

Memo

To:

Jesse Bacon

From:

Lesa Howell

Date:

September 5, 2024

Re:

B and B Pharmacy- Vaccinations

Please present this opportunity for the Bullitt County Public Schools to work with B and B Pharmacy at the September 30, 2024 Board meeting. They will offer the flu vaccination and any other vaccines the employee might request during the month of October. These services will take place before or after school hours and possibly midday during the lunches at each school campus, central office and bus compound. Attached you will find the Certificates of Liability Insurance and Memorandum of Agreement. All have been reviewed and approved by Eric Farris.

Memorandum of Agreement between **Bullitt County Public Schools and** B and B Pharmacy and Affiliates

This Memorandum of Agreement by and between B and B Pharmacy and Affiliates (hereinafter "B and B") and Bullitt County Public Schools (hereinafter "BCPS") from October 1, 2024 through June 30, 2025. This Agreement relates to the administration of approved influenza and any other immunizations as available and requested by BCPS Employees.

Funding for immunizations to BCPS employees will be paid by each employee who desires to receive the immunization at the time it is administered.

Duties of BCPS:

- 1. BCPS agrees to schedule all immunizations through the BCPS District Health Coordinator.
- 2. The school principal or designee shall be informed when B and B pharmacy arrives at the facility/location.

Duties of B and B Pharmacy:

- 1. B and B shall provide to BCPS all required certifications and insurance verification for the immunization services. General liability insurance shall be obtained in the minimum amount of One Million Dollars naming BCPS as an additional insured.
- 2. B and B shall guarantee that every individual administering the immunizations possesses the requisite certifications and training required by law.
- 3. B and B shall coordinate all immunizations through the BCPS District Health Coordinator.

OUR MISSION IS TO INSPIRE AND EQUIP OUR STUDENTS TO SUCCEED IN LIFE BULLITT COUNTY PUBLIC SCHOOLS IS AN EQUAL EDUCATION AND EMPLOYMENT INSTITUTION

- 4. B and B agrees to assume responsibility for all liability or damages caused by its agents, employees or materials and to indemnify, save and hold harmless BCPS, its agents, board and employees from any and all liability or damages.
- 5. B and B agrees to adhere to State and Federal privacy requirements, unless requested to release information by lawful subpoena or court order.

Reviewed and agreed to by:

