

CERTIFICATE OF LIABILITY INSURANCE

CUSTOMER NUMBER: 0100009440

DATE (MM/DD/YYYY) 09/05/19

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).

ce	SUBHOGATION IS WAIVED, subj rtificate does not confer rights to	the ce	ne teri rtificat	ms and conditions of the p te holder in lieu of such en	oolicy, certain po dorsement(s).	ucies may rec	luire an endorsement. <i>I</i>	4 state	ement on this
PBC	DDUCER				CONTACT NAME:				
PHARMACISTS MUTUAL INSURANCE COMPANY					PILICATE TO A STATE OF THE PILICATE OF THE PIL				
8	08 HIGHWAY 18 WEST, I	O BO	X 37	0	(A/C, No. Ext): 800-247-5930 (A/C, No):				
Ä	08 HIGHWAY 18 WEST, I LGONA, IA 50511-037	70		20 -2 21	E-MAIL ADDRESS:				
						NSURER(S) AFFOR			NAIC#
					INSURER A: Pharm	acists Mutu	al Insurance Compar	ny	13714
INS	URED			20.5	INSURER B:				
0229					INSURER C:				
	ONEYS PHARMACY INC				INSURER D:				
	ONEYS RED CROSS PHARMACY			i	INSURER E:				
	JREKA CA 95501-1032			1	INSURER F:				
CO	VERAGES		CERTI	FICATE NUMBER:		i	REVISION NUMBER:		
50.345.0		erana arenasan				anno an anno an anno an		SERVICE BOOK	242-51 (2007) (4:174-51)-12-12-12-12-12-12-1
If C	HIS IS TO CERTIFY THAT THE POI NDICATED, NOTWITHSTANDING AN ERTIFICATE MAY BE ISSUED OR MAY UND CONDITIONS OF SUCH POLICIES	IY REQU Y PERTA LIMITS	JIREME IN, THE SHOW	ENT, TERM OR CONDITION : E INSURANCE AFFORDED BY	OF ANY CONTRAC THE POLICIES DES DBY PAID CLAIMS.	OT OR OTHER CRIBED HEREIN	ED NAMED ABOVE FOR T DOCUMENT WITH RESPE HIS SUBJECT TO ALL, THE	THE PO OT TO TERMS	OLICY PERIOD WHICH THIS EXCLUSIONS
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	TS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	
							DAMAGE TO RENTED	•	
	CLAIMS-MADE OCCUR						PREMISES (Ea occurrence)	S	
	1000000						MED EXP (Any one person)	s	
							PERSONAL & ADV INJURY	s	-
	GEN'L AGGREGATE LIMIT APPLIES PER:	3						9990	120 140
	POLICY PRO-						GENERAL AGGREGATE	\$	
		92					PRODUCTS - COMP/OP AGG		<u>.</u>
	OTHER					****		S	
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	S	
	<u></u>						BODILY INJURY	\$	
	ANY AUTO ALL OWNED SCHEDULED						(Per person) BODILY INJURY	s	
	AUTOS AUTOS						(Per accident) PROPERTY DAMAGE		
	HIRED AUTOS NON-OWNED AUTOS						(Per accident)	\$	
							2	\$	
	UMBRELLA LIAB OCCUR					re	EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	
1	DED RETENTIONS		8					\$	
Α	WORKERS COMPENSATION AND			WCV 0161266 03	12-01-19	12-01-20	X PER OTH		
А	EMPLOYERS' LIABILITY	1		WCV 0101280 03	,			Albert .	1 000 000
8	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH)						E.L. DISEASE-EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
	<u> </u>				<u> </u>	l	<u> </u>		18
DES	SCRIPTION OF OPERATIONS / LOCATIONS /	VEHICLE	S (ACOI	RD 101, Additional Remarks Sched	ule, may be attached if	more space is requ	ulred)		
Lo	c:CLONEYS PHARMACY IN 525 5TH ST, EUREKA	IC CA 9	5501	-1032					
ayeana re						**			
CERTIFICATE HOLDER					CANCELLATION				
CC	AIVER OF SUBROGATION . DUNTY OF HUMBOLDT DEP LTH & HUMAN SVCS- MEN	T OF			SHOULD ANY OF EXPIRATION DA WITH THE POLIC	TE THEREOF, NO Y PROVISIONS.	CRIBED POLICIES BE CANCELI TICE WILL BE DELIVERED I	LED BEF N ACCC	ORE THE DRIDANCE
72	20 WOOD ST				AUTHURIZED REPRE	SENIATIVE			

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EUREKA CA 95501-4413

GAIL T. WOLFE, CISR, API



AGENCY CUSTOMER ID:	0100009440		
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100#-			

ADDITIONAL REMARKS SCHEDULE Page 1 of 1

AGENCY		NAMED INSURED	
POLICY NUMBER WCV 0161266 03		CLONEYS PHARMACY INC CLONEYS RED CROSS PHARMACY 525 5TH ST EUREKA CA 95501-1032	
CARRIER Pharmacists Mutual	NAIC CODE 13714	EFFECTIVE DATE:12/01/19	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM

FORM NUMBER: Acord25 FORM TITLE: EVIDENCE OF COMMERCIAL LIABILITY INSURANCE