



# CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)  
07/06/2011

Holder Identifier : Corp -All Liab

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> Aon Risk Insurance Services West, Inc. Denver CO Office 4100 East Mississippi Avenue Suite 1500 Denver CO 80246 USA	<b>CONTACT NAME:</b> PHONE (A/C. No. Ext): (303) 758-7688      FAX (A/C. No.): (303) 758-9458		
	<b>E-MAIL ADDRESS:</b>		
<b>INSURED</b> National Jewish Health 1400 Jackson Street Denver CO 80206-2761 USA	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	INSURER A: Indian Harbor Insurance Company		36940
	INSURER B: Federal Insurance Company		20281
	INSURER C: Copic Insurance Company		11860
	INSURER D: Homeland Insurance Company of NY		34452
	INSURER E: Sentinel Insurance Company, Ltd		11000
INSURER F:			

**COVERAGES**      **CERTIFICATE NUMBER: 570043195825**      **REVISION NUMBER:**

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. Limits shown are as requested

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
C	GENERAL LIABILITY			HCC0011476	07/01/2011	07/01/2012	EACH OCCURRENCE	\$1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			Health Care Liability			DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							PERSONAL & ADV INJURY
<input checked="" type="checkbox"/> POLICY	<input type="checkbox"/> PRO-JECT	<input type="checkbox"/> LOC					GENERAL AGGREGATE	\$3,000,000
							PRODUCTS - COMP/OP AGG	\$1,000,000
E	AUTOMOBILE LIABILITY			34 UUN NJ 8069	07/01/2011	07/01/2012	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	
	<input type="checkbox"/> ALL OWNED AUTOS	<input checked="" type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)	
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	
C	<input checked="" type="checkbox"/> UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR		UCC0011477	07/01/2011	07/01/2012	EACH OCCURRENCE	\$10,000,000
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE		Ex/PL Claims Made			AGGREGATE	\$10,000,000
	DED <input checked="" type="checkbox"/>	RETENTION \$10,000		SIR applies per policy terms & conditions				
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU-TORY LIMITS	OTH-ER
	ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y / <input checked="" type="checkbox"/> N	N/A				E.L. EACH ACCIDENT	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE-EA EMPLOYEE	
							E.L. DISEASE-POLICY LIMIT	
A	Pollution Cvg			PEC000989901	08/01/2006	08/01/2011	Pollution-Each Loss	\$2,000,000
				Pollution & Remediation L			Pollution-Total All	\$2,000,000

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

Proof of Insurance.

### CERTIFICATE HOLDER

### CANCELLATION

National Jewish Health 1400 Jackson Street Denver CO 80206-2761 USA	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  <i>Aon Risk Insurance Services West, Inc.</i>

Certificate No : 570043195825





INSURED

National Jewish Health  
1400 Jackson Street  
Denver CO 80206-2761 USA

National Jewish Medical and Research Ctr

Deductibles:

HEALTHCARE PROFESSIONAL LIABILITY (policy HCC0011476), General Liability and Professional Liability - \$100,000/\$300,000; Products Liability - \$5,000 per occurrence, Patient's Property - \$100, Employee Benefits Liability - \$1,000

AUTO LIABILITY (policy 34UUNNJ8069) Physical Damage \$1,000 Comprehensive & \$1,000 Collision

UMBRELLA INCLUDING EXCESS PROFESSIONAL LIABILITY (policy UCC0011477) - \$10,000 retained limit

POLLUTION & REMEDIATION LEGAL LAIBILITY (policy PEC000989901) - \$50,000 retention

FIDUCIARY LIABILITY (policy 81668584) - \$25,000 retention

D & O COVERAGE (policy 81668584) - \$50,000 retention.