Jesse Bacon, Superintendent, Bullitt County Public Schools Date

Darrell Coleman, Chairperson, Bullitt County Board of Education
Date

Authorized Agent, B and B Pharmacy

Date

9-4-29



CUSTOMER NUMBER: 0100000909

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE IS ISSUED AS A MALIER OF INFORMATION UNLT AND CONTERS NO RIGHTS OF ON 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 IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) must have ADDITIONAL INSURED provisions or be endorsed. IMPORTANT: If the certificate flower is all Applitional insolved, the policytes) must have applitudate insolved provisions of the subscription of the policy, certain policies may require an endorsement. A statement on PRODUCER PHARMACISTS MUTUAL INSURANCE COMPANY CONTACT 808 HIGHWAY 18 W PHONE (A/C, No. Ext): 800-247-5930 E-MAIL ADDRESS; PO BOX 370 FAX (A/C, No): ALGONA IA 50511-0370 INSURER(S) AFFORDING COVERAGE INSURED INSURER A: PHARMACISTS MUTUAL INSURANCE COMPANY **B AND B PHARMACY** NAIC # 1578 HIGHWAY 44 E UNIT 1 <u>1</u>3714 SHEPHERDSVILLE KY 40165-7172 INSURER C: INSURER D INSURER E **COVERAGES** INSURER F: 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 CEPTIFICATE MAY BE ISSUED OR MAY DEDTAIN THE INCLIDANCE ASSOCIATED BY THE POLICIES DESCRIBED LIEBERN IS SUBJECT TO ALL THE TERMS CERTIFICATE 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. INSR COMMERCIAL GENERAL LIABILITY POLICY EFF (MM/DD/YYYY) Α POLICY NUMBER POLICY EXP (MM/DD/YYYY) Υ Ν VST 0004531 00 CLAIMS-MADE | X | OCCUR 06/01/2024 LIMITS 06/01/2025 EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) 1,000,000 \$ 50,000 MED EXP (Any one person) GEN'L AGGREGATE LIMIT APPLIES PER: 5,000 X POLICY PERSONAL & ADV INJURY PRO-JECT \$ LOC Included GENERAL AGGREGATE OTHER \$ 3,000,000 AUTOMOBILE LIABILITY PRODUCTS - COMP/OP AGG 2,000,000 WATER LEGAL LIABILITY ANY AUTO \$ <u>Included</u> COMBINED SINGLE LIMIT OWNED AUTOS ONLY \$ SCHEDULED AUTOS BODILY INJURY (Per person) HIRED AUTOS ONLY NON-OWNED BODILY INJURY (Per accident) AUTOS ONLY PROPERTY DAMAGE (Per accident) Α Х UMBRELLA LIAB Х OCCUR UCL 0160157 09 EXCESS LIAB 06/01/2024 CLAIMS-MADE 06/01/2025 EACH OCCURRENCE DED X RETENTION \$ 10,000 \$ 1,000,000 AGGREGATE WORKERS COMPENSATION AND \$ 1,000,000 EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE \$ OFFICER/MEMBER EXCLUDED? (Mandatory in NH) f yes, describe under PER STATUTE N/A PTH. if yes, describe under DESCRIPTIONS OF OPERATIONS below E.L. EACH ACCIDENT E.L. DISEASE-EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) See Remarks for Premises Schedule CERTIFICATE HOLDER DESIGNATED PERSON OR ORGANIZATION CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE **BULLITT COUNTY PUBLIC SCHOOLS** THE EXPIRATION DATE THEREOF, NOTICE 1040 HIGHWAY 44 E ACCORDANCE WITH THE POLICY PROVISIONS. SHEPHERDSVILLE KY 40165-6122 WILL BE DELIVERED AUTHORIZED REPRESENTATIVE GAIL T. WOLFE, CISR, API

CUSTOMER NUMBER: 0100000909

LOC #: ____



ADDITIONAL REMARKS SCHEDULE

Page_2_of__2

POLICY NUMBER VST 0004531 00	NAMED INSURED B AND B PHARMACY 1578 HIGHWAY 44 E UNIT 1 SHEPHERDSVILLE KY 40165-7172	
CARRIER PHARMACISTS MUTUAL INSURANCE COMPANY	NAIC CODE 13714	EFFECTIVE DATE: 06/01/24

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: EVIDENCE OF COMMERCIAL LIABILITY INSURANCE

PREMISES SCHEDULE

1 - 1	1578 HIGHWAY 44 E UNIT 1, SHEPHERDSVILLE, KY 40165-7172	
2 - 1	B AND B PHÁRMACY 126 SHADOWMEADE LN, MT WASHINGTON, KY 40047-6277	



COVERAGES

CERTIFICATE OF LIABILITY INSURANCE

CUSTOMER NUMBER: 0100000909

DATE (MM/DD/YYYY) 03/19/2024

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(les) 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
PHARMACISTS MUTUAL INSURANCE COMPANY
808 HIGHWAY 18 W
PO BOX 370
ALGONA IA 50511-0370

INSURED

B AND B PHARMACY

1578 HIGHWAY 44 E UNIT 1

SHEPHERDSVILLE KY 40165-7172

CONTACT NAME PHONE (A/C, No. Ext): 800-247-5930 FAX (A/C, No): E-MAIL ADDRESS:	
INSURER(S) AFFORDING COVERAGE INSURER A: PHARMACISTS MUTUAL INSURANCE COMPANY	NAIC# 13714
INSURER B:	
INSURER C:	
INSURER D:	· .
INSURER E:	
INSURER F:	

