

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 06/20/2024

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(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 comer rights to the certificate floider in fied of such endorsement(s). | | | | | | |
|--|--------------------------------|---|--------------------------|-----------------------------|-------|--|
| PRODUCER | | CONTACT NAME: | | | | |
| Aon Risk Services Central, I Philadelphia PA Office 100 North 18th Street 15th Floor Philadelphia PA 19103 USA | | PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): (800) 363- | | | 05 | |
| | | E-MAIL ADDRESS: | | | | |
| | | | INSURER(S) AFFORDING COV | NAIC # | | |
| INSURED | | INSURER A: | ACE American Insurance | Company | 22667 | |
| The Cigna Group | | INSURER B: | Indemnity Insurance Co | 43575 | | |
| 900 Cottage Grove Road Bloomfield CT 06002 USA | | INSURER C: Lexin | | Lexington Insurance Company | | |
| | | INSURER D: | ACE Property & Casualt | 20699 | | |
| | | INSURER E: | American Guarantee & L | iability Ins Co | 26247 | |
| | | INSURER F: | | | | |
| OOVED A OEO | OFFICIOATE NUMBER: 57010054400 | 10 | DEVIOLON | MUMPED. | · | |

CERTIFICATE NUMBER: 570106544939 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, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| | Limits snown are as requested | | | | | | | |
|-------------|-------------------------------|---|---------------------|--|----------------------------|---------------------|--|--------------|
| INSR LTR | | TYPE OF INSURANCE | ADDL SUE INSD WV | | POLICY EFF (MM/DD/YYYY) | (MM/DD/YYYY) | | 3 |
| Α | Χ | COMMERCIAL GENERAL LIABILITY | Υ | HD0G47309359 | , , | 07/01/2025 | EACH OCCURRENCE | \$2,000,000 |
| | | CLAIMS-MADE X OCCUR | | SIR applies per policy ter | ms & condi [.] | tions | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$2,000,000 |
| | | _ | | | | | MED EXP (Any one person) | \$5,000 |
| | | | | | | | PERSONAL & ADV INJURY | \$2,000,000 |
| | GEI | N'L AGGREGATE LIMIT APP <u>LIES</u> PER: | | | | | GENERAL AGGREGATE | \$4,000,000 |
| | Х | POLICY PRO- JECT LOC | | | | | PRODUCTS - COMP/OP AGG | \$2,000,000 |
| | | OTHER: | | | | | | |
| Α | ΑU | TOMOBILE LIABILITY | | ISA H10702963 SIR applies per policy ter | , , | 07/01/2025 tions | COMBINED SINGLE LIMIT (Ea accident) | \$2,000,000 |
| | Х | ANY AUTO | | | | | BODILY INJURY (Per person) | |
| | | OWNED SCHEDULED AUTOS | | | | | BODILY INJURY (Per accident) | |
| | | AUTOS ONLY HIRED AUTOS ONLY NON-OWNED AUTOS ONLY | | | | | PROPERTY DAMAGE (Per accident) | |
| | | | | | | | | |
| D | Х | UMBRELLA LIAB X OCCUR | | XSEG7258448A003 | 07/01/2024 | 07/01/2025 | EACH OCCURRENCE | \$10,000,000 |
| | | EXCESS LIAB CLAIMS-MADE | | Excludes Pol# #35407110 | | | AGGREGATE | \$10,000,000 |
| | | DED RETENTION | | | | | | |
| В | | DRKERS COMPENSATION AND IPLOYERS' LIABILITY | | WLRC70321609 | 07/01/2024 | 07/01/2025 | X PER STATUTE OTH- | |
| | AN | Y PROPRIETOR / PARTNER / EXECUTIVE N | N/A | | | | E.L. EACH ACCIDENT | \$1,000,000 |
| | (Ma | andatory in NH) | N/A | | | | E.L. DISEASE-EA EMPLOYEE | \$1,000,000 |
| | If y | es, describe under SCRIPTION OF OPERATIONS below | | | | | E.L. DISEASE-POLICY LIMIT | \$1,000,000 |
| С | Ма | unaged Care Liability | | 33085874 Managed Care E&O SIR applies per policy ter | | | Agg-Claims Made | \$15,000,000 |

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

The Products Liability policy #35407110 evidenced on this certificate is a claims made policy. City of Hollywood is included as Additional Insured in accordance with the policy provisions of the General Liability policy, where required by written contract. See the attached list of additional Named Insureds.

| CERTIFICATE HOLDER | CANCELLATIO |
|--------------------|-------------|
|--------------------|-------------|

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

City of Hollywood Attn: Fatima Samana PO Box 229045 Hollywood FL 33022 USA

Aon Risk Services Central Inc.

