







**EVIDENCE OF COVERAGE****ISSUE DATE (MM/DD/YY)**  
05/23/2024**SPONSOR**Kaiser Foundation Health Plan, Inc.  
Attention: Corporate Risk Management  
One Kaiser Plaza, 25<sup>th</sup> Fl.  
Oakland, CA 94612

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 ARRANGEMENTS SET FORTH BELOW.

**COVERAGE AFFORDED****LETTER A**

Self-insured

**COVERED ENTITIES**Kaiser Foundation Health Plan, Inc.  
Kaiser Foundation Hospitals**COVERAGES**

CO LTR	TYPE OF COVERAGE	DESCRIPTION	EFFECTIVE DATE (MM/DD/YY)	EXPIRATION DATE (MM/DD/YY)	LIMITS
A	Hospital/Physician/Professional Liability	Self-Insured	1/1/2024	1/1/2025	Each Occurrence: \$ 5,000,000 Annual Aggregate: None

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS**

This certificate provides evidence of professional liability coverage for the above-named entities in accordance with a written contract or agreement.

[RC009426]

**CERTIFICATE HOLDER**County of San Bernardino  
175 w 5th St. FL 1,  
San Bernardino, CA 92415**CANCELLATION**

NOT APPLICABLE

**AUTHORIZED REPRESENTATIVE**

Martin King, VP