

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 06/18/2015

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 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

cartificate floider in fled of such endorsement(s).								
PRODUCER		CONTACT NAME:						
Aon Risk Services South, Inc. Atlanta GA Office		PHONE (A/C, No. Ext):	FAX (A/C. No.): (800) 363-01	.05				
3565 Piedmont Rd NE,Blg1,#700 Atlanta GA 30305 USA		E-MAIL ADDRESS:						
			INSURER(S) AFFORDING CO	/ERAGE	NAIC #			
INSURED		INSURER A: Federal Insurance Company			20281			
ZOLL Medical Corporation and Subsidiaries 269 Mill Road Chelmsford MA 01824-4105 USA		INSURER B:	INSURER B: Pacific Indemnity Co					
		INSURER C;	RERC: Mitsui Sumitomo Insurance Co of America					
		INSURER D:	Trans Pacific Ins Co		41238			
		INSURER E:						
		INSURER F:						
COVERAGES	CERTIFICATE NUMBER: 5700581474	63	REVISION	NUMBER:				

COTEINGEO	CENTILICATE NOMBER: 510000141400	REVISION NOMBER.
THIS IS TO CERTIFY T	HAT THE POLICIES OF INSURANCE LISTED BELOW HAVE B	EEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD
INDICATED, NOTWITH	ISTANDING ANY REQUIREMENT, TERM OR CONDITION OF A	NY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS
		BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS,
EXCLUSIONS AND CO	NDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BE	EN REDUCED BY PAID CLAIMS. Limits shown are as requested

INSR	TYPE OF INSURANCE		SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
0	X COMMERCIAL GENERAL LIABILITY			CPP 6403426-04	07/01/2014	07/01/2015	EACH OCCURRENCE	\$1,000,000
	CLAIMS-MADE X OCCUR						PREMISES (Ea occurrence)	\$1,000,000
							MED EXP (Any one person)	\$10,000
							PERSONAL & ADV INJURY	\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER						GENERAL AGGREGATE	\$2,000,000
	X POLICY PRO-						PRODUCTS - COMP/OP AGG	
	OTHER							
O	AUTOMOBILE LIABILITY			CPP 6403426-04	07/01/2014	07/01/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	X ANY AUTO						BODILY INJURY (Per person)	
	ALL OWNED SCHEDULED						BODILY INJURY (Per ecodent)	
	AUTOS AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	
C	X UMBRELLA LIAB X OCCUR			EXS5200217	07/01/2014	07/01/2015	EACH OCCURRENCE	\$30,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$30,000,000
	DED RETENTION							
8	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	\Box	\Box	71749922	07/01/2014	07/01/2015	X PER STATUTE OTH-	
	ANY PROPRIETOR / PARTNER / EXECUTIVE	N/A]		E L EACH ACCIDENT	\$1,000,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		IJ " '^			E.L DISEASE-EA EMPLOYEE	\$1,000,000	
							E L DISEASE-POLICY LIMIT	\$1,000,000
A	Products Liab			36019266 Retro Date 10/1/2004	07/01/2014	07/01/2015	Prod/Comp Ops/Agg Prod/Comp Ops/Occ Deductible	\$5,000,000 \$5,000,000 \$200,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Products Liability - claims made coverage.

CERTIF	ICATE	HQL	DER
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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.

Lexington - Fayette Urban County AUTHORIZED REPRESENTATIVE

Government Division of Central Purchasing 200 East Main Street, Room 338 Lexington KY 40507 USA Aon Risk Services South Inc. AGENCY CUSTOMER ID: 570000057723

LOC#:

ACORD

ADDITIONAL REMARKS SCHEDILLE

		ADDI		MAL KEIA	ALI	13 30 H	EDULE		Page _ or _
AGENC AON	v Risk Services South,	Inc.				NSURED Medical Co	rporation	-	-
	NUMBER				7				
	Certificate Number:	570058147	7463		_				
CARRIE See	R Certificate Number:	570058147	7463	NAIC CODE	EFFEC	TIVE DATE			<u></u>
	ITIONAL REMARKS			•					
	ADDITIONAL REMARKS N NUMBER: ACORD 25								
	INSURER(S)	FFORDIN	IG C	OVERAGE		NAIC#			
INSU	RER								
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INSU	RER					_			
ADD	ITIONAL POLICIES			w does not include li for policy limits.	mit info	mation, refer to	the correspond	ling policy on t	he ACORD
INSR LTR	TYPE OF INSURANCE		SUBR	POLICY NUMBE	R	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	1.15	птѕ
	EXCESS LIABILITY					T. T. C.	,		
A			\vdash	79882432		07/01/2014	07/01/2015	ACCIPCIATE	\$5,000,000
^				Ex Products Liab		, , , , , , , , , , , , , , , , , , , ,	01, 02, 2020	nggi cgatt	33,000,000
								Each Occurrence	\$5,000,000
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