



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
01/02/2024

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).

PRODUCER Aon Risk Services Central, Inc. Pittsburgh PA Office EQT Plaza ~ Suite 2700 625 Liberty Avenue Pittsburgh PA 15222-3110 USA	CONTACT NAME: PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): (800) 363-0105 E-MAIL ADDRESS:														
INSURED Diamond Drugs, Inc 645 Kolter Drive Indiana PA 15701 USA	<table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A: The Phoenix Insurance Company</td><td>25623</td></tr><tr><td>INSURER B: Columbia Casualty Company</td><td>31127</td></tr><tr><td>INSURER C: Continental Casualty Company</td><td>20443</td></tr><tr><td>INSURER D: Farmington Casualty Company</td><td>41483</td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: The Phoenix Insurance Company	25623	INSURER B: Columbia Casualty Company	31127	INSURER C: Continental Casualty Company	20443	INSURER D: Farmington Casualty Company	41483	INSURER E:		INSURER F:	
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COVERAGES**CERTIFICATE NUMBER:** 570091718939**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.

Limits shown are as requested

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS												
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			HMA2087520412	09/19/2023	09/19/2024	<table><tr><td>EACH OCCURRENCE</td><td>\$1,000,000</td></tr><tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$50,000</td></tr><tr><td>MED EXP (Any one person)</td><td>\$5,000</td></tr><tr><td>PERSONAL & ADV INJURY</td><td>\$1,000,000</td></tr><tr><td>GENERAL AGGREGATE</td><td>\$3,000,000</td></tr><tr><td>PRODUCTS - COMP/OP AGG</td><td>\$3,000,000</td></tr></table>	EACH OCCURRENCE	\$1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$50,000	MED EXP (Any one person)	\$5,000	PERSONAL & ADV INJURY	\$1,000,000	GENERAL AGGREGATE	\$3,000,000	PRODUCTS - COMP/OP AGG	\$3,000,000
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A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			810-05606143-23-14-G	09/19/2023	09/19/2024	<table><tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$1,000,000</td></tr><tr><td>BODILY INJURY (Per person)</td><td></td></tr><tr><td>BODILY INJURY (Per accident)</td><td></td></tr><tr><td>PROPERTY DAMAGE (Per accident)</td><td></td></tr></table>	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	BODILY INJURY (Per person)		BODILY INJURY (Per accident)		PROPERTY DAMAGE (Per accident)					
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B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> CLAIMS-MADE			HMC2087520426	09/19/2023	09/19/2024	<table><tr><td>EACH OCCURRENCE</td><td>\$10,000,000</td></tr><tr><td>AGGREGATE</td><td>\$10,000,000</td></tr></table>	EACH OCCURRENCE	\$10,000,000	AGGREGATE	\$10,000,000								
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D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	N/A	UB1T64848A2414G SIR applies per policy terms & conditions	01/01/2024	01/01/2025	<table><tr><td><input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER</td><td></td></tr><tr><td>E.L. EACH ACCIDENT</td><td>\$1,000,000</td></tr><tr><td>E.L. DISEASE-EA EMPLOYEE</td><td>\$1,000,000</td></tr><tr><td>E.L. DISEASE-POLICY LIMIT</td><td>\$1,000,000</td></tr></table>	<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				
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B	E&O-PL-Primary			HMA2087520412	09/19/2023	09/19/2024	<table><tr><td>Each Claim</td><td>\$1,000,000</td></tr><tr><td>Agg Limit</td><td>\$3,000,000</td></tr></table>	Each Claim	\$1,000,000	Agg Limit	\$3,000,000								
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Additional Insured can be added upon contract win/execution.

APPROVED

By Sheila Barker at 10:11 am, Jun 06, 2024

CERTIFICATE HOLDER**CANCELLATION**

Diamond Pharmacy Services 645 Kolter Drive Indiana PA 15701 USA	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 <i>Aon Risk Services Central, Inc.</i>
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Holder Identifier :

Certificate No : 570091718939



ADDITIONAL REMARKS SCHEDULE

Page _ of _

AGENCY Aon Risk Services Central, Inc.		NAMED INSURED Diamond Drugs, Inc	
POLICY NUMBER See Certificate Number: 570091718939		EFFECTIVE DATE:	
CARRIER See Certificate Number: 570091718939	NAIC CODE		

ADDITIONAL REMARKS

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

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER	
INSURER	
INSURER	
INSURER	

ADDITIONAL POLICIES If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
	OTHER							
C	Cyber Liability			596455266 SIR applies per policy terms & conditions	09/19/2023	09/19/2024	Agg Limit	\$5,000,000
C	Tech E&O			596511271	09/19/2023	09/19/2024	Agg Limit	\$5,000,000



ADDITIONAL INSURED ENDORSEMENT
Scheduled Additional Insured

In consideration of the premium, the policy is amended as follows.

