POLICY NUMBER:	CEL-MI-10085-0704-22
RENEWAL OF POLICY NUMBER:	CEL-MI-10085-0704-21
UNDERWRITER:	Berkley Healthcare Medical Professional, A division of Berkley Healthcare, An operating unit of Berkley Insurance Company On behalf of Admiral Insurance Company 16253 Swingley Ridge Road, Suite 375 Chesterfield, MO 63017

ITEM 1. NAMED INSURED:	**Hurley Medical Center**
ITEM 2. ADDRESS:	One Hurley Plaza Flint, MI 48503

ITEM 3. POLICY PERIOD:	From: 7/1/2025 To: 7/1/2026 (As of 12:01 a.m. at the Address set forth in Item 1)

ITEM 4. COVERAGE:	A. Healthcare Facility Excess Professional Liability (Claims Made) B. Healthcare Facility Excess General Liability (Occurrence) C. Follow-Form Excess Liability

ITEM 5. COMPANY'S LIMIT OF LIABILITY:

A.	$20,000,000*	Each **Loss Event**
B.	$20,000,000* *(IAD) The Company's Limit of Liability is subject to a $10,000,000/$10,000,000 Inner Aggregate Deductible (IAD) which is the responsibility of the Insured. The IAD reduces the Company's Limits of Liability.	Policy Period Aggregate

☒ Limits of Liability apply to **Loss** and **Expenses, Costs and Interest**.
☐ Limits of Liability apply to **Loss**; **Expenses, Costs and Interest**; pro rata reimbursement of **Expenses**, **Costs and Interest**.
☐ Limits of Liability apply only to **Loss**

ITEM 6. PREMIUM:

Policy Premium	$350,000
TRIA Premium	Declined
Total Policy Premium	$350,000

ITEM 7. RETROACTIVE DATE:

A.	Applicable to Healthcare Facility Excess Professional Liability (COVERAGE A)
B.	If any of the coverages set forth in the Schedule of Underlying are written on a "Claims-Made" basis, then the **Retroactive Date** of this Policy is the same as the **Retroactive Date** contained in the **Underlying Insurance** unless stated herein: _____

ITEM 8. MINIMUM AND FULLY EARNED PREMIUM:	35%

SCHEDULE OF UNDERLYING		
UNDERLYING AMOUNTS		
Which is Excess of:		
COVERAGE A: Healthcare Facility Professional Liability – Claims Made	$12,000,000	Each Loss Event
	NIL	Policy Period Aggregate
COVERAGE B: Healthcare Facility General Liability - Occurrence	$2,000,000	Each Loss Event
	$4,000,000	Policy Period Aggregate
☒ **Underlying Amounts** are reduced by **Expenses, Costs and Interest** ☐ **Underlying Amounts** are reduced by **Expenses, Costs and Interest** pro-rata ☐ **Underlying Amounts** are not reduced by **Expenses, Costs and Interest**		
UNDERLYING INSURANCE		
COVERAGE C:		
Commercial Auto Liability	$1,000,000	Combined Single Limit
Employer's Liability	$1,000,000	Each Accident
	$1,000,000	Disease - Each Employee
	$1,000,000	Disease – Policy Aggregate
Employee Benefits Liability	$1,000,000	Each Loss Event
	$1,000,000	Policy Period Aggregate
Helipad Liability	$10,000,000	Each Loss Event
Non-Owned Aircraft Liability	$10,000,000	Each Loss Event
	With respect to Underlying Insurance scheduled, Expenses, Costs and Interest will apply in accordance with the terms and conditions of the Underlying Insurance.	
CONTINUING UNDERLYING AMOUNT The CUA applies to all aggregated coverages.	$50,000	Each Loss Event
COVERAGE A AND COVERAGE B ARE NOT SUBJECT TO THE TERMS, CONDITIONS, DEFINITIONS OR EXCLUSIONS OF ANY **OTHER INSURANCE**, INCLUDING BUT NOT LIMITED TO, INSURANCE THAT APPLIES TO ALL OR PART OF THE **UNDERLYING AMOUNTS**.		