



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(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).

PRODUCER Aon Risk Services Northeast, Inc. New York NY Office One Liberty Plaza 165 Broadway, Suite 3201 New York NY 10006 USA		CONTACT NAME: PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): (800) 363-0105 E-MAIL ADDRESS:																			
INSURED Henry Schein, Inc., Subsidiaries & Affiliates 135 Duryea Road Melville NY 11747 USA		INSURER(S) AFFORDING COVERAGE <table border="1"><tr><td>INSURER A:</td><td>Noetic Specialty Insurance Co</td><td>17400</td></tr><tr><td>INSURER B:</td><td>National Union Fire Ins Co of Pittsburgh</td><td>19445</td></tr><tr><td>INSURER C:</td><td>ACE American Insurance Company</td><td>22667</td></tr><tr><td>INSURER D:</td><td>Liberty Mutual Fire Ins Co</td><td>23035</td></tr><tr><td>INSURER E:</td><td>Liberty Insurance Corporation</td><td>42404</td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></table>		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:		
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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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	Limits shown as requested																	
D	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <table border="0"><tr><td><input type="checkbox"/> CLAIMS-MADE</td><td><input checked="" type="checkbox"/> OCCUR</td></tr></table> GEN'L AGGREGATE LIMIT APPLIES PER: <table border="0"><tr><td><input type="checkbox"/> POLICY</td><td><input type="checkbox"/> PRO-JECT</td><td><input checked="" type="checkbox"/> LOC</td></tr></table> OTHER:	<input type="checkbox"/> CLAIMS-MADE	<input checked="" type="checkbox"/> OCCUR	<input type="checkbox"/> POLICY	<input type="checkbox"/> PRO-JECT	<input checked="" type="checkbox"/> LOC			TB2621093363030	06/01/2020	06/01/2021	<table border="1"><tr><td>EACH OCCURRENCE</td><td>\$1,000,000</td></tr><tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$100,000</td></tr><tr><td>MED EXP (Any one person)</td><td>\$5,000</td></tr><tr><td>PERSONAL & ADV INJURY</td><td>\$1,000,000</td></tr><tr><td>GENERAL AGGREGATE</td><td>\$5,000,000</td></tr><tr><td>PRODUCTS - COMP/OP AGG</td><td>Excluded</td></tr></table>	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
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D	AUTOMOBILE LIABILITY <table border="0"><tr><td><input checked="" type="checkbox"/> ANY AUTO</td><td><input type="checkbox"/> SCHEDULED AUTOS</td></tr><tr><td><input type="checkbox"/> OWNED AUTOS ONLY</td><td><input type="checkbox"/> NON-OWNED AUTOS ONLY</td></tr><tr><td><input type="checkbox"/> HIRED AUTOS ONLY</td><td></td></tr></table>	<input checked="" type="checkbox"/> ANY AUTO	<input type="checkbox"/> SCHEDULED AUTOS	<input type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY	<input type="checkbox"/> HIRED AUTOS ONLY				AS2-621-093363-040	06/01/2020	06/01/2021	<table border="1"><tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$3,000,000</td></tr><tr><td>BODILY INJURY (Per person)</td><td></td></tr><tr><td>BODILY INJURY (Per accident)</td><td></td></tr><tr><td>PROPERTY DAMAGE (Per accident)</td><td></td></tr></table>	COMBINED SINGLE LIMIT (Ea accident)	\$3,000,000	BODILY INJURY (Per person)		BODILY INJURY (Per accident)		PROPERTY DAMAGE (Per accident)				
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E	<input checked="" type="checkbox"/> UMBRELLA LIAB <table border="0"><tr><td><input type="checkbox"/> EXCESS LIAB</td><td><input checked="" type="checkbox"/> CLAIMS-MADE</td></tr></table> DED <input checked="" type="checkbox"/> RETENTION	<input type="checkbox"/> EXCESS LIAB	<input checked="" type="checkbox"/> CLAIMS-MADE			TH7621093363070 SIR applies per policy terms & conditions	06/01/2020	06/01/2021	<table border="1"><tr><td>EACH OCCURRENCE</td><td>\$4,000,000</td></tr><tr><td>AGGREGATE</td><td>\$4,000,000</td></tr></table>	EACH OCCURRENCE	\$4,000,000	AGGREGATE	\$4,000,000											
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AGGREGATE	\$4,000,000																							
E	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input checked="" type="checkbox"/> N N/A			WA762D093363010 AOS WC7621093363020 WI	06/01/2020	06/01/2021	<table border="1"><tr><td><input checked="" type="checkbox"/> PER STATUTE</td><td><input type="checkbox"/> OTHER</td></tr><tr><td>E.L. EACH ACCIDENT</td><td>\$1,000,000</td></tr><tr><td>E.L. DISEASE-EA EMPLOYEE</td><td>\$1,000,000</td></tr><tr><td>E.L. DISEASE-POLICY LIMIT</td><td>\$1,000,000</td></tr></table>	<input checked="" type="checkbox"/> PER STATUTE	<input type="checkbox"/> OTHER	E.L. EACH ACCIDENT	\$1,000,000	E.L. DISEASE-EA EMPLOYEE	\$1,000,000	E.L. DISEASE-POLICY LIMIT	\$1,000,000									
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E.L. DISEASE-POLICY LIMIT	\$1,000,000																							
A	Products Liab			N19NY380025 Claims Made	06/01/2019	06/01/2021	<table border="1"><tr><td>Each Occurrence</td><td>\$5,000,000</td></tr><tr><td>Aggregate</td><td>\$5,000,000</td></tr></table>	Each Occurrence	\$5,000,000	Aggregate	\$5,000,000													
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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

MMCAP Infuse
50 Sherburne Avenue, Suite 112
St. Paul MN 55155 USA

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

Aon Risk Services Northeast, Inc.

Holder Identifier :

570083257432

Certificate No :





INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER	
INSURER	
INSURER	
INSURER	

[illegible]



ADDITIONAL REMARKS SCHEDULE

Page _ of _

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

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
 Dentrrix Dental Systems
 Exan Enterprises
 G.I.V. Inc.
 General Injectibles & Vaccines, Inc.
 Hand Piece Parts & Repair, Inc.
 Henry Schein and Schvavent
 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