CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/05/2019

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 SUBROGATIONIS 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).

PRODUCER		CONTACT NAME:				
MCDONALD-LEAVITT INS AGCY, INC. 57128977 The Hartford Business Service Center	P	HONE VC, No, Ext):	(866) 467-8730	FAX (A/C, No)	(888) 443-6112 :	
3600 Wiseman Blvd San Antonio, TX 78265		E-MAIL ADDRESS:				
10 - 40 - 604P3604 MOS		INSURER(S) AFFORDING COVERAGE N				
INSURED CLONEY'S PHARMACY INC 525 5TH ST	(A	SURER A:	The Hartford Accident and Insurance Company	22357		
	D	INSURER B: The Sentinel Insurance Company				
EUREKA ,CA 95501-1032	Th.	LSURER C :				
	T.	SURER D:	200 ₀ 10 <u>10</u> 20			
	CP.	(SURER E :				
Value of the second second	II.	SURER F:	AN TO COMP - NO - SET TO COMP -			
COVERACES	CENTROST MINSHER				*	

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		ADDL INSR	SUBR.	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (M)M/DD/Y YYY)	LIMITS	
В	COMMERCIAL GENERAL LIABILITY		57 SBA BE7048				EACH OCCURRENCE	\$2,000,000
	CLAIMS-MADE X OCCUR	x					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000
	χ General Liability			1		MED EXP (Any one person)	\$10,000	
				57 SBA BE7048	03/17/2019	03/17/2020	PERSONAL & ADV INJURY	\$2,000,000
	GENLAGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$4,000,000
	POLICY PRO- JECT X LOC						PRODUCTS - COMP/OP AGG	\$4,000,000
A	AUTOMOBILE LIABILITY		57 UEC AT0094		AT0094 03/17/2019	03/17/2020	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	X ANY AUTO						BODILY INJURY (Per person)	
	ALLOWNED SCHEDULED AUTOS AUTOS			57 UEC AT0094			BODILY INJURY (Per accident)	Milledge Will St
	X HIRED X NON-OWNED AUTOS			St.	# ####################################	PROPERTY DAMAGE (Per accident)	id. de	
В	X UMBRELLA LIAB X OCCUR		57 SBA BE704		03/17/2019	03/17/2020	EACH OCCURRENCE	\$4,000,000
	EXCESS LIAB CLAIMS- MADE			57 SBA BE7048			AGGREGATE	\$4,000,000
	DED X RETENTION \$ 10,000 WORKERS COMPENSATION AND EMPLOYERS LIABILITY					<u>a. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.</u>	PÉR OTH- STATUTE ER	· - · ·
	PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?]				E.L. EACH ACCIDENT	AR.
1			'A			E.L. DISEASE -EA EMPLOYEE	2-12-12	
i kin	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	
В	DATA BREACH - DEFENSE & LIAB COVG			57 SBA BE7048	03/17/2019	03/17/2020	Limit	\$50,000

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

Those usual to the Insured's Operations. Reference:Location 1: 525 5th St Eureka, CA 95501. Location 2: 525 5th St Ste B Eureka, CA 95501. Location 3:2515 Harrison Ave Eureka, CA 95501. Location 4: 1567 City Center Road Space 35 McKinleyville, CA 95519.

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
Sugar S. Castareda

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