



Date: July 1, 2010

To: Certificate Holder

From: OHSU Risk Management Department

RE: Professional and General Liability Coverage Verification

The attached certificate of insurance is provided as evidence of professional and general liability insurance coverage maintained by Oregon Health & Science University (OHSU). **Changes or additions to the attached certificate are prohibited unless authorized and issued through OHSU Risk Management.**

OHSU insurance coverage extends to its officers, employees, students, volunteers and agents for activities conducted within the course and scope of their employment or assigned duties. The certificate is a matter of information only and confers no rights on you or any other certificate holder. This certificate serves only as evidence of the coverage and does not amend, extend, or alter the coverage afforded by the policy.

Claims against OHSU and/or its officers, employees, students, volunteers, or agents are subject to the requirements and provisions of the Oregon Tort Claims Act (Oregon Revised Statutes 30.260-30.300). Pursuant to ORS § 30.368, services constituting patient care, including but not limited to inpatient care, outpatient care, and all forms of consultation, *that are provided at a location other than the Oregon Health & Science University Campus or one of the Oregon Health & Science University Clinics, **must be expressly authorized***, by the President of OHSU (or a representative of the President) in order to be considered as being within the course and scope of employment/duties and covered under this insurance policy. Unless verification is attached, please contact the Risk Management Department for confirmation that the specific OHSU healthcare professional has received Off Campus Authorization approval specific to the activity and location.

If you have questions about the attached certificate or the above information, please feel free to contact the OHSU Risk Management Department at (503) 494-7189. To expedite our ability to respond to your inquiry, please have the healthcare professional's full name, the facility/entity/location at which the patient care activity is to be conducted, the period of time for which evidence of coverage is sought, and the contact information for your facility, including name, phone number, and email address.

**Oregon Health & Science University  
Department of Risk Management  
3181 SW Sam Jackson Park Road  
Portland, Oregon 97239-3098  
503-494-7189**

# OHSU INSURANCE COMPANY

3131 Camelback Rd. Suite 400  
Phoenix, AZ 85016

## CERTIFICATE OF INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER OTHER THAN THOSE PROVIDED IN THE POLICY. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES LISTED HEREIN.

**INSURED**

Oregon Health & Science University, and  
its employees, officers and representatives  
3181 SW Sam Jackson Park Road  
Portland, OR 97239-3098

**COVERAGES**

THIS IS TO CERTIFY THAT 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 CERTIFICATE 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.

	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS	
	COMMERCIAL GENERAL LIABILITY  <input checked="" type="checkbox"/> Claims Made  <input type="checkbox"/> Occurrence	1-1000-00 2010	7/1/2010	7/1/2011	EACH CLAIM	\$3,000,000
					PRODUCTS-COMP / OP AGG	
					PERSONAL & ADV. INJURYS	
					GENERAL AGGREGATE	
					FIRE DAMAGE (ANY ONE FIRE)	
					MED. EXPENSES (ANY ONE PERSON)	
	Professional Liability  <input checked="" type="checkbox"/> Claims Made  Excess Liability	1-1000-00 2010	7/1/2010	7/1/2011	EACH PERSON	
					AGGREGATE	
					EACH PERSON	
					AGGREGATE (SHARED LIMIT)	

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS**

Certificate Holder

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE INSURER AFFORDING COVERAGE WILL ENDEAVOUR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED HEREIN BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

**OHSU INSURANCE COMPANY**

**BY :** Jilma Meneses, Authorized Representative  
OHSU Insurance Company, formerly known as OPS Limited  
3181 SW Sam Jackson Park Rd., L328  
Portland, OR 97239