

SSMHC SELF-INSURANCE PLAN COVERAGE CERTIFICATE

This is to certify that the coverage provided by the SSMHC Self-Insurance Plan, as described below, subject to all of the exclusions, conditions and provisions of the SSMHC Self-Insurance Plan, is in force for the period shown.

1. Certificate Holder: The City of Oklahoma
110 N. Classen Blvd, Suite 205
Oklahoma City, OK 73106

2. Time and Date on which coverage begins: 12:01 a.m., July 20, 2024

3. Time and Date on which coverage ends: 12:01 a.m., July 20, 2025

4. Covered Persons: St. Anthony Hospital
1000 N Lee Ave
PO Box 205
Oklahoma City, OK 73102

as respects the Occupational Health Clinic agreement on file for 1110 N. Classen, Suite 205B, Oklahoma City, OK.

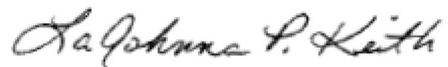
5. Type of Coverage and Minimum Limits of Liability:

Professional Liability - \$1,000,000 per Occurrence

General Liability - \$1,000,000 per Occurrence

6. If coverage will be terminated before the expiration date set forth above, SSMHC will attempt to notify Certificate Holder within thirty (30) days of termination. Coverage is subject to all the conditions, exclusions and provisions of the SSMHC Self-Insurance Plan, all of which are not set forth in this certificate. In the event of any conflict between this Coverage Certificate and the conditions, exclusions and provisions of the SSMHC Self-Insured Plan, the conditions, exclusions and provisions of the SSMHC Self-Insurance Plan shall prevail.

This certificate is executed on 06/18/2024.



Representative of the Plan
SSMHC Self-Insurance Plan