

ACORD

CERTIFICATE OF PROPERTY INSURANCE

OF ID OR

DATE (MM/DD/YY)

07/09/10

PRODUCER

TD Insurance, Inc. (WS)
PO Box 3600
West Springfield MA 01090-3600

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 COVERAGE

COMPANY A Vigilant Insurance Company

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

INSURED

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

COMPANY B

COMPANY C

COMPANY 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.

Table with columns: CO LTR, TYPE OF INSURANCE, POLICY NUMBER, POLICY EFFECTIVE DATE, POLICY EXPIRATION DATE, COVERED PROPERTY, LIMITS. Includes rows for Property, Inland Marine, and Boiler & Machinery coverages.

LOCATION OF PREMISES/DESCRIPTION OF PROPERTY

SPECIAL CONDITIONS/OTHER COVERAGES
Series M2

CERTIFICATE HOLDER CANCELLATION

Flagship Bank and Trust Company
c/o Chittenden Trust Co
Two Burlington Square
Burlington VT 05401

FLAGSHI

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

Handwritten signature of authorized representative.

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

CERTIFICATE OF INSURANCE

Date: 9 July 2010

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.

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**

Flagship Bank and Trust Company
c/o Chittenden Trust Company
Two Burlington Square
Burlington, Vermont 05401

Baystate Health Insurance Company, Ltd. will endeavor to mail **Flagship Bank and Trust Company** 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
BAYSTATE HEALTH INSURANCE COMPANY, LTD.

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

CERTIFICATE OF INSURANCE

Date: 9 July 2010

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.

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"/> 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

ADDITIONAL INSURED

Flagship Bank and Trust Company
c/o Chittenden Trust Company
Two Burlington Square
Burlington, Vermont 05401

Baystate Health Insurance Company, Ltd. will endeavor to mail **Flagship Bank and Trust Company** 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
BAYSTATE HEALTH INSURANCE COMPANY, LTD.