

BINDER

(Summary of Coverage)

MEMBER:

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

MEMORANDUM #

2027-653-P-001

EFFECTIVE:

September 1, 2026 to September 1, 2027
12:01 AM local time for the Member

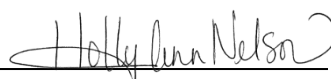
This binder is subject to the terms and conditions as referenced in the Memorandum of Coverage.

COVERAGE:	COVERAGE TYPE	LIMIT**	DEDUCTIBLE/ CO-PAY
GENERAL LIABILITY – NO AGGREGATE Including Bodily Injury, Property Damage, Professional Liability, Automobile Liability	Per Occurrence	\$20,000,000	\$0
GENERAL LIABILITY – AGGREGATE PER MEMBER COMBINED Employment Benefits Liability Personal Injury Products and Completed Operations Public Officials Errors and Omissions Liability Employment Practices Liability		\$20,000,000	\$0 \$0 \$0 \$0 20% co-pay*
CRIME BLANKET COVERAGE WITH FAITHFUL PERFORMANCE OF DUTY	Per Occurrence	\$2,500	\$1,000
PROPERTY/MOBILE EQUIPMENT/BOILER AND MACHINERY	Per Enduris Schedule	Per Enduris Schedule	N/A
CYBER COVERAGE Claims made and reported basis	Member Aggregate AIP Program Aggregate	N/A N/A	N/A
AUTOMOBILE PHYSICAL DAMAGE	Per Enduris Schedule	Per Enduris Schedule	N/A
IDENTITY FRAUD EXPENSE REIMBURSEMENT	Each Identity Fraud Discovered	\$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*




Authorized Representative
Executive Director