THE
University of Vermont
HEALTH NETWORK

University of Vermont Medical Center Obligated Group

Bond Disclosure Report

Fiscal Year 2024

Annual Disclosure Report

For the Period Ended September 30, 2024

THE
University of Vermont
HEALTH NETWORK

University of Vermont Medical Center Obligated Group

Bond Disclosure Report

Fiscal Year 2024

Officer Certificate

Pursuant to the Amended and Restated

Master Trust Indenture

University of Vermont Medical Center Obligated Group

OFFICER'S CERTIFICATE PURSUANT TO THE AMENDED AND RESTATED MASTER TRUST INDENTURE AND ALL SUBSEQUENT SUPPLEMENTAL INDENTURES

Quarter Ended September 30, 2024

I, Richard J. Vincent, DO HEREBY CERTIFY that:

1. I am the Network, Chief Financial Officer of University of Vermont Health Network, Inc. (UVMHN) and an obligated group representative under the Amended and Restated Master Trust Indenture dated as of March 1, 2004 (the "MTI"), by and between University of Vermont Medical Center and U.S. Bank Trust Company National Association, Successor Master Trustee, as amended by Supplemental Indentures dated as of or since March 1, 2004 (the "Supplemental Indentures").
2. Attached is a true, correct and complete copy of University of Vermont Health Network's Unaudited Financial Statements for the quarter ended September 30, 2024.
3. To the best of my knowledge, University of Vermont Medical Center Obligated Group is in compliance with Section 3.07 of the MTI as of September 30, 2024.
4. To the best of my knowledge, the Obligated Group is not in default in the performance of any covenant contained in the MTI or Supplemental Indentures.

All terms used herein but not otherwise defined shall have the meanings given to them in the MTI and/or the Supplemental Indentures.

Witness my hand this 13th day of November 2024.

Richard J. Vincent
Network CFO
University of Vermont Health Network

THE
University of Vermont
HEALTH NETWORK

University of Vermont Medical Center Obligated Group

Bond Disclosure Report

Fiscal Year 2024

Financial Narratives

For the Period Ended September 30, 2024

UVMHN Financial Results Summary

Fiscal Year 2024
Year-End

- Overall volumes were over budget by 5%. ED visits, radiology imaging, cardiology procedures and physician work RVUs are over budget, all other areas were close to budget.
- Patient revenue was over budget 4%, in line with overall volumes.
- Non-patient revenue was over budget $71M due to unbudgeted FEMA funds, employee retention credit and higher retail pharmacy volumes.
- Staff FTEs were under budget 0.3%, with both clinical and administrative positions being under budget.
- Physician FTEs were under budget 2.8%, with Emergency Medicine, Pathology, Radiology and Anesthesia having the largest variances.
- Overall salaries and benefits were over budget by 3% due to unbudgeted salary increases to keep up with inflation / the market, and higher than budgeted contract labor utilization.
- Non personnel expenses were over budget 8% due to higher medical, surgical and pharmaceutical supply expenses, tied to the higher patient volumes and higher retail pharmacy business.
- Our operating EBIDA margin of 5.8% was above our budget of 4.8%, below the A rated range of 7.0% - 9.0%.
- Average age of plant is at 13.7 years, which is slightly above the A rated range of 11.0 – 13.0.

THE
University of Vermont
HEALTH NETWORK

University of Vermont Medical Center Obligated Group

Bond Disclosure Report

Fiscal Year 2024

Unaudited Financial Statement

As of September 30, 2024

University of Vermont Medical Center and Subsidiaries
CONSOLIDATING BALANCE SHEETS ($ in 000's)
September 30, 2024

	UNIVERSITY OF VERMONT MEDICAL CENTER OBLIGATED GROUP BALANCE SHEETS ($ in 000's) September 30, 2024 Total Obligated Group
ASSETS	
Current Assets:	
Cash and Cash Equivalents	358,128
Short Term Investments	248,657
Current portion of restricted assets	59
Patient and Other Trade Accounts Receivable, Net	339,692
Due from Related Parties	2,290.80
Inventory	68,023
Estimated Receivables from Third Party Payors	22,778
Prepaids and Other Current Assets	103,628
Total Current Assets	**1,143,256**
Assets whose use is limited or restricted:	
Board Designated Assets	705,533
Assets held by trustee under bond indenture agreements	2,188
Restricted Assets	82,950
Donor Restricted Assets for Specific Purposes	64,776
Donor Restricted Assets for Permanent Endowment	52,784
Total Assets Whose Use is Limited or restricted	**908,231**
Property and Equipment, Net	792,017
Operating Lease Right of Use Assets	59,767
Finance Lease Right of Use Assets	2,052
Other Assets:	
Total Other Assets	**94,623**
TOTAL ASSETS	**2,999,947**
LIABILITIES AND NET ASSETS	
Current Liabilities:	
Accounts Payable	46,902
Accrued Expenses	137,773
Accrued Payroll and Related Benefits	188,422
Current Installment of Long Term Debt	70,588
Estimated Third Party Payor Settlements	32,467
Due to Related Parties	(0)
Est. Incurred but Unreported Medical Claims	19,038
Operating Lease Right of Use Liability	14,638
Finance Lease Right of Use Liability	791
Contract Liabilities	50
Total Current Liabilities	**510,667**
Long Term Debt, excluding current installments	660,620
Malpractice and Workers Compensation Claims, Net	7,809
Pension and Other Postretirement Benefit Obligations	6,847
Long-term - Estimated third-party payer settlements	26,888
Long-term estimated amounts for incurred but not reported claims	7,860
Due to Related Parties, LT	-
Long-term - Operating Lease Right of Use Liability	45,883
Long-term - Finance Lease Right of Use Liability	1,384
Contract liabilities, net of current portion	709
Other Long-Term Liabilities	10,950
Total Liabilities	**1,279,617**
Net Assets:	
Without Donor Restriction	1,588,548
With Donor Restriction	
Time or Purpose	78,823
Perpetual	52,833
Retained Earnings	125
Total Net Assets	**1,720,329**
TOTAL LIABILITIES AND NET ASSETS	**2,999,947**

