

BINDER

(Summary of Coverage)

MEMBER:

Orcas Island Health Care District
PO Box 226
Eastsound, Washington 98245-0226

MEMORANDUM #

2023-00-653

EFFECTIVE:

9/1/2022 through 8/31/2023

This binder is subject to the terms and conditions as referenced in the Memorandum of Coverage.

COVERAGE:	COVERAGE TYPE	LIMIT**	DEDUCTIBLE/ CO-PAY
GENERAL LIABILITY <i>General Liability; Professional Liability</i>	Each occurrence	\$20,000,000	\$1,000
AUTO LIABILITY <i>Hired and Non-Owned; Temporary Substitute</i>	Each occurrence	\$20,000,000	\$1,000
PUBLIC OFFICIALS ERRORS AND OMISSIONS LIABILITY	Each Wrongful Act Member Aggregate	\$20,000,000 \$20,000,000	\$1,000
EMPLOYMENT PRACTICES LIABILITY	Aggregate Per member	\$20,000,000	20% Co-pay*
CRIME BLANKET COVERAGE WITH FAITHFUL PERFORMANCE OF DUTY	Per Occurrence Member Aggregate	\$2,500 N/A	\$1,000
NAMED POSITION COVERAGE WITH FAITHFUL PERFORMANCE OF DUTY	Per Occurrence Member Aggregate	N/A N/A	N/A N/A
PROPERTY/MOBILE EQUIPMENT/BOILER AND MACHINERY	Replacement Cost	N/A	N/A
CYBER COVERAGE	Member Aggregate APIP Program Aggregate	N/A N/A	N/A -
AUTOMOBILE PHYSICAL DAMAGE	Per Schedule with Enduris	N/A	N/A
IDENTITY FRAUD EXPENSE REIMBURSEMENT	Per Occurrence Member Aggregate	\$25,000 \$25,000	\$0

**Co-pay may be waived as per Memorandum of Coverage*

***Subject to limits and sub-limits as noted in the Memorandum of Coverage*



Sheryl Brandt
Authorized Representative
Executive Director