

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/01/2023

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).

this certificate does not	confer rights to the certificate holder in lie	eu of such endorsen	nent(s).			
PRODUCER MARSH USA LLC.		CONTACT NAME:	NTACT Marsh   U.S. Operations			
333 South 7th St., Suite 14	400	(A/C, NO),			12-948-5382	
Minneapolis, MN 55402-2	400	E-MAIL ADDRESS:				
		INSURER(S) AFFORDING COVERAGE			NAIC#	
		INSURER A : Sta	38318			
Patterson Dental Supply, In	nc.	INSURER B :				
1031 Mendota Heights Roa St. Paul, MN 55120	ad	INSURER C:				
Ot. 1 dai, 19114 35720		INSURER D :				
		INSURER E :				
		INSURER F :				
COVERAGES	CERTIFICATE NUMBER:	CHI-0079545	80-33 REVI	SION NUMBER: 3		
THIS IS TO CERTIFY THAT	THE POLICIES OF INSURANCE LISTED BELO	W HAVE BEEN ICCUI	ED TO THE MOURED MA	MED ADDITION OF THE PARTY OF TH		

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, ISRI

NSR LTR	R TYPE OF INSURANCE		SUBR		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR			1000100137231	04/28/2023	11/01/2023	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	2,000,00
- }							MED EXP (Any one person)	\$	
ł	CENII ACCRECATE A MAIN AND A DE						PERSONAL & ADV INJURY	\$	2,000,0
X POLICY PRO-							GENERAL AGGREGATE	\$	10,000,0
ŀ	OTHER:						PRODUCTS - COMP/OP AGG	\$	4,000,0
A				1000100105001 (100)				\$	
A	ACTOMOBILE LIABILITY			1000198195231 (AOS)	04/28/2023	11/01/2023	COMBINED SINGLE LIMIT (Ea accident)	\$	3,000,0
-			1000198196231 (MA)	04/28/2023	11/01/2023	BODILY INJURY (Per person)	\$		
-						BODILY INJURY (Per accident)	\$		
							PROPERTY DAMAGE (Per accident)	\$	
+	X UMBRELLALIAB X COOUR	_	-					\$	
-	EVCESS LAB			1000589674221	04/28/2022	11/01/2023	EACH OCCURRENCE	\$	5,000,00
H	CLAIMS-MADE	- 1					AGGREGATE	\$	5,000,00
V	DED X RETENTION \$ 25,000 NORKERS COMPENSATION	-	-	100 000 100 5 (1 00)				\$	
A	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		- 1	100 0004205 (AOS)		11/01/2023	X PER OTH- STATUTE ER		
			- 1	100 0004204(AK,AZ,CT,IA,NJ,NY,NC,VT			E.L. EACH ACCIDENT	\$	1,000,00
Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Workers Compensation				100 0004203 (FL,MA)		11/01/2023	E.L. DISEASE - EA EMPLOYEE	\$	1,000,00
			-	100 0004202 (WI)	04/28/2023	11/01/2023	E.L. DISEASE - POLICY LIMIT	\$	1,000,00
			1	00 0004611 (TX)	04/28/2023	11/01/2023	Limit Included Above		

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CANCELLATION		
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		
Marsh USA LLC		