University of Vermont Medical Center and Subsidiaries
CONSOLIDATING STATEMENT OF OPERATIONS ($ in 000's)*
September 30, 2024

University of Vermont Medical Center and Subsidiaries
CONSOLIDATING STATEMENT OF OPERATIONS ($ in 000's)*
September 30, 2024

	Total UVMMC OG
UNRESTRICTED REVENUE & OTHER SUPPORT	
NET PATIENT SERVICE REVENUE	1,654,972
Less: Provision for Bad Debt	(46,511)
Net Patient Service Revenue	2,582,585
Hospital enhanced Medicaid Graduate Medical Education revenue	21,894
Professional enhanced Medicaid Graduate Medical Education revenue	36,471
Net Patient service revenue after provision for bad debts and enhanced Medicaid Graduate Medical Education revenue	2,640,950
Fixed Prospective Payments (FPP) + OCV Revenue	319,329
	-
Premium Revenue and Payer Incentives	14,535
Outpatient Pharmacy Revenue	332,760
NET ASSETS RELEASED FROM RESTRICTIONS	18,650
OTHER REVENUE	105,188
TOTAL UNRESTRICTED REVENUE & OTHER	**3,431,412**
EXPENSES:	
Salary, Payroll taxes & Fringes	1,985,229
Supplies and Other Expenses	979,691
Purchased Services	117,213
Provider Tax	136,792
Shared Services	
Depreciation and amortization	97,479
Interest Expense	28,722
Provision for Bad Debt	
Underwriting Expenses	
Medical Claims	
TOTAL EXPENSES	**3,345,126**
NET INCOME (LOSS) FROM OPERATIONS	**86,286**
NON-OPERATING REVENUE (EXPENSES):	
Investment Income & Losses on Investment	31,700
Change in interest in Investment Pool	(0)
Distribution of Accumulated Investment Gains	-
Assets Released from Restrictions - Non Op	-
Other Components of Pension Expense	(14,012)
Unreal Gain in Interest Rate Swap Contract	(3,051)
Contribution revenue from Affiliation	-
Net Unrealized Gain/(Loss) on Investments	138,689
Loss on Extinguishment of Debt	-
Other	2,072
TOTAL NONOPERATING REVENUE (EXPENSE)	155,399
EXCESS (DEFICIENCY) of REVENUES OVER EXPENSES	**241,684**
Net Unrealized Gain/(Loss) on Investments	-
Assets Released from Restrictions - Capital	3,590
Adjustment Asset Retirement Obligation	(268)
Pension and other postretirement benefit related adjustments	17,151
Transfer of Net Assets	80
INCREASE/(DECREASE) UNRESTRICTED NET ASSETS	**262,237**

THE
University of Vermont
HEALTH NETWORK

University of Vermont Medical Center Obligated Group

Bond Disclosure Report

Fiscal Year 2024

Pursuant to Section 3.10(b), and Section 3.07(f)

Of the Master Indenture

Long Term Debt Service Coverage Ratio&

Days of Operating Expense

As of September 30, 2024

University of Vermont Medical Center Obligated Group
For the Period Ended September 30, 2024
Exhibit B

Covenant - Debt Service Coverage Ratio*
($ in 000's)

Unaudited

	UVMMC Obligated Group
NET INCOME (LOSS) FROM OPERATIONS	$ 86,286
TOTAL NONOPERATING REVENUE (EXPENSE)	$ 19,760
EXCESS (DEFICIENCY) of REVENUES OVER EXPENSES	$ 106,046
Depreciation	$ 97,479
Interest Expense	$ 28,722
Income Available for Debt Service	$ 232,247
Maximum Annual Debt Service (MADS)	$72,198
Debt Service Coverage Ratio	**3.22x**
Compliance:	**YES**