REVISION NUMBER:

TH	THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD							
CI	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,							
E	(CLUSIONS AND CONDITIONS OF SUCH PO	OLICIES.	LIMITS SHOWN MAY HAVE BEEN	REDUCED BY F	AID CLAIMS.	TILITEIN IS SOUDECT T	O ALL THE TERMS,	
INSR LTR	TYPE OF INSURANCE	ADDL SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI'	тѕ	
Α	X COMMERCIAL GENERAL LIABILITY	YN	VST 0004531 00	06/01/2024	06/01/2025	EACH OCCURRENCE	\$ 1,000,000	
	CLAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000	
	·					MED EXP (Any one person)	s 5,000	
			•			PERSONAL & ADV INJURY	\$ Included	
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 3,000,000	
	X POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$ 2,000,000	
	OTHER					WATER LEGAL LIABILITY	\$ Included	
	AUTOMOBILE LIABILITY	٠				COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO		,			BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY AUTOS					BODILY INJURY (Per accident)	\$	
	HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
							\$	
Α	X UMBRELLA LIAB X OCCUR		UCL 0160157 09	06/01/2024	06/01/2025	EACH OCCURRENCE	\$ 1,000,000	
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$ 1,000,000	
	DED X RETENTION \$ 10,000						\$	
	WORKERS COMPENSATION AND					PER OTH- STATUTE ER		
	EMPLOYERS' LIABILITY Y/N ANYPROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLLIDED?					E.L. DISEASE-EA EMPLOYEE	\$	
	(Mandatory in NH) If yes, describe under DESCRIPTIONS OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE NUMBER:

Premises 1, Building 1

1578 HIGHWAY 44 E UNIT 1, SHEPHERDSVILLE, KY 40165-7172

CERTIFICATE HOLDER

LESSOR OF LEASED EQUIPMENT

SCRIPTPRO USA INC 5828 REEDS RD MISSION KS 66202-2740 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

GAIL T. WOLFE, CISR, API

CUSTOMER NUMBER: 0100000909 LOC #:



ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

AGENCY	NAMED INSURED B AND B PHARMACY	
POLICY NUMBER VST 0004531 00		1578 HIGHWAY 44 E UNIT 1 SHEPHERDSVILLE KY 40165-7172
CARRIER	NAIC CODE	
PHARMACISTS MUTUAL INSURANCE COMPANY	13714	EFFECTIVE DATE: 06/01/24

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A S		
FORM NUMBER: ACORD 25 FORM TITLE:	EVIDENCE OF COMMERCIAL LIABILITY INSURANCE	



CUSTOMER NUMBER: 0100000909

DATE (MM/DD/YYYY) 03/19/2024

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PRODUCER
PHARMACISTS MUTUAL INSURANCE COMPANY
808 HIGHWAY 18 W
PO BOX 370
ALGONA IA 50511-0370

INSURED
B AND B PHARMACY
1578 HIGHWAY 44 E UNIT 1

SHEPHERDSVILLE KY 40165-7172

CONTACT NAME: PHONE FAX FA		_
INSURER(S) AFFORDING COVERAGE INSURER A: PHARMACISTS MUTUAL INSURANCE COMPANY	NAIC# 13714	
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:	·	
INSURER F:		

INSURER F:										
COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:										
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Α	X	COMMERCIAL GENERAL LIABILITY	N	N	VST 0004531 00	06/01/2024	06/01/2025	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	50,000
								MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	Included
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	X	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
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		PLOYERS' LIABILITY YPROPRIETOR/PARTNER/EXECUTIVE		٠,				E.L. EACH ACCIDENT	s	
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	15	78 HIGHWAY 44 E UNIT 1, SHEI	PHER	RDSV	ILLE, KY 40165-7172					
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	NOVITAS (NPEAST) PO BOX 3704				THE EXPIRATI		ESCRIBED POLICIES BE C REOF, NOTICE WILL LY PROVISIONS.			

