





**ADDITIONAL REMARKS SCHEDULE**

<b>AGENCY</b> Marsh Management Services Inc.		<b>NAMED INSURED</b> Providence St. Joseph Health 1801 Lind Avenue SW #9016 Renton, WA 98057-9016	
<b>POLICY NUMBER</b>		<b>EFFECTIVE DATE:</b>	
<b>CARRIER</b>	<b>NAIC CODE</b>		

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**  
**FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance**

CONTINUED FROM DESCRIPTION SECTION:

If this Certificate of Insurance is for Professional and / or General Liability insurance this provides evidence of coverage for 1) employees while acting within the scope and during the course of their employment with Providence St. Joseph Health and /or 2) contracted parties for their acts, errors or omissions in rendering or failing to render Medical Services outlined by such contract with a Providence St. Joseph Health entity including the Insured identified on this certificate provided such contract requires coverage for the contracted parties.

Humboldt County, its officers, officials, employees and volunteers are included as Additional Insureds as respects to General Liability where required by written contract.