

THE HEALTH PALS COMPANY, LLC  
1100 HISTORIC 66 W  
WAYNESVILLE MO 65583-2310

State Farm Fire and Casualty Company  
A stock company with home offices in Bloomington, Illinois

## IMPORTANT NOTICE

# Policy Information

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**Policy number: 95-LW-7419-1**

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August 18, 2021

We're contacting you about the above State Farm® policy.

We're enclosing your Declarations, and any new applicable endorsements, based on some recent policy changes you requested. Please review your coverage selections carefully. If you have any questions about the coverage listed on your Declarations, or you believe any information is incorrect, please contact your State Farm agent right away.

**This is not a bill.** The policy premium is being added to your billing account.

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### **THANK YOU FOR CHOOSING STATE FARM. WE APPRECIATE YOUR BUSINESS.**

*If you have any questions, call your State Farm Agent Carey Heitman at 573-336-3990. If you are deaf, hard of hearing, or do not use your voice to communicate, you may contact us via 711 or other relay services.*

CC: Carey Heitman  
25-6221



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**State Farm Fire and Casualty Company**  
A stock company with home offices in Bloomington, Illinois

**Your State Farm Agent**

**Carey Heitman**  
**Carey Heitman Ins Agcy Inc**  
642 Missouri Ave  
St Robert MO 65584-1068  
**Bus:** 573-336-3990  
**Email:** carey.heitman.st18@statefarm.com

# Amended Declarations

**Policy number:** 95-LW-7419-1

**Policy period:** 12 months

*The policy period begins and ends at 12:01 am standard time at the premises location.*

**Effective date:** August 17, 2021

**Expiration date:** August 5, 2022

## DRUG STORE POLICY

**Automatic renewal** - If the State Farm® policy period is shown as **12 months**, this policy will be renewed automatically subject to the premiums, rules and forms in effect for each succeeding policy period. If this policy is terminated, we will give you and the Mortgagee/Lienholder written notice in compliance with the policy provisions or as required by law.

## NAMED INSURED

THE HEALTH PALS COMPANY, LLC  
1100 HISTORIC 66 W  
WAYNESVILLE MO 65583-2310

## ENTITY

Limited Liability Company

## IMPORTANT MESSAGE(S)

State Farm at CityLine Telephone Number: 855-760-9031

## REASONS FOR DECLARATIONS

Your policy is amended effective August 17, 2021 due to some recent policy changes you requested. Enclosed is a copy of your new endorsements, if any.

## POLICY PREMIUM

**This is not a bill.** If an amount is due, then a separate statement will be sent prior to the due date. The premium(s) shown below is the 12 months premium(s) for the characteristics of the policy as described in this Declarations.

**Total Premium:** \$3,845.00

## Discounts applied:

Business Experience Rating

Protective Devices

**SECTION I - PROPERTY SCHEDULE**

Location number	Location of described premises	Limit of Insurance* Coverage A - Building	Limit of Insurance* Coverage B - Business Personal Property	Seasonal increase - Business Personal Property
001	1100 Historic 66 W Waynesville MO 65583-2310	No Coverage	\$250,000	25%

\* As of the effective date of this policy, the Limit of Insurance as shown includes any increase in the limit due to Inflation Coverage.

**SECTION I – INFLATION COVERAGE INDEX(ES)**

**Cov A - Inflation Coverage Index:** N/A  
**Cov B - Consumer Price Index:** 271.7

**SECTION I – DEDUCTIBLES**

**BASIC DEDUCTIBLE** \$1,000

**SPECIAL DEDUCTIBLES:**

**Employee Dishonesty:** \$250  
**Equipment Breakdown:** \$1,000  
**Money and Securities:** \$250

Other deductibles may apply - refer to policy.

**SECTION I – EXTENSIONS OF COVERAGE - LIMIT OF INSURANCE - EACH DESCRIBED PREMISES**

The coverages and corresponding limits shown below apply separately to each described premises shown in these Declarations, unless indicated by “See schedule”. If a coverage does not have a corresponding limit shown below, but has “Included” indicated, refer to that policy provision for an explanation of that coverage.

