

Administration & Finance
School of Medicine & Health Sciences
Room 1000
501 N Columbia Rd Stop 9037
Grand Forks, ND 58202-9037
Phone: 701.777.3078
Fax: 701.777.4874
Website: med.UND.edu

MEMORANDUM

DATE: August 18, 2016

TO: Associate Deans
Assistant Deans
Clinical Chairpersons
Physical Therapy
Occupational Therapy
Physician Assistant Program
Residency Program Directors

FROM: Randy S. Eken, Associate Dean
Administration and Finance



RE: Official Declaration document: 2016-17 Professional Liability Insurance Policy

Please find attached a copy of the Official Declaration document for the 2016-17 professional liability insurance policy. This Official Declaration verifies our professional liability insurance coverage through June 30, 2017 and replaces the temporary insurance binder sent to you earlier.

Vaalor Insurance is our official agent and Carrie Wilson is our primary contact. MHA/Coverys Insurance Company is providing the insurance coverage. The insurance coverage provides for \$1,000,000 per occurrence with a \$5,000,000 aggregate.

C: Joshua Wynne, M.D., M.P.H., M.B.A.
Vice-President for Health Affairs and Dean



MHA Insurance Company
 3100 West Road, Building 1, Suite 200, East Lansing, MI 48823
 Phone: 800.313.5888 Fax: 517.323.6180

COMMON POLICY DECLARATIONS
Renewal Declarations

FIRST NAMED INSURED AND ADDRESS: The University of North Dakota School of Medicine and Health Sciences 1301 N Columbia Rd Room E468, Stop 9037 Grand Forks, ND 58202	PARTY ID: 427035	PRODUCER: HCIS/Vaaler Insurance, Inc. 2701 S. Columbia Rd. Grand Forks, ND 58208 Phone: 701-775-3131	PRODUCER ID: 11133
POLICY PERIOD: 07/01/2016 to 07/01/2017 at 12:01 A.M. Standard Time at Named Insured address Above	DESCRIPTION OF BUSINESS: Institution		

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE COVERAGE STATED IN THIS POLICY.

*****THE POLICY SHALL NOT BE EFFECTIVE UNLESS THE FIRST INSTALLMENT PAYMENT***
*****IS RECEIVED ON OR BEFORE THE DUE DATE DISPLAYED ON THE INVOICE.*******

COMMERCIAL LIABILITY POLICY

POLICY No: 003ND000006631
FORMER POLICY No: 003ND000006631

Coverage Parts	Coverage Type / Retroactive Date	Limits	Deductibles
Healthcare Entity Professional Liability	Claims Made Retroactive Date: See DEC 001A	See DEC 001A	See COM 010
Healthcare Provider Professional Liability	Claims Made Retroactive Date: See DEC 002A	See DEC 002A	See COM 010
Commercial General Liability	Claims Made Retroactive Date: 07/01/2004		Not Applicable
	Each Incident Limit	\$1,000,000	
	General Aggregate	\$5,000,000	
	Products-Completed Operations Aggregate	\$5,000,000	
	Personal and Advertising Injury Limit (any one person or organization)	\$1,000,000	
	Damages to Premises Rented to the Named Insured Limit (any one premises)	\$50,000	
	Medical Expense Limit (any one person)	\$5,000	

Gregg L. Hanson
 President & CEO

Richard G. Hayes
 Treasurer