

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 your cooperation, and congratulations and good luck with your medical career!

Sincerely,

UH Corporate Risk Management Department

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 Professional Services provided by the Named Insured for community events and fund raising activities; research agreements; Professional Services 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