ADDITIONAL INSURED SCHEDULE		
Name of Additional Insured (Person or Entity)	Professional Liability Coverage Part (If applicable, will be indicated by an "X" below)	General Liability Coverage Part (If applicable, will be indicated by an "X" below)
Snohomish County Sheriff's		X

- I. The definition of **additional insured**, set forth in Section II, Definitions, of the applicable Coverage Part, is deleted and replaced with the following:
- A. If the General Liability Coverage Part is indicated by an "X" in the corresponding designated column in the Schedule above, then solely with respect to the General Liability Coverage Part, **additional insured** means the person or entity shown in the Additional Insured Schedule above, provided however:
- such person or entity is an **additional insured** solely for the vicarious liability imposed upon such person or entity because of **bodily injury** or **property damage** arising out of an **occurrence**, or an offense causing **personal and advertising injury**, and there will be no coverage available for any actual or alleged **bodily injury**, **property damage**, or offense causing **personal and advertising injury** arising out of the acts or omissions of any **additional insured**;
 - if coverage for such **additional insured** is required by written contract, agreement or permit, coverage will apply:
 - only if such written contract, agreement or permit was executed prior to the **bodily injury**, **property damage** or offense causing **personal and advertising injury** giving rise to the **claim**;
 - to the extent required by such written contract, agreement or permit, not to exceed the applicable Limits of Liability of this policy; and
 - solely to the extent and no broader than that required by written contract, agreement or permit.
- B. If the Professional Liability Coverage Part is indicated by an "X" in the corresponding designated column in the Schedule above, solely with respect to the Professional Liability Coverage Part, **additional insured** also means the person or entity shown in the Additional Insured Schedule above, provided, however:
- such person or entity is an **additional insured** solely for the vicarious liability imposed upon such person or entity because of an **insured's professional services wrongful acts**, and there will be no coverage for damages arising out of the **professional services** of such **additional insured**;
 - if coverage for such **additional insured** is required pursuant to written contract, agreement or permit, then coverage will apply:
 - only if such written contract, agreement or permit was executed prior to the **professional services wrongful act** giving rise to the **claim**;
 - to the extent required by such written contract, agreement or permit, not to exceed the Limit of Liability of this policy; and
 - solely to the extent and no broader than that required by written contract, agreement or permit.



II. The following is added to Section XIX. Cancellation Or Non-Renewal of the General Terms and Conditions:

In the event that we cancel this policy before its expiration date for reason other than non-payment of premium, we will provide a courtesy notice of such cancellation to the **additional insured** listed on the Additional Insured Schedule above. Such notice shall be provided in accordance with the time frame required for notice to the named insured as set forth in the Cancellation/Nonrenewal endorsement to the Policy.

However, any failure by us to provide such notice of cancellation to the **additional insured** will not extend the policy cancellation date or negate cancellation of the policy, or be cause for legal action against us.

If we non-renew this policy, we will provide a courtesy notice of non-renewal of the policy to the **additional insured** listed on the Additional Insured Schedule above. Such notice shall be provided in accordance with the time frame required for notice of non-renewal to the named insured as set forth in the Cancellation/Nonrenewal Endorsement to the policy.

Any failure by us to provide such notice of cancellation or non-renewal to the **additional insured** as set forth above will not affect the non-renewal of the policy, and it will not extend the policy cancellation date or negate cancellation of the policy, or be cause for legal action against us.

Any coverage afforded to any **additional insured** pursuant to this endorsement shall be subject to all other terms and conditions of this policy. In no event does the inclusion of any person or entity as an **additional insured** operate to broaden the scope of coverage provided under the policy or increase the limits of liability stated on the Policy Declarations and provided under this policy.

All other terms and conditions of the policy remain unchanged.

This endorsement, which forms a part of and is for attachment to the policy issued by the designated Insurers, takes effect on the Policy Effective Date of said policy at the hour stated in said policy, unless another effective date (the Endorsement Effective Date) is shown below, and expires concurrently with said policy unless another expiration date is shown below.