	COMBINED W/PD
Off Premises Service Interruption	72 hours
Ammonia Contamination	COMBINED W/PD
Other (DIAGNOSTIC EQUIP)	\$ 2XPD DED
Premium	\$ 1,315

A. Coverage

For the purposes of this endorsement, the following exclusions and limitations, or parts thereof, are deleted as respects to the Boilers, Pressure Vessels and Machinery and Equipment at the described premises:

- | | |
|---------------------|---|
| Exclusion B.2.a. | Artificially generated electric current, including electric arcing, that disturbs electrical devices, wiring or wires. |
| Exclusion B.2.d.(2) | The word latent is deleted. |
| Exclusion B.2.d.(6) | Mechanical breakdown, including rupture or bursting caused by centrifugal force. |
| Exclusion B.2.e. | Explosion of steam boilers, steam pipes, steam engines, steam turbines owned or leased by your, or operated under your control. |
| Limitation C.1.a. | Steam boilers, steam pipes, steam engines or steam turbines caused by or resulting from a condition or event inside such equipment. |
| Limitation C.1.b. | Hot water boilers or other water heating equipment caused by or resulting from any condition or event inside such boilers or equipment. |

B. Exclusions

As respects the Boiler and Machinery coverage provided by this endorsement, coverage shall not include "loss" caused by or resulting from:

1. Damage while any boiler, fired or unfired vessel or electrical steam generator is undergoing a hydrostatic or gas pressure test;
2. Damage while any type of electrical or electronic equipment is undergoing an insulation breakdown test;
3. Damage to or destruction of media, however caused, and regardless of the function of that media;
- 4/ Depletion, deterioration, corrosion, erosion or wear or tear, and other gradually developing conditions. But if "loss" or damage otherwise covered by this endorsement ensues, we will pay for such ensuing "loss";

C. Limits

The most we will pay under this endorsement for direct "loss" to Covered Property is the Property Damage Limit of Insurance shown in the schedule of this endorsement. If Business Income Coverage, Extra Expense Coverage, or Business Income and Extra Expense Coverage is included in the policy to which this endorsement is a part, the most we will pay for those extensions of coverage under this endorsement are the respective Limits of Insurance shown in the schedule of this endorsement.

All losses covered by this endorsement occurring at any one location which manifests themselves at the same time and are the result of the same cause will be considered a single loss. If an initial loss covered by this endorsement causes other losses covered by this endorsement, all will be considered a single loss.

D. Extra Expediting

This endorsement is extended to cover the reasonable extra cost of temporary repair and of expediting repair or replacement of Covered Property as a direct result of loss otherwise covered by this endorsement. The most we will pay under this extension is the amount shown as the Expediting Expense Sublimit in the schedule of this endorsement.

E. Ammonia Contamination

If Covered Property is contaminated by ammonia as a direct result of loss otherwise covered by this endorsement, the most we will pay for this kind of damage, including salvage expense, is the amount shown as the Ammonia Contamination Sublimit in the schedule of this endorsement.

F. Water Damage

If Covered Property is damaged by water as a direct result of loss otherwise covered by this endorsement, the most we will pay for this kind of damage, including salvage expense, is the amount shown as the Water Damage Sublimit in the schedule of this endorsement.

G. Hazardous Substances

If covered Property is contaminated by a hazardous substance as the direct result of loss otherwise covered by this endorsement, the most we will pay for expenses to clean up or dispose of such property is the amount shown as the Hazardous Substances Sublimit in the schedule of this endorsement.

H. Spoilage

If Covered Property spoils from lack of power, light, heat, steam, or refrigeration as a direct result of the Breakdown of the insured's Boilers, Pressure Vessels, Machinery or Equipment, the most we will pay for this kind of damage, including salvage expenses, is the amount shown as the Spoilage Sublimit in the schedule of this endorsement.

I. Newly Acquired Locations

The coverages of this endorsement are extended to the interest of the named insured in Boilers, Pressure Vessels, Machinery and Equipment, not otherwise insured, at newly constructed, acquired, or leased locations within the policy coverage territory and which have been previously undeclared. The most we will pay under this extension for loss or damage at any one location is the amount shown as the Newly Acquired Location Coverage Sublimit in the schedule of this endorsement.

J. Off Premises Service Interruption

If Off Premises Service Interruption Coverage is included in the policy of which this endorsement is a part, the coverage extensions of this endorsement for Business Income and/or Extra Expense and/or Spoilage are further extended to include loss caused by Boilers, Pressure Vessels, Machinery and Equipment, whether or not they are located on Insured's premises, owned by a public utility or other company and used to directly supply electrical power, communications services, heating, gas, water, steam or air conditions to the described premises.

K. Deductibles

There shall be liability under this endorsement only when the amount of loss exceeds the Boiler and Machinery Deductibles shown in the schedule of this endorsement. If no Boiler and Machinery Deductibles are shown, coverage under this endorsement is subject to the policy deductible.

If an hour deductible is shown in the schedule, we will only pay for loss or damage you sustain after the first specified number of hours immediately following the physical loss to the Covered Property.

If a multiplier is shown in the schedule of this endorsement, the deductible is determined by multiplying the One Hundred Percent Average Daily Value (100% ADV) times the multiplier. The 100% ADV will be obtained by dividing the total net profits, fixed charges and expenses for the entire location that would have been earned had no physical loss occurred during the period of interruption of business by the number of working days in that period. No reduction shall be made for net profits, fixed charges and expenses not being earned, or in the number of working days, because of the physical loss or damage or any other scheduled or unscheduled shutdowns during the period of interruptions.

If a percent of loss deductible is indicated in the schedule of this endorsement, we will not be liable for the indicated percentage of loss or damage insured under this endorsement. If the dollar amount of such percentage is less than the indicated minimum deductibles, the minimum deductible will be the applicable deductible.

L. Suspension

If any Boiler, Pressure Vessel, Machinery or Equipment covered by this endorsement is found to be in, or exposed to, a dangerous condition, any of our representatives may immediately suspend the coverage provided by this endorsement for that equipment by written notice mailed or delivered to:

1. Your last known address; or
2. The address where the affected equipment is located.

Once suspended in this way, your insurance can be reinstated only by endorsement.

If we suspend your insurance, you will get a pro rata refund for the affected equipment. But the suspension will be effective even if we have not yet made or offered a refund.

M. Mechanical or Electrical Breakdown

With respect to coverage provided by this endorsement, Mechanical or Electrical Breakdown means a sudden and accidental breakdown of covered Boilers, Pressure Vessels, Machinery and Equipment. At the time breakdown occurs, it must become apparent by physical damage that requires repair or replacement of the affected equipment or part of the affected equipment.

Mechanical or Electrical Breakdown does not mean or include any of the following:

1. Breakdown of any structure or foundation.
2. Breakdown of any boiler setting, insulating or refractory material.
3. Breakdown of a power shovel, dragline, excavator, vehicle, aircraft, floating vessel or structure, well casing, penstock or draft tube.
4. Breakdown of any elevator, crane, hoist, escalator or conveyor, but not including any pressure vessel or electrical equipment used with such a machine.
5. Breakdown of Boilers, Pressure Vessels, Machinery or Equipment manufactured or held for sale by you.
6. Breakdown of catalyst.

7. Breakdown of any oven, stove, furnace, incinerator, pot or kiln.
8. Breakdown of any buried vessel or piping.
9. Breakdown of a felt, wire, screen, die, mold, form, pattern, extrusion plate, swing hammer, grinding disc, cutting blade, chain, cable, belt, rope, clutch plate, brake pad, nonmetallic part or any part or tool subject to frequent, periodic replacement.
10. Breakdown, of any nonmetallic vessel, unless it is constructed and used in accordance with the American Society of Engineers (A.S.M.E.) code.
11. Breakdown of sewer piping, piping forming a part of a fire protection system or water piping other than:
 - a. Feed water piping between any boiler and its feed pump or injector; or
 - b. Boiler condensate return piping; or
 - c. Water piping forming a part of refrigerating and air conditioning vessels and piping used for cooling, humidifying or space heating purposes.
12. Breakdown of a part of a Boiler, Pressure Vessel or Electric Steam Generator that:
 - a. Does not contain steam or water; or
 - b. Is not under pressure of contents of the vessel; or
 - c. Is not under internal vacuum.
13. The functioning of any safety or protective devices.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**ELITE PROPERTY ENHANCEMENT:
NURSING HOMES / MEDICAL FACILITIES / HOSPITALS**

This endorsement modifies insurance provided under the following:

PROPERTY COVERAGE FORM
CAUSES OF LOSS FORM
CRIME COVERAGE FORM

I. Schedule of Coverages and Limits

The following is a summary of increased Limits of Insurance, additional coverages and/or coverage extensions provided by this endorsement. This endorsement is subject to the provisions of your policy.

