



1610 S. Technology Blvd, Suite 100 | Spokane, WA 99224 | T. 800-462-8418 | F. 509-747-3875 | www.enduris.us

Membership Application

Date Submitted June 12, 2018 Proposed Effective Date May 5, 2018

General Information

Entity Name: San Juan County Public Hospital District #3 DBA Orcas Island Health Care District

Street Address, City, Zip: _____

Mailing Address, City, Zip: P O Box 226, Eastsound, WA 98245-0226

County: San Juan Phone: _____

Fax: _____ E-mail: pegig@orcashealth.org

Contact Person/Title: Pegi A. Groundwater, Commissioner

Expiring Insurance Carrier None, we are a newly formed District

Expiring Insurance Premium _____

What is the reason(s) this district decided to join Enduris? Newly formed and need insurance

Elected/Appointed Officials

Total # Elected Officials 5 Total # Appointed Officials 0

Please list all elected/appointed officials. Attach a separate sheet if necessary.

- | | |
|--|--|
| <p>1) Name <u>Richard Fralick</u></p> <p>Address <u>P O Box 85</u></p> <p>City, State, Zip <u>Deer Harbor, WA 98280-0085</u></p> | <p>Position <u>Commissioner and President</u></p> <p>Phone & Fax <u>360-376-3210</u></p> <p>E-Mail <u>richardf@orcashealth.org</u></p> |
| <p>2) Name <u>Patty Miller</u></p> <p>Address <u>P O Box 1000</u></p> <p>City, State, Zip <u>Olga, WA 98279-1000</u></p> | <p>Position <u>Commissioner and Secretary</u></p> <p>Phone & Fax <u>360-376-6843</u></p> <p>E-Mail <u>pattym@orcashealth.org</u></p> |

3) Name Diane Boteler, M.D. Position Commissioner
 Address P O Box 639 Phone & Fax 360-376-5108
 City, State, Zip Eastsound, WA 98245-0639 E-Mail diane@orcashealth.org

AGENT TO RECEIVE CLAIMS (RCW 4.96.020):

Is the district compliant with RCW 4.96.020? Has the district filed an appointment of an agent to receive claims with the county Auditor's office? Yes No

If no, please go to enduris.us/claims/agent to receive claims for more information.

As a means of communication, Enduris provides a copy of the members' annual report to each member (district/entity) and a copy for each governing board member. If you would like to increase or decrease the quantity, please indicate that amount _____

Operations

Total annual Labor & Industry Hours
 (Even if zero)

Full Time Employees # Part Time Employees # Volunteers

#Elected Officials #Appointed Officials
 Elected to your governing board Appointed to your governing board

Total current budget Total annual payroll
 Net operating budget (do not include capital improvements or debt payment) Gross salaries (do not include benefits)

Have you had a reduction in work force or terminated an employee in the last three years? Yes No

If yes, please explain? _____

Was it amicable and reciprocal? Yes No

* All numbers are estimates only

Tenants

Do you have tenants for any property or buildings you own? Yes No

If yes, how many?

Vans

Does the district have any vans? Yes No

What is the purpose/use of the van? _____

Do you routinely transport non-employees? Yes No

Do you travel more than 25 miles from your headquarters? Yes No



Property Information Form (information required by excess property underwriters)

Please complete one form for EACH property location you wish to add. Make additional copies of form if necessary.

Member: _____ **#:** _____ **Date:** _____

Property Description: _____

Physical Address: _____

City: _____ Zip Code: _____

Select one: Own Lease Home Office

Building Replacement Cost per Marshall & Swift Construction Cost

Structure Value: \$ _____

Contents Value: \$ _____

Select *one* construction type only:

Class	Construction Type	Square Footage	Class	Construction Type	Square Footage
A	Non Comb Steel Frame	_____	CB	Concrete Block	_____
B	All Reinforced Concrete	_____	D	Wood Frame	_____
C	Masonry Const/Wood Roof	_____	FR	Fire Resistive	_____
C1	Masonry Const/Non-Comb Roof	_____	M	Mixed Non-Comb/Comb	_____
C3	Concrete Block/Non-Comb Roof	_____	S	All Steel	_____
C4	Concrete Block/Comb Roof	_____			

Building Information

Number of Stories	_____
Year Built	_____
Occupancy *	_____
Year Last Appraised	_____ / \$
Entry Alarm	Y / N
Fire Alarm	Y / N
Sprinklers _____ %	Y / N

- * **Occupancy** *some examples include*
- Fire Station
 - Park & Recreation
 - Residential
 - Parking Garage
 - Water Treatment
 - Well
 - Industrial
 - Office/Admin.
 - Library
 - Retail
 - Pump house

If New Construction, Begin Date: _____

Notes/Comments: _____

Signature _____

Date _____

Print Name _____



Crime coverage is optional and may be obtained in two different forms – **Blanket** and **Named Position**. The difference between Blanket and Named Position coverage is just as it appears. Named Position covers loss by the employee(s) listed, while Blanket covers loss by *any* employee or volunteer.