AGENCY CUSTOMER ID: 10042023

LOC #:



ADDITIONAL REMARKS SCHEDULE

Page _ of .

| AGENCY | | NAMED INSURED | | | | |
|--|-----------|-----------------|--|--|--|--|
| Aon Risk Services Central, Inc. | | The Cigna Group | | | | |
| POLICY NUMBER See Certificate Number: 570106544939 | | | | | | |
| CARRIER | NAIC CODE | 7 | | | | |
| See Certificate Number: 570106544939 | | EFFECTIVE DATE: | | | | |

ADDITIONAL REMARKS

| THIS ADDITIONAL | . REMARKS F | ORM IS A SCHE | EDULE TO ACORD FORM, |
|-----------------|-------------|---------------|------------------------------------|
| FORM NUMBER: | ACORD 25 | FORM TITLE: | Certificate of Liability Insurance |

| | INSURER(S) AFFORDING COVERAGE | NAIC# |
|---------|-------------------------------|-------|
| 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.

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YYYY) | POLICY EXPIRATION DATE (MM/DD/YYYY) | LIMITS | |
|-------------|--------------------|--------------|-------------|----------------------------------|---|--|--------------------|-------------|
| | EXCESS LIABILITY | | | | | | | |
| E | | | | AXF967096616 | 07/01/2024 | 07/01/2025 | Aggregate | \$5,000,000 |
| | | | | | | | Each Occurrence | \$5,000,000 |
| | OTHER | | | | | | | |
| С | Products Liability | | | 35407110 Express Scripts Only | 07/01/2024 | 07/01/2025 | Comp/Op Agg | \$4,000,000 |
| | | | | | | | | |
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| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

Additional Named Insureds (1 of 2)

Accredo Health Group, Inc. Accredo Health, Incorporated

AHG of New York, Inc. Airport Holdings, LLC

Allegiance Benefit Plan Management, Inc.

Allegiance Cobra Services, Inc. Bravo Health Mid-Atlantic, Inc.

Brighter Inc.

Biopartners in Care, Inc.

Brookwood Management Partners, LLC

Care Continuum, Inc.

CareCore National Group, LLC

CareCore National Intermediate Holdings, LLC

CareCore National, LLC CareCore NJ, LLC

CareNext Managed Care, LLC CareNext Post-Acute, LLC Chiro Alliance Corporation Cigna Corporate Services, LLC

Cigna Dental Health of California, Inc. Cigna Dental Health of Delaware, Inc. Cigna Dental Health of Florida, Inc. Cigna Dental Health of Kentucky, Inc. Cigna Dental Health of Maryland, Inc. Cigna Dental Health of Missouri

Cigna Dental Health of New Jersey, Inc. Cigna Dental Health of North Carolina, Inc.

Cigna Dental Health of Ohio, Inc.

Cigna Dental Health of Pennsylvania, Inc.

Cigna Dental Health of Texas, Inc.
Cigna Dental Health of Virginia, Inc.
Cigna Dental Health Plan of Arizona, Inc.

Cigna Dental Health, Inc.

Cigna European Services (UK) Limited
Cigna Health and Life Insurance Company

Cigna Health Management, Inc.
Cigna Healthcare of Arizona, Inc.
Cigna Healthcare of California, Inc.
Cigna HealthCare of Colorado, Inc.
Cigna HealthCare of Connecticut, Inc.
Cigna HealthCare of Florida, Inc.
Cigna Healthcare of Georgia, Inc.
Cigna HealthCare of Illinois, Inc.
Cigna HealthCare of Indiana, Inc.

Cigna HealthCare of New Hampshire, Inc.

Cigna HealthCare of New Jersey, Inc.

