



DIAMO-1

OP ID: RC

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/26/2018

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).

|  |  |                                    |
|--|--|------------------------------------|
| <b>PRODUCER</b><br>Evergreen Insurance, LLC<br>196 Industrial Park Drive<br>PO Box 505<br>Ebensburg, PA 15931<br>Gregory C Holsinger | <b>CONTACT NAME:</b> Gregory C Holsinger                 |                                    |
|  | <b>PHONE (A/C, No, Ext):</b> 814-472-7961                | <b>FAX (A/C, No):</b> 814-472-7020 |
|  | <b>E-MAIL ADDRESS:</b> gholsinger@evergreeninsurance.net |                                    |
| <b>INSURED</b><br>Diamond Drugs Inc<br>645 Kolter Dr<br>Indiana, PA 15701  | <b>INSURER(S) AFFORDING COVERAGE</b>                     |                                    |
|  | <b>INSURER A:</b> Travelers Prop Cas Co of Ameri         |                                    |
|  | <b>INSURER B:</b> Travelers Casualty Ins Co              |                                    |
|  | <b>INSURER C:</b> Columbia Casualty Co                   |                                    |
|  | <b>INSURER D:</b>  |                                    |
|  | <b>INSURER E:</b>  |                                    |
| <b>INSURER F:</b>  |  |                                    |

## 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE  | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |
|----------|--|-----------|----------|---------------|-------------------------|-------------------------|---|
| C        | <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> <b>Prof Liab/Claims</b><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: | X         | X        | HMA2087520412 | 09/19/2018              | 09/19/2019              | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000<br>MED EXP (Any one person) \$ 10,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 3,000,000<br>PRODUCTS - COMP/OP AGG \$ 3,000,000 |
| A        | <input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS   | X         | X        | 810202D0302   | 09/19/2018              | 09/19/2019              | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$   |
| C        | <input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR<br><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br>DED <input checked="" type="checkbox"/> RETENTION \$ 0  | X         | X        | HMC2087520426 | 09/19/2018              | 09/19/2019              | EACH OCCURRENCE \$ 9,000,000<br>AGGREGATE \$ 9,000,000  |
| B        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below<br>Y / N <input type="checkbox"/> N / A  |           | X        | UB2C025596    | 09/19/2018              | 09/19/2019              | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$ 500,000<br>E.L. DISEASE - EA EMPLOYEE \$ 500,000<br>E.L. DISEASE - POLICY LIMIT \$ 500,000                                       |
| A        | <b>Cyber Liability</b>   |           |          | 596455266     | 09/19/2018              | 09/19/2019              | 5,000,000   |
| A        | <b>Tech E&amp;O</b>  |           |          | 596511271     | 09/19/2018              | 09/19/2019              | 2,000,000   |

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

Named insured amended to include d/b/a Diamond Pharmacy Services, 645 Kolter Drive, Indiana, PA 15701, with the exception of the Auto policy. Certificate holder is named as Additional Insured with waiver of subrogation in their favor on all lines of coverage as noted above. Umbrella is follow form to all underlying coverages.

## CERTIFICATE HOLDER

## CANCELLATION

|   |  |
|---|--|
| County of Humboldt<br>Dept of Health & Human Svs<br>720 Wood Street<br>Eureka, CA 95501 | 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<br><i>Rebecca L. Chappell</i>  |

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