* Non-operating revenue includes investment income (interest, dividends, realized gains/losses on investments), other Components of Pension income/(expense), and non-operating "Other". MADS excludes unamortized premiums/discounts on public debt

University of Vermont Medical Center Obligated Group
For the Period Ended September 30, 2024
Exhibit B

Liquidity Covenant - Days of Operating Expense **($ in 000's)**	**Unaudited** **UVMMC Obligated Group**
Cash and Cash Equivalents*	$572,485
Board Designated Assets	$705,533
Total Cash Available	$1,278,018
Total Expenses	$3,345,126
Depreciation	$97,479
Adjusted Operating Expenses	$3,247,647
Days in Period	365
Daily Operating Expenses	$8,898
Days Cash on Hand Ratio	**144 days**
Compliance:	**YES**

*excludes Advanced Medicare Payments, includes Short Term Investments, excludes $15.3M LOC for UVM MC and $19M LOC for CVPH

University of Vermont Medical Center Obligated Group
For the Period Ended September 30, 2024
Exhibit B

Covenant - Total Debt to Capitalization Ratio **($ in 000's)**	**Unaudited** **UVMMC Obligated Group**
Current Installment of Long Term Debt	$70,588
Long Term Debt, excluding current installments	$660,620
Total Debt	$731,208
Net Assets (Unrestricted)	$1,588,548
Debt to Capitalization Ratio	**31.52%**

Compliance: **YES**

THE
University of Vermont
HEALTH NETWORK

University of Vermont Medical Center Obligated Group

Bond Disclosure Report

Fiscal Year 2024

Satistical Information

For the

Period Ended September 30, 2024

The University of Vermont Health Network
OB GROUP

Account	Account Description	OB GROUP 2024 Actual
HOSPITAL		
	Inpatient Discharges	39,285
	Inpatient Admissions	39,328
	Inpatient ED Visits	21,041
	Total ED Visits	181,611
	Hospital Outpatient Billed Visits	1,281,164
	Inpatient Births	3,401
	Days	
	Total Patient Days	263,679
	Inpatient Patient Days	240,132
	Outpatient Patient Days	23,547
	Inpatient Discharge Days	234,494
	Inpatient Patient Days SNF	132,987
PROFESSIONAL		
	MG Professional Worked RVUs (including Anes)	5,562,081
	MG Professional Total RVUs (including Anes)	8,421,360
	MG Professional Arrived Visits (including Anes)	1,264,438
ANCILLARY		
	Operating / Minor Rooms	
	Total OR Cases	35,169
	Total OR Hours	63,935
	Procedures	
	Total Cath Lab	8,959
	Total EP	15,905
	Total GI/Endoscopy	22,747
	Total Interventional Radiology	18,271
	Total Radiation Oncology	72,455
	Major Imaging	
	Total MRI	47,257
	Total CT Scan	165,292
	Total Nuc Med + PET	16,095
	Minor Imaging	
	Total Rad Diagnostic	285,795
	Total Ultrasound	64,437
	Total Mammography	106,056
	Lab	
	Total Billed Lab Test	4,902,235
	Pharmacy	
	Total Pharmacy Doses	5,437,666
	Total Prescriptions	612,737

THE
University of Vermont
HEALTH NETWORK

University of Vermont Medical Center Obligated Group

Bond Disclosure Report

Fiscal Year 2024

Insurances Coverage (s)

UNIVOFV-02 KWOLFSTICH

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/12/2024

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 have ADDITIONAL INSURED provisions or 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	CONTACT NAME: Kimberly Wolfstich	
Acrisure New England Partners Insurance Services, LLC 10 Research Parkway, Suite 400 Wallingford, CT 06492	PHONE (A/C, No, Ext): (802) 383-1623	FAX (A/C, No):
	E-MAIL ADDRESS: kwolfstich@acrisure.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Cincinnati Insurance Company	10677
INSURED The University of Vermont Health Network, Inc. Attn: Risk Management MS: 40 IDX Drive 111 Colchester Avenue Burlington, VT 05401	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** **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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$
	☐ CLAIMS-MADE ☐ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	☐ POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	$
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	☐ ANY AUTO						BODILY INJURY (Per person)	$
	☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	☐ UMBRELLA LIAB ☐ OCCUR						EACH OCCURRENCE	$
	☐ EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE	$
	☐ DED ☐ RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						☐ PER STATUTE ☐ OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ (Mandatory in NH)	N/A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Excess FiduciaryLiab			EMX 0591426	10/1/2024	10/1/2025	Aggregate	5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Excess of:

Primary TDC Specialty Limit and Excess Argonaut Limit
(5x10)

