

**Insurer:** SENTINEL INSURANCE COMPANY, LIMITED  
ONE HARTFORD PLAZA, HARTFORD, CT 06155



This Declarations Page, with Umbrella Liability Provisions and Endorsements, if any, issued to form a part thereof, shall together constitute this Umbrella Liability Supplemental Contract, which in turn forms a part of Policy Number shown below.

None of the provisions of the policy to which this Supplemental Contract is attached applies to the Umbrella Liability Insurance provided hereunder.

Wherever the word "policy" appears in this form or in endorsements attached to or made a part of this Supplemental Contract, it means "Supplemental Contract".

**POLICY NUMBER:** 46 SBA AE6013

## DECLARATIONS

**Named Insured and Mailing Address:** VMS HOLDCO CORP

PO BOX 21405  
SEATTLE WA 98111

**Policy Period** **From:** 04/08/21 **To:** 04/08/22  
**12:01 A.M., Standard time at the address of the named insured as stated herein.**

**Premium** **\$ INCLUDED** ADVANCE PREMIUM

Self Insured Retention \$10,000 each occurrence

The Limits of Insurance subject to all the terms of this policy that apply are:

Each Occurrence	\$ 5,000,000	Products-Completed Operations Aggregate Limit	\$ 5,000,000
General Aggregate Limit (Other than Products - Completed Operations, Bodily Injury By Disease and Automobile)	\$ 5,000,000	Bodily Injury By Disease Aggregate Limit	\$ 5,000,000

---

### Schedule of Underlying Insurance Policies

*See Attached "Extension Schedule of Underlying Insurance Policies"*

---

### Form Numbers of Forms and Endorsements that apply.

SX80041008	SX80020405	SX04021008	SX02321008
SX21040697	SX21050697	SX21100697	SX21821008
SX21940317	SX22951008	SX23151215	SX24010401
SX24330610			

---

Countersigned by *Susan S. Castaneda*  
Authorized Representative

01/08/21  
Date

---