



# CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)  
07/27/2020

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(es) 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	CONTACT NAME:	
	PHONE (A/C. No. Ext): (866) 283-7122	FAX (A/C. No.): (800) 363-0105
INSURED	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	NAIC #	
Henry Schein, Inc., Subsidiaries & Affiliates 135 Duryea Road Melville NY 11747 USA	INSURER A: Noetic Specialty Insurance Co	17400
	INSURER B: National Union Fire Ins Co of Pittsburgh	19445
	INSURER C: ACE American Insurance Company	22667
	INSURER D: Liberty Mutual Fire Ins Co	23035
	INSURER E: Liberty Insurance Corporation	42404
	INSURER F:	

COVERAGES		CERTIFICATE NUMBER: 570083257432		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.								
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	
D	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input checked="" type="checkbox"/> LOC  OTHER:			TB2621093363030	06/01/2020	06/01/2021	EACH OCCURRENCE	\$1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000
							MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	\$5,000,000
							PRODUCTS - COMP/OP AGG	Excluded
D	<input checked="" type="checkbox"/> 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		AS2-621-093363-040	06/01/2020	06/01/2021	COMBINED SINGLE LIMIT (Ea accident)	\$3,000,000
							BODILY INJURY (Per person)	
							BODILY INJURY (Per accident)	
							PROPERTY DAMAGE (Per accident)	
E	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR  <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE			TH7621093363070 SIR applies per policy terms & conditions	06/01/2020	06/01/2021	EACH OCCURRENCE	\$4,000,000
							AGGREGATE	\$4,000,000
E	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A		WA762D093363010 AOS WC7621093363020 WI	06/01/2020	06/01/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> E.L. EACH ACCIDENT <input type="checkbox"/> E.L. DISEASE-EA EMPLOYEE <input type="checkbox"/> E.L. DISEASE-POLICY LIMIT	OTHER \$1,000,000 \$1,000,000 \$1,000,000
A	Products Liab			N19NY380025 Claims Made	06/01/2019	06/01/2021	Each Occurrence Aggregate	\$5,000,000 \$5,000,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)								
MMCAP Infuse is included as Additional Insured as required by written agreement, but limited to the operations of the Insured under said agreement with respect to the General Liability policy.								

## CERTIFICATE HOLDER

## 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

*Acord Risk Services Northeast Inc.*





AGENCY CUSTOMER ID: 570000025511

LOC #:

## **ADDITIONAL REMARKS SCHEDULE**

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AGENCY <b>Aon Risk Services Northeast, Inc.</b>	NAMED INSURED <b>Henry Schein, Inc.,</b>
POLICY NUMBER <b>See Certificate Numbe</b>	<b>570083257432</b>
CARRIER <b>See Certificate Numbe</b>	NAIC CODE <b>570083257432</b>

#### **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.



## ADDITIONAL REMARKS SCHEDULE

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AGENCY		NAMED INSURED	
Aon Risk Services Northeast, Inc.		Henry Schein, Inc.,	
POLICY NUMBER			
See Certificate Numbe 570083257432			
CARRIER		NAIC CODE	EFFECTIVE DATE:
See Certificate Numbe 570083257432			

## ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Named Insureds

Henry Schein, Inc.  
Ace Surgical Supply Company, Inc.  
All Star Orthodontics  
BIOHORIZONS IMPLANT SYSTEMS, INC.  
Camlog  
Dental Instrument Sales & Service, LLC  
Dentrix Dental Systems  
Exan Enterprises  
G.I.V. Inc.  
General Injectibles & Vaccines, Inc.  
Hand Piece Parts & Repair, Inc.  
Henry Schein and Schvadent  
Henry Schein Dental, Inc.  
Henry Schein Global Sourcing, Inc.  
Henry Schein Medical  
Henry Schein Practice Solutions  
Henry Schein, Supply  
HealthFirst  
Impromed, LLC.  
Insource, Inc.  
Ortho Organizers, Inc.  
Ortho Technology, Inc.  
RXWORKS, INC.  
Southern Anesthesia & Surgical  
The Custom Milling Center, Inc.  
Zahn Dental Company, Inc.  
Zahn/Darby Lab  
Edge Endo  
Henry Schein Professional Practice Transitions  
North American Rescue LLC and TQM, LLC  
NAR Training  
Lighthouse  
Hayes Handpiece Franchises, Inc.  
Henry Schein One, LLC  
US Endodontics