CERTIFICATE HOLDER

FOR INFO PURPOSES ONLY

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

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UNIVOFV-02 KWOLFSTICH

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/12/2024

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PRODUCER	CONTACT NAME: Kimberly Wolfstich	
Acrisure New England Partners Insurance Services, LLC 10 Research Parkway, Suite 400 Wallingford, CT 06492	PHONE (A/C, No, Ext): (802) 383-1623	FAX (A/C, No):
	E-MAIL ADDRESS: kwolfstich@acrisure.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Illinois Union Insurance Company	27960
INSURED The University of Vermont Health Network, Inc. Attn: Risk Management MS: 40 IDX Drive 111 Colchester Avenue Burlington, VT 05401	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$
	☐ CLAIMS-MADE ☐ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	☐ POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	$
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	☐ UMBRELLA LIAB ☐ OCCUR						EACH OCCURRENCE	$
	☐ EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE	$
	☐ DED ☐ RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						☐ PER STATUTE ☐ OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Pollution			PPL G71186647 007	10/1/2024	10/1/2025	SEE REMARKS	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

SCHEDULE OF COVERED LOCATIONS (on file w/Ins Co/Agt)
The University of Vermont Medical Center, Inc. - UVMMC
Central Vermont Medical Center, Inc. - CVMC
Champlain Valley Physicians Hospital, Inc. - CVPH
Elizabethtown Community Hospital, Inc. - ECH
Porter Medical Center, Inc. - PMC
The University of Vermont Health Network Home Health & Hospice (HHH)

CERTIFICATE HOLDER

FOR INFO PURPOSES ONLY

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

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AGENCY CUSTOMER ID: UNIVOFV-02 KWOLFSTICH

LOC #:

ADDITIONAL REMARKS SCHEDULE

AGENCY		NAMED INSURED
Acrisure New England Partners Insurance Services, LLC		The University of Vermont Health Network, Inc. Attn: Risk Management MS: 40 IDX Drive 111 Colchester Avenue Burlington, VT 05401
POLICY NUMBER SEE PAGE 1		
CARRIER SEE PAGE 1	NAIC CODE SEE P 1	EFFECTIVE DATE: SEE PAGE 1

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

COVERAGES/LIMITS OF LIABILITY

$10,000,000 Per Pollution Condition or Indoor Environmental Condition
$10,000,000 Total Policy and Program Aggregate for all Pollution Conditions and Indoor Environmental Conditions
$250,000 Max Limit for all "Catastrophe Management Costs" arising out of all pollution conditions and indoor environmental conditions

Retentions and Sub-Limits per Policy

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UNIVOFV-02 KWOLFSTICH

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	E-MAIL ADDRESS: kwolfstich@acrisure.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Wesco Insurance Company	25011
INSURED The University of Vermont Health Network, Inc. Attn: Risk Management MS: 40 IDX Drive 111 Colchester Avenue Burlington, VT 05401	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$
	☐ CLAIMS-MADE ☐ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	☐ POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	$
	☐ OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	☐ ANY AUTO						BODILY INJURY (Per person)	$
	☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	☐ UMBRELLA LIAB ☐ OCCUR						EACH OCCURRENCE	$
	☐ EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE	$
	☐ DED ☐ RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						☐ PER STATUTE ☐ OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Excess FiduciaryLiab			EUW2025672 00	10/1/2024	10/1/2025	Aggregate	5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Excess of:

Primary TDC Specialty Limit, Argonaut Excess Limit, and Cincinnati Excess Limit
(5x15)

CERTIFICATE HOLDER

FOR INFO PURPOSES ONLY

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

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UNIVOFV-02 KWOLFSTICH

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/12/2024

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.

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PRODUCER	CONTACT NAME: Kimberly Wolfstich
Acrisure New England Partners Insurance Services, LLC 10 Research Parkway, Suite 400 Wallingford, CT 06492	PHONE (A/C, No, Ext): (802) 383-1623 FAX (A/C, No): E-MAIL ADDRESS: kwolfstich@acrisure.com
	INSURER(S) AFFORDING COVERAGE — NAIC #
	INSURER A : TDC Specialty Insurance Company — 34487
INSURED The University of Vermont Health Network, Inc. Attn: Risk Management MS: 40 IDX Drive 111 Colchester Avenue Burlington, VT 05401	INSURER B :
	INSURER C :
	INSURER D :
	INSURER E :
	INSURER F :

COVERAGES **CERTIFICATE NUMBER:** **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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$
	☐ CLAIMS-MADE ☐ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	☐ POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	$
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	☐ UMBRELLA LIAB ☐ OCCUR						EACH OCCURRENCE	$
	☐ EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE	$
	☐ DED ☐ RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						☐ PER STATUTE ☐ OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ (Mandatory in NH)	N/A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Lead D&O/EPL/Fiduc			MLP-00707-24-00	10/1/2024	10/1/2025	SEE REMARKS	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

FOR INFO PURPOSES ONLY

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AUTHORIZED REPRESENTATIVE

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AGENCY CUSTOMER ID: UNIVOFV-02 KWOLFSTICH

LOC #:

