

UH SPONSORED PHYSICIAN PROGRAM

Subject: Medical Professional Liability Information for

UH Residents and/or Fellows Graduating in Summer, 2023

Insurance Carrier: Western Reserve Assurance Co., Ltd. SPC

Policy Number: WR-UH-PHPL-2022

Limits of Liability: SHARED \$1,000,000 per occurrence/\$3,000,000 annual aggregate

Policy Period: July 1, 2022 to June 30, 2023

Dear Physician:

Residents and Fellows of University Hospitals are afforded medical professional liability coverage under University Hospitals General Liability insurance policy under the policy number listed above. This CLAIMS MADE coverage is currently underwritten by The Western Reserve Assurance Co., Ltd., SPC. Coverage under this policy dates back to July 1, 2002 and extends to all UH employees, including residents and fellows, while acting within the course and scope of their employment at University Hospitals. Because the limits of this coverage are **shared** with the hospital, residents and fellows are not required to purchase an Extended Reporting Period Endorsement ("Tail" coverage) upon their graduation.

Prior to July 1, 2002, University Hospitals of Cleveland (UHC) was self-insured. All residents and fellows during this time were covered under the Hospital's self-insured program for activities within the scope of their residency and/or fellowship.

If you require additional verification of your coverage and claims history information, please email WRA@UHHospitals.org. Please note, that our office requires your signed authorization to release details relating to your residency or fellowship at University Hospitals. For your convenience, a release of information form is attached to this memo. Please fax the completed requests to 216-201-4402.

Thank you in advance for you cooperation, and congratulations and good luck with your medical career!

Sincerely,

UH Corporate Risk Management Department



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REQUEST FOR COVERAGE AND CLAIMS HISTORY Authorization to Release Information

To request your claim history, please legibly provide as much of the requested information below as possible. Please return the completed form via fax to 216-201-4402 OR by email to: WRA@uhhospitals.org.

Coverage Type: ☐ Res	sident/Fellow Employed APP Employed Physician:									
Provider Full Name:										
Dates of Employment/coverage:										
Location / Facility / Entity.										
NPI Number:										
Phone Number: _										
Email Address: _										
UH may use this email address to respond to this request only. It will <u>no</u> for any other purpose.										
Forward information to:	Email address as above, &/or:									
_										
Fax #: _										
Phone #: _										
Email Address: _										
history, as it pertains to my empl Medical Center, or to my participa	ne release of information and documents concerning my claims &/or loss loyment, Residency or Fellowship at University Hospitals , UH Case ation in the UH Sponsored Physician Program . These programs are ern Reserve Assurance Co., Ltd, SPC.									
	om any liability for supplying information and documents in response to e of a copy of this authorization in place of the original.									
	/ /									
Printed Name	Date									
	DO: ☐ MD: ☐ Other: ☐									
Signature	DO. 🗆 IVID. 🗆 Ottlet. 🗆									

BLANKET ADDITIONAL INSURED ENDORSEMENT

This Policy is amended in that coverage provided hereunder shall extend to cover as an Additional Insured any person, organization, or governmental entity for whom you have agreed, in writing, to provide liability insurance. This coverage:

- Applies only to coverage and limits of insurance required by written agreement, but in no event exceeds either the scope of coverage or the limits of insurance provided by this policy.
- As respects coverage provided under Part I Professional Liability, is limited to <u>Professional Services</u> provided by the <u>Named Insured</u> for community events and fund raising activities; research agreements; <u>Professional Services</u> provided for non-University Hospitals Health System, Inc. facilities; or similar agreements unless specifically agreed in advance by the Company.

Shall apply as primary insurance where specifically agreed, in writing, as part of an Insured Contract

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/15/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

tŀ	is certificate does not confer rights t	o the	cert	ificate holder in lieu of su).			
PRODUCER March Management Services Courney Ltd.					CONTACT NAME:					
	Marsh Management Services Cayman Ltd. 23 Lime Tree Bay Avenue, Governor's Square				PHONE FAX (A/C, No, Ext): (A/C, No):					
	Bldg. 4, 2nd Floor - P.O. Box 1051				E-MAIL ADDRESS:					
Grand Cayman KY1-1102 CAYMAN ISLANDS				INSURER(S) AFFORDING COVERAGE NAIC #					NAIC#	
CN1	CN101925416-ok-UHCMC-22-23 UniHos				INSURE	RA: WESTERN	RESERVE ASSI	JRANCE CO., LTD. SPC		
INSURED Linearity Licentials Licentials Licentials Licentials			INSURER B:							
	University Hospitals Health System, Inc. dba University Hospitals			INSURER C:						
3605 Warrensville Center Road				INSURER D:						
Shaker Heights, OH 44122					INSURER E :					
					INSURE	RF:				
СО	VERAGES CER	TIFIC	CATE	NUMBER:	CLE	-006723736-52		REVISION NUMBER: 2		
	HIS IS TO CERTIFY THAT THE POLICIES									
	IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY									
E.	XCLUSIONS AND CONDITIONS OF SUCH	POLI	CIES.	LIMITS SHOWN MAY HAVE		REDUCED BY	PAID CLAIMS.			
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY			WR-UH-PHPL-2022		07/01/2022	07/01/2023	EACH OCCURRENCE	\$	1,000,000
	X CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
								MED EXP (Any one person)	\$	N/A
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	3,000,000
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	1,000,000
	OTHER:								\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO							BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident)	\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION\$								\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER		
	ANYPROPRIETOR/PARTNER/EXECUTIVE N	N/A						E.L. EACH ACCIDENT	\$	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
Α	PROFESSIONAL LIABILITY			WR-UH-PHPL-2022		07/01/2022	07/01/2023	GENERAL AGG		3,000,000
	CLAIMS-MADE							EACH CLAIM		1,000,000
COV REG EMP	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE REAGE IS EXTENDED TO INCLUDE ALL EMPLOYE ISTERED NURSE ANESTHETISTS, MIDWIVES, RE LOYMENT WITH THE ABOVE NAMED INSURED. ITIONAL INSUREDS ARE COVERED PER THE ATT	EES ÓI SIDEN	f the TS, Fe	INSURED ENTITY, INCLUDING BU LLOWS AND ADMINISTRATIVE A	JT NOT LI	IMITED TO: NUR	SES, PHYSICIAN	I ASSISTANTS, NURSE PRACTIC		
CERTIFICATE HOLDER					CANCELLATION					
TO WHOM IT MAY CONCERN				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
					AUTHORIZED REPRESENTATIVE Marsh Management Services Cauman Ltd.					