

MEMORANDUM OF INSURANCE

Date Issued 03/19/2020

Producer

Association Business
 Mercer Health & Benefits Insurance Services LLC
 633 W. Fifth Street, Ste. 1200
 Los Angeles, CA 90071
 888-926-2742

This memorandum is issued as a matter of information only and confers no rights upon the holder. This memorandum does not amend, extend or alter the coverages afforded by the Certificate listed below.

Company Affording Coverage

Liberty Insurance Underwriters, Inc.

Insured

CLONEYS PHARMACY INC
 CLONEYS PRESCRIPTION PHARMACY (SEE ADD'L NAMED INSURED' S)
 525 5TH ST.
 EUREKA, CA 95501-1032

This is to certify that the Certificate listed below has 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 memorandum may be issued or may pertain, the insurance afforded by the Certificate described herein is subject to all the terms, exclusions and conditions of such Certificate. The limits shown may have been reduced by paid claims.

The Memorandum of Insurance and verification of payment are your evidence of coverage. No coverage is afforded unless the premium is successfully paid in full.

Type of Insurance	Certificate Number	Effective Date	Expiration Date	Limits	
Professional Liability Pharmacist Fm Pharmacist Full Time	AHY-403776006	04/10/2020	04/10/2021	Per Incident/ Occurrence	\$2,000,000
				Annual Aggregate	\$4,000,000

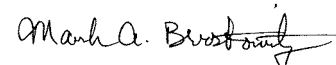
PROOF OF INSURANCE

Memorandum Holder:

PROOF OF COVERAGE ONLY

Should the above describe Certificate be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the Memorandum Holder named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

Authorized Representative
 Mark Brostowitz





Healthcare Professional Liability

LIBERTY INSURANCE UNDERWRITERS INC.

(A Stock Insurance Company, hereinafter the "Company")

ENDORSEMENT NO. []

Effective Date: 04/10/2020

Policy Number: AHY-403776006

Issued To: CLONEYS PHARMACY INC CLONEYS PRESCRIPTION PHARMACY (SEE ADD'L NAMED INSURED'S)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

NAMED INSURED - ADDITIONAL ENTITIES (First NAMED INSURED acting on behalf of)

- I. The **Named Insured** shown in Item 1 of the Declarations of this policy is amended to include the following entities:

DBA CLONEY'S MCKINLEYVILLE PHARMACY 1567 CITY CENTER RD., #35 MCKINLEYVILLE, CA 95511
Name and Address

DBA CLONEY'S PRESCRIPTION PHARMACY 2515 HARRISON AVE. EUREKA, CA 95501
Name and Address

DBA CLONEY'S RED CROSS PHARMACY 525 5TH STREET EUREKA, CA 95501
Name and Address

DBA CLONEYS LONG TERM CARE PHARMACY 525 5TH ST., SUITE B EUREKA, CA 95501
Name and Address

- II. The following is hereby added to the CONDITIONS section of this policy.

AUTHORIZATION: By acceptance of this policy:

The first **Named Insured** listed in the Declarations or in any amendment thereto, agrees to act on behalf of all other **Insureds** with respect to the giving and receiving of all notices to the Company as may be required by the terms of this policy and in the receiving of any return premiums that may become due hereunder.

All **Insureds** agree that the first **Named Insured** listed in the Declarations or in any amendment thereto, is hereby designated to so act on their behalf.

ALL OTHER TERMS AND CONDITIONS OF THE POLICY REMAIN UNCHANGED.