Government **CRIME** Policy includes the following coverages:

- Employee Theft – Per Loss Coverage
- Forgery or Alteration
- Inside the Premises – Theft of Money and Securities
- Inside the Premises – Robbery & Safe Burglary of Other Property
- Outside the Premises (Money, Securities and Other Property)
- Computer Fraud
- Funds Transfer Fraud
- Money Orders & Counterfeit Money

BLANKET		NAMED POSITION	
Available limits and associated costs		Available limits and associated costs	
Limit	PY 2018 Rate	Limit	PY 2018 Rate
\$2,500	\$0	5,000	63
5,000	63	7,500	73
10,000	105	10,000	84
25,000	157	25,000	105
50,000	315	50,000	157
75,000	367	75,000	183
100,000	420	100,000	210
250,000	681	250,000	420
350,000	786	500,000	681
500,000	944		
750,000	1,417		
1,000,000	1,887		

Blanket Coverage Amount \$2,500

Named Position Coverage:

Name	Position	Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Entity Name: San Juan Public Hospital District #3 DBA Orcas Island Health Care District

Prior Acts Coverage

Insurance jargon can be very confusing, but Prior Acts coverage is an important concept to understand. Prior Acts coverage may be appropriate if your current Errors and Omissions, and Employment Practice Liability policies are “claims-made” policies. In a “Claims-Made” insurance policy, the insurer agrees to pay all claims that happen AND are presented during the policy period.

In an “Occurrence” form, claims are considered for incidents which occur during the policy period covered, regardless of when they are reported. When changing from a “Claims-Made” to an “Occurrence” policy there can be a gap in coverage if the incident occurred in a prior policy period but is not reported until a subsequent policy period.

EXTENDED REPORTING PERIOD

You should be able to purchase an “extended reporting period” for your claims-made policy through your old carrier. The Washington State Insurance Commissioner requires your prior carrier to provide you a quote for this coverage. However, that does not mean the quote will be reasonably priced.

WE CAN FIX THAT PROBLEM

Enduris has coverage available to cover this gap with Prior Acts Coverage. Please review the Errors and Omissions, Employment Practices or Management Liability section of your prior policy. If your policy states the coverage is “Claims-Made,” then be sure to ask for prior acts coverage. You may request **Basic Limits** of Prior Acts Coverage at no additional cost to your district. **Basic Limits** match your expiring policy limits, up to \$10,000,000 per year for each of the prior 3 years. We can quote additional limits at your request.

Your prior policy Declaration Page must accompany your request for coverage.

If you are in need of prior acts coverage, please include your prior Declaration Sheet (DEC) (first page of your current Errors & Omissions, EPL or Management Liability policy).

- Yes**, our prior policy is “Claims-Made” and we would like to include the Basic Limits of Prior Acts Coverage that Enduris includes at no additional cost.
- Yes**, we are interested in a quote for Prior Acts Coverage in addition to the **Basic Limits** included above. *A representative from Enduris will contact you.*
- DEC sheet enclosed**

I am not interested in Prior Acts Coverage.

If you are not interested in Prior Acts coverage please read and sign the following:

I understand the information provided regarding Prior Acts and **OPT NOT** to purchase this coverage.

Signature

San Juan Public Hospital District #3 DBA
Orcas Island Health Care District

District Name

Date

Declaration

1. Is any person or entity proposed for coverage aware of any fact or circumstance or any actual or alleged act, error or omission, at the date this application is signed, which might give rise to a claim that would fall within the scope of the proposed coverage?
Yes ___ No X If "yes" please attach details.
2. Does any director, officer, manager, supervisory, employee or partner have knowledge of any circumstances, at the date this application is signed, which could reasonably give rise to a claim or any reasonable way to foresee that a claim may be brought?
Yes ___ No X If "yes" please provide a full description of any circumstances.
3. Has the entity or any person representing the entity been sued in the last three (3) years?
Yes ___ No X If "yes" please attach details.
4. Are there any current employee issues that may lead to a claim?
Yes ___ No X If "yes" please attach details.
5. Are there any other property and/or liability insurance policies you buy outside of Enduris?
Yes ___ No X If so, please list them on a separate sheet.

To the best of my knowledge and belief, the information provided in connection with this application is true and there are no material facts withheld. I acknowledge any information withheld may void coverage.

NOTICE

I understand that the signing of this application does not bind me to complete the intergovernmental contract, but agree that should an intergovernmental contract be signed, this application and the statements herein contained shall form the basis of and become a part of the coverage document and intergovernmental contract.

Signature of Authorized Representative

Print Name

Title

San Juan County Public Health District #3
DBA Orcas Island Health Care District

District Name

Date

Return completed application to:

Enduris
1610 S. Technology Blvd, Ste. 100
Spokane, WA 99224

4) Name Pegi Groundwater Position Commissioner
Address P O Box 1243 Phone & Fax 360-317-8663
City, State, Zip Eastsound, WA 98245-1243 E-Mail pegig@orcashealth.org

5) Name Arthur Lange Position Commissioner
Address 338 Melody Lane Phone & Fax 360-376-8005
City, State, Zip Eastsound, WA 98245 E-Mail artl@orcashealth.org