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| MEMORANDUM OF LIABILITY INSURANCE | Current as of: June 30, 2016 |
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| PRODUCER MARSH USA INC 540 W. MADISON CHICAGO, ILLINOIS 60661 UNITED STATES OF AMERICA | THIS MEMORANDUM IS ISSUED AS A MATTER OF INFORMATION ONLY TO AUTHORIZED VIEWERS FOR THEIR INTERNAL USE ONLY AND CONFERS NO RIGHTS UPON ANY VIEWER OF THIS MEMORANDUM OTHER THAN THOSE PROVIDED FOR IN THE POLICY. THIS MEMORANDUM DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE DESCRIBED BELOW. THIS MEMORANDUM MAY ONLY BE COPIED, PRINTED AND DISTRIBUTED WITHIN AN AUTHORIZED VIEWER AND MAY ONLY BE USED AND VIEWED BY AN AUTHORIZED VIEWER FOR ITS INTERNAL USE. ANY OTHER USE, DUPLICATION OR DISTRIBUTION OF THIS MEMORANDUM WITHOUT PRIOR WRITTEN CONSENT IS PROHIBITED. |
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| INSURED WALGREEN CO. AND SUBSIDIARIES 300 WILMOT RD., MS #3108 DEERFIELD, ILLINOIS 60015-5223 UNITED STATES OF AMERICA | COMPANIES AFFORDING COVERAGE | | NAIC # |
| | COMPANY A | ZURICH AMERICAN INSURANCE COMPANY | 16535 |
| | COMPANY B | XL INSURANCE AMERICA, INC. | 24554 |
| | COMPANY C | AMERICAN ZURICH INSURANCE COMPANY | 40142 |
| | COMPANY D | SELF INSURANCE | |

COVERAGES

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 MEMORANDUM 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.

| COMPANY LETTER | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE | POLICY EXPIRATION DATE | LIMITS | |
|-----------------------|---|--|-----------------------|------------------------|--|--------------|
| | | | | | LIMITS IN USD UNLESS OTHERWISE INDICATED | |
| A | GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Blanket Additional Insured <input checked="" type="checkbox"/> Per Policy <input checked="" type="checkbox"/> Blanket Contractual Liability <input checked="" type="checkbox"/> Liquor Liability | GLO 9310091 13 GLO 9310184 13 (Puerto Rico) | 7/1/2016 7/1/2016 | 7/1/2017 7/1/2017 | GENERAL AGGREGATE | \$ 5,000,000 |
| | | | | | PERSONAL & ADV INJURY | \$ 4,000,000 |
| | | | | | EACH OCCURRENCE | \$ 4,000,000 |
| | | | | | FIRE DAMAGE (Any One Fire) | \$ 500,000 |
| | | | | | MED EXP (Any One Person) | \$ 0 |
| | | | | | | \$ |
| | | | | | | \$ |
| A | AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | BAP 9310096 13 BAP 9310183 13 (Puerto Rico) | 7/1/2016 7/1/2016 | 7/1/2017 7/1/2017 | COMBINED SINGLE LIMIT | \$ 5,000,000 |
| | | | | | BODILY INJURY (Per Person) | \$ |
| | | | | | BODILY INJURY (Per Accident) | \$ |
| | | | | | PROPERTY DAMAGE | \$ |
| | | | | | | \$ |
| B | EXCESS LIABILITY <input checked="" type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM | US00075933LI16A | 7/1/2016 | 7/1/2017 | EACH OCCURRENCE | \$ 5,000,000 |
| | | | | | AGGREGATE | \$ 5,000,000 |
| | | | | | | \$ |
| C A A A A | WORKERS COMPENSATION/ EMPLOYERS LIABILITY PARTNERS/EXECUTIVE OFFICERS ARE: <input checked="" type="checkbox"/> INCL. <input type="checkbox"/> EXCL. | WC 9310092-13(AOS) WC 9310094-13 (WI) EWS 9310093-13 (IL & LA) EWS 9310447-13 (AZ) EWS 9310448-13(MA & TN) | 7/1/2016 | 7/1/2017 | WORKERS COMPENSATION LIMITS | STATUTORY |
| | | | | | EL EACH ACCIDENT | \$ 2,000,000 |
| | | | | | EL DISEASE - POLICY LIMIT | \$ 2,000,000 |
| | | | | | EL DISEASE - EACH EMPLOYEE | \$ 2,000,000 |
| | | | | | | \$ |
| D | PRODUCT LIABILITY | Self-Insured | 7/1/2016 | 7/1/2017 | EACH OCCURRENCE | \$ 2,000,000 |
| | | | | | AGGREGATE | \$ 2,000,000 |

ADDITIONAL INFORMATION

OWNERS/LESSORS/LANDLORDS AND THEIR RESPECTIVE AGENTS, LENDERS, MORTGAGEES, GROUND LESSORS, VENDORS, CUSTOMERS, CLIENTS, AND ANY OTHER PARTIES ARE AUTOMATICALLY ADDED AS ADDITIONAL INSURED AND/OR LOSS PAYEE AS REQUIRED BY A SIGNED LEASE, CONTRACT OR OTHER WRITTEN AGREEMENT.

THE ABOVE POLICIES INCLUDE AN AUTOMATIC WAIVER OF SUBROGATION AS REQUIRED BY A SIGNED LEASE, CONTRACT OR OTHER WRITTEN AGREEMENT.

The Memorandum of Insurance serves solely to list insurance policies, limits and dates of coverage. Any modifications hereto are not authorized.