Cigna Healthcare of North Carolina, Inc. Cigna HealthCare of St. Louis, Inc.

Cigna HealthCare of South Carolina, Inc. Cigna Healthcare of Tennessee, Inc. Cigna HealthCare of Texas, Inc.

Cigna Healthcare, Inc.

Connecticut General Life Insurance Company

Cotricity Health Group, PC

Cigna Healthcare of Utah, Inc.

CuraScript, Inc.

Diversified NY IPA, Inc.

Diversified Pharmaceutical Services, Inc. Econdisc Contracting Solutions, LLC

ESI Canada

ESI GP Canada ULC ESI GP Holdings, Inc. ESI GP2 Canada ULC

ESI Mail Order Processing, Inc. ESI Mail Pharmacy Service, Inc.

ESI Partnership ESI Resources, Inc.

Evernorth Behavioral Care Group of California, P.C. Evernorth Behavioral Care Group of Florida, P.A. Evernorth Behavioral Care Group of New Jersey, P.C. Evernorth Behavioral Care Group of New York, P.C.

Evernorth Behavioral Health Inc. f/k/a Cigna Behavioral Health, Inc.

Evernorth Behavioral Health of California, Inc. f/k/a Cigna Behavioral Health of California, Inc. Evernorth Behavioral Health of Texas, Inc. f/k/a Cigna Behavioral Health of Texas, Inc.

Evernorth Care Group f/k/a Cigna Medical Group

Evernorth Care Solutions, Inc.
Evernorth Direct Health, LLC
eviCore healthcare MSI, LLC
Express Reinsurance Company
Express Scripts Administrators LLC

Express Scripts Canada Co.

Express Scripts Canada Holding Co.
Express Scripts Canada Holding, LLC
Express Scripts Canada Services
Express Scripts Canada Wholesale
Express Scripts Holding Company
Express Scripts Holding Company, Inc.

Express Scripts, Inc.

Express Scripts Pharmaceutical Procurement, LLC

Additional Named Insureds (2 of 2)

Express Scripts Pharmacy Atlantic, Ltd.

Express Scripts Pharmacy Central, Ltd. Express Scripts Pharmacy Ontario, Ltd.

Express Scripts Pharmacy West, Ltd.

Express Scripts Pharmacy, Inc.

Express Scripts Sales Operations, Inc.

Express Scripts Senior Care Holdings, Inc.

Express Scripts Senior Care, Inc.

Express Scripts Specialty Distribution Services, Inc.

Express Scripts Strategic Development, Inc.

Express Scripts Services Co.

Express Scripts Utilization Management Company

Freco, Inc.

Freedom Service Company, LLC

Gulfquest, LP

Healthbridge Reimbursement & Product Support, Inc.

Healthbridge, Inc.

HealthCare of Colorado, Inc.

Healthspring Life & Health Insurance Company, Inc.

Healthspring of Florida, Inc. Healthspring USA, LLC Healthspring, Inc.

Home Physicians Management, LLC Innovative Product Alignment, LLC

Inside RX, LLC

Lynnfield Compounding Center, Inc.

Lynnfield Drug, Inc. MAH Pharmacy, LLC Matrix GPO, LLC Matrix Healthcare Services, Inc.

MDLIVE, Inc.

Medco Containment Insurance Company of NY Medco Containment Life Insurance Company

Medco Health Services, Inc. Medco Health Solutions, Inc. MedSolutions Holdings, Inc. MedSolutions of Texas, Inc.

MHS Holdings, CV

MSI Health Organization of Texas, Inc.

MyM Technology Services, LLC myMatrixx Holdings, LLC

myMatrixx-B, LLC

Newquest Management Northeast, LLC Newquest Management of Alabama, LLC

Newquest, LLC

Palladian Health of Florida, LLC

Palladian Independent Practice Association, LLC

Priority Healthcare Corporation

Priority Healthcare Distribution, Inc. dba CuraScript

Specialty Distribution QPID Health, LLC

Quallent Pharmaceuticals Health LLC Specialty Products Acquisitions, LLC SpectraCare Health Care Ventures, Inc.

SpectraCare, Inc.

Tel-Drug of Pennsylvania, L.L.C.

Tel-Drug, Inc.

Verity Solutions Group, Inc.