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Acrisure New England Partners Insurance Services, LLC	The University of Vermont Health Network, Inc. Attn: Risk Management MS: 40 IDX Drive 111 Colchester Avenue Burlington, VT 05401
POLICY NUMBER SEE PAGE 1	
CARRIER: SEE PAGE 1 — NAIC CODE: SEE P 1	EFFECTIVE DATE: SEE PAGE 1

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

D&O/EPL/FIDUCIARY COVERAGE SUMMARY
Directors & Officers (D&O) Liability
$10,000,000 Max Aggregate Limit
Retentions and Sub limits as per Policy

Employment Practices Liability (EPL)
$10,000,000 Max Aggregate Limit
Retentions and Sub limits as per Policy

Fiduciary Liability
$5,000,000 Max Aggregate Limit
Retentions and Sub limits as per Policy

D&O/EPL/FIDUCIARY
$25,000,000 Total Policy Aggregate

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KWOLFSTICH

ACORD

CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 11/12/2024

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PRODUCER	CONTACT NAME: Kimberly Wolfstich	
Acrisure New England Partners Insurance Services, LLC 10 Research Parkway, Suite 400 Wallingford, CT 06492	PHONE (A/C, No, Ext): (802) 383-1623	FAX (A/C, No):
	E-MAIL ADDRESS: kwolfstich@acrisure.com	
	PRODUCER CUSTOMER ID: UNIVOFV-02	

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
The University of Vermont Health Network, Inc. Attn: Risk Management MS: 40 IDX Drive 111 Colchester Avenue Burlington, VT 05401	INSURER A : Zurich American Insurance Company	16535
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

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INSR LTR	TYPE OF INSURANCE		POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS
A	X PROPERTY		ZMD8683679-03	10/01/2024	10/01/2025	BUILDING	$
	CAUSES OF LOSS	DEDUCTIBLES				PERSONAL PROPERTY	$
	BASIC	BUILDING 100,000				BUSINESS INCOME	$
	BROAD	CONTENTS 100,000				EXTRA EXPENSE	$
	X SPECIAL					RENTAL VALUE	$
	X EARTHQUAKE	100,000				BLANKET BUILDING	$
	X WIND	100,000				BLANKET PERS PROP	$
	X FLOOD					X BLANKET BLDG & PP	$ 1,250,000,000
	X Boiler & Mach/					X Incl Property Damage	$
	X Equip Brkdwn					X & Time Element	$
	INLAND MARINE		TYPE OF POLICY				$
	CAUSES OF LOSS						$
	NAMED PERILS		POLICY NUMBER				$
							$
	CRIME						$
	TYPE OF POLICY						$
							$
	BOILER & MACHINERY / EQUIPMENT BREAKDOWN						$
							$
							$
							$

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Valuation: Replacement Cost

Earthquake Sub-Limit $200,000,000 Aggregate (TE Waiting Period: 168 Hours)

Flood Sub-Limits:
SEE ATTACHED ACORD 101

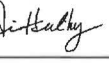
CERTIFICATE HOLDER

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AUTHORIZED REPRESENTATIVE



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AGENCY CUSTOMER ID: UNIVOFV-02 KWOLFSTICH

LOC #:

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Acrisure New England Partners Insurance Services, LLC	The University of Vermont Health Network, Inc. Attn: Risk Management MS: 40 IDX Drive 111 Colchester Avenue Burlington, VT 05401
POLICY NUMBER SEE PAGE 1	
CARRIER / NAIC CODE SEE PAGE 1 / SEE P 1	EFFECTIVE DATE: SEE PAGE 1

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 24 FORM TITLE: Certificate of Property Insurance

Special Conditions:
$250,000,000 Aggregate except where otherwise indicated below:
$25,000,000 for Property within a High Hazard Zone
$50,000,000 for Property within a Medium Hazard Zone.
Other flood related sub-limits are per policy.

Flood Ded $100,000 combined PD/TE per Occurrence Except where otherwise indicated below:
$500,000 combined PD & TE per Occurrence as respect's locations within a Special/High Flood Hazard Area
$250,000 combined PD & TE per Occurrence As respects locations within a Moderate Flood Hazard Area

NAMED INSUREDS or ADDITIONAL INSUREDS AS APPLICABLE
The following are all hereafter referred to as the "Insured", including legal representatives.

The First Named Insured; and any subsidiary of the First Named Insured, including but not limited to:
~The University of Vermont Medical Center
~OneCare Vermont Accountable Care Organization, LLC
~Central Vermont Medical Center
~Champlain Valley Physicians Hospital
~Elizabethtown Community Hospital
~Alice Hyde Medical Center
~Porter Medical Center
~The University of Vermont Health Network Home Health & Hospice

The First Named Insured's interest in any partnership, joint venture or other legal entity in which the First Named Insured has management control or ownership as now constituted or hereafter is acquired.