MECHANICSBURG PA 17055-1863

AUTHORIZED REPRESENTATIVE

GAIL T. WOLFE, CISR, API

CUSTOMER NUMBER: 0100000909 LOC #:



ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

AGENCY	NAMED INSURED B AND B PHARMACY	· · · · · · · · · · · · · · · · · · ·	
POLICY NUMBER VST 0004531 00	1578 HIGHWAY 44 E UNIT 1 SHEPHERDSVILLE KY 40165-7172	•	
CARRIER PHARMACISTS MUTUAL INSURANCE COMPANY	NAIC CODE 13714	EFFECTIVE DATE: 06/01/24	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SC	
FORM NUMBER: ACORD 25 FORM TITLE:	EVIDENCE OF COMMERCIAL LIABILITY INSURANCE



CUSTOMER NUMBER: 0100000909

DATE (MM/DD/YYYY) 03/19/2024

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PHONE (A/C, No. Ext): 800-247-5930 E-MAIL ADDRESS: PHARMACISTS MUTUAL INSURANCE COMPANY **808 HIGHWAY 18 W** PO BOX 370 ALGONA IA 50511-0370 **INSURER(S) AFFORDING COVERAGE** NAIC# **INSURER A: PHARMACISTS MUTUAL INSURANCE COMPANY** 13714 INSURED INSURER B:

	1578	ID B PHARMACY B HIGHWAY 44 E UNIT 1 PHERDSVILLE KY 40165-7172			<u> </u>	NSURER C: NSURER D:				. ′
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C	OVEF	RAGES		ERT	"IFICATE NUMBER:	NOUNEN F.		REVISION NUMBER:	<u> </u>	<u> </u>
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IN L1	R R	TYPE OF INSURANCE	ADDI INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	rs	
	GE X	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR N'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC OTHER	N	N	VST 0004531 00	06/01/2024	06/01/2025	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG WATER LEGAL LIABILITY	\$ \$ \$ \$ \$	1,000,000 50,000 5,000 Included 3,000,000 2,000,000 Included
	AU X	ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY UMBRELLA LIAB EXCESS LIAB ANY AUTO SCHEDULED AUTOS NON-OWNED AUTOS ONLY OCCUR CLAIMS-MADE			UCL 0160157 09	06/01/2024	06/01/2025	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) EACH OCCURRENCE	\$ \$ \$	1,000,000
		DED X RETENTION \$ 10,000	-					AGGREGATE	\$	1,000,000

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

Premises 2, Building 1 B AND B PHARMACY 126 SHADOWMEADE LN, MT WASHINGTON, KY 40047-6277

N/A

NOVITAS (NPEAST)	

MECHANICSBURG PA 17055-1863

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

PER STATUTE

E.L. EACH ACCIDENT

E.L. DISEASE-EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

AUTHORIZED REPRESENTATIVE

CANCELLATION

GAIL T. WOLFE, CISR, API

CERTIFICATE HOLDER

WORKERS COMPENSATION AND

EMPLOYERS' LIABILITY

ANYPROPRIETOR/PARTNER/EXECUTIVE
OFFICER/MEMBER EXCLUDED?
(Mandatory in NH)
If yes, describe under
DESCRIPTIONS OF OPERATIONS below

	CUSTOMER	NUMBER:	0100000909
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DC #:



ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

POLICY NUMBER VST 0004531 00		NAMED INSURED B AND B PHARMACY 1578 HIGHWAY 44 E UNIT 1 SHEPHERDSVILLE KY 40165-7172	
CARRIER	NAIC CODE		
PHARMACISTS MUTUAL INSURANCE COMPANY	13714	EFFECTIVE DATE: 06/01/24	

