



Commercial Property Coverage Part Declarations

CNA Insurance
333 S. Wabash Ave.
Chicago, IL 60604

Branch	Producer Number	Prefix	Policy Number
623	501379	RMP	6014709411

NAMED INSURED & ADDRESS:

UT PHYSICIANS
6431 FANNIN J.JL 475
HOUSTON, TX 77030

NAMED INSURED IS: HEALTH CARE

INSURANCE IS PROVIDED BY THE COMPANY DESIGNATED BELOW (A stock insurance company, herein called the company)

Continental Casualty Company

Policy Period: From June 30, 2016 to June 30, 2017

This policy becomes effective and expires at 12:01 a.m. Standard Time at Your Mailing Address Shown Above.

In Return For The Payment Of The Premium, And Subject To All The Terms Contained Herein, We Agree With You To Provide The Insurance As Stated.

"X" if Supplemental Declarations is attached

DESCRIPTION OF PREMISES

Per CNA Signature Property Policy Form

COVERAGES PROVIDED – INSURANCE AT THE DESCRIBED PREMISES APPLIES ONLY FOR COVERAGES FOR WHICH A LIMIT IS SHOWN

Per CNA Signature Property Policy Form

OPTIONAL COVERAGES – APPLICABLE ONLY WHEN ENTRIES ARE MADE IN THE SCHEDULE BELOW

Per CNA Signature Property Policy Form

MORTGAGE HOLDER(S)

Per CNA Signature Property Policy Form

DEDUCTIBLE Property Policy

Per CNA Signature Property Policy Form

FORMS AND ENDORSEMENTS APPLICABLE AT TIME OF ISSUANCE:

APPLICABLE TO ALL COVERAGES: Per CNA Signature Property Policy Form, LPCR 001, Schedule of Sections Included, G-300710-A, CNA62823XX, G-300714-A, CNA81758XX, G-301199-A, G-300981-A, G-300789-A.

APPLICABLE TO SPECIFIC PREMISES/COVERAGES:

Premium includes the following amount for Terrorism coverage

Premium payable at inception:

IN WITNESS WHEREOF, the Insurer has caused this Policy to be signed by its Chairman and Secretary.

Chairman of the Board

Secretary

CNA SIGNATURE PROPERTY POLICY

(All words or terms in ***bold, italic, underlined*** format are defined in the Glossary at the end of this policy)

I. DECLARATIONS

1. NAMED INSURED and MAILING ADDRESS

**UT PHYSICIANS
6431 FANNIN JIL 475
HOUSTON, TX 77030**

and its ***Affiliated or Subsidiary Organizations*** as of the date hereof.

The word "Insured" shall include as Named Insured any organization which is acquired or formed by the Insured and over which the Insured maintains an interest of more than fifty percent (50%) (other than a joint venture), provided that the Company is promptly notified of the acquisition or the formation within ninety (90) days after such organization is acquired or formed by the Insured. However, any such organization which is acquired by the Insured and over which the Insured maintains an interest of more than fifty percent (50%) shall only be covered from the effective date of such acquisition or formation.

2. TERM

This insurance shall attach on **June 30, 2016** and cover continuously thereafter until **June 30, 2017** at 12:01 AM Local Standard Time at the mailing address shown above or for such further period as may be agreed upon in writing.

3. TERRITORIAL LIMITS

The coverage territory is The United States of America, including its territories and possessions, and Canada.

4. LIMITS OF LIABILITY

POLICY LIMITS: \$45,167,919

Business Interruption: NOT COVERED

Blanket Real Property: \$2,100,000

Blanket Personal Property: \$43,067,919