Coverage Applicable	Limit of Insurance	Page #
Covered Property		
Fine Arts	\$50,000	2
Additional Coverages		
Alternative Key Systems	\$100,000	2
Automated External Defibrillators (AEDs)	\$5,000	3
Earthquake Sprinkler Leakage	\$10,000	3
Lease Cancellation Moving Expenses	\$2,500	3
Pollutant Clean up and Removal	\$100,000	3
Transition to Replacement Premises	Included	3
Coverage Extensions		
Business Income and Extra Expense	\$100,000	4
Civil Authority	Included in BI/EE limit	4
Contingent Business Property	Included in BI/EE limit	4
Ingress or Egress	\$5,000	4
Newly Acquired Premises	\$100,000	5
Emergency Vacating Expense	\$15,000	6
Expediting Expense	\$25,000	6
Garages	\$5,000	6
Money Orders and Counterfeit Paper Currency	\$25,000	7
Non-Owned Detached Trailers	\$5,000	7
Ordinance or Law – Demolition Cost	\$300,000	7
Ordinance or Law – Increased Cost of Construction	\$300,000	7
Personal Property of Residents:		
Residents' Property Personal Effects		
Any One Resident	\$5,000	7
Any One Occurrence	\$25,000	7
Policy Aggregate	\$100,000	7
Residents' Money and Securities		
Any One Resident	\$500	8
Any One Occurrence	\$5,000	8
Policy Aggregate	\$50,000	8
Reward Reimbursement	\$5,000	8
Spoilage	\$50,000	8
Limitations		
Furs	\$5,000	9
Precious Metals	\$5,000	9

II. Conditions

A. Applicability of Coverage

Coverage provided in forms attached to your policy is amended by this endorsement where applicable.

B. Limits of Insurance

1. When coverage is provided by this form and another coverage form attached to this policy, the greater Limits of Insurance will apply. In no instance will multiple limits apply to coverages which may be duplicated within this policy.
2. Limits of Insurance identified in this endorsement are not excess of, or in addition to, Limits of Insurance provided by the **PROPERTY COVERAGE FORM**, the **CAUSES OF LOSS FORM** or the **CRIME COVERAGE FORM** unless otherwise stated.
3. Coverage is considered to be on an occurrence basis (not on a per location basis) unless otherwise stated.

C. Applicability of Exclusions

Specific exclusionary endorsements attached to the policy supersede coverage provisions contained in this coverage enhancement.

D. Requirement for Covered Causes of Loss

Except where a specific Covered Cause of Loss is identified in this coverage enhancement, coverage for the "losses" described herein are applicable only for Covered Causes of Loss as designated in the **CAUSES OF LOSS FORM** attached to the policy.

III. Covered Property

- A. Section A. Coverage, 1. Covered Property, a. Your Business Personal Property, (d) "Fine Arts" in the **PROPERTY COVERAGE FORM** is amended as follows:

If the total value of "Fine Arts" is over \$50,000, they must be listed in a schedule on file with us;

- B. Section A. Coverage, 2. Property Not Covered, o. "Fine Arts" in the **PROPERTY COVERAGE FORM** is amended as follows:

"Fine Arts," if the total value of such property is greater than \$50,000, unless such property is listed in a schedule on file with us;

IV. Additional Coverages

The following are added to or amend the **PROPERTY COVERAGE FORM** under Section A. Coverage, 4. Additional Coverages:

A. Alternative Key Systems

We will pay for "loss" or damage to, or cost to reprogram, "alternative key systems," including card programmers, card-readers, computers, related alarms, transceivers, power supplies and any other electronic or mechanical apparatus needed to make the card keys work. The "loss" must be caused by a Covered Cause of Loss and take place at a covered location.

The most we will pay for "loss" or damage under this coverage is \$100,000.

B. Automated External Defibrillators

Automated external defibrillators (AEDs) are considered covered property.

The most we will pay for "loss" or damage under this coverage is limited to \$5,000 per occurrence, which is in addition to the Business Personal Property Limit stated in the Declarations.

C. Earthquake Sprinkler Leakage

We will pay up to \$10,000 for damages resulting from sprinkler leakage which is caused by earth movement.

D. Lease Cancellation Moving Expenses

We will reimburse you for any moving expenses necessitated by your need to relocate due to the cancellation of the lease at your premises listed in the Declarations. The lease cancellation must occur as a result of a Covered Cause of Loss.

The limit for this coverage will be \$2,500 for all insureds combined. No deductible applies to this coverage.

E. Pollutant Clean Up and Removal

Section A. Coverage, 4. Additional Coverages, f. Pollutant Clean Up and Removal is amended as follows:

The Limit of Insurance for this additional coverage for each described premises is increased to \$100,000 for the sum of all covered expenses arising out of a Covered Cause of Loss occurring during each separate 12 month period of this policy.

F. Transition to Replacement Premises

If Covered Property is moved to a new premises from a scheduled premises that is being vacated, the Limit of Insurance applicable to that vacated premises will apply proportionately to both premises as the property is moved. This coverage ends when any one of the following first occurs:

1. 90 days after the move begins;
2. The move is completed; or
3. This policy expires.

V. Coverage Extensions

With the exception of Item E. Money Orders and Counterfeit Paper Currency below, the following are added to or amend the PROPERTY COVERAGE FORM under Section A. Coverage, 5. Coverage Extensions:

A. Business Income and Extra Expense

1. Coverage is extended to include the actual "loss" of Business Income you sustain, and

necessary Extra Expense you incur when your covered **"building"** or Business Personal Property listed in the Declarations is damaged by a Covered Cause of Loss.

We pay any Extra Expense you incur:

- a. To continue your normal **"operations"** at the described premises; or
- b. To continue your normal **"operations"** at replacement premises or temporary locations; including:
 - (1) Relocation expenses; and
 - (2) The costs to equip or operate the replacement premises or temporary locations; or
- c. To minimize the suspension of your normal **"operations"** if you cannot continue them.

2. Civil Authority

We will pay for the actual **"loss"** of Business Income you sustain, and necessary Extra Expense you incur that is caused by action of civil authority that prohibits access to the described premises due to direct physical **"loss"** of or damage to property, other than at the described premises, caused by or resulting from any Covered Cause of Loss. The coverage for Business Income will begin 72 hours after the time of that action and will apply for a period of up to 3 consecutive weeks after coverage begins. The coverage for Extra Expense will begin immediately after the time of that action and will end:

- a. 3 consecutive weeks after the time of that action; or
- b. When your Business Income coverage ends; whichever comes first.

3. Contingent Business Property

We will pay for the actual **"loss"** of Business Income you sustain, and necessary Extra Expense you incur when Contingent Business Property is damaged by a Covered Cause of Loss. We will reduce the amount of your Business Income **"loss,"** other than Extra Expense, to the extent you can resume **"operations,"** in whole or in part, by using any other available:

- a. Source of materials; or
- b. Outlet for your products.

The most we will pay under these sections A. 1., 2. and 3. combined is \$100,000 for any one occurrence.

4. Ingress or Egress Coverage

We will pay for the actual **"loss"** of Business Income you sustain, and necessary Extra Expense you incur due to the necessary suspension of your **"operations"** in the event that ingress or egress is prevented at the described premises as a result of a Covered Cause of Loss. The **"loss"** or damage by a Covered Cause of Loss preventing ingress or egress must occur within one mile of the described premises. This coverage will apply for up to 30 consecutive days from the date when the ingress or egress is denied.