When any Insured described above is a party to a written contract or agreement on file, that requires a legal entity to be identified as an additional insured under this Policy, this Policy includes the legal entity as an additional insured, as its interest may appear, for physical damage to insured property which is the subject of the written contract or agreement on file, before any loss occurs; and does not provide any Time Element Coverage to the legal entity, except as provided under Leasehold Interest Coverage of this policy or as specifically endorsed to the policy.

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UNIVOFV-02 KWOLFSTICH

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/12/2024

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PRODUCER Acrisure New England Partners Insurance Services, LLC 10 Research Parkway, Suite 400 Wallingford, CT 06492	CONTACT NAME: Kimberly Wolfstich PHONE (A/C, No, Ext): (802) 383-1623 FAX (A/C, No): E-MAIL ADDRESS: kwolfstich@acrisure.com
	INSURER(S) AFFORDING COVERAGE — NAIC #
	INSURER A : ACE Property & Casualty Insurance Company — 20699
INSURED The University of Vermont Health Network, Inc. Attn: Risk Management MS: 40 IDX Drive 111 Colchester Avenue Burlington, VT 05401	INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$
	☐ CLAIMS-MADE ☐ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	☐ POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	$
	☐ OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	☐ ANY AUTO						BODILY INJURY (Per person)	$
	☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	☐ UMBRELLA LIAB ☐ OCCUR						EACH OCCURRENCE	$
	☐ EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE	$
	☐ DED ☐ RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						☐ PER STATUTE ☐ OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Non-Owned Aircraft			AAP N1123253A 004	10/1/2023	10/1/2026	Liability	SEE REMARKS
A	Helipad Liability			AAP N1123253A 004	10/1/2023	10/1/2026	SEE REMARKS	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Primary coverage subject to "other insurance" condition.

Airport Limited Enhanced Coverage Endorsement AAP 234 (11-99)
Includes, but not limited to: Broad Named Insured wording (*)

(*) There are no Specific Entity exclusions, however, for any affiliate that has separate coverage that was not purchased specifically as excess to what is provided by this policy, the loss would be shared.
SEE ATTACHED ACORD 101

CERTIFICATE HOLDER

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AGENCY CUSTOMER ID: UNIVOFV-02 KWOLFSTICH

LOC #:

ADDITIONAL REMARKS SCHEDULE

AGENCY		NAMED INSURED
Acrisure New England Partners Insurance Services, LLC		The University of Vermont Health Network, Inc. Attn: Risk Management MS: 40 IDX Drive 111 Colchester Avenue Burlington, VT 05401
POLICY NUMBER SEE PAGE 1		
CARRIER SEE PAGE 1	NAIC CODE SEE P 1	EFFECTIVE DATE: SEE PAGE 1

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Description of Operations/Locations/Vehicles:
Locations of Heliports Owned/Operated:

University of Vermont Medical Center, 284 East Ave., Burlington, VT-FAA ID VT36

Central Vermont Medical Center, Inc., 130 Fisher Rd., Barre, VT-FAA I.D. VT65

Champlain Valley Physicians Hospital, 75 Beekman St., Plattsburgh, NY-No FAA I.D.

Elizabethtown Community Hospital
75 Park Street, Elizabethtown , NY-FAA I.D. 10NY
101 Adirondack Dr., Ste 1, Ticonderoga, NY-FAA I.D. 69NY

Limited Additional Insured Designated Organizations:
•The University of Vermont and State Agricultural College, c/o Campus Planning Services, 109 South Prospect St., Burlington VT 05405

•Mary Hitchcock Memorial Hospital, Dartmouth-Hitchcock Clinic, One Medical Center Drive, Lebanon, New Hampshire 03756

SUMMARY OF COVERAGES AND LIMITS:

Personal & Advertising Injury Aggregate Limit $10,000,000

Each Occurrence Limit $10,000,000

Fire Damage Limit-Any One Fire $100,000

Medical Expense Limit – Any One Person $10,000

Non-Owned Aircraft Liability Limit Any One Occurrence $10,000,000
Max Seating Any One Aircraft-40

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	INSURER(S) AFFORDING COVERAGE — NAIC #
	INSURER A : The Travelers Indemnity Company of Connecticut — 25682
INSURED The University of Vermont Health Network, Inc. Attn: Risk Management MS: 40 IDX Drive 111 Colchester Avenue Burlington, VT 05401	INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$
	[ ] CLAIMS-MADE [ ] OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	[ ] POLICY [ ] PRO-JECT [ ] LOC						PRODUCTS - COMP/OP AGG	$
	[ ] OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	X ANY AUTO			810-6N856270-24-43-G	10/1/2024	10/1/2025	BODILY INJURY (Per person)	$
	[ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	[ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
	X Comp Ded $3,000 X Collision Ded $5,000							$
	[ ] UMBRELLA LIAB [ ] OCCUR						EACH OCCURRENCE	$
	[ ] EXCESS LIAB [ ] CLAIMS-MADE						AGGREGATE	$
	[ ] DED [ ] RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						[ ] PER STATUTE [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Named Insured's

