

MEMORANDUM OF LIABILITY INSURANCE

Current as of:
July 1, 2021

<div>PRODUCER</div> <div>STRATEGIC RISK SOLUTIONS (CAYMAN) LTD CARRIBEAN PLAZA, 2ND FLOOR, NORTH BLDG 878 WEST BAY RD PO BOX 1159 GRAND CAYMAN KY1-1102 CAYMAN ISLANDS</div>	<div>THIS MEMORANDUM IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON ANY RECIPIENT OF THIS MEMORANDUM. THIS MEMORANDUM DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE DESCRIBED BELOW. ANY USE, DUPLICATION OR DISTRIBUTION OF THIS MEMORANDUM WITHOUT PRIOR WRITTEN CONSENT IS PROHIBITED.</div>		
<div>INSURED</div> <div>BANNER HEALTH AND SUBSIDIARIES 2901 N CENTRAL AVE #160 PHOENIX, AZ 85012 UNITED STATES OF AMERICA</div>	COMPANIES AFFORDING COVERAGE		NAIC #
	COMPANY A	BANNER INDEMNITY LTD	
	COMPANY B		
	COMPANY C		
	COMPANY D		

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS MEMORANDUM MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

COMPANY LETTER	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS	
					LIMITS IN USD UNLESS OTHERWISE INDICATED	
A	PROFESSIONAL LIABILITY <input checked="" type="checkbox"/> PROFESSIONAL LIABILITY <input checked="" type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR	BIL 2021 - CM	7/1/2021	7/1/2022		
					GENERAL AGGREGATE	\$ 3,000,000
					PERSONAL & ADV INJURY	\$
					EACH OCCURRENCE	\$ 1,000,000
					FIRE DAMAGE (Any One Fire)	\$
					MED EXP (Any One Person)	\$
						\$
						\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT	\$
					BODILY INJURY (Per Person)	\$
					BODILY INJURY (Per Accident)	\$
					PROPERTY DAMAGE	\$
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				PER CLAIM	\$
					AGGREGATE	\$
						\$
	WORKERS COMPENSATION/ EMPLOYERS LIABILITY PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL. <input type="checkbox"/> EXCL.				WORKERS COMPENSATION LIMITS	
					EL EACH ACCIDENT	\$
					EL DISEASE - POLICY LIMIT	\$
					EL DISEASE - EACH EMPLOYEE	\$
					EACH OCCURRENCE	\$
					AGGREGATE	\$

ADDITIONAL INFORMATION