

MEMORANDUM OF LIABILITY INSURANCE					Current as of: July 1, 2025	
PRODUCER  Willis Towers Watson Midwest, Inc. fka Willis Of Illinois, Inc. c/o 26 Century Blvd Nashville, TN 37230-5191 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.			
INSURED  Walgreens Boots Alliance, Inc. and Its Subsidiary Companies 108 Wilmot Road, MS 3228, Deerfield, IL 60015 United States of America			COMPANIES AFFORDING COVERAGE		NAIC #	
			COMPANY A	ZURICH AMERICAN INSURANCE COMPANY	16535	
			COMPANY B	AMERICAN ZURICH INSURANCE COMPANY	40142	
			COMPANY C	SELF INSURANCE		
			COMPANY D			
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	<b>GENERAL LIABILITY</b> <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 22 GLO 9310184 22 (Puerto Rico)	7/1/2025 7/1/2025	12/31/2025 12/31/2025		
					GENERAL AGGREGATE \$ 10,000,000	
					PERSONAL & ADV INJURY \$ 10,000,000	
					EACH OCCURRENCE \$ 10,000,000	
					FIRE DAMAGE (Any One Fire) \$ 500,000	
					MED EXP (Any One Person) \$ 0	
A	<b>AUTOMOBILE LIABILITY</b> <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 22 BAP 9310183 22 (Puerto Rico)	7/1/2025 7/1/2025	12/31/2025 12/31/2025	COMBINED SINGLE LIMIT \$ 10,000,000	
					BODILY INJURY (Per Person) \$	
					BODILY INJURY (Per Accident) \$	
					PROPERTY DAMAGE \$	
					PER CLAIM \$	
					AGGREGATE \$	
B A A	<b>WORKERS COMPENSATION/ EMPLOYERS LIABILITY</b>  PARTNERS/EXECUTIVE OFFICERS ARE: <input checked="" type="checkbox"/> INCL. <input type="checkbox"/> EXCL.	WC 9310092 22 (AOS) WC 9310094 22 (WI) EWS 9310448 22 (MA) WC 8198466 02 (MN)	7/1/2025	12/31/2025	WORKERS COMPENSATION LIMITS STATUTORY	
					EL EACH ACCIDENT \$ 2,000,000	
					EL DISEASE - POLICY LIMIT \$ 2,000,000	
					EL DISEASE - EACH EMPLOYEE \$ 2,000,000	
					EACH OCCURRENCE \$ 10,000,000	
C	PRODUCT LIABILITY	Self-Insured	7/1/2025	12/31/2025	AGGREGATE \$ 10,000,000	
ADDITIONAL INFORMATION						
<p>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.</p> <p>THE ABOVE POLICIES INCLUDE AN AUTOMATIC WAIVER OF SUBROGATION AS REQUIRED BY A SIGNED LEASE, CONTRACT OR OTHER WRITTEN AGREEMENT.</p>						
The Memorandum of Insurance serves solely to list insurance policies, limits and dates of coverage. Any modifications hereto are not authorized.						