

KERR DRUG, INC.
Supplier Insurance Requirements

Effective Revision Date : November 9, 2004

Re : Notice of Request for Certificate of Insurance, Material Safety Data Sheets & Vendor Compliance Requirements

Dear Supplier or Service Provider:

Please consider this letter a formal request for a Certificate of Insurance indicating your current general liability coverage. The minimum policy requirements for conducting business with Kerr Drug, Inc., as well as Certificate, MSDS Sheets, Vendor Compliance Instruction requirements are as follows:

- 1.) Verification that a Commercial General and/or Product Liability Policy is in force.
- 2.) Renewal certificates will be required 15 days prior to the current policy's expiration date.
- 3.) We must be given at least 30 days advance notice of any lapse or cancellation in coverage.
- 4.) Policy limits: a.) General Aggregate Limit of \$2,000,000 (other than products-completed operations), b.) Products-Completed Operations Aggregate Limit of \$2,000,000 , Personal & Advertising Injury Limit of \$1,000,000, Each Occurrence Limit of \$1,000,000
- 5.) If your policy is renewed on a yearly basis, we require an updated certificate each year.
- 6.) We require that the certificate list Kerr Drug, Inc. as an "additional insured" on your policy and require the appropriate endorsements be attachment to the certificate.
- 7.) This document is required to be signed, dated and witnessed acknowledging item #6 as a contractual requirement for performing obligations as a Kerr Drug Supplier or Service provider.
- 8.) MSDS Sheets are required as indicated in the Vendor Compliance and Freight Routing Instructions. This information may be obtained on the Kerr Drug website at www.kerrdrug.com or by contacting the Logistics & Supplier Compliance Department (252) 431-1170.

Thank you in advance for your cooperation.

KERR DRUG, INC.

Jenny McCrary
Manager of Logistics & Supplier Compliance

Supplier / Service Company Receipt of Insurance Requirements & Certificate of Insurance Request

<u>Company Name</u>	<u>Representative Signature</u>	<u>Date</u>
<u>KDI Purchasing Agent</u>	<u>Department</u>	<u>Date</u>

(Original Signed Document should be returned to the Corporate Risk Management Department and a copy provided to the Supplier or Service Company Representative)