HEALTH CARE FACILITY LIABILITY POLICY REIMBURSEMENT FORM ADDITIONAL INSURED – PRIMARY NON-CONTRIBUTORY ENDORSEMENT

POLICYHOLDER: CCS-CMGC Parent Holdings, LP **ENDORSEMENT EFFECTIVE DATE:** 15th March 2022 **POLICY NUMBER:** BUQSTRTTN011100 050001 02

THIS ENDORSEMENT MODIFIES THE GENERAL LIABILITY COVERAGE PART AND THE PROFESSIONAL LIABILITY COVERAGE PART OF THE **POLICY** AS FOLLOWS:

The following are included as an additional insured(s) under the above-described Coverage Part(s) of the **policy**, but only with respect to vicarious liability arising solely and entirely out of the operations of the **policyholder**. The coverage provided by this **policy** shall be primary and non-contributory, provided that the alleged acts or omissions giving rise to the liability are otherwise covered by the **policy**.

SCHEDULE OF ADDITIONAL INSUREDS:

Any organization to whom the **policyholder** is obligated by valid written contract.

WAIVER OF SUBROGATION ENDORSEMENT

POLICYHOLDER: CCS-CMGC Parent Holdings, LP **ENDORSEMENT EFFECTIVE DATE:** 15th March 202**2 POLICY NUMBER:** BUQSTRTTN011100 050001 02

THIS ENDORSEMENT MODIFIES THE GENERAL CONDITIONS OF THE POLICY AS FOLLOWS:

Section VII. SUBROGATION of the GENERAL CONDITIONS is amended by adding the following:

We waive any right of recovery **we** may have against the additional insured(s) shown in the Schedule below because of reimbursements **we** make under this **policy** for vicarious liability arising solely and entirely from the operations of the **policyholder**.

SCHEDULE OF ADDITIONAL INSURED(S)

Any organization to whom the **policyholder** is obligated by valid written contract.