Coverage	Limit of Insurance
Accounts Receivable	
On Premises	\$10,000
Off Premises	\$5,000
Arson Reward	\$5,000
Back-up of Sewer or Drain	\$15,000
Brands and Labels	\$25,000
Collapse	Included
Damage to Non-owned Buildings from Theft, Burglary or Robbery	Coverage B Limit
Debris Removal	25% of covered loss
Equipment Breakdown	Included
Fire Department Service Charge	\$5,000
Fire Extinguisher Systems Recharge Expense	\$5,000
Forgery or Alteration	\$10,000

Coverage	Limit of Insurance
Glass Expenses	Included
Increased Cost of Construction and Demolition Costs (applies only when buildings are insured on a replacement cost basis)	10%
Money Orders and Counterfeit Money	\$1,000
Money and Securities	
On Premises	\$10,000
Off Premises	\$5,000
Newly Acquired Business Personal Property (applies only if this policy provides Coverage B - Business Personal Property)	\$100,000
Newly Acquired or Constructed Buildings (applies only if this policy provides Coverage A - Buildings)	\$250,000
Ordinance or Law - Equipment Coverage	Included
Outdoor Property	\$5,000
Personal Effects (applies only to those premises provided Coverage B - Business Personal Property)	\$2,500
Personal Property Off Premises	\$15,000
Pollutant Clean Up and Removal	\$10,000
Preservation of Property	30 days
Property of Others (applies only to those premises provided Coverage B - Business Personal Property)	\$2,500
Signs	\$2,500
Spoilage (applies only to those premises provided Coverage B - Business Personal Property)	
On Premises	\$20,000
Off Premises	\$5,000
Expediting Expense	\$1,000
Valuable Papers and Records	
On Premises	\$25,000
Off Premises	\$15,000
Water Damage, Other Liquids, Powder or Molten Material Damage	Included

**SECTION I - EXTENSIONS OF COVERAGE - LIMIT OF INSURANCE - PER POLICY**

The coverages and corresponding limits shown below are the most we will pay regardless of the number of described premises shown in these Declarations.

Coverage	Limit of Insurance
Dependent Property - Loss of Income	\$5,000
Employee Dishonesty	\$10,000

Coverage	Limit of Insurance
Loss of Income and Extra Expense	12 Months Actual Loss Sustained
Utility Interruption - Loss of Income	\$10,000

## SECTION II - LOCATION SCHEDULE

Location number	Location of described premises
001	1100 Historic 66 W Waynesville MO 65583-2310

## SECTION II - LIABILITY

Coverage	Limit of Insurance
Coverage L - Business Liability Per Occurrence	\$3,000,000
Coverage M - Medical Expenses	\$5,000 Any One Person
Damage to Premises Rented to You	\$300,000
Pharmacist Professional Liability	Included

Aggregate Limits	Limit of Insurance
Products/Completed Operations Aggregate	\$6,000,000
General Aggregate	\$6,000,000
Professional Aggregate	Included

Each paid claim for Liability Coverage reduces the amount of insurance we provide during the applicable annual period. Please refer to Section II – Liability in the Coverage Form and any attached endorsements.

Your policy consists of these Declarations, the BUSINESSOWNERS COVERAGE FORM shown below, and any other forms and endorsements that apply, including those shown below as well as those issued subsequent to the issuance of this policy.

## FORMS AND ENDORSEMENTS

<b>CMP-4100</b>	<b>Businessowners Coverage Form</b>
<b>CMP-4225.2</b>	<b>Amendatory Endorsement (Missouri)</b>
<b>CMP-4561.1</b>	<b>Policy Endorsement</b>
<b>CMP-4703.1</b>	<b>Utility Interruption - Loss of Income</b>
<b>CMP-4704.1</b>	<b>Dependent Property - Loss of Income</b>
<b>CMP-4705.2</b>	<b>Loss of Income and Extra Expense</b>
<b>CMP-4706</b>	<b>Back-up of Sewer or Drain</b>
<b>CMP-4709</b>	<b>Money and Securities</b>
<b>CMP-4710</b>	<b>Employee Dishonesty</b>
<b>CMP-4775</b>	<b>Spoilage Coverage</b>
<b>CMP-4825</b>	<b>Brands and Labels</b>
<b>CMP-4879</b>	<b>Pharmacist Professional Liability</b>
<b>FD-6007</b>	<b>Inland Marine Attaching Declarations</b>
<b>FE-3650</b>	<b>Actual Cash Value Endorsement</b>
<b>FE-6999.3</b>	<b>Policyholder Disclosure Notice of Terrorism Insurance Coverage</b>

**FULL NAMED INSURED**

**Named Insured:** THE HEALTH PALS COMPANY, LLC DBA PILL PALS EXPRESS

This policy is issued by the State Farm Fire and Casualty Company.