The most we will pay for this coverage is \$5,000 for any one occurrence.

This additional coverage does not apply in the event that access is denied by action of civil

authority. Such coverage is provided subject to Item 2. above.

5. Newly Acquired Premises

We will pay for the actual "loss" of Business Income you sustain, and necessary Extra Expense you incur when property at a newly acquired premises is damaged by a Covered Cause of Loss.

Coverage under this extension will end when any of the following first occurs:

- a. This policy expires;
- b. 90 days expire after you acquire the property that would qualify as covered property; or
- c. You report values to us.

We will charge you additional premium for values reported from the date you acquire the property that would qualify as covered property.

The most we will pay under this extension is \$100,000 in any one occurrence at each newly acquired premises. This limit is in addition to the Business Income and Extra Expense limit provided above.

6. The following, when used in this section, are defined as follows:

- a. Business Income means net income (net profit or loss before income taxes) that would have been earned or incurred during the period of restoration and continuing normal operating expenses including payroll.
- b. Extra Expense means necessary expenses you incur during the period of restoration that you would not have incurred if there had been no direct physical "loss" or damage to property caused by or resulting from a Covered Cause of Loss.
- c. Contingent Business Property means property operated by others on whom you depend to:
 - (1) Deliver materials or services to you or to others for your account (Contributing Locations);
 - (2) Accept your products or services (Recipient Locations);
 - (3) Manufacture products for delivery to your customers under contract of sale (Manufacturing Locations); or
 - (4) Attract customers to your business (Leader Locations).
- d. Period of restoration means the period of time that:
 - (1) Begins with the date of physical "loss" or damage caused by or resulting from any Covered Cause of Loss; and
 - (2) Ends on the date when the property should be repaired, rebuilt or replaced with reasonable speed and similar quality.

Period of restoration does not include any increased period required due to the enforcement of any ordinance or law that:

- (1) Regulates the construction, use or repair, or requires the tearing down of any property; or
- (2) Requires any insured or others to test for, monitor, clean up, remove, contain, treat, detoxify or neutralize, or in any way respond to, or assess the effects of "pollutants."

The expiration date of this policy will not cut short the period of restoration.

B. Emergency Vacating Expense

1. The coverage provided by this policy is extended to apply to the reasonable expenses that you incur in the "emergency" vacating of the premises of your facility described in the Declarations, provided that vacating is necessary due to an "emergency" situation resulting from a Covered Cause of Loss.
2. We will not pay for any expenses under this extension arising out of:
 - a. A strike, bomb threat or false fire alarm, unless vacating is ordered by a civil authority;
 - b. A planned vacating drill; or
 - c. The vacating of one or more individuals that is solely due to their individual medical condition.
3. The most we will pay in any one occurrence for the evacuation of residents, regardless of the number of residents evacuated is \$15,000. The deductible for emergency vacating expenses is \$1,000 per occurrence.

C. Expediting Expense

The coverage provided by this policy is extended to apply to your reasonable and necessary expense of temporary repairs to your business property or the extra costs of expediting the permanent repair or replacement of your property, whichever is less. These expenses include overtime wages and extra costs for rapid means of transportation. However, we will not pay for the temporary rental of property or the temporary replacement of damaged property.

The most we will pay under this extension is \$25,000.

D. Garages

"Building" coverage is extended to apply to any garage or storage shed located at the premises described in the Declarations.

The most we will pay under this extension is \$5,000.

E. Money Orders and Counterfeit Paper Currency

The Basic Limit of Insurance that is provided for Money Orders and Counterfeit Paper Currency under the **CRIME COVERAGE FORM** is increased to \$25,000.

F. Non-Owned Detached Trailers

You may extend the insurance that applies to your Business Personal Property to apply to "loss" or damage to trailers that you do not own, provided that:

1. The trailer is used in your business;
2. The trailer is in your care, custody or control at the premises described in the Declarations;
and
3. You have a contractual responsibility to pay for "loss" or damage to the trailer.

We will not pay for any "loss" or damage that occurs:

1. While the trailer is attached to any motor vehicle or motorized conveyance, whether or not the motor vehicle or motorized conveyance is in motion;
2. During hitching or unhitching, or when a trailer becomes accidentally unhitched from a motor vehicle or motorized conveyance.

The most we will pay under this extension is \$5,000.

G. Ordinance or Law

Section A. Coverage, 5. Coverage Extensions, j. Ordinance or Law is amended as follows:

1. The Limit of Insurance for demolition costs is increased to \$300,000 in any one occurrence.
2. The Limit of Insurance for increased cost of construction is increased to \$300,000 in any one occurrence.

H. Personal Property of Residents

1. Residents' Property -- Personal Effects

- a. The Business Personal Property coverage is extended to apply to the personal effects of the residents of your facility while at a premises described in the Declarations.
- b. (1) The most we will pay for "loss" or damage to the property of any one resident is \$5,000.

(2) The most we will pay for "loss" or damage in any one occurrence, regardless of the number of residents who had property lost or damaged is \$25,000 subject to the any one resident limit shown in 1.b.(1) above.

(3) The most we will pay for the sum of all such "loss" or damage during each separate policy period is \$100,000, regardless of the number of occurrences.
- c. We will not pay for a "loss" under this coverage until the amount of "loss" exceeds a \$1,000 deductible. We will then pay the amount of "loss" in excess of the deductible up to the applicable Limit of Insurance.
- d. Residents' Personal Effects do not include "money" or "securities." Such coverage is provided subject to Item 2. below.

2. Residents' Money and Securities

- a. We cover "money" and "securities" belonging to the residents of your facility while at a covered location. We cover such property against "loss" from a Covered Cause of Loss applying to your business personal property at the location. We do not cover any "loss" caused by or resulting from forgery, alterations, the giving or surrendering of checks or "money" in exchange or purchase, or accounting or arithmetic errors and omissions.
- b. (1) The most we will pay for "loss" or damage to the "money" and "securities" of any one resident is \$500.
- (2) The most we will pay for "loss" or damage in any one occurrence, regardless of the number of residents who had "money" and "securities" lost or damaged is \$5,000 subject to the any one resident limit in 2.b.(1) above.
- (3) The most we will pay for the sum of all such "loss" or damage during each separate policy period is \$50,000, regardless of the number of occurrences.
- c. We will not pay for a "loss" under this coverage until the amount of "loss" exceeds a \$500 deductible. We will then pay the amount of "loss" in excess of the deductible up to the applicable Limit of Insurance.

I. Reward Reimbursement

We will pay a reward for information that leads to a criminal conviction in connection with "loss" or damage to covered property by a Covered Cause of Loss; provided that the reward is pre-approved by us.

The most we will pay for "loss" or damage under this extension is \$5,000 regardless of the number of persons who provide information. No deductible shall apply to this coverage.

This extension does not include arson reward, as arson reward is included in Section 4. Additional Coverages of the **PROPERTY COVERAGE FORM**.

J. Spoilage

- 1. We will pay for direct physical "loss" or damage to your perishable business personal property, and perishable personal property of others while at or within 1000 feet of the described premises caused by spoilage due to changes in temperature or humidity resulting from:
 - a. Complete or partial interruption of electrical power to the described premises due to conditions beyond your control; or
 - b. Mechanical breakdown or failure of heating, cooling or humidity control equipment or apparatus at the described premises.
- 2. Coverage does not apply to:
 - a. The disconnection of any heating, cooling or humidity control equipment or apparatus from the source of power.
 - b. The deactivation of electrical power or current caused by the manipulation of any switch or other device used to control the flow of electrical power or current.
 - c. The inability of an electric utility company or other power source to provide sufficient

power due to:

- (1) Lack of fuel; or
- (2) Governmental order.

d. The inability of a power source at the described premises to provide sufficient power due to insufficient generating capacity to meet demand.