The University of Vermont Health Network, Inc.; The University of Vermont Medical Center, Inc.; Central Vermont Medical Center, Inc.; The University of Vermont Medical Group-New York, PLLC; Porter Medical Center, Inc.; Porter Hospital; Helen Porter Nursing Home; The University of Vermont Health Network Home, Health & Hospice, Inc. OneCare Vermont Accountable Care Organization LLC (Hired/Non-Owned Liab only)

CERTIFICATE HOLDER

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	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : National Union Fire Insurance Company of Pittsburgh, Pa.	19445
INSURED The University of Vermont Health Network, Inc. Attn: Risk Management MS: 40 IDX Drive 111 Colchester Avenue Burlington, VT 05401	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
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	☐ CLAIMS-MADE ☐ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	☐ POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	$
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	☐ ANY AUTO						BODILY INJURY (Per person)	$
	☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	☐ UMBRELLA LIAB ☐ OCCUR						EACH OCCURRENCE	$
	☐ EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE	$
	☐ DED ☐ RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						☐ PER STATUTE ☐ OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Crime			01-641-20-31	10/1/2024	10/1/2025	SEE REMARKS	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

FOR INFO PURPOSES ONLY

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

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AGENCY CUSTOMER ID: UNIVOFV-02 KWOLFSTICH

LOC #:

ADDITIONAL REMARKS SCHEDULE

AGENCY		NAMED INSURED
Acrisure New England Partners Insurance Services, LLC		The University of Vermont Health Network, Inc. Attn: Risk Management MS: 40 IDX Drive 111 Colchester Avenue Burlington, VT 05401 Chittenden
POLICY NUMBER SEE PAGE 1		
CARRIER SEE PAGE 1	NAIC CODE SEE P 1	EFFECTIVE DATE: SEE PAGE 1

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Summary of Coverage

Ins. Agr. A(1) Employee Theft $ 10,000,000
Ins. Agr. A(2) Employee Benefit Plan Coverage - Included
Ins. Agr. A(3) Clients' Property $ 1,000,000
Ins. Agr. B. Forgery Or Alteration $ 10,000,000
Ins. Agr. C. Inside Premises – Theft of Money and Securities $ 10,000,000
Ins. Agr. D. Inside Premises – Robbery or Safe Burglary of Other Prop $10,000,000
Ins. Agr. E. Outside the Premises $ 10,000,000
Ins. Agr. F. Computer Fraud $ 10,000,000
Ins. Agr. G. Funds Transfer Fraud $ 10,000,000
Ins. Agr. H. Money Orders and Counterfeit Money $ 10,000,000
Ins. Agr. I. Claims and Computer Investigation Expense $ 50,000

Credit, Debit or Charge Card Forgery $10,000,000
Telephone Toll Fraud $250,000
Specified Personal Accounts Coverage $50,000
Impersonation Fraud $250,000

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UNIVOFV-02 KWOLFSTICH

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/12/2024

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PRODUCER	CONTACT NAME: Kimberly Wolfstich
Acrisure New England Partners Insurance Services, LLC 10 Research Parkway, Suite 400 Wallingford, CT 06492	PHONE (A/C, No, Ext): (802) 383-1623 FAX (A/C, No): E-MAIL ADDRESS: kwolfstich@acrisure.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Argonaut Insurance Company	19801
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
The University of Vermont Health Network, Inc.
Attn: Risk Management
MS: 40 IDX Drive
111 Colchester Avenue
Burlington, VT 05401

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$
	☐ CLAIMS-MADE ☐ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	☐ POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	$
	☐ OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	☐ ANY AUTO						BODILY INJURY (Per person)	$
	☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	☐ UMBRELLA LIAB ☐ OCCUR						EACH OCCURRENCE	$
	☐ EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE	$
	☐ DED ☐ RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						☐ PER STATUTE ☐ OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Excess D&O/EPL			MLX4282882-2	10/1/2024	10/1/2025	SEE REMARKS	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Excess of:

Primary TDC Specialty Limits and Homesite Ins Co of FLA Excess Limits

(5x20)

CERTIFICATE HOLDER

FOR INFO PURPOSES ONLY

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

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AGENCY CUSTOMER ID: UNIVOFV-02 KWOLFSTICH

LOC #:

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Acrisure New England Partners Insurance Services, LLC	The University of Vermont Health Network, Inc. Attn: Risk Management MS: 40 IDX Drive 111 Colchester Avenue Burlington, VT 05401
POLICY NUMBER SEE PAGE 1	
CARRIER: SEE PAGE 1 / NAIC CODE: SEE P 1	EFFECTIVE DATE: SEE PAGE 1

