

MEMORANDUM OF LIABILITY INSURANCE

**Current as of:
June 29, 2018**

PRODUCER MARSH USA INC 540 W. MADISON CHICAGO, ILLINOIS 60661 UNITED STATES OF AMERICA	THIS MEMORANDUM IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON ANY RECIPIENT OF THIS MEMORANDUM. THIS MEMORANDUM DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE DESCRIBED BELOW. ANY 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 #3228 DEERFIELD, ILLINOIS 60015-5223 UNITED STATES OF AMERICA	COMPANIES AFFORDING COVERAGE		NAIC #
	COMPANY A	ZURICH AMERICAN INSURANCE COMPANY	16535
	COMPANY B	INDIAN HARBOR INSURANCE COMPANY	36940
	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 15	7/1/2018	7/1/2019		
		GLO 9310184 15 (Puerto Rico)	7/1/2018	7/1/2019	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 15	7/1/2018	7/1/2019	COMBINED SINGLE LIMIT	\$ 5,000,000
		BAP 9310183 15 (Puerto Rico)	7/1/2018	7/1/2019	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	US00079295LI18A	7/1/2018	7/1/2019	PER CLAIM	\$ 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 9310092-15 (AOS)	7/1/2018	7/1/2019	WORKERS COMPENSATION LIMITS	STATUTORY
		WC 9310094-15 (WI)			EL EACH ACCIDENT	\$ 2,000,000
		EWS 9310448-15 (MA)			EL DISEASE - POLICY LIMIT	\$ 2,000,000
					EL DISEASE - EACH EMPLOYEE	\$ 2,000,000
D	PRODUCT LIABILITY	Self-Insured	7/1/2018	7/1/2019	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.