3. The most we will pay for "loss" or damage in any one occurrence is \$50,000.

VI. Limitations

A. Section C. Limitations in the **CAUSES OF LOSS FORM** is amended as follows:

- 2. a. The limit for furs, fur garments and garments trimmed with fur is increased to \$5,000.
- b. The limit for jewelry, watches, watch movements, jewels, pearls, precious and semi-precious stones, bullion, gold, silver, platinum and other precious alloys or metals is increased to \$5,000. This Limit of Insurance does not apply to jewelry and watches worth \$100 or less per item.

VII. Definitions

- A. "Alternative key systems" means programmable keying systems, such as mechanically or electronically coded key cards.
- B. "Counterfeit money" means an imitation of "money" that is intended to deceive and to be taken as genuine.
- C. "Emergency" means imminent danger arising from an external event or a condition in the facility which would cause loss of life or harm to occupants.



PHILADELPHIA
INSURANCE COMPANIES

A Member of the Tokio Marine Group

One Bala Plaza, Suite 100
Bala Cynwyd, Pennsylvania 19004
610.617.7900 Fax 610.617.7940
PHLY.com

Taxes, Surcharges, and Fees Notice

*Note: The above proposal may not account for local taxes, Surcharges, and/or fees mandated by the State in which you/your business operate(s). The final policy will include a description of how local taxes, surcharges and fees, if applicable, have been allocated as determined by the risk location. Please contact a PHLY representative if you have any questions.

An Insurance Proposal

Zurich

OHA Insurance Agency, Inc.
4000 Lincoln Blvd.
Oklahoma City, Oklahoma 73105

A Property Proposal for

Mangum City Hospital Authority

PO Box 280

Mangum, OK 73554-0280



Policy Period

April 21, 2021 - April 21, 2022

Submitted to

FRATES INS & RISK MANAGEMENT

Proposal Date

March 26, 2021



EXECUTIVE SUMMARY – PROPERTY



Mangum City Hospital Authority						
Line of Business:	Property					Total
Policy Number	TBD					
Program Structure and Limits						
Limits	See Cov Overview					
Structure	See Cov Overview					
Deductible	See Cov Overview					
Exposure						
Total Exposure	TIV:\$12,023,400					
Premium (including estimated taxes, surcharges and assessments)						
Composite Rated	N/A					
Est. Premium	\$39,373.00					\$39,373.00
Est. Terrorism	\$777.00					\$777.00
Est. CAT	Included					\$0.00
Exp. Constant	N/A					\$0.00
Est. Taxes, Surcharges & Assessments	\$0.00					\$0.00
Estimated Total	\$40,150.00					\$40,150.00

If you want to learn more about the compensation Zurich pays agents and brokers visit: <http://www.zurichnaproducercompensation.com> or call the following toll-free number: (866) 903-1192. This Notice is provided on behalf of Zurich American Insurance Company and its underwriting subsidiaries.

REQUIRED AGREEMENTS AND SUBJECTIVITIES: PROPERTY



Required Underwriting Information / Subjectivities	Due Date
Signed Property Application	Policy Effective Date
Complete schedule of requested Named Insureds, including description of operations and percent ownership	Policy Effective Date
Business income and extra expense worksheets	Prior to Binding Coverage
Written verification of adequate insurable values.	Policy Effective Date

Note: Should the Insured fail to provide the requested information by the due date(s), Zurich reserves the right to withdraw or amend this Proposal.

NAMED INSUREDS - PROPERTY



Company	Property						
Mangum City Hospital Authority	X						
Cohesive Healthcare Management and Consulting, LLC	X						

COMMON POLICY FORMS



Schedule of Forms and Endorsements		
Form Number	Form Title	Fill-In Wording / Comments
U-GU-630-E CW	Disclosure of Important Information Relating to Terrorism Risk Insurance Act	
U-GU-767-B CW	Cap On Losses From Certified Acts Of Terrorism	
U-GU-D-310-A	Common Policy Declarations	
U-GU-619-A CW	Schedule of Forms and Endorsements	
U-GU-319-F	Important Notice - In Witness Clause	
U-GU-621-A CW	Schedule Of Named Insured(s)	
U-GU-618-A CW	Schedule of Locations	
IL 00 17	Common Policy Conditions	
IL 01 77	Oklahoma Changes - Concealment, Misrepresentation Or Fraud	
IL 01 79	Oklahoma Notice	
IL 01 93	Oklahoma Exclusion Of Trustor As Named Insured	
IL 02 36	Oklahoma Changes - Cancellation And Nonrenewal	
IL 00 03	Calculation Of Premium	
U-GU-1191-A CW	Sanctions Exclusion Endorsement	

*Note: The most recently approved edition date will be used, unless otherwise noted.
Various state mandatory forms will be included as required.*



PROPERTY

Program Structure, Coverage and Premium Overview

Issuing Company: Zurich American Insurance Company

Policy Period: 04/21/2021 – 04/21/2022

Policy Number: TBD

Blanket Limits of Insurance	
Personal Property Blanket Limit of Insurance	\$5,560,000
Business Income and Extra Expense Blanket Limit of Insurance	\$6,399,000
Summary of Premises	
Premises # 1	Premises Address: 1 Wickersham St Mangum, OK 73554-9117
Coverage	Limit of Insurance
Real Property	\$64,400
Personal Property	Included in Blanket Limit of Insurance
Business Income and Extra Expense	Included in Blanket Limit of Insurance
Earth Movement (Schedule A)	\$2,000,000
Flood (Schedule I)	\$1,000,000
Deductible	Amount
Earth Movement (Schedule A)	\$50,000
Flood (Schedule I)	\$50,000
Water Damage Deductible	\$100,000
Wind and Hail--Direct Damage And Time Element	\$250,000
Special Conditions	
Building 1 is the Main Hospital & Building 2 is a Lab	
Loss Payee: (Loss Payable)	Interim Diagnostic Imaging, LLC 4960 Yuma Court North Plymouth MN 55446

Summary of Premises**Premises # 2****Premises Address:**
118 S Louis Tittle Ave
Mangum, OK 73554-4441

Coverage	Limit of Insurance
Personal Property	Included in Blanket Limit of Insurance
Business Income and Extra Expense	Included in Blanket Limit of Insurance
Earth Movement (Schedule A)	\$723,290
Flood (Schedule I)	\$723,290
Deductible	Amount
Earth Movement (Schedule A)	\$50,000
Flood (Schedule I)	\$50,000
Water Damage Deductible	\$25,000
Wind and Hail--Direct Damage And Time Element	\$28,932
Special Conditions	
Clinic	

Additional Coverage – Limits of Insurance

Limits of Insurance applicable at a "premises" that differ from those indicated below will be shown under the Summary of Premises section of this Declarations for that "premises". Those Limits of Insurance replace, and are not in addition to, the Limits of Insurance shown below for those specified coverages and "premises". If any Additional Coverages do not apply at any specific "premises", the Limit of Insurance will show as Not Covered for those "premises".

Coverage	Limit of Insurance
Civil Authority	
Business Income	30 Days
Extra Expense	30 Days
Communicable Disease Suspension Of Operations--Business Income	Not Covered
Consequential Loss -- Net Leasehold Interest	\$25,000 Per Premises
Consequential Loss -- Tenants Improvements and Betterments	\$250,000 Per Premises
Consequential Loss - Undamaged Stock	\$250,000 Per Premises
Contamination by A Refrigerant	\$25,000 Per Premises
Contractual Penalties - Business Income	\$25,000 Per Occurrence
Debris Removal - Covered Property	Covered
Debris Removal - Supplemental Limit	\$250,000 Per Occurrence
Debris Removal - Uncovered Property	\$2,500 Per Occurrence
Decontamination Expense	\$50,000 Per Premises
Deferred Payments	\$50,000 Per Occurrence
Dependent Business Income – Unscheduled Locations	\$250,000 Per Occurrence
Electronic Vandalism	
Direct Damage	\$25,000 Annual Aggregate
Business Income	\$25,000 Annual Aggregate
Expediting Expense	\$25,000 Per Premises
Expense to Reduce Loss--Business Income	Covered
Extended Period of Indemnity -- Business Income	30 Days
Extra Expense	\$25,000 Per Premises
Fairs or Exhibitions	
Personal Property	\$50,000 Per Occurrence
Business Income	\$10,000 Per Occurrence
Fire Department Service Charge	\$250,000 Per Premises
Fire Protective Equipment Refills	Covered
Inflation Guard	
Real Property	4 % Annual
Personal Property	4 % Annual
Ingress/Egress	
Business Income	30 Days
Extra Expense	30 Days
Lock and Key Replacement	\$25,000 Per Premises
Microorganisms	\$25,000 Annual Aggregate

