

December 20, 2013

To All Suppliers:

For products supplied to us by your firm, please forward evidence of insurance coverage as outlined below:

- The Supplier shall provide CVS Caremark Corporation with a Certificate of Insurance which shall outline Supplier's Commercial General Liability coverage including Public and Products Liability on an Occurrence form written on ISO Occurrence form CG 00 01 12 07 or equivalent, with a limit of not less than US\$5,000,000 for each occurrence, and a General Aggregate of no less than US\$5,000,000, and Products Completed Operations Aggregate with limits of not less than US\$5,000,000. Coverage limits may be in the form of a single primary policy or a combination of a primary policy and an Umbrella and/or Excess Liability policy.
- Workers Compensation, Employers Liability, Social Security and/or other insurance as required by law, statute or regulation in the jurisdiction(s) of operation and pertaining to or otherwise providing coverage to the Supplier and/or its employees including limits and/or benefits no less than those as required by applicable law statute or regulation. In no case shall Employers Liability be for less than US\$1,000,000 or the minimum amount required by law, statute or regulation, whichever is greater. Coverage limits may be in the form of a single primary policy or a combination of a primary policy and an Umbrella and/or Excess Liability policy.
- Automobile Liability and/or Umbrella Liability insurance with limits of not less than US\$5,000,000 each accident or the minimum amount required by law, statute or regulation, whichever is greater.

The policies shall be underwritten by an insurance company that carries an A- or better rating from A.M. Best or otherwise accepted/approved by CVS Caremark Corporation (or its designated affiliate). Each policy (except for Worker's Compensation) shall:

- Provide that CVS Caremark Corporation and its subsidiaries and affiliates shall be named as an additional insured.
- Provide that not less than thirty (30) days' prior written notice shall be given to CVS Caremark Corporation (or its designated affiliate) in the event of any alteration of terms of such policy or of the cancellation or non-renewal thereof.
- Provide that such insurance will be primary insurance with respect to CVS Caremark Corporation and its subsidiaries and affiliates.
- Include a Waiver of Subrogation against CVS Caremark Corporation and its subsidiaries, affiliates, agents, officers, directors and employees for recovery of damages against these policies, and Include coverage territory and jurisdiction which is worldwide including the United States of America, its territories, possessions, Puerto Rico and Canada.
- Certificates should be provided electronically to the Risk Management Department of CVS Caremark Corporation at the following email address - [www.cvscaremark\\_Cert\\_Ins@cvscaremark.com](mailto:www.cvscaremark_Cert_Ins@cvscaremark.com).

Supplier shall furnish CVS Caremark Corporation (or its designated affiliate) with a Certificate of Insurance evidencing coverage, and a Certificate of Insurance as evidence of renewal at least thirty (30) days prior to expiration of each policy. The amount of such required insurance coverage under this section shall not limit Supplier's obligations under its contract with CVS Caremark Corporation (and/or its designated affiliate). Any insurance provided on a claims-made form shall have no prior acts exclusion. Supplier shall maintain in effect such insurance during the entire term of the applicable contract with CVS Caremark Corporation or any designee, and for not less than thirty-six (36) months after the last date that any product is supplied to CVS Caremark Corporation or any designee. Notwithstanding the foregoing, CVS Caremark Corporation (or its designated affiliate) reserves the right to require higher insurance coverage at any time.

All correspondence and questions must be referred to Sally Chhoeun, Certificate Tracking Coordinator, in care of CVS Caremark Corporation, One CVS Drive, Woonsocket, RI 02895, Mail Code 2180, Telephone number (401) 770-2285, Fax No. (401) 652-1281