

**Amendment No. 1
To
Physician Services Agreement
By and between
County of Monterey and Lucile Salter Packard Children's Hospital at Stanford.**

This Amendment No. 1 is made and entered into, by and between the County of Monterey, a political subdivision of the State of California, on behalf of its Health Department, hereinafter referred to as "County", and Lucile Salter Packard Children's Hospital at Stanford, hereinafter referred to as "LPCH".

RECITALS:

WHEREAS, the County and LPCH have heretofore entered into a Physician Services Agreement ("Agreement") to provide physician specialty services in Obstetrics and Gynecology with a term of October 1, 2008 to October 1, 2011; and

WHEREAS, the County and LPCH, per Agreement Section 10., Part A. Term, agree to extend the term of the Agreement for one (1) year; and

WHEREAS, the County and LPCH agree to increase the total amount of the Agreement not to exceed Four Hundred and Eighty Thousand (\$480,000) due to the term extension; and

WHEREAS, the parties desire to amend the Agreement as specified below.

NOW THEREFORE, in consideration of the mutual agreements and covenants contained therein and for other good and valuable consideration, the receipt and sufficiency of which hereby are acknowledged, it is mutually agreed and covenanted by and between the County and LPCH to the Agreement and this Amendment No. 1, as follows:

1. Section 13, Notices, is amended to replace notice information for the County, as specified below:

To the County: County of Monterey
 1270 Natividad Road
 Salinas, CA 93906
 Attn: Ray Bullick, Director of Health


2. Except as provided herein, all remaining terms, conditions and provisions of the Agreement are unchanged and unaffected by this Amendment No. 1 and shall continue in full force and effect.
3. A Copy of this Amendment No. 1 shall be attached to the Agreement.
4. The effective date of this Amendment No. 1 is October 1, 2011.

IN WITNESS WHEREOF, the parties hereto have executed this Amendment No. 1 as of the date set forth below their respective signatures.

COUNTY OF MONTEREY

By: N/A
Mike Derr, Contracts/Purchasing Officer

Date: _____

By: 
Ray Bullick, Director of Health
Department of Health

Date: _____

Approved as to Legal Form:

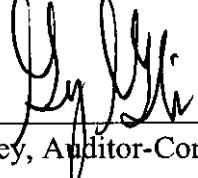
By: 
Stacy L. Saetta, Deputy County Counsel

Date: 9/27/11

Approved as to Liability Provisions:
RISK MANAGEMENT
COUNTY OF MONTEREY
APPROVED AS TO INDEMNITY/
By: INSURANCE LANGUAGE
Steve Mauck, Risk Management

By: 
Date: 9-28-11

Approved as to Fiscal Provisions:

By: 
Gary Giboney, Auditor-Controller

Date: 9-27-11

Amendment No. 1 to
PSA with Lucile Salter Packard Children's Hospital at Stanford
for physician specialty services
NTE: \$480,000

LPCH

By: 

Name: James M. McCauley

Title: Chief Strategy Officer

Date: 9-20-2011

By: 

Name: Tim Carmack

Title: CFO

Date: 9-20-11

ENTERED

SEP 28 2011

KA

CERTIFICATE OF LIABILITY COVERAGE

Issue Date

9/21/2011

ADMINISTRATOR

Aon Insurance Managers (Bermuda) Ltd.
30 Woodbourne Avenue
Pembroke, HM 08 Bermuda,

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 COVERAGE DOUMENTS BELOW.

COVERAGE PROVIDER**COVERED PARTY**

Stanford Hospital and Clinics &
Lucile Packard Children's Hospital
c/o Risk Management, MC 5713
1520 Page Mill Road, First Floor
Palo Alto CA 94304

SUMIT INSURANCE COMPANY LTD. (SUMIT)

THE POLICIES LISTED BELOW HAVE BEEN ISSUED TO THE ENTITY 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 COVERAGE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS AND CONDITIONS OF SUCH COVERAGE POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

TYPE OF COVERAGE	POLICY NUMBER	EFFECTIVE	EXPIRATION	COVERAGE LIMITS
LIABILITY COVERAGES				
<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> Claims Made <input type="checkbox"/> Occurrence <input type="checkbox"/> <input checked="" type="checkbox"/> PROFESSIONAL LIABILITY <input checked="" type="checkbox"/> Claims Made <input type="checkbox"/> Occurrence <input type="checkbox"/>	1-M0101-00-2011	9/1/2011	9/1/2012	GENERAL LIABILITY
				Each Occurrence \$ 1,000,000
				General Aggregate \$ 3,000,000
				PROFESSIONAL LIABILITY
	1-M0101-00-2011	9/1/2011	9/1/2012	Each Occurrence \$ 1,000,000
				Aggregate \$ 3,000,000
OTHER COVERAGES				

DESCRIPTION OF OPERATIONS / LOCATIONS / RESTRICTIONS / SPECIAL PROVISIONS:

Re: Contract - County of Monterey and Lucile Salter Packard Children's Hospital at Stanford
The County of Monterey, its officers, agents and employees are named as additional insureds.
Period: October 1, 2008 to October 1, 2012

CERTIFICATE HOLDER

Contract

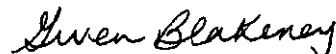
County of Monterey
Attn: Ray Bullick, Director of Health
1270 Natividad Road
Salinas CA 93906

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, SUMIT WILL ENDEAVOR TO MAIL 30 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 THIS ENTITY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

AIM (Bermuda) Ltd. As Mgr



IMPORTANT

If the certificate holder is an ADDITIONAL COVERED PERSON, 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).