Coverage	Limit of Insurance
Microorganisms – Business Income	\$25,000 Annual Aggregate
Mobile Medical Equipment	\$50,000 Per Any One Unit \$50,000 Per Occurrence
Newly Acquired Premises	
Real Property	\$1,000,000 For 180 Days
Personal Property	\$1,000,000 For 180 Days
Business Income	\$250,000 For 180 Days
Extra Expense	\$25,000 For 180 Days
	<i>Note: The above limits apply separately to each newly acquired premises.</i>
Newly Acquired Property	
Real Property	\$250,000 Per Premises For 180 Days
Personal Property	\$250,000 Per Premises For 180 Days
Off-Premises Service Interruption – Direct Damage	\$100,000 Per Premises
	\$250,000 Per Premises
Outdoor Trees, Shrubs, Plants, or Lawns	\$5,000 Per Tree, Shrub, Plant, or Lawn
Patient Evacuation	\$25,000 Per Premises
Pollutant Clean Up and Removal -- Land and Water	\$25,000 Annual Aggregate Per Premises
Preservation of Property	180 Days
Professional Fees	\$25,000 Per Occurrence
Radioactive Contamination	\$50,000 Per Premises
Reported Unscheduled Premises	
Real Property	Not Covered
Personal Property	Not Covered
Business Income	Not Covered
Extra Expense	Not Covered
Reward Payments	\$25,000 Per Occurrence
Salespersons Samples	\$25,000 Per Occurrence
Spoilage -- Equipment Breakdown	\$100,000 Per Premises
Theft Damage to Buildings	Covered
Unreported Premises	
Real Property	\$100,000 Per Unreported Premises
Personal Property	\$100,000 Per Unreported Premises
Business Income	\$10,000 Per Unreported Premises
Extra Expense	\$10,000 Per Unreported Premises

Crime Coverage – Limits of Insurance	
Coverage	Limit of Insurance
Computer Fraud	\$25,000 Per Occurrence
Employee Theft	\$25,000 Per Occurrence
Forgery or Alteration	\$25,000 Per Occurrence
Funds Transfer Fraud	\$25,000 Per Occurrence
Money and Securities – Inside Buildings	\$25,000 Per Occurrence
Money and Securities – Outside Buildings	\$25,000 Per Occurrence

Marine Coverage – Limits of Insurance

Limits of Insurance applicable at a "premises" that differ from those indicated below will be shown under the Summary of Premises section of this Declarations for that "premises". Those Limits of Insurance replace, and are not in addition to, the Limits of Insurance shown below for those specified coverages and "premises". If any Marine Coverages do not apply at any specific "premises", the Limit of Insurance will show as Not Covered for those "premises".

Coverage	Limit of Insurance
Accounts Receivable (Revenue Loss)	\$250,000 Per Premises
Accounts Receivable (Revenue Loss) – Away From Premises	\$250,000 Per Occurrence
Fine Arts	\$25,000 Per Premises
Fine Arts – Away From Premises	\$25,000 Per Occurrence
Installation and Service Property	
Stock to be Installed	\$25,000 Per Occurrence – Installation Premises \$25,000 Per Occurrence – Temporary Storage Location \$25,000 Per Occurrence - Transit
Tools and Equipment	
Scheduled Tools and Equipment	Not Covered
Unscheduled Tools and Equipment	\$10,000 Per Occurrence \$1,000 Per Item
<i>Unscheduled tools and equipment coverage is intended for items valued at or less than the limit per any one item shown above. An item valued at more than this limit must be specifically scheduled or no coverage applies to that item.</i>	
Original Information Property	\$250,000 Per Premises
Original Information Property – Away From Premises	\$250,000 Per Occurrence
Transit	
Personal Property	\$25,000 Per Occurrence
Business Income	\$10,000 Per Occurrence

General Deductibles	
Property Deductible The deductible applies to all loss, damage, cost, or expense covered by this Commercial Property Coverage Part, unless a specific coverage deductible is shown elsewhere on this Declarations or an endorsement.	\$10,000 Per Occurrence
Business Income and Extra Expense Waiting Period The waiting period applies to all loss or expense covered by Business Income and Extra Expense coverages contained in this Commercial Property Coverage Part, unless a specific coverage deductible is shown elsewhere on this Declarations or an endorsement.	72 Hours
Computer Fraud Deductible: The deductible applies to all loss or damage covered by Computer Fraud coverage contained in this Commercial Property Coverage Part, unless a specific coverage deductible is shown elsewhere on this Declarations or an endorsement.	\$5,000 Per Occurrence
Employee Theft Deductible: The deductible applies to all loss or damage covered by Employee Theft coverage contained in this Commercial Property Coverage Part, unless a specific coverage deductible is shown elsewhere on this Declarations or an endorsement.	\$5,000 Per Occurrence
Forgery Or Alteration Deductible: The deductible applies to all loss or damage covered by Forgery or Alteration coverage contained in this Commercial Property Coverage Part, unless a specific coverage deductible is shown elsewhere on this Declarations or an endorsement.	\$5,000 Per Occurrence
Funds Transfer Fraud Deductible: The deductible applies to all loss or damage covered by Funds Transfer Fraud coverage contained in this Commercial Property Coverage Part, unless a specific coverage deductible is shown elsewhere on this Declarations or an endorsement.	\$5,000 Per Occurrence
Money And Securities – Inside Buildings Deductible: The deductible applies to all loss or damage covered by Money and Securities – Inside Buildings coverage contained in this Commercial Property Coverage Part, unless a specific coverage deductible is shown elsewhere on this Declarations or an endorsement.	\$5,000 Per Occurrence
Money And Securities – Outside Buildings Deductible: The deductible applies to all loss or damage covered by Money and Securities – Outside Buildings coverage contained in this Commercial Property Coverage Part, unless a specific coverage deductible is shown elsewhere on this Declarations or an endorsement.	\$5,000 Per Occurrence
Transit Deductible: The deductible applies to all loss or damage covered by Transit coverage contained in this Commercial Property Coverage Part, unless a specific coverage deductible is shown elsewhere on this Declarations or an endorsement.	\$5,000 Per Occurrence

Catastrophe Peril Deductibles

Earth Movement Deductibles:

Loss or damage to Covered Property caused by "earth movement" is subject to separate deductible amounts. The deductibles applicable to "earth movement" are stated in the Summary of Premises section of this Declarations for that specific premises". If the Earth Movement coverage applies to loss or damage to "contractor's equipment" away from "premises" or to "installation property" away from "premises", those deductible amounts are stated on the Coverage – Limits of Insurance and Deductibles section of this Declarations.

The Earth Movement Deductibles only apply to loss or damage that, but for the application of the Deductibles, would be paid by us under this Commercial Property Coverage Part.

Flood Deductibles:

Loss or damage to Covered Property caused by "flood" is subject to separate deductible amounts. The deductibles applicable to "flood" are stated in the Summary of Premises section of this Declarations for that specific "premises". If the Flood coverage applies to loss or damage to "contractor's equipment" away from "premises" or to "installation property" away from "premises", those deductible amounts are stated on the Catastrophe Coverage – Limits of Insurance and Deductibles section of this Declarations.

The Flood Deductibles only apply to loss or damage that, but for the application of the Deductibles, would be paid by us under this Commercial Property Coverage Part.

Wind And Hail Deductibles:

Loss or damage to Covered Property caused by wind or hail is subject to separate deductible amounts. The deductibles applicable to wind and hail are stated in the Summary of Premises section of this Declarations for that specific "premises". If the Wind and Hail Deductibles apply to loss or damage at "reported unscheduled premises", the deductible amounts for "reported unscheduled premises" are stated on the Catastrophe Coverage – Limits of Insurance and Deductibles section of this Declarations.

