

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/18/2020

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 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).

COVEDACES	CEDTIFICATE NUMBED: 20/21 all	logis DEVISION NIII	MDED.			
Eureka C	A 95501	INSURER F:				
		INSURER E:				
525 Fifth St.		INSURER D:				
Cloney's Pharmacy, Inc.		INSURER C: Landmark American Insurance Company 33138				
INSURED		INSURER B: Hartford Accident & Indemnit	ty 22357			
Santa Rosa C	A 95403	INSURER A: Sentinel Insurance Company 1	LTD 11000			
		INSURER(S) AFFORDING COVERAGE	NAIC #			
2800 Cleveland Ave. Ste. 1		E-MAIL ADDRESS: maria-miller@leavitt.com				
McDonald-Leavitt Ins. Age	ncy, Inc.	PHONE (A/C, No, Ext): (707)284-5900	FAX (A/C, No): (707)284-5990			
PRODUCER		CONTACT NAME: Maria Miller				

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE 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 CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR		TYPE OF INSURANCE	ADDL	SUBR		POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMITS		
	х	COMMERCIAL GENERAL LIABILITY				,,	,,	EACH OCCURRENCE DAMAGE TO RENTED	Ψ	2,000,000
A		CLAIMS-MADE X OCCUR			57SBABE7048	3/17/2020	3/17/2021	PREMISES (Ea occurrence) MED EXP (Any one person)	\$	1,000,000
								PERSONAL & ADV INJURY	· .	2,000,000
	GEN	LAGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	4,000,000
	х	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	4,000,000
		OTHER:							\$	
	AUTOMOBILE LIABILITY X ANY AUTO		ТТ					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
В								BODILY INJURY (Per person)	\$	
-		ALL OWNED SCHEDULED AUTOS AUTOS			57UECAT0094	3/17/2020	3/17/2021	BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$		
								Medical payments	\$	5,000
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
		DED RETENTION \$							\$	
		KERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER		
	AND EMPLOYERS LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A					E.L. EACH ACCIDENT	\$	
								E.L. DISEASE - EA EMPLOYEE	\$	
								E.L. DISEASE - POLICY LIMIT	\$	
С	Pro	fessional Liability			LHZ837245	04/20/2019	04/20/2020	Occ/Aggregate Limit		4,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) 525 Fifth St., 525 5th St. Ste. B, 2515 Harrison Ave Eureka CA 95501, 1567 City Center Rd. Space 35, McKinleyville CA 95519 ****PROOF ONLY****

CERTIFICATE HOLDER	CANCELLATION
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Advantage Financial Services P O Box 660831 Dallas, TX 75266-0831

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Maria Miller/MARIA

Maria Miller

Additional Named Insureds

Other Named Insureds						
DBA: Cloney's Long Term Care Pharmacy						
DBA: Cloney's McKinleyville Pharmacy	Doing Business As					
DBA: Cloney's Prescription Pharmacy						
DBA: Cloney's Red Cross Pharmacy						
OFAPPINF (02/2007)	COPYRIGHT 2007, AMS SERVICES INC					

			ADDI	TIONAL COVE	RAGE	ES		
Ref #	Description Uninsured motorist combined single limit				Coverage Code UMCSL		Form No.	Edition Date
Limit 1 1,000,0	00	Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	
Ref #	Description	1				Coverage Code	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	
Ref #	Description	า	Coverage Code	Form No.	Edition Date			
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	
Ref #	Description	า				Coverage Code	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	
Ref #	Description	า				Coverage Code	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	
Ref #	Description	n				Coverage Code	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	
Ref #	Description	า				Coverage Code	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	
Ref #	Description	n	Coverage Code	Form No.	Edition Date			
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	
Ref #	Description	n				Coverage Code	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	
Ref #	Description	n				Coverage Code	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	
Ref #	Description	1				Coverage Code	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	
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