

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
03/03/2010

PRODUCER <b>Willis of New Jersey, Inc.</b> 350 Mt. Kemble Avenue P.O.Box 1969 Morristown, NJ 07962	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.	
	INSURERS AFFORDING COVERAGE	NAIC #
INSURED  <b>St. Joseph's Healthcare System</b> 703 Main St. Paterson, NJ 07503	INSURER A: <b>SJHS Insurance Limited</b>	<b>B7757</b>
	INSURER B: <b>Allied World National Assurance Co.</b>	<b>10690</b>
	INSURER C: <b>Sentry Insurance</b>	<b>24988</b>
	INSURER D: <b>Selective Way Insurance Co</b>	<b>26301</b>
	INSURER E:	

**COVERAGES**

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/>	SJHSHPLGL2010001	01/31/10	01/31/11	EACH OCCURRENCE	\$1,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$1,000,000 PRODUCTS - COMP/OP AGG \$	
D		AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	S1824388	09/11/09	09/12/10	COMBINED SINGLE LIMIT (Ea accident)	\$2,000,000
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC AGG \$	
B		EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$	C013309001	01/31/10	01/31/11	EACH OCCURRENCE	\$10,000,000
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	901710001	01/31/10	01/31/11	WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000	
A		OTHER <b>Professional Liability</b>	SJHSHPLGL2010001	01/31/10	01/31/11	<b>\$1,000,000 Per Claim</b> <b>\$3,000,000 Aggregate</b>	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Property Coverage (All risks of direct physical loss or damage, on Real Property, Personal Property and Business Interruption, including Boiler & Machinery) -  
 Affiliated FM Policy #K1655 - Policy Term 1/31/10-11 - Policy Limit of  
 Liability \$600,000,000 - Deductible \$50,000.  
 (See Attached Descriptions)

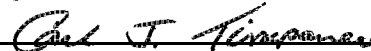
CERTIFICATE HOLDER

**New Jersey Health Care  
 Facilities Financing Authority**  
 22 South Clinton Avenue  
 Trenton, NJ 08625

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE



## **IMPORTANT**

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

## **DISCLAIMER**

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

## DESCRIPTIONS (Continued from Page 1)

Crime - Hartford Policy #00 FA 0228273 10 - Policy Term 1/31/10-11 - Limit of Insurance  
Employee Theft - Limit \$3,000,000 / \$50,000 Deductible  
Depositors Forgery and Alternation - Limit \$3,000,000 / \$50,000 Deductible  
Theft, Disappearance & Destruction (Money, Securities & Other Property) - Limit  
\$3,000,000 / \$50,000 Deductible  
Computer & Funds Transfer Fraud - Limit \$3,000,000 / \$50,000 Deductible  
Money Orders & Counterfeit Currenty - Limit \$500,000 / \$0 Deductible

Excess Liability - Endurance Policy #P007447004 - Policy Term 1/31/10-11 - Policy Limit  
of \$20,000,000 in excess of \$10,000,000

Excess Liability - Hiscox Policy #8744\_16924 - Policy Term 1/31/10-11 - Policy Limit of  
\$15,000,000 in excess of \$30,000,000

New Jersey Health Care Facilities Financing Authority is included as Additional Insured  
under the General Liability Policy and Loss Payee.