

#### CERTIFICATE OF LIABILITY INSURANCE

CUSTOMER NUMBER: 0100009440

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. 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 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).

certificate does not confer righ	its to the certificate holder in fied of such	20.3 mg/	
PRODUCER PHARMACISTS MUTUAL 808 HIGHWAY 18 WES		CONTACT NAME: PHONE, No., Ext): 800-247-5930 (AC, No):	
ALGONA, IA 50511	-0370	INSURER(S) AFFORDING COVERAGE NAIC	#
		INSURERA: Pharmacists Mutual Insurance Company   13714	_
INSURED		INSURER B:	
01 000001 0000		INSURER C:	
CLONEYS PHARMACY INC CLONEYS RED CROSS PHARMACY		INSUAER D:	
525 5TH ST		INSURER E:	
EUREKA CA 95501-1032		INSURER F:	
COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:	
INDICATED. NOTWITHSTANDING CERTIFICATE MAY BE ISSUED OF	G ANY REQUIREMENT, TERM OR CONDITION	AVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIK I OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH TH Y THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSION ED BY PAID CLAIMS.	₹IS
INSR TYPE OF INSURANCE	ADDL SUBR POLICY NUMBER	POLICY EFF POLICY EXP LIMITS	

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	тя
	COMMERCIAL GENERAL LIABILITY		2				EACH OCCURRENCE	\$
	CLAIMS-MADE OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	s
							MED EXP (Any one person)	\$
	DENII ACCOSCATE LIMIT ABOUSC BED.						PERSONAL & ADV INJURY	\$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	S
	POLICY PRO: LOC					83	PRODUCTS - COMP/OP AGG	\$
	OTHER			i				\$
	AUTOMOBILE LIABILITY		i				COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY (NJURY (Per person)	s
	ANY AUTO ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	s
	HIRED NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
0000								\$
80 - 80°N	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	s
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	S
	DED RETENTION\$	1						\$
Α	WORKERS COMPENSATION AND			WCV 0161266 02	12-01-18	12-01-19	X PER OTH	
	EMPLOYERS' LIABILITY	N/A				8	E.L. EACH ACCIDENT	s 1,000,000
1 11	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N		1965		1		E.L. DISEASE-EA EMPLOYEE	
	(Mandatory In NH) If yes, describe under DESCRIPTIONS OF OPERATIONS below					1/2000000000000000000000000000000000000	E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
				TD 484 Additional Comparis Coloration	may be about at		lise of h	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VA	HICLE	S (ACOF	AD 101, Additional Remarks Schodule	, may be attached if	more space is redi	ureaj	

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

LOC #: \_\_\_\_\_



# ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY	333 021787	NAMED INSURED
POLICY NUMBER WCV 0161266 02		CLONEYS PHARMACY INC CLONEYS RED CROSS PHARMACY 525 5TH ST EUREKA CA 95501-1032
CARRIER Pharmacists Mutual	NAIC CODE	
Mariaciaes Macaar	13/14	EFFECTIVE DATE: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. 003 CLONEYS PHARMACY INC 525 5TH ST STE B EUREKA CA 95501-1032 Loc. 002 CLONEYS PHARMACY INC 2515 HARRISON AVE EUREKA CA 95501-3220

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



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PRODUCER PHARMACISTS MUTUAL INSURANCE COMPANY 808 HIGHWAY 18 WEST, PO BOX 370				CONTACT NAME: PHONE (A/C, No, Ext): 800~247~5930  FAX (A/C, No):							
Ă	LGONA, IA 50511-037	0 -0	21 J 1		AD	MAIL DRESS:		-8 -9 -9			
					INIC		NSURER(S) AFFOR		20 <u>2041</u>	NAIC#	
INIEI	JRED				103	OMERA: Pharm SURERB:	acists Mutu	al Insurance Compan	пУ	13714	
11130						SURER C:		OVER PR	(5)1		
	ONEYS PHARMACY INC				INSURER D:						
	ONEYS RED CROSS PHARMACY 5 5TH ST				INS	INSURER E:					
Eυ	REKA CA 95501-1032				INS	UREA F:					
ÇO	VERAGES		CERTI	FICATE NUMBER:		W		REVISION NUMBER:			
A	HIS IS TO CERTIFY THAT THE POL IDICATED. NOTWITHSTANDING AN ERTIFICATE MAY BE ISSUED OR MAY ND CONDITIONS OF SUCH POLICIES.	LIMITS	IN, TH	E INSURANCE AFFORDED BY VN MAY HAVE BEEN REDUCE	Y THE	POLICIES DES PAID CLAIMS.	CRIBED HEREIN	ED NAMED ABOVE FOR DOCUMENT WITH RESPE	THE POS CT TO TERMS,	LICY PERIOD WHICH THIS EXCLUSIONS	
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	TS		
	COMMERCIAL GENERAL LIABILITY			***	Ī			EACH OCCURRENCE	\$	-03	
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
								MED EXP (Any one person)	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:				ľ			PERSONAL & ADV INJURY	\$		
	PRO-							GENERAL AGGREGATE	\$		
	OTHER							PRODUCTS - COMP/OP AGG	-		
_	AUTOMOBILE LIABILITY				-			COMBINED SINGLE LIMIT	\$		
	AUTOMOBILE LIABILITY							(Ea accident)	\$		
	ANY AUTO							BODILY INJURY (Per person)	\$		
	ALL OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	s		
	AUTOS AUTOS HIRED NON-OWNED AUTOS AUTOS							PROPERTY DAMAGE (Per accident)	\$		
	7,5155							V CI deadainy	s		
	UMBRELLA LIAB OCCUR	A. (12. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14	18					EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$								s		
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А	EMPLOYERS' LIABILITY			WCV 0161266 0	-		12 01 17	E.L. EACH ACCIDENT	VENERS TO	1 000 000	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A	A					E.L. DISEASE-EA EMPLOYEE		1,000,000 1,000,000	
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	100	1,000,000	
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DES	CRIPTION OF OPERATIONS / LOCATIONS /	VEHICLE	S (ACO	RD 101, Additional Remarks Sche	dulo, i	may be attached if	more space is requ	ılred}			
Lo	c:CLONEYS PHARMACY IN 525 5TH ST, EUREKA		5501	-1032							
CF	RTIFICATE HOLDER				C/	ANCELLATION					
WA	AIVER OF SUBROGATION A		ES			SHOULD ANY OF	THE ABOVE DESC	RIBED POLICIES BE CANCELI TICE WILL BE DELIVERED I	LED BEFO	ORE THE	
COUNTY OF HUMBOLDT DEPT OF HLTH & HUMAN SVCS- MENTAL HLTH					WITH THE POLIC	Y PROVISIONS,		13-0 BOX 10 TO TO TO	100 (100 (100 (100 (100 (100 (100 (100		
				AUTHORIZED REPRESENTATIVE							
				GAIL T. WOLFE, CISR, API							

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AGENCY CUSTOMER ID: 0100009440

# ADDITIONAL REMARKS SCHEDULE Page 1 of 1

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CARRIER Pharmacists Mutual	NAIC CODE 13714	EFFECTIVE DATE:12/01/18				

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