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CUSTOMER NUMBER: 0100000909

DATE (MM/DD/YYYY) 03/19/2024

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9				
PRODUCER	CONTACT NAME:			
PHARMACISTS MUTUAL INSURANCE COMPANY	PHONE (A/C, No. Ext): 800-247-5930 FAX (A/C, No):			
808 HIGHWAY 18 W PO BOX 370	E-MAIL ADDRESS:			
ALGONA IA 50511-0370	INSURER(S) AFFORDING COVERAGE	NAIC #		
	INSURER A: PHARMACISTS MUTUAL INSURANCE COMPANY	13714		
INSURED	INSURER B: CHIRON INSURANCE COMPANY	16356		
B AND B PHARMACY 1578 HIGHWAY 44 E UNIT 1	INSURER C:			
SHEPHERDSVILLE KY 40165-7172	INSURER D:			
	INSURER E:			
	INSURER F:			

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR		TYPE OF INSURANCE	ADDL SUBI	1	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
Α	X	COMMERCIAL GENERAL LIABILITY		VST 0004531 00	06/01/2024	06/01/2025	EACH OCCURRENCE	\$ 1,000,000
	_	CLAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	s 50,000
							MED EXP (Any one person)	s 5,000
		l <u></u> ,					PERSONAL & ADV INJURY	s included
	GE	N'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 3,000,000
	X	POLICY PRO- JECT LOC				-	PRODUCTS - COMP/OP AGG	\$ 2,000,000
_		OTHER				,	WATER LEGAL LIABILITY	\$ Included
В	AU	TOMOBILE LIABILITY		CAM 0004876 00	06/01/2024	06/01/2025	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
		ANY AUTO		•		, ,	BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
		HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
		AUTOS ONET					(i or according)	s .
Α	Х	UMBRELLA LIAB X OCCUR		UCL 0160157 09	06/01/2024	06/01/2025	EACH OCCURRENCE	s 1,000,000
		EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$ 1,000,000
		DED X RETENTION \$ 10,000						\$
Α		RKERS COMPENSATION AND PLOYERS' LIABILITY Y/N		WCV 0160161 09	06/01/2024	06/01/2025	X PER OTH-	
	AN	PROPRIETOR/PARTNER/EXECUTIVE N	N/A		· ·		E.L. EACH ACCIDENT	\$ 500,000
	(Ma	ICER/MEMBER EXCLUDED?		0	1.		E.L. DISEASE-EA EMPLOYEE	\$ 500,000
	DES	s, describe under SCRIPTIONS OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$ 500,000
A		ARMACY SERVICES PROFESSIONAL BILITY - OCCURRENCE		PSP 0160719 01	06/01/2024	06/01/2025	PER OCCURRENCE	s 1,000,000
	LIA	BILLIT - OCCURRENCE					AGGREGATE	\$ 3,000,000
	,						RX PRODUCTS	Included
	1			l		<u> </u>		

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

See Remarks for Location Schedule See Individual Policy Declarations for more information

CERTIFICATE HOLDER

CANCELLATION

FOR EVIDENCE ONLY

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
GAIL T. WOLFE, CISR, API

CUSTOMER NUMBER: 0100000909

LOC #:



ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

POLICY NUMBER VST 0004531 00		NAMED INSURED B AND B PHARMACY 1578 HIGHWAY 44 E UNIT 1 SHEPHERDSVILLE KY 40165-7172	
CARRIER PHARMACISTS MUTUAL INSURANCE COMPANY	NAIC CODE 13714	EFFECTIVE DATE: 06/01/24	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: EVIDENCE OF COMMERCIAL LIABILITY INSURANCE

PREMISES SCHEDULE

1 - 1	1578 HIGHWAY 44 E UNIT 1, SHEPHERDSVILLE, KY 40165-7172		
2 - 1	B AND B PHARMACY 126 SHADOWMEADE LN, MT WASHINGTON, KY 40047-6277		