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Coverage Limits

D&O and EPL Max "Separate" Limits of Liability Each Claim $5,000,000

D&O and EPL "Shared" Max Aggregate Policy Limit of Liability $10,000,000

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UNIVOFV-02 KWOLFSTICH

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/12/2024

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PRODUCER	CONTACT NAME: Kimberly Wolfstich	
Acrisure New England Partners Insurance Services, LLC 10 Research Parkway, Suite 400 Wallingford, CT 06492	PHONE (A/C, No, Ext): (802) 383-1623	FAX (A/C, No):
	E-MAIL ADDRESS: kwolfstich@acrisure.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Argonaut Insurance Company	19801
INSURED The University of Vermont Health Network, Inc. Attn: Risk Management MS: 40 IDX Drive 111 Colchester Avenue Burlington, VT 05401	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$
	☐ CLAIMS-MADE ☐ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	☐ POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	$
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	☐ ANY AUTO						BODILY INJURY (Per person)	$
	☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	☐ UMBRELLA LIAB ☐ OCCUR						EACH OCCURRENCE	$
	☐ EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE	$
	☐ DED ☐ RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						☐ PER STATUTE ☐ OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Excess FiduciaryLiab			MLX4282883-2	10/1/2024	10/1/2025	Aggregate	5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Excess of:

Primary TDC Specialty Limits
(5x5)

CERTIFICATE HOLDER

FOR INFO PURPOSES ONLY

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

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UNIVOFV-02 KWOLFSTICH

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/12/2024

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PRODUCER Acrisure New England Partners Insurance Services, LLC 10 Research Parkway, Suite 400 Wallingford, CT 06492	CONTACT NAME: Kimberly Wolfstich PHONE (A/C, No, Ext): (802) 383-1623 FAX (A/C, No): E-MAIL ADDRESS: kwolfstich@acrisure.com
	INSURER(S) AFFORDING COVERAGE — NAIC #
	INSURER A : Homesite Insurance Company of Florida — 11156
INSURED The University of Vermont Health Network, Inc. Attn: Risk Management MS: 40 IDX Drive 111 Colchester Avenue Burlington, VT 05401	INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$
	☐ CLAIMS-MADE ☐ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	☐ POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	$
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	☐ UMBRELLA LIAB ☐ OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE	$
	☐ DED ☐ RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						☐ PER STATUTE ☐ OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ (Mandatory in NH)	N/A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Excess D&O/EPL			HXD-237445000-00	10/1/2024	10/1/2025	SEE REMARKS	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Excess of Primary limits provided by TDC Specialty (10x10)

CERTIFICATE HOLDER

FOR INFO PURPOSES ONLY

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

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AGENCY CUSTOMER ID: UNIVOFV-02 KWOLFSTICH

LOC #:

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Acrisure New England Partners Insurance Services, LLC	The University of Vermont Health Network, Inc. Attn: Risk Management MS: 40 IDX Drive 111 Colchester Avenue Burlington, VT 05401
POLICY NUMBER SEE PAGE 1	
CARRIER: SEE PAGE 1 / NAIC CODE: SEE P 1	EFFECTIVE DATE: SEE PAGE 1

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Coverage Limits

D&O and EPL "Separate" Limits of Liability Each Claim/Aggregate $10,000,000

D&O and EPL "Shared" Maximum Aggregate Policy Limit of Liability $20,000,000

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UNIVOFV-02 KWOLFSTICH

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/12/2024

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PRODUCER	CONTACT NAME: Kimberly Wolfstich	
Acrisure New England Partners Insurance Services, LLC 10 Research Parkway, Suite 400 Wallingford, CT 06492	PHONE (A/C, No, Ext): (802) 383-1623	FAX (A/C, No):
	E-MAIL ADDRESS: kwolfstich@acrisure.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Chubb Custom Insurance Company	38989
INSURED	INSURER B :	
The University of Vermont Medical Center Inc. 111 Colchester Avenue Burlington, VT 05401	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$
	☐ CLAIMS-MADE ☐ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	☐ POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	$
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	☐ ANY AUTO						BODILY INJURY (Per person)	$
	☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	☐ UMBRELLA LIAB ☐ OCCUR						EACH OCCURRENCE	$
	☐ EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE	$
	☐ DED ☐ RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						☐ PER STATUTE ☐ OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ (Mandatory in NH)	N/A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	EmplLawyersProfLiab			J0605495A	10/1/2024	10/1/2026	Aggregate	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Present UVMMC Attorneys:
Eric Miller, Craig Bennett, Karen Tyler, Erika Smart, Lindsay Browning, Amanda Angell, Lynn Combs, Lindy Gunderson, Christina L. DeGraff-Murphy, Lisa Fearon, Nicholas Ferron, Ben Traverse, Aaron Perry, Rachael Raynes, Linda Coulombe, Georgiana Perna, Jonathan Slomba

Past UVMMC Attorneys:
Spencer Knapp, Meg O'Donnell, Steven Klein, Michael Hawkins, Lianne Cleary, Sidney Hamilton, Jan Ferguson, Jennifer Parks

Note: Present / Past Lawyers are not specifically named in the policy.

CERTIFICATE HOLDER	CANCELLATION
FOR INFO PURPOSES ONLY	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

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