





## ADDITIONAL REMARKS SCHEDULE

AGENCY Willis Towers Watson Northeast, Inc.		NAMED INSURED NMS Labs 200 Welsh Road Horsham, PA 19044	
POLICY NUMBER See Page 1		EFFECTIVE DATE: See Page 1	
CARRIER See Page 1	NAIC CODE See Page 1		

**ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
 FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

purchased by Additional Insureds.



POLICY NUMBER:  
MKLV1PHP000004

## EVANSTON INSURANCE COMPANY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

### ADDITIONAL INSURED ENDORSEMENT BODILY INJURY/PROPERTY DAMAGE LIABILITY (BLANKET)

This endorsement modifies insurance provided under the following:

SPECIFIED MEDICAL PROFESSIONS GENERAL LIABILITY INSURANCE COVERAGE PART OCCURRENCE  
COVERAGE

#### SCHEDULE

Additional Insured (Name of Person or Organization): any person or organization to whom the Named Insured is obligated by written contract or written agreement to provide coverage as an additional insured to such person or organization

In consideration of the premium paid, it is hereby understood and agreed that the policy is amended as follows:

1. Section THE INSURED is amended by the addition of the following:

The unqualified word Insured shall also mean Additional Insured stated in the Schedule, but only with respect to liability for Bodily Injury or Property Damage which arises out of only those Specified Products, Goods, Operations or Premises stated in the Declarations and provided the Named Insured is required to include such Additional Insured as an additional insured on this policy by a written contract or written agreement in effect during this Policy Period and executed prior to the happening of the Bodily Injury, Property Damage and Occurrence.

2. No coverage shall be afforded to the above Additional Insured for Bodily Injury or Property Damage or to any Employee or to any obligation of the Additional Insured to indemnify another because Damages arising out of such injury.
3. Where no coverage shall apply herein for the Named Insured, no coverage or defense shall be afforded to the above Additional Insured.
4. This insurance shall be primary and non-contributory insurance to any other insurance afforded to the Additional Insured.
5. Solely for purposes of this contract, **POLICY CONDITIONS, H. Subrogation**, does not apply.

All other terms and conditions remain unchanged.