

Named Insured

- Tule River Indian Health Center, Inc.

Schedule of Locations – (See Statement of Values)

- Mailing: P. O. Box 768 Porterville, CA 93258

Building	Premises	Occupancy
Building 1A	380 N. Reservation Porterville, CA 93257	Medical & Dental Clinic
Building 1B	380 N. Reservation Porterville, CA 93257	Fiscal Building
Building 1C	380 N. Reservation Porterville, CA 93257	Medical Health Office
Building 1D	380 N. Reservation Porterville, CA 93257	Storage Building
Building 1E	380 N. Reservation Porterville, CA 93257	Office Building

Coverage & Limits:

Coverage period 07/01/2022-

06/30/2023

PROPERTY

Coverage

- Building & Personal Property *
- All Risk
- Deductible

- Business Income / Extra Expense
- Deductible

Limits

See Property Schedule
\$1,000
See Property Schedule
24 Hour Waiting Period

LIABILITY (Current \$10,000,000 Aggregate Limit)

Coverage

- General Liability
- Product/Completed Operations Liability
- Fire Legal Liability
- Auto Liability (see attached driver/vehicle schedule)**
- Automobile Physical Damage (see driver/vehicle schedule)**
- Hired and Non-Owned auto
- Hired Car Physical Damage
- Auto Medical Payments
- Uninsured/Underinsured Motorists
- Directors & Officers Liability (retro date 7/12/2008)
- Employee Benefits Liability (retro date 7/12/2008)
- Employment Practices Liability (retro date 7/12/2008)
- Medical Malpractice Liability (retro date 7/12/2012)

Limits/Form

\$5,000,000 Occurrence
\$5,000,000 Annual Agg
\$50,000 Occurrence
\$5,000,000 Occ/\$1,000 Ded
\$1,000 Ded.Comp.&Coll.
Included
\$50,000 Limit
\$10,000
\$1,000,000
\$5,000,000 Per Claim/\$1,000 Ded
\$5,000,000 Per Claim/\$1,000 Ded
\$5,000,000 Per Claim/\$1,000 Ded
\$5,000,000 Per Claim/\$1,000 Ded

- Sexual Misconduct (retro date 7/12/2008) Ded \$500,000 Per Claim/\$1,000,000 Aggregate \$1,000
- Fiduciary Liability (retro date 7/12/2008) \$1,000,000 Per Claim/\$2,500 Ded

Crime

Coverage

- Money & Valuables – Inside Premises
- Money & Valuables – Outside Premises
- Employee Theft
- Computer Fraud
- Falsified Instruments

Limits/Terms

\$100,000/\$5,000 Ded
 \$100,000/\$5,000 Ded
 \$100,000/\$5,000 Ded
 \$100,000/\$5,000 Ded
 \$100,000/\$5,000 Ded

WORKERS' COMPENSATION

Coverage

- Coverage A \$5,000,000
- Coverage B \$5,000,000
- Sovereign Nation Workers Compensation and Employers Liability. Statutory Limits are \$10,000,000 per employee, per accident, however under tribal jurisdiction for the following state: CA

Occurrence

Payrolls By Class Code

Description	Class Code	Payroll
Physicians – All Employees, Including Clerical	8834	\$1,449,052
Clerical Office Employees Only	8810	\$1,660,736
Dentists and Dental Surgeons – All Employees	8839	\$741,012
Restaurant NOC-Meals on Wheels Program	9079	\$38,892
Home Health Care, Community Health Services – Employees with duties away from the clinic environment	8827	\$242,266
Transportation Services	7382	\$163,616
Emergency Transportation – EMT	7332	\$327,571