The Wind and Hail Deductibles only apply to loss or damage that, but for the application of the Deductibles, would be paid by us under this Commercial Property Coverage Part.

Application of Multiple Deductibles

Unless otherwise stated in a Coverage Form or endorsement, if more than one deductible applies, we will apply each deductible separately. Except for covered loss or damage due to "earth movement", "flood", or "named storm", or to wind or hail when a separate Wind Deductible or Wind and Hail Deductible is applicable, the total of all deductible amounts applied will not exceed the highest applicable deductible for loss or damage to Covered Property and the highest applicable deductible for loss under "time element coverage".

Catastrophe Coverage – Limits of Insurance and Deductibles

Catastrophe Coverages shown below apply only at those "premises" that show an applicable Limit of Insurance for that Catastrophe Coverage in the Summary of Premises section of this Declarations. If coverage applies at "reported unscheduled premises", those Limits of Insurance and Deductibles are shown below.

Coverage	Limit Of Insurance
Earth Movement (Schedule A)	
Premises	See Summary of Premises Section
Occurrence	\$2,000,000
Annual Aggregate	\$2,000,000
Deductible	See Summary of Premises Section
Flood (Schedule I)	
Premises	See Summary of Premises Section
Occurrence	\$1,000,000
Annual Aggregate	\$1,000,000
Deductible	See Summary of Premises Section
Wind and Hail--Direct Damage and Time Element Deductible	See Summary of Premises Section

Schedule of Forms and Endorsements

Form Number	Form Title	Fill-In Wording / Comments
PPP-0001	Commercial Property Coverage Part Declarations	
PPP-0101	Commercial Property Coverage Part General Provisions	
PPP-0102	Commercial Property Conditions	
PPP-0103	Commercial Property Definitions	
PPP-0110	Real and Personal Property Coverage Form	
PPP-0111	Additional Coverages Form	
PPP-0112	Accounts Receivable Coverage Form (Revenue Loss)	
PPP-0113	Crime Coverage Form	
PPP-0114	Fine Arts Coverage Form	
PPP-0115	Installation and Service Property Coverage Form	
PPP-0116	Original Information Property Coverage Form	
PPP-0117	Transit Coverage Form	
PPP-0130	Business Income Coverage Form (Excluding Extra Expense)	
PPP-0132	Extra Expense Coverage Form	
PPP-0208	Flood Exclusion -- Amended Definition	
PPP-0226	Wind and Hail--Direct Damage and Time Element Deductible	
PPP-0253	Water Damage Deductible	

Schedule of Forms and Endorsements

Form Number	Form Title	Fill-In Wording / Comments
PPP-0302	Dependent Premises Business Income Coverage--Unscheduled Locations	
PPP-0304	Earth Movement Coverage	
PPP-0308	Enabling Endorsement	
PPP-0310	Flood Coverage	
PPP-0314	Joint Loss Agreement--Property and Equipment Breakdown	
PPP-0320	Off-Premises Service Interruption--Direct Damage	
PPP-0409	Healthcare Industry Coverage	
PPP-0502	Loss Payable Provisions	
PPP-1351	Oklahoma Changes - Appraisal	

*Note: The most recently approved edition date will be used, unless otherwise noted.
Various state mandatory forms will be included as required.*

Premium Details

Premium	\$39,373.00
Terrorism	\$777.00
Taxes, Surcharges & Assessments	\$0.00
Total	\$40,150.00

TERMS & CONDITIONS



General Conditions

Throughout this document the terms "the Insured", "the Producer" and "the Company" are used. These terms refer to the following entities:

The Insured: Mangum City Hospital Authority
The Producer: FRATES INS & RISK MANAGEMENT
The Company: Zurich American Insurance Company, American Guarantee and Liability Insurance Company, American Zurich Insurance Company, Zurich American Insurance Company of Illinois, and/or The Zurich Services Corporation.

This proposal is valid for 30 days or until the proposed policy inception date, whichever is sooner.

No changes to the terms, conditions, or pricing reflected in this document may be made without written authorization from the Company.

This proposal is presented to the Insured with the understanding that neither Zurich nor any of its subsidiaries, affiliates, or employees, offer, or purport to offer, advice to the Insured concerning the proper financial, accounting, or tax treatment for the policy(ies) of insurance referenced herein and nothing herein should be considered to constitute such advice. If accounting advice, tax advice, or other expert professional assistance is required, the Insured should consult with their own accountant, adviser, counsel, or other similar competent professional with expertise in the required area.

This is a proposal for insurance coverage and is not an insurance policy. Any coverage description shown in this proposal may be an abbreviated title and does not indicate insurance policy language. Only the insurance policy itself provides coverage. This proposal is not part of and is not incorporated into the insurance policy. Policy forms attached to this proposal, if any, are sample policy forms and are not the insurance policy itself and do not represent the final terms and conditions of the insurance policy. If there is any conflict between the coverage descriptions shown in this proposal, the sample policy forms, and the actual insurance policy, the insurance policy will prevail and supersede this proposal. This proposal describes the coverages, terms, and conditions offered by the Company. Please review them carefully as they may differ from the expiring program or from the specifications requested in the submission.

Any person who knowingly and with the intent to defraud an insurance company, or a person who files an application or who submits through its producer exposure and associated information for an insurance policy, or files an insurance claim or statement containing any materially false information, or conceals information for the purpose of misleading an insurance company, commits a fraudulent insurance act which may be subject to both criminal and civil penalties.

Under the policy(ies) offered, coverage will not be provided and payments cannot be made hereunder to the extent that such coverage or payment would violate any applicable trade or economic sanctions law or regulation.

TERMS & CONDITIONS



Proposal Preparation

Zurich has prepared this proposal in response to your submission requesting insurance coverage for specific lines of business. This proposal is based only on the lines of business included in this proposal. In the event you seek a proposal for lines of business that differs from those included in this proposal, Zurich reserves the right to review and revise the terms and pricing of this proposal.

The program structure and pricing components were designed using data provided by the Producer. Any errors, omissions, or alterations to the Producer specifications may result in a change or withdrawal of this proposal.

This proposal is strictly conditional upon no material change in the risk and no known new losses occurring between the date of this proposal and the inception date of the proposed policy. In the event of such change in risk or loss, Zurich may in its sole discretion, whether or not this proposal has been already accepted by the insured, modify or withdraw this proposal.

This proposal identifies the policy forms and the associated form number that will be provided by Zurich. The policy forms may deviate from the requested coverage and wording contained in the submission. The policy forms noted herein include countrywide and some state-specific forms. Additional state-specific forms not noted herein will be endorsed on to the policy, where applicable. There may be instances where the policy form actually issued by Zurich differs from that which is in this proposal. This may be due to an insured-specific request, recent amendments to the policy form filed and approved for use but not yet updated in the Zurich proposal, or other reasons. Zurich may also include policy forms that are in addition to those requested by the Insured or Producer in the submission. These additional policy forms are issued by Zurich in accordance with internal and/or state specific requirements. Any premium associated with these additional policy forms is included in the quoted premium in this proposal.

Premium-Specific Conditions

The premium elements, which include, but are not limited to, premium, factors, or formulas, included within this proposal are estimates. These estimates are based upon the information contained in the application and submission made available to Zurich at the time this proposal was prepared. Any subsequent changes in the information provided may result in modifications to this proposal. Changes in the information that may result in modifications to the premium elements include, but are not limited to, rates, classifications, new or different exposures, changes in operations, prior exposures, prior loss information, experience modifications, managed care modifications, drug free modifications, tax multipliers, insured's request for removal of any products contained in the proposal, or the insured's financial condition.

Risk Engineering

Risk Engineering services are provided by The Zurich Services Corporation (ZSC) and/or strategic vendors of ZSC. The outline of Risk Engineering services is intended as a general description of the services available and is provided solely for informational purposes. Nothing herein should be construed as advice or recommendations, and ZSC, its affiliates and strategic vendors do not guarantee any particular outcome or reduction in losses, claims or costs.