**PARTICIPATING POLICY**

You are entitled to participate in a distribution of the earnings of the company as determined by our Board of Directors in accordance with the Company's Articles of Incorporation, as amended.

In Witness Whereof, the State Farm Fire and Casualty Company has caused this policy to be signed by its President and Secretary at Bloomington, Illinois.



President



Secretary



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**Your State Farm Agent**

**Carey Heitman**  
**Carey Heitman Ins Agcy Inc**  
642 Missouri Ave  
St Robert MO 65584-1068  
**Bus:** 573-336-3990  
**Email:** carey.heitman.st18@statefarm.com

# Inland Marine Attaching Declarations

**Policy number:** 95-LW-7419-1

**Effective date:** August 17, 2021

**Policy period:** 12 months

**Expiration date:** August 5, 2022

*The policy period begins and ends at 12:01 am standard time at the premises location.*

## ATTACHING INLAND MARINE

**Automatic renewal** - If the State Farm® policy period is shown as **12 months**, this policy will be renewed automatically subject to the premiums, rules and forms in effect for each succeeding policy period. If this policy is terminated, we will give you and the Mortgagee/Lienholder written notice in compliance with the policy provisions or as required by law.

**Annual policy premium:** Included

The above premium amount is included in the Policy Premium shown on the Declarations.

## FULL NAMED INSURED

**Named Insured:** THE HEALTH PALS COMPANY, LLC DBA PILL PALS EXPRESS

Your policy consists of these Declarations, the INLAND MARINE CONDITIONS shown below, and any other forms and endorsements that apply, including those shown below as well as those issued subsequent to the issuance of this policy.

## FORMS, OPTIONS AND ENDORSEMENTS

- FE-8207.1 Inland Marine Amendatory Endorsement (Missouri)
  - FE-8739 Inland Marine Conditions
  - FE-8743.1 Inland Marine Computer Property Form
- See below for schedule page with limits

## ATTACHING INLAND MARINE SCHEDULE PAGE

Endorsement number	Coverage	Limit of insurance	Deductible amount	Annual premium
FE-8743.1	Inland Marine Computer Property Form	\$25,000	\$500	Included
	Loss of Income and Extra Expense	\$25,000		Included

Other limits and exclusions may apply - refer to your policy.



In accordance with the Terrorism Risk Insurance Act of 2002 as amended and extended by the Terrorism Risk Insurance Program Reauthorization Act of 2019, this disclosure is part of your policy.

## **POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE**

Coverage for acts of terrorism is not excluded from your policy. However your policy does contain other exclusions which may be applicable, such as an exclusion for nuclear hazard. You are hereby notified that the Terrorism Risk Insurance Act, as amended in 2019, defines an act of terrorism in Section 102(1) of the Act: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury—in consultation with the Secretary of Homeland Security, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Under this policy, any covered losses resulting from certified acts of terrorism may be partially reimbursed by the United States Government under a formula established by the Terrorism Risk Insurance Act, as amended. Under the formula, the United States Government generally reimburses 80% beginning on January 1, 2020 of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The Terrorism Risk Insurance Act, as amended, contains a \$100 billion cap that limits U.S. Government reimbursement as well as insurers' liability for losses resulting from certified acts of terrorism when the amount of such losses exceeds \$100 billion in any one calendar year. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

There is no separate premium charged to cover insured losses caused by terrorism. Your insurance policy establishes the coverage that exists for insured losses. This notice does not expand coverage beyond that described in your policy.

**THIS IS YOUR NOTIFICATION THAT UNDER THE TERRORISM RISK INSURANCE ACT, AS AMENDED, ANY LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM UNDER YOUR POLICY MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT AND MAY BE SUBJECT TO A \$100 BILLION CAP THAT MAY REDUCE YOUR COVERAGE.**