

MEMORANDUM OF INSURANCE

THIS MEMORANDUM IS ISSUED AS A MATTER OF INFORMATION ONLY TO AUTHORIZED VIEWERS FOR THEIR INTERNAL USE ONLY AND CONFERS NO RIGHTS UPON ANY VIEWER OF THIS MEMORANDUM. THIS MEMORANDUM DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE DESCRIBED BELOW. THIS MEMORANDUM MAY ONLY BE COPIED, PRINTED AND DISTRIBUTED WITHIN AN AUTHORIZED VIEWER AND MAY ONLY BE USED AND VIEWED BY AN AUTHORIZED VIEWER FOR ITS INTERNAL USE. ANY OTHER USE, DUPLICATION OR DISTRIBUTION OF THIS MEMORANDUM WITHOUT PRIOR WRITTEN CONSENT IS PROHIBITED. THIS MEMORANDUM DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURERS, AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE VIEWER.

BROKER Arthur J. Gallagher Risk Management Services, Inc. 10 West Carmel Drive, Suite 260 Carmel, IN 46032	COMPANIES AFFORDING COVERAGE	
	INSURER A	Arch Insurance Company
	INSURER B	MCIC Vermont (A Reciprocal Risk Retention Group)
	INSURER C	Midwest Employers Casualty Company
	INSURER D	
INSURED The Johns Hopkins Health System Corporation c/o JHU Risk Management Department 3910 Keswick Road Suite N5400 Baltimore, MD 21211	INSURER E	

COVERAGES

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 MEMORANDUM 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.

INSURER LETTER	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS	
B	GENERAL LIABILITY Commercial General Liability Claims Made	PR1125	01/01/2025	12/31/2025	GENERAL AGGREGATE	\$ 5,000,000
					PRODUCTS-COMP/OP AGG	\$ 2,500,000
					PERSONAL & ADV INJURY	\$ 2,500,000
					EACH OCCURRENCE	\$ 2,500,000
					DAMAGE TO RENTED PREMISES (Each occurrence)	\$ 100,000
					MED EXP (Any one person)	\$ Included
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO	41CAB1072101	07/01/2024	07/01/2025	COMBINED SINGLE LIMIT	\$ 2,000,000
A	WORKERS COMPENSATION AND EMPLOYER'S LIABILITY	41WC11079101	07/01/2024	07/01/2025	WC LIMIT	Statutory
					EL EACH ACCIDENT	\$ 1,000,000
					EL DISEASE-POLICY LIMIT	\$ 1,000,000
					EL DISEASE-EA EMPLOYEE	\$ 1,000,000
A	WORKERS COMPENSATION AND EMPLOYER'S LIABILITY	41WCX1072101	07/01/2024	07/01/2025	WC LIMIT	Statutory
					EL EACH ACCIDENT	\$ 2,000,000
					EL DISEASE-POLICY LIMIT	\$ 2,000,000
					EL DISEASE-EA EMPLOYEE	\$ 2,000,000
C	WORKERS COMPENSATION AND EMPLOYER'S LIABILITY	EWC005785	02/01/2025	02/01/2026	WC LIMIT	Statutory
					EL EACH ACCIDENT	\$ 1,000,000
					EL DISEASE-POLICY LIMIT	\$ 1,000,000
					EL DISEASE-EA EMPLOYEE	\$ 1,000,000
B	UMBRELLA LIABILITY	EX1125B/C	01/01/2025	12/31/2025	Each Occurrence Limit	\$ 5,000,000

The Memorandum of Insurance serves solely to list insurance policies, limits and dates of coverage. Any modifications hereto are not authorized.

ADDITIONAL INFORMATION

Additional Named Insureds: (All covered under Work Comp Policy Number 41WCX1072101 unless noted differently)

The Johns Hopkins Hospital
Johns Hopkins Healthcare, LLC dba Johns Hopkins Health Plans
Johns Hopkins All Children's Hospital, Inc. (WC Policy EWC005785)
Johns Hopkins Bayview Medical Center Inc.
Suburban Hospital, Inc.
Sibley Memorial Hospital
Howard County General Hospital, Inc. dba Johns Hopkins Howard County Medical Center
Johns Hopkins Home Care Group, Inc. dba Johns Hopkins Care at Home
Johns Hopkins Pharmaquip, Inc. (WC Policy 41WC11079101& 41WCX1072101)
Johns Hopkins Regional Physicians, LLC
Johns Hopkins Community Physicians, Inc.

TERRITORY: The insurance program referenced provides worldwide coverage to The Johns Hopkins Health System Corporation and its subsidiaries.

GENERAL LIABILITY ONLY - Any person(s) or organization(s) whom The Johns Hopkins Health System Corporation has agreed, in a written contract or agreement, to name as an additional insured, is an automatic additional insured but only for the project or activity specified in that contract or agreement.

AUTOMOBILE LIABILITY ENDORSEMENTS WHERE REQUIRED BY WRITTEN CONTRACT:

- Additional Insured - Blanket
- Lessor – Additional Insured and Loss Payee
- Waiver of Transfer of Rights of Recovery Against Others to Us (Waiver of Subrogation)

WORKER'S COMPENSATION & EMPLOYERS LIABILITY ENDORSEMENTS WHERE REQUIRED BY WRITTEN CONTRACT:

- Alternate Employer Endorsement

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