



CERTIFICATE OF LIABILITY INSURANCE

CUSTOMER NUMBER: 010009440

DATE (MM/DD/YYYY)
04/11/19

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.

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.

PRODUCER: PHARMACISTS MUTUAL INSURANCE COMPANY
INSURED: CLONEYS PHARMACY INC
CONTACT NAME, PHONE, ADDRESS, INSURER(S) AFFORDING COVERAGE, NAIC #

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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.

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL INSD, SUBR WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Includes rows for Commercial General Liability, Automobile Liability, Umbrella Liab, and Workers Compensation and Employers' Liability.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
See Remarks for Location Schedule

CERTIFICATE HOLDER CANCELLATION
FOR EVIDENCE ONLY
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: GAIL T. WOLFE, CISR, API



**ADDITIONAL REMARKS SCHEDULE**

<b>AGENCY</b>		<b>NAMED INSURED</b>	
<b>POLICY NUMBER</b> WCV 0161266 02		CLONEYS PHARMACY INC CLONEYS RED CROSS PHARMACY 525 5TH ST EUREKA CA 95501-1032	
<b>CARRIER</b> Pharmacists Mutual	<b>NAIC CODE</b> 13714	<b>EFFECTIVE DATE:</b> 12/01/18	

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM**

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

**LOCATION SCHEDULE**

**Loc. 001**  
CLONEYS PHARMACY INC  
525 5TH ST  
EUREKA CA 95501-1032

**Loc. 002**  
CLONEYS PHARMACY INC  
2515 HARRISON AVE  
EUREKA CA 95501-3220

**Loc. 003**  
CLONEYS PHARMACY INC  
525 5TH ST STE B  
EUREKA CA 95501-1032

**Loc. 004**  
CLONEYS PHARMACY INC  
1567 CITY CENTER RD  
MCKINLEYVILLE CA 95519-3600



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**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).

<b>PRODUCER</b> PHARMACISTS MUTUAL INSURANCE COMPANY 808 HIGHWAY 18 WEST, PO BOX 370 ALGONA, IA 50511-0370	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): 800-247-5930		FAX (A/C, No):
	<b>E-MAIL ADDRESS:</b>		
<b>INSURED</b> CLONEYS PHARMACY INC CLONEYS RED CROSS PHARMACY 525 5TH ST EUREKA CA 95501-1032		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Pharmacists Mutual Insurance Company	<b>NAIC #</b> 13714
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

**COVERAGES**

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$	
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$	
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$	
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N (Mandatory in NH) <input checked="" type="checkbox"/> Y If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		WCV 0161266 02	12-01-18	12-01-19	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE-EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Loc: CLONEYS PHARMACY INC  
 525 5TH ST, EUREKA CA 95501-1032

**CERTIFICATE HOLDER**

WAIVER OF SUBROGATION APPLIES  
 COUNTY OF HUMBOLDT DEPT OF  
 HLTH & HUMAN SVCS- MENTAL HLTH  
 720 WOOD ST  
 EUREKA CA 95501-4413

**CANCELLATION**

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  
 GAIL T. WOLFE, CISR, API

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**ADDITIONAL REMARKS SCHEDULE**

<b>AGENCY</b>		<b>NAMED INSURED</b>	
<b>POLICY NUMBER</b> WCV 0161266 02		CLONEYS PHARMACY INC CLONEYS RED CROSS PHARMACY 525 5TH ST EUREKA CA 95501-1032	
<b>CARRIER</b> Pharmacists Mutual	<b>NAIC CODE</b> 13714	<b>EFFECTIVE DATE:</b> 12/01/18	

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