

## CERTIFICATE OF COVERAGE

Issue Date: 7/1/2014  
Certificate #: AH 8332

<b>Producer</b> Ascension Health P.O. Box 46944 11775 Borman Drive, Suite 300 St. Louis, MO 63146 coi-credrequests@ascensionhealth.org	This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded below.
<b>Covered Entity</b> St. Vincent's HealthCare  1 Shireliff Way Jacksonville, FL 32204	<b>Trust Plan Letter</b> A    Ascension Health Alliance Self-Insurance Trust Account


### COVERAGES

This is to certify that the coverage listed below has been issued to the Covered Entity named above for the period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the coverage afforded as described herein is subject to all the terms, exclusions and conditions of such coverage. Limits shown are minimum liability limits required and may have been reduced by defense costs and paid claims.

TRUST PLAN LTR	TYPE OF COVERAGE	TRUST PLAN	EFFECTIVE DATE	EXPIRATION DATE	MINIMUM LIABILITY LIMITS	
A	<b>General Liability</b> <input type="checkbox"/> Occurrence <input checked="" type="checkbox"/> Claims-Made	#805 1522-0400	07/01/2014	07/01/2015	General Aggregate	Unlimited
					Products-Comp/Op Agg	Unlimited
					Personal/Advertising Injury	\$1,000,000
					Each Occurrence	\$1,000,000
					Med Exp (Any One Person)	\$5,000
A	<b>Professional Liability</b> <input type="checkbox"/> Occurrence <input checked="" type="checkbox"/> Claims-Made	#805 1522-0400	07/01/2014	07/01/2015	\$1,000,000 Each Medical Incident Unlimited Aggregate	
					Each Medical Incident	
	<b>Professional Excess Liability (Claims-Made Coverage)</b>				Each Medical Incident	
	<b>Extended Reporting (Tail):</b>		Effective Date: Retro Date:			

**DESCRIPTION OF OPERATIONS / LOCATIONS / SPECIAL ITEMS:**

Limits are not pyramiding or stacking if more than one coverage applies to the same claim.  
Except where otherwise required by law, all insureds share the limits of liability.

<b>Certificate Holder</b>  St. Vincent's HealthCare 1 Shireliff Way Jacksonville, FL 32204	<b>Cancellation Clause</b> Should any of the above described policies be cancelled before the expiration date thereof, notice will be delivered in accordance with the policy provisions.
	<b>Authorized Representative</b>  <div style="text-align: center; font-size: 2em; font-family: cursive;">  </div>



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
07/09/2014

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 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).

<b>PRODUCER</b> Marsh USA Inc. 701 Market Street Suite 1100 St. Louis, MO 63101	<b>CONTACT NAME:</b> _____	
	<b>PHONE (A/C, No, Ext):</b> _____	<b>FAX (A/C, No):</b> _____
<b>E-MAIL ADDRESS:</b> _____		
<b>DCNHS-AH-AXSWC-14-15</b> <b>17</b>		<b>INSURER(S) AFFORDING COVERAGE</b> <b>NAIC #</b>
<b>INSURED</b> St. Vincent's HealthCare 1 Shiloh Way Jacksonville, FL 32204		<b>INSURER A:</b> ACE American Insurance Company      22667
		<b>INSURER B:</b> _____
		<b>INSURER C:</b> _____
		<b>INSURER D:</b> _____
		<b>INSURER E:</b> _____
		<b>INSURER F:</b> _____

**COVERAGES**      **CERTIFICATE NUMBER:** CHI-004701197-05      **REVISION NUMBER:** 0

THIS IS TO CERTIFY THAT 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 CERTIFICATE 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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR _____ _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/PO/ AGG \$ _____ \$
	<b>AUTOMOBILE LIABILITY</b> <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 (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ _____ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ _____ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N					<input type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Excess Workers Compensation			WCUC48014367 (AOS) Workers Compensation - Statutory	07/01/2014	07/01/2015	Employers Liability: 5,000,000 SIR Value: 1,500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Re: Use of Simon Property Group shopping centers for various events.

**CERTIFICATE HOLDER**Simon Property Group, LP  
Attn: Kasey Harris - 11th Floor  
225 W Washington Street  
Indianapolis, IN 46204**CANCELLATION**

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  
of Marsh USA Inc.

Manashi Mukherjee

*Manashi Mukherjee*

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