

RENEWAL

EFFECTIVE DATE: 12/29/2011

Policy Number: CU 8821934	Prior Policy: 8821934
Billing Type: DIRECT BILL	
Coverage Is Provided In PEERLESS INSURANCE COMPANY - A STOCK COMPANY	
Named Insured and Mailing Address: APOTHODRUG INC T/A KNOWLES APOTHECARY 10400 CONNECTICUT AVE STE 100 KENSINGTON MD 20895	Agent: POTOMAC INS NETWORK-LRAMSC 2360 BOSTON ST BALTIMORE MD 21224-3603 Agent Code: 5290834 Agent Phone: (866)-371-0158

COMMON POLICY DECLARATIONS

In return for the payment of premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

POLICY PERIOD: From : 12/29/2011 To: 12/29/2012 at 12:01 AM Standard Time at your mailing address shown above.

FORM OF BUSINESS: CORPORATION

BUSINESS DESCRIPTION: DRUG STORE NO FOOD

This policy consists of the following coverage parts for which a premium is indicated. This premium may be subject to adjustment.

		PREMIUM
Commercial Umbrella Liability Coverage Part	\$	300.00
Terrorism Risk Insurance Act of 2002 and 2005 Coverage	\$	9.00
Total Policy Premium	\$	309.00

FORMS AND ENDORSEMENTS

Forms and Endorsements made a part of this policy at time of issue:

Applicable Forms and Endorsements are omitted if shown in specific Coverage Part/Coverage Form Declarations

Form Number	Description
IL0017	- 1198 COMMON POLICY CONDITIONS

Countersigned: By _____
Authorized Representative _____ Date _____

THESE DECLARATIONS TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE PART DECLARATIONS, COVERAGE PART COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.

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Date Issued: 11/14/2011

17-57 (06/94)

EFFECTIVE DATE: 12/29/2011

Policy Number: CU 8821934	Prior Policy: 8821934
Billing Type: DIRECT BILL	
Coverage Is Provided In The PEERLESS INSURANCE COMPANY - A STOCK COMPANY	
Named Insured and Mailing Address: APOTHO DRUG INC T/A KNOWLES APOTHECARY 10400 CONNECTICUT AVE STE 100 KENSINGTON MD 20895	Agent: POTOMAC INS NETWORK-LRAMSC 2360 BOSTON ST BALTIMORE MD 21224-3603 Agent Code: 5290834 Agent Phone: (866)-371-0158

COMMERCIAL UMBRELLA LIABILITY COVERAGE PART DECLARATIONS**LIMITS OF INSURANCE**

Each Occurrence Limit	\$ 1,000,000	Any One Occurrence or Offense Subject To The General Aggregate and Products/Completed Operations Aggregate Limits
Aggregate Limits	\$ 1,000,000	General Aggregate Limit
	\$ 1,000,000	Products/Completed Operations Aggregate Limit

UNDERLYING INSURANCE – Refer to Schedule of Underlying Insurance**PREMIUM**

Minimum Premium	\$	300
Total Premium	\$	300

FORMS AND ENDORSEMENTS**Forms and Endorsements made a part of this policy:**

Form Number	Description
14-111 - 1107	MARYLAND CHANGES
14-148 - 1202	SCHEDULE OF UNDERLYING INSURANCE
14-155 - 0204	QUICK REFERENCE COMMERCIAL UMBRELLA LIAB COV PART
14-186 - 0204	EXCLUSION - FUNGI OR BACTERIA
14-200 - 0108	CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM
14-206 - 0108	EXCLUSION OF PUNITIVE DAMAGES OF CERT ACTS OF TERRORISM
14-210 - 0204	COMMERCIAL UMBRELLA LIABILITY COVERAGE FORM
14-242 - 0204	NUCLEAR ENERGY LIABILITY EXCLUSION
14-249 - 0204	EXCLUSION - SILICA
14-257 - 0509	EXCL-RECORDING & DISTRIBUTION OF MATERIAL VIOLATION
14-68 - 0204	AUTO LIABILITY - FOLLOW FORM
14-81 - 0204	EMPLOYERS LIABILITY EXCLUSION

Forming a part of

Policy Number: CU 8821934	
Coverage Is Provided In PEERLESS INSURANCE COMPANY - A STOCK COMPANY	
Named Insured: APOTHO DRUG INC T/A KNOWLES APOTHECARY	Agent: POTOMAC INS NETWORK-LRAMSC Agent Code: 5290834 Agent Phone: (866)-371-0158