DISCLAIMER

This certificate does not constitute a contract between SUMIT and the Certificate Holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the coverage documents listed thereon.

SUMIT Insurance Company, Ltd
c/o Aon Insurance Managers Ltd
Aon House, 30 Woodbourne Ave.
P.O. Box HM 2450
Hamilton, Bermuda HM JX

Endorsement No. 3

Additional Insured Endorsement

Policy No.: 1-M0101-00-2011

Named Insured: Stanford Hospital and Clinics; Lucile Salter Packard Children's Hospital at Stanford; The Board of Trustees of the Leland Stanford Junior University for it's School of Medicine (hereinafter called "Stanford School of Medicine and Blood Bank"); Stanford PET-CT, LLC and SUMIT Holding International, LLC

Effective: September 1, 2011

This endorsement modifies insurance provided under the following:

COMPREHENSIVE GENERAL LIABILITY COVERAGE PART A
SCHEDULE

Name of Person(s) or Organization(s):

County of Monterey, its officers, agents and employees
1240 Natividad Road
Salinas, CA 93906

NAMED INSURED (Section I) is amended to include as an insured the person(s) or organization(s) shown in the Schedule, but only in respects to liability arising out of the operations of the names insured.

COMPREHENSIVE GENERAL LIABILITY CONDITIONS (Section II) is amended to include the following:

Insurance provided hereunder is primary insurance to any insurance or self insurance maintained by the Additional Insureds, and the insurance of the Additional Insureds shall not be called upon to contribute to a loss covered by the Named Insured.

All other terms and conditions of this policy are not changed.

Authorized Representative: P. Shedin

AON INSURANCE MANAGERS
(BERMUDA) LTD.
AS MANAGERS



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/1/2011

PRODUCER Dubraski & Associates Insurance Services, LLC 21250 Hawthorne Blvd, Suite 700 Torrance, CA 90503	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 Stanford Hospital and Clinics & Lucile Packard Children's Hospital c/o Risk Management, MC 5713 1520 Page Mill Road, First Floor Palo Alto CA 94304	INSURER A: Philadelphia Indemnity Insurance	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	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 ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
						MED EXP (Any one person)	\$
						PERSONAL & ADV INJURY	\$
						GENERAL AGGREGATE	\$
						PRODUCTS - COMP/OP AGG	\$
A		AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	PHPK766545	9/1/2011	9/1/2012	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
						OTHER THAN AUTO ONLY: EA ACC	\$
						AGG	\$
		EXCESS / UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
							\$
							\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below Y / N <input type="checkbox"/>				WC STATU-TORY LIMITS	OTH-ER
						E.L. EACH ACCIDENT	\$
						E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$
		OTHER					

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

The County of Monterey, its officers, agents and employees are named additional insured per Auto as required by written contract with the insured.

CERTIFICATE HOLDER

County of Monterey
1270 Natividad Rd.
Salinas CA 93906

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

Jeanne Anner

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

This Certificate of Insurance 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.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

Blanket Additional Insured (Manuscript)

Policy number: PHPK766545

Commercial Auto

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

BLANKET ADDITIONAL INSURED

Section 11 - Liability Coverage - A.1. WHO IS AN INSURED provision is amended by

the addition of the following:

e. Any person or organization for whom you are required by an "insured contract" to provide insurance is an "insured", subject to the following additional provisions:

(1) The "insured contract" must be in effect during the policy period shown in the

Declarations and must have been executed prior to the "bodily injury" or "property damage".

(2) This person or organization is an "insured" only to the extent you are liable

due to your ongoing operations for that insured, whether the work is performed by you or for you, and only to the extent you are held liable for an

"accident" occurring while a covered "auto" is being driven by you or one of

your employees.

(3) There is no coverage provided to this person or organization for "bodily

injury" to its employees or for "property damages" to its property.

(4) Coverage for this person or organization shall be limited to the extent of your

negligence or fault according to the applicable principles of comparative negligence or fault.

(5) The defense of any claim or "suit" must be tendered by this person or organization as soon as practicable to all other insurers which potentially provide insurance for such claim or "suit".

(6) The coverage provided will not exceed the lesser of:

(a) The coverage and/or limits of this policy; or

(b) The coverage and/or limits required by the "insured contract".

(7) A person's or organization's status as an "insured" under this subparagraph d

ends when your operations for that "insured" are completed.

All other terms and conditions of this Policy remain unchanged.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

All other terms and conditions of this Policy remain unchanged.