TERMS & CONDITIONS



Claim Services Disclosures

Legal Bill Review utilizes a rules-based software program provided by an outside vendor and a dedicated staff of legal professionals and support staff to verify the accuracy of electronically submitted legal bills presented under the policy for payment in an effort to control your overall claim costs. As a component of ALAE, each claim file is charged 1.5%* of the legal charges reviewed through this service.

Zurich's Recovery Services consist of seven regional recovery hubs providing multi-line commercial recovery services on a domestic and international basis. Front-end data mining, fully dedicated personnel, recovery panel counsel, forensic engineering and other leveraged programs assist in driving results. Zurich Recovery Services will charge seventeen percent (17%)* of the gross amount recovered from the third parties responsible for the loss. If a recovery is not produced, a fee will not be earned. Associated expense in pursuit of recovery will be charged to the claim file.

Certain special claim handling services are provided only for the duration of your effective policy period. These services can continue beyond an effective policy term, but will be charged according to Zurich's current rates at that time.

* *Subject to change*



THIS DISCLOSURE DOES NOT GRANT ANY COVERAGE OR CHANGE THE TERMS AND CONDITIONS OF ANY COVERAGE UNDER ANY POLICY.

DISCLOSURE OF IMPORTANT INFORMATION RELATING TO TERRORISM RISK INSURANCE ACT

SCHEDULE*

Premium attributable to risk of loss from certified acts of terrorism for lines of insurance subject to TRIA:

Property Portfolio Protection	\$777.00
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*Any information required to complete this Schedule, if not shown above, will be shown in the quote or proposal.

A. Disclosure of Premium

In accordance with the federal Terrorism Risk Insurance Act ("TRIA"), as amended, we are required to provide you with a notice disclosing the portion of your premium, if any, attributable to the risk of loss from terrorist acts certified under that Act for lines subject to TRIA. That portion of premium attributable is shown in the Schedule above. The premium shown in the Schedule above is subject to adjustment upon premium audit, if applicable.

B. Disclosure of Federal Participation in Payment of Terrorism Losses

You should know that where coverage is provided by this policy for losses resulting from certified acts of terrorism, the United States Government may pay up to 80% of insured losses exceeding the statutorily established deductible paid by the insurance company providing the coverage.

C. Disclosure of \$100 Billion Cap on All Insurer and Federal Obligations

If aggregate insured losses attributable to terrorist acts certified under TRIA exceed \$100 billion in a calendar year (January 1 through December 31) and an insurer has met its deductible under the program, that insurer shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of Treasury.

D. Availability

As required by TRIA, we have made available to you for lines subject to TRIA coverage for losses resulting from acts of terrorism certified under TRIA with terms, amounts and limitations that do not differ materially from those for losses arising from events other than acts of terrorism.

E. Definition of Act of Terrorism under TRIA

TRIA defines "act of terrorism" as any act that is certified by the Secretary of the Treasury, in accordance with the provisions of the federal Terrorism Risk Insurance Act ("TRIA"), to be an act of terrorism. The Terrorism Risk Insurance Act provides that the Secretary of Treasury shall certify an act of terrorism:

1. To be an act of terrorism;
2. To be a violent act or an act that is dangerous to human life, property or infrastructure;
3. To have resulted in damage within the United States, or outside of the United States in the case of an air carrier (as defined in section 40102 of Title 49, United States Code) or a United States flag vessel (or a vessel based

principally in the United States, on which United States income tax is paid and whose insurance coverage is subject to regulation in the United States), or the premises of a United States mission; and

4. 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.

No act may be certified as an "act of terrorism" if the act is committed as part of the course of a war declared by Congress (except for workers' compensation) or if losses resulting from the act, in the aggregate for insurance subject to TRIA, do not exceed \$5,000,000.

Policy Number

Proposal

SCHEDULE OF LOCATIONS

Named Insured Mangum City Hospital Authority

Effective Date: 04/21/2021
12:01 A.M., Standard Time

Agent Name FRATES INS & RISK MANAGEMENT

Agent No. 36216000

Loc. No.	Bldg. No.	Designated Locations (Address, City, State, ZIP Code)	Occupancy
001		1 Wickersham St Mangum, OK 73554-9117	
001	001	1 Wickersham St Mangum, OK 73554-9117	
001	002	1 Wickersham St Mangum, OK 73554-9117	
002		118 S Louis Tittle Ave Mangum, OK 73554-4441	
002	001	118 S Louis Tittle Ave Mangum, OK 73554-4441	

Mangum City Hospital Authority
Directors and Officers
Employment Practices Liability
Proposal

[illegible]

[illegible]

An Insurance Proposal

Allied World Specialty Insurance Company

OHA Insurance Agency, Inc.
4000 Lincoln Blvd.
Oklahoma City, Oklahoma 73105



ALLIED WORLD SPECIALTY INSURANCE COMPANY
311 South Wacker Drive, Suite 1100
Chicago, IL 60606
USA

T. 312-646-7700
F. 312-922-1159

To:	Ryan Roth Pro Access, L.L.C. 120 S. Riverside Plaza, Suite 2160 Chicago, IL 60606	Date:	03/19/2021
From:	Chelsea Cerruto	Account #:	2099359
Re:	Mangum City Hospital Authority - Healthcare Forcefield D&O		

QUOTATION VIA: EMAIL

Quote Expiration Date	04/21/2021		
Insured	Mangum City Hospital Authority		
Address	1 Wickersham Drive Mangum, OK 73554		
Policy Period	From: 04/21/2021	To: 04/21/2022	

Quote #	1
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Limits of Liability	
Policy Per Claim Limit	\$1,000,000
Policy Aggregate Limit of Liability	\$1,000,000
Dedicated Excess Coverage for all Insured Persons	N/A

Sublimits of Liability	
Anti-Trust Claims Coverage	\$1,000,000
Regulatory Claims Coverage	\$250,000
HIPAA Fines and Penalties Coverage	\$25,000
Crisis Event Coverage/Response Costs	\$10,000
EMTALA Coverage	\$50,000
IRS Actions, Defense Only Coverage	\$25,000
Excess Benefits Transactions Excise Tax Coverage	\$100,000
Punitive Damages Coverage	\$1,000,000

Retention	
Each and every Claim (not applicable to Insuring Agreement A, D, E, G and H)	\$25,000
Each and every Antitrust Claim under Insuring Agreement D	\$100,000
Each and every Regulatory Claim under Insuring Agreement E	\$250,000
Policy Premium	\$15,675
Pending and Prior Date	06/30/2017

Discovery Period	
1 Year	TBD
2 Years	N/A
3 Years	N/A
4 Years	N/A
5 Years	N/A
6 Years	N/A

Insurer	Allied World Specialty Insurance Company - Admitted
Policy Form	
HC DO 00004 00 (12/15)	- Directors and Officers Liability Policy
Premium Due Date	30 Days from effective date of policy

