

MEMORANDUM OF LIABILITY INSURANCE

Current as of:
July 1, 2024

PRODUCER

Willis Towers Watson Midwest, Inc. fka Willis Of Illinois, Inc.
c/o 26 Century Blvd
Nashville, TN 37230-5191
United States of America

THIS MEMORANDUM IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON ANY RECIPIENT OF THIS MEMORANDUM. THIS MEMORANDUM DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE DESCRIBED BELOW. ANY USE, DUPLICATION OR DISTRIBUTION OF THIS MEMORANDUM WITHOUT PRIOR WRITTEN CONSENT IS PROHIBITED.

INSURED

Walgreens Boots Alliance, Inc. and Its
Subsidiary Companies
108 Wilmot Road, MS 3228,
Deerfield, IL 60015
United States of America

COMPANIES AFFORDING COVERAGE

NAIC

COMPANY A	ZURICH AMERICAN INSURANCE COMPANY	16535
COMPANY B	AMERICAN ZURICH INSURANCE COMPANY	40142
COMPANY C	SELF INSURANCE	
COMPANY D		

COVERAGES

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 MEMORANDUM 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.

COMPANY LETTER	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS	
					LIMITS IN USD UNLESS OTHERWISE INDICATED	
A	GENERAL LIABILITY	GLO 9310091 21 GLO 9310184 21 (Puerto Rico)	7/1/2024 7/1/2024	7/1/2025 7/1/2025		
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR					
	<input checked="" type="checkbox"/> Blanket Additional Insured					
	<input checked="" type="checkbox"/> Per Policy					
	<input checked="" type="checkbox"/> Blanket Contractual Liability					
	<input checked="" type="checkbox"/> Liquor Liability					
A	AUTOMOBILE LIABILITY	BAP 9310096 21 BAP 9310283 21 (Puerto Rico)	7/1/2024 7/1/2024	7/1/2025 7/1/2025		
	<input checked="" type="checkbox"/> ANY AUTO				COMBINED SINGLE LIMIT \$ 10,000,000	
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per Person) \$	
	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per Accident) \$	
	<input type="checkbox"/> HIRED AUTOS				PROPERTY DAMAGE \$	
	<input type="checkbox"/> NON-OWNED AUTOS				PER CLAIM \$	
					AGGREGATE \$	
	EXCESS LIABILITY					
	<input type="checkbox"/> UMBRELLA FORM					
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM					
B A A	WORKERS COMPENSATION/ EMPLOYERS LIABILITY	WC 9310092 21 (AOS) WC 9310094 21 (WI) EWS 9310448 21 (MA) WC 8198466 01 (MN)	7/1/2024	7/1/2025	WORKERS COMPENSATION LIMITS STATUTORY	
	PARTNERS/EXECUTIVE OFFICERS ARE: <input checked="" type="checkbox"/> INCL. <input type="checkbox"/> EXCL.					
					EL EACH ACCIDENT \$ 2,000,000	
					EL DISEASE - POLICY LIMIT \$ 2,000,000	
C	PRODUCT LIABILITY	Self-Insured	7/1/2024	7/1/2025	EL DISEASE - EACH EMPLOYEE \$ 2,000,000	
					EACH OCCURRENCE \$ 10,000,000	
					AGGREGATE \$ 10,000,000	

ADDITIONAL INFORMATION

OWNERS/LESSORS/LANDLORDS AND THEIR RESPECTIVE AGENTS, LENDERS, MORTGAGEES, GROUND LESSORS, VENDORS, CUSTOMERS, CLIENTS, AND ANY OTHER PARTIES ARE AUTOMATICALLY ADDED AS ADDITIONAL INSURED AND/OR LOSS PAYEE AS REQUIRED BY A SIGNED LEASE, CONTRACT OR OTHER WRITTEN AGREEMENT.

THE ABOVE POLICIES INCLUDE AN AUTOMATIC WAIVER OF SUBROGATION AS REQUIRED BY A SIGNED LEASE, CONTRACT OR OTHER WRITTEN AGREEMENT.

The Memorandum of Insurance serves solely to list insurance policies, limits and dates of coverage. Any modifications hereto are not authorized.