SCHEDULE OF UNDERLYING INSURANCE

Type of Insurance	Policy Number	Policy Period	Insurer
Businessowners Liability	BOP 5427052	12/29/2011 - 12/29/2012	PEERLESS INDEMNITY INSURANCE COMPANY
Limits of Liability:			
Each Occurrence and Each Person:			\$ 2,000,000
Aggregate - Products/Completed Operations Hazard:			\$ 4,000,000
Aggregate - Other Than Products/Completed Operations Hazard:			\$ 4,000,000
Type of Insurance	Policy Number	Policy Period	Insurer
Auto Liability	BA 5468360	12/29/2011 - 12/29/2012	PEERLESS INDEMNITY INSURANCE COMPANY
Limits of Liability:			
Each Accident:			\$ 1,000,000

Date Issued: 11/14/2011

COMMERCIAL LINES EFT-AUTOMATIC WITHDRAWALS PAYMENT OPTION

Instructions:

Enrolling is fast and easy. You may log into our Online Billing Service Center at www.ohiocasualty-ins.com/billing and simply follow the instructions provided. You may enroll at anytime during your policy period.

Why enroll in EFT-Automatic Withdrawals?

One less check to write, one less stamp to buy, one less payment to mail...

It is a fast, convenient way to pay your insurance premiums. You will never need to worry about the security of your payment. We work through your bank and can only deduct the amount authorized.

Frequently Asked Questions

Q. How do EFT-Automatic Withdrawals work?

A. With your authorization, your insurance premium will be transferred from the checking account of your choice either in full, or on a monthly basis. You will receive at least ten days notification before your first withdrawal will occur.

Q. How do I know my bill is paid?

A. Your payment information is itemized on your checking account statement.

Q. With EFT-Automatic Withdrawals, how do I plan my finances to ensure I will have enough money in my account on the date the payment will be withdrawn?

A. Your payment will be made on the same day of each month so that you can plan accordingly. If you are still concerned, we provide an option during enrollment that will allow you to receive a notice a minimum of ten days in advance of each deduction.

Q. Are there any fees with EFT-Automatic Withdrawals?

A. No, another advantage of this option is there are no service charges or installment fees for EFT-Automatic Withdrawals.

Q. How are Audits handled?

A. At the time an audit is processed, a special billing notification will be sent to you prior to the issuance of the withdrawal notice. This special audit notification will provide you with additional time you need to review the audit prior to the actual withdrawal. Audits will be withdrawn in full. If you have any questions regarding this withdrawal, please contact your billing representative.

Q. Is the on-demand payment option still available?

A. Yes, if you want to continue to initiate your payments, but don't want to write a check, you can use the on-demand option to have your payment withdrawn anytime you receive your bill.

Q. How do I enroll in EFT-Automatic Withdrawals?

A. To place your policy on EFT-Automatic Withdrawals or have your current installment taken out of your checking account, you may log into the Online Billing Service Center, at www.ohiocasualty-ins.com/billing, and select the "Make Payment / Manage Payment Options" tab, and select either "Setup Automatic Withdrawals" or "Make an On-Demand payment".

Q. What if I wish to discontinue EFT-Automatic Withdrawals?

A. You may opt out of EFT-Automatic Withdrawals at any time by logging into the Online Billing Service Center, selecting the "Make Payment / Manage Payment Options" tab, and selecting "Stop Automatic Withdrawals".

Policy Number: CU 8821934		Prior Policy: 8821934	
Policy Period: 12/29/2011 To: 12/29/2012 12:01 am Standard Time at the Mailing Address of the Named Insured			
Coverage Is Provided In PEERLESS INSURANCE COMPANY - A STOCK COMPANY			
Billing Type: DIRECT BILL - MONTHLY		ACCOUNT NUMBER: 701020080	
Named Insured and Mailing Address: APOTHO DRUG INC T/A KNOWLES APOTHECARY 10400 CONNECTICUT AVE STE 100 KENSINGTON MD 20895		Agent: POTOMAC INS NETWORK-LRAMSC 2360 BOSTON ST BALTIMORE MD 21224-3603 Agent Code: 5290834 Agent Phone: (866)-371-0158	

Reason for Amendment: RENEWAL

Transaction Effective Date: 12/29/2011

Premium for this Transaction: \$ 309.00

STATEMENT OF ACCOUNT

Acct Date	Premium	Commission Percent	Surcharge/ Assessment	Commission Percent	Total Due
12/ 2011	\$ 9.00	15.00%	\$ 0.00	0.00%	
12/ 2011	\$ 300.00	15.00%			\$ 309.00
Total Premium Charged:					\$ 309.00

Date Issued: 11/14/2011