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		$20,000,000	
Employment Benefits Liability			$0
Personal Injury			$0
Products and Completed Operations			$0
Public Officials Errors and Omissions Liability			$0
Employment Practices Liability			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 APIP 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*

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Holly Lynn Nelson
Authorized Representative
Executive Director