

ACORD**CERTIFICATE OF PROPERTY INSURANCE**OP ID: JR
PLST: 7DATE (MM/DD/YY)
07/09/10**PRODUCER**TD Insurance, Inc. (WS)
PO Box 3600
West Springfield MA 01090-3600

Phone: 413-781-5940 Fax: 413-733-7722

INSUREDBaystate Medical Center, Inc.
759 Chestnut St
Springfield MA 01199

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGECOMPANY
A Vigilant Insurance CompanyCOMPANY
BCOMPANY
CCOMPANY
D**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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	COVERED PROPERTY	LIMITS
A	<input checked="" type="checkbox"/> PROPERTY	35767856	10/01/09	10/01/10	BUILDING	\$
	CAUSES OF LOSS				PERSONAL PROPERTY	\$
	<input type="checkbox"/> BASIC				BUSINESS INCOME	\$
	<input type="checkbox"/> BROAD				EXTRA EXPENSE	\$
	<input checked="" type="checkbox"/> SPECIAL				BLANKET BUILDING	\$
	<input type="checkbox"/> EARTHQUAKE				BLANKET PERS PROP	\$
	<input type="checkbox"/> FLOOD				BLANKET BLDG & PP	\$
	<input checked="" type="checkbox"/> REPLACEMENT COST				<input checked="" type="checkbox"/> BLKT 2/PP1/D1	\$ 1051044528
	<input checked="" type="checkbox"/> AGREED VALUE					\$
	INLAND MARINE					\$
	TYPE OF POLICY					\$
	CAUSES OF LOSS					\$
	<input type="checkbox"/> NAMED PERILS					\$
	<input type="checkbox"/> OTHER					\$
	CRIME					\$
	TYPE OF POLICY					\$
	BOILER & MACHINERY					\$
	OTHER					\$

LOCATION OF PREMISES/DESCRIPTION OF PROPERTY

SPECIAL CONDITIONS/OTHER COVERAGES

Series F/\$47,640,000, Series G/\$71,740,000, Series H, Series M2, Series I, J, K

CERTIFICATE HOLDER

MASSA02

Massachusetts Health &
Educational Facilities Auth
99 Summer St Ste 1000
Boston MA 02110-1240**CANCELLATION**SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Joseph E. Stone

BAYSTATE HEALTH INSURANCE COMPANY, LTD.
P. O. BOX 1109
GRAND CAYMAN KY1-1102
CAYMAN ISLANDS

CERTIFICATE OF INSURANCE

Date: 9 July 2010

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NAMED INSURED

- Baystate Health, Inc.
- Baystate Medical Center, Inc.
- Baystate Franklin Medical Center
- Baystate Administrative Services, Inc.
- Ingraham Corporation
- Baystate Mary Lane Hospital Corporation
- Baystate Health System Ambulance, Inc.
- Visiting Nurse Association and Hospice of Western New England, Inc.
- Baystate Health Foundation, Inc.
- Health New England, Inc.
- Baystate Total Home Care, Inc.
- Baystate Medical Practices:
 - Baystate Medical Education and Research Foundation, Inc.
 - Baystate Affiliated Practice Organization, Inc.
 - Baystate Vascular Services, Inc.

- | COVERAGE | LIMIT OF LIABILITY |
|--|-------------------------------|
| <input checked="" type="checkbox"/> Professional Liability and/or | \$3,000,000 per claim |
| <input checked="" type="checkbox"/> Commercial General Liability including Personal Injury | \$15,000,000 policy aggregate |

Policy Number: 10109

Policy Period: 10/1/09 to 10/1/10

Type of Coverage: Claims Made

- CERTIFICATE HOLDER**
- ADDITIONAL INSURED**

Massachusetts Health & Educational
Facilities Authority
99 Summer Street
Suite 1000
Boston, MA 02110-1240

Baystate Health Insurance Company, Ltd. will endeavor to mail **Massachusetts Health & Educational Facilities Authority** 10 days written notice in the event that the above policy is cancelled before expiration, but failure to mail such notice shall impose no obligation or liability of any kind upon the Company, its agents or representatives.



Authorized Representative
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 - Baystate Affiliated Practice Organization, Inc.
 - Baystate Vascular Services, Inc.

- | COVERAGE | LIMIT OF LIABILITY |
|---|--|
| <input checked="" type="checkbox"/> Workers' Compensation Insurance | \$750,000 Each and Every Accident-Disease |
| <input checked="" type="checkbox"/> Employers' Liability | \$750,000 Bodily Injury-Each Accident
\$750,000 Bodily Injury by Disease-Each Employee
Policy Aggregate-Included |

Policy Number: WC-10209

Policy Period: 10/1/09 to 10/1/10

CERTIFICATE HOLDER

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