All other terms and conditions of this Policy remain unchanged.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/31/2011

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. 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).

PRODUCER LIC #0877964 1-415-365-8000
Integro Insurance BrokersOne Bush Street
Suite 1400
San Francisco, CA 94104INSURED
Stanford Hospital & Clinics and
Lucile Salter Packard Children's Hospital at Stanford
c/o Risk Management - MC 5713
1520 Page Mill Rd., 1st Floor
Palo Alto, CA 94304

CONTACT

NAME:

PHONE

(A/C, No, Ext):

E-MAIL:

ADDRESS:

FAX

(A/C, No):

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: SAFETY NATL CAS CORP

15105

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

COVERAGES

CERTIFICATE NUMBER: 22927336

REVISION NUMBER:

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						EACH OCCURRENCE \$
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$
							\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR						EACH OCCURRENCE \$
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			LDC4044824	09/01/11	09/01/12	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A						E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Evidence of Insurance.

CERTIFICATE HOLDER

County of Monterey

1270 Natividad Rd.

Salinas, CA 93906

USA

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

© 1988-2010 ACORD CORPORATION. All rights reserved.

CERTIFICATE OF LIABILITY COVERAGE

Issue Date
8/30/2011

ADMINISTRATOR

Aon Insurance Managers (Bermuda) Ltd.
30 Woodbourne Avenue
Pembroke, HM 08, Bermuda,

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 COVERAGE DOCUMENTS BELOW.

COVERAGE PROVIDER**COVERED PARTY**

Stanford Hospital and Clinics &
Lucile Packard Children's Hospital
c/o Risk Management, MC 5713
1520 Page Mill Road, First Floor
Palo Alto CA 94304

SUMIT INSURANCE COMPANY LTD. (SUMIT)

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TYPE OF COVERAGE	POLICY NUMBER	EFFECTIVE	EXPIRATION	COVERAGE LIMITS
LIABILITY COVERAGES				
<input type="checkbox"/> GENERAL LIABILITY <input type="checkbox"/> Claims Made <input type="checkbox"/> Occurrence <input type="checkbox"/> <input checked="" type="checkbox"/> PROFESSIONAL LIABILITY <input checked="" type="checkbox"/> Claims Made <input type="checkbox"/> Occurrence <input type="checkbox"/>	1-M0101-00-2011	9/1/2011	9/1/2012	GENERAL LIABILITY
				Each Occurrence \$
				General Aggregate \$
				PROFESSIONAL LIABILITY
				Each Occurrence \$ 1,000,000
				Aggregate \$ 3,000,000
OTHER COVERAGES				

DESCRIPTION OF OPERATIONS / LOCATIONS / RESTRICTIONS / SPECIAL PROVISIONS:**CERTIFICATE HOLDER**

Obstetrics & Gynecology

Masoud Taslimi, MD
c/o Stanford Hospital & Clinics/LPCH
300 Pasteur Drive
Stanford CA 94305

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, SUMIT WILL ENDEAVOR TO MAIL 30 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 THIS ENTITY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

AIM (Bermuda) Ltd. As Mgr

Steven Blakeney

IMPORTANT

If the certificate holder is an ADDITIONAL COVERED PERSON, 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).

DISCLAIMER

This certificate does not constitute a contract between SUMIT and the Certificate Holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the coverage documents listed thereon.

CERTIFICATE OF LIABILITY COVERAGE

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Stanford Hospital and Clinics &
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				Each Occurrence \$ 1,000,000
				Aggregate \$ 3,000,000
OTHER COVERAGES				

DESCRIPTION OF OPERATIONS / LOCATIONS / RESTRICTIONS / SPECIAL PROVISIONS:**CERTIFICATE HOLDER**

Obstetrics & Gynecology

Amen Ness, MD
c/o Stanford Hospital & Clinics / LPCH
300 Pasteur Dr.
Stanford CA 94305

CANCELLATION

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AUTHORIZED REPRESENTATIVE

Iwen Blakeney
AIM (Bermuda) Ltd. As Mgr

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COVERAGE PROVIDER

SUMIT INSURANCE COMPANY LTD. (SUMIT)

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Lucile Packard Children's Hospital
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				Each Occurrence \$
				General Aggregate \$
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				Each Occurrence \$ 1,000,000
				Aggregate \$ 3,000,000
OTHER COVERAGES				

DESCRIPTION OF OPERATIONS / LOCATIONS / RESTRICTIONS / SPECIAL PROVISIONS:

CERTIFICATE HOLDER

Obstetrics & Gynecology

Martha Rode, MD
c/o Stanford Hospital & Clinics/LPCH
300 Pasteur Drive
Stanford CA 94305

CANCELLATION

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AUTHORIZED REPRESENTATIVE

Steven Blakeney
AIM (Bermuda) Ltd. As Mgr

IMPORTANT

If the certificate holder is an **ADDITIONAL COVERED PERSON**, 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).

DISCLAIMER

This certificate does not constitute a contract between SUMIT and the Certificate Holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the coverage documents listed thereon.