Endorsements

1. HC DO 00015 00 (07/10) - Duty to Defend Coverage, Subject to Hammer Clause (80/20)
2. HC DO 00024 00 (07/10) - Major Security Holder Claims Exclusion (5%)
3. HC DO 00036 00 (07/10) - Pre-Approved Crisis Management Firm(s)
4. HC DO 00043 00 (07/10) - Full Securities Exclusion
5. HC DO 00056 00 (07/10) - Antitrust Coverage Subject to Co-Insurance (20%)
6. HC DO 00059 35 (01/13) - Pcly Clarifictn No Reten Applicable To Insrgr Agrmet G,Crisis Event Cvrge
7. HC DO 00061 35 (03/13) - Newly Acquired Entities Asset/Revenue Threshold (10%)
8. HC DO 00068 35 (04/13) - Regulatory Coverage-Coinsurance Basis (D&O Standalone) (20%)
9. HC DO 00120 00 (06/18) - Separate Retention For Claims Brought By High Wage Earners Endorsement (\$100k salary threshold; \$100k retention)
10. HC DO 00124 00 (06/18) - TCPA Exclusion (*NEW*)
11. HC DOEP 00010 35 (07/10) - Oklahoma State Amendatory Endorsement
12. HC DOEP 00023 00 (07/10) - Prior Acts Exclusion (6/30/2017)
13. HC DOEP 00056 35 (5/12) - Allocations of Loss (HC FF Stand Alone Forms)
14. HC DOEP 00058 35 (04/13) - Workplace Violence Expenses Covge,W Sublimit (D&O,EPL Standalone)
15. HC DOEP 00059 35 (05/13) - Increased Reten for Phyn Claims (by or agnst)(D&O,EPL,EMP Law Standline Formrs) (\$100,000)
16. HC DOEP 00063 35 (10/16) - Amend Discovery Period Provision (Standalone)
17. HC FF 00005 35 (05/13) - Amend Retention Provision Rvsd (D&O,EPL,FID,EMP Law Standalone Formrs)
18. PN 9001 (01/15) - Terrorism Policyholder Notice
19. Z-FFHCDO 00029 00 (05/20) - Bankruptcy Exclusion - Defense Costs Coverage Only; Sublimit Applies (*NEW* \$50k Sublimit)
20. Z-FFHCDO 00031 - Amend HIPAA Coverage (*NEW* replaces and amends expiring HC DO 00058 35 to clarify no cover for private actions)
21. Z-FFHCDO 00035 - Amend Definition of Loss (*NEW*)
22. Z-FFHCDO 00036 00 (01/21) - Amend Regulatory Wrongful Act (CARES Act) (*NEW*)

TERMS AND CONDITIONS

This quote is strictly conditioned upon no material change in the risk, including a submission being made to the insurer of a claim or circumstance that might give rise to a claim, between the date of this quote and the policy inception date. In the event of such a change in risk, the insurer may, in its sole discretion, amend or withdraw this quote.

All other terms and conditions as per our Policy Form and any applicable endorsements referenced herein.

Thank you for choosing Allied World Specialty Insurance Company.

**POLICYHOLDER DISCLOSURE STATEMENT
UNDER THE TERRORISM RISK INSURANCE ACT**

The Insured is hereby notified that under the federal Terrorism Risk Insurance Act, as amended, (the "Act"), the Insured has a right to purchase insurance coverage for losses arising out of an Act of Terrorism, as defined in Section 102(1) of the Act: The term "act of terrorism" means any act that is 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 of the United States in 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. The Insured should read the Act for a complete description of its coverage. The decision to certify or not to certify an event as an Act of Terrorism covered by this law is final and not subject to review.

The Insured should know that where coverage is provided by this policy for losses caused by a Certified Act of Terrorism may be partially reimbursed by the United States Government under a formula established by federal law. However, the insured's policy may contain other exclusions that might affect coverage, such as an exclusion for nuclear events. Under the formula, the United States generally reimburses 85% through 2015; 84% beginning on January 1, 2016; 83% beginning on January 1, 2017; 82% beginning on January 1, 2018; 81% beginning on January 1, 2019; and 80% beginning on January 1, 2020, of covered terrorism losses exceeding the statutorily established deductible that must be met by the Insurer, and which deductible is based on a percentage of the Insurer's direct earned premiums for the year preceding the Act of Terrorism

Be advised that the Terrorism Risk Insurance Act, as amended, contains a \$100 billion cap on all losses resulting from Certified Acts of Terrorism. If aggregate insured losses attributable to Certified Acts of Terrorism exceed \$100 billion in a calendar year the United States Government shall not make any payment for any portion of the amount of such loss that exceeds \$100 billion. If aggregate insured losses attributable to Acts of Terrorism exceed \$100 billion in a Program Year and the Insurer has met its deductible under the Act, the Insurer shall not be liable for payment of any portion of the losses that exceeds \$100 billion, and in such case, insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.

Coverage for "insured losses" as defined in the Act is subject to the coverage terms, conditions, amounts and limits in this policy applicable to losses arising from events other than Acts of Terrorism.

Please see the options available to the Insured below.

- If you, the Insured, **elect to purchase coverage** in accordance with the Act, there will be \$0.00 additional premium due and **no further action or response is needed by you.**
- If you, the Insured, reject coverage in accordance with the Act, you must check below and sign and return this form to the Insurer.

☐ I HEREBY REJECT THIS COVERAGE.

Signature of Insured

Mangum City Hospital Authority

Print/Title

0310-8204

Date



Allied World Specialty Insurance Company
 311 South Wacker Drive, Suite 1100, Chicago, IL 60606
 Telephone: 312-646-7700 Fax: 312-922-1159

To	Ryan Roth Pro Access, L.L.C. Chicago, IL 60606	Date	03/19/2021
		Account #	2099359
From	Chelsea Cerruto 860-284-1810		
Re	Mangum City Hospital Authority - Healthcare Forcefield EPL		

QUOTATION VIA: EMAIL

Quote Expiration Date	04/21/2021		
Insured	Mangum City Hospital Authority		
Address	1 Wickersham Drive Mangum, OK 73554		
Policy Period	From: 04/21/2021	To: 04/21/2022	

Quote #	1
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Limits of Liability	
Policy Per Claim Limit	\$1,000,000
Policy Aggregate Limit of Liability	\$1,000,000

Sublimits of Liability	
Third Party Wrongful Acts Coverage	N/A
FLSA Defense Only Coverage	N/A
Punitive Damages Coverage	\$1,000,000

Retention	
Each and every Claim	\$25,000
Policy Premium	\$6,231
Pending and Prior Date	06/30/2017

Discovery Period	
1 Year	TBD%
2 Years	N/A%
3 Years	N/A%
4 Years	N/A%
5 Years	N/A%
6 Years	N/A%

Insurer	Allied World Specialty Insurance Company - Admitted
Policy Form	
HC EP 00001 00 (09/16) - Employment Practices Liability Declarations	
HC EP 00004 00 (12/15) - Employment Practices Liability Policy	
Premium Due Date	30 Days from effective date of policy

Endorsements

1. HC DOEP 00010 35 (07/10) - Oklahoma State Amendatory Endorsement
2. HC DOEP 00023 00 (07/10) - Prior Acts Exclusion (6/30/2017)
3. HC DOEP 00056 35 (5/12) - Allocations of Loss (HC FF Stand Alone Forms)

4. HC DOEP 00063 35 (10/16) - Amend Discovery Period Provision (Standalone)
5. HC EP 00012 00 (07/10) - FLSA Coverage Deleted (Fair Labor Standards Act)
6. HC EP 00019 00 (07/10) - Delete Third Party Coverage
7. HC EP 00020 00 (07/10) - Duty to Defend Coverage, Subject to Hammer Clause (80/20)
8. HC EP 00031 35 - Violation of Employee Privacy (Defense Costs Only, Subject to Sublimit of Liability) (\$25k)
9. HC EP 00035 35 (07/13) - Newly Acquired Entities, Notice to Insurer Required
10. HC EP 00062 00 (06/18) - Separate Retention for Claims Brought by High Wage Earners Endorsement (\$100k salary threshold; \$100k retention)
11. HC EP 00065 00 (07/18) - Amend Other Insurance Clause (Excess Over All Other Policies) (*NEW*)
12. HC EP 00066 00 (07/18) - Employee Privacy Wrongful Act Endorsement - Include Biometric Data; Defense Costs Only; Sublimit (*NEW* \$25k Sublimit)

TERMS AND CONDITIONS

This quote is strictly conditioned upon no material change in the risk, including a submission being made to the insurer of a claim or circumstance that might give rise to a claim, between the date of this quote and the policy inception date. In the event of such a change in risk, the insurer may, in its sole discretion, amend or withdraw this quote

All other terms and conditions as per our Policy Form and any applicable endorsements referenced herein.

Thank you for choosing Allied World Specialty Insurance Company a member company of Allied World Assurance Company Holdings Ltd.

PREMIUM SUMMARY
Mangum City Hospital Authority

	<u>Premium 2021-22</u>	<u>Premium 2020-21</u>
Property –Philadelphia	\$18,977	\$26,954
Professional and General Liability - MedPro	\$69,078	\$60,592
Directors and Officers – Allied World	\$15,925	\$12,015
Employment Practices Liability	\$ 6,231	\$ 4,846
Totals	\$110,211	\$104,407