



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/30/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Brooklyn, NY -Hub International Northeast Limited 1600 63Rd Street Suite 2nd Floor Brooklyn NY 11204	CONTACT NAME: PHONE (A/C, No, Ext): 718-787-3800	FAX (A/C, No): 718-787-0024	
	E-MAIL ADDRESS:		
INSURED Aequor Healthcare Services 377 Hoes Lane Suite 300 Piscataway NJ 08854	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : MedChoice Risk Retention Group, Inc.		15738
	INSURER B : Lexington Insurance Company		19437
	INSURER C : Starstone Insurance Limited		25496
	INSURER D : Palomar Excess and Surplus Insurance Company		20907
	INSURER E : INSURER F :		

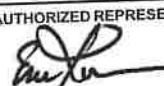
COVERAGES **CERTIFICATE NUMBER:** 579778550 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	Y	Y	FPL01038-00	4/15/2023	6/1/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	FPL01038-00	4/15/2023	6/1/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B C	UMBRELLA LIAB <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/> GL is occu	Y	Y	6798941 S7016230AHL	4/15/2023 4/15/2023	6/1/2024 6/1/2024	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 2nd layer XS \$ 3,000,000 <input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER EmplerLiab *****
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	6798941	4/15/2023	6/1/2024	E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A C D	Prof primary liab retro3/18/13 XS3M>2M PRIM 5M XS CYBER LIAB.	Y Y		FPL01038-00 S7016230AHL PLM-CB-SXNYXKQ-5M PRIMARY	4/15/2023 4/15/2023 4/30/2023	6/1/2024 6/1/2024 6/1/2024	2,000,000 each claim 3,000,000 each claim 5,000,000 limit 4,000,000 aggregat 3,000,000 aggregat ded 25,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
Certificate holder is listed as additional insured as per written contract or agreement executed prior to loss for the stated Certificate holder as listed below. Stop Gap Coverage for the states of OH, WA, WY, ND is included under the General Liability Coverage and is excluded under the Excess Policies. AEQUOR Healthcare Services, LLC does not own nor lease any automobiles. Abuse and Molestation \$2M per Occurrence/\$4M Aggregate with \$25,000 Deductible is included in Med-Choice RRG Liability policy but is not an underlying coverage in the excess layers. Employer's Liability coverage is not included under the Umbrella/Excess policies. Umbrella/Excess is follow form of underlying coverages (which includes General Liability, Automobile Liability and Professional Liability) WAIVER OF SUBROGATION.& NON CONTRIBUTORY PROVISION APPLIES TO COVERAGE FOR ADDITIONAL INSURED.

See Attached...

CERTIFICATE HOLDER Mt. Diablo Unified School District 1936 Carlotta Drive Concord CA 94519	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

AGENCY CUSTOMER ID: AEQUORHEAL

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Brooklyn, NY -Hub International Northeast Limited		NAMED INSURED Aequor Healthcare Services 377 Hoes Lane Suite 300 Piscataway NJ 08854	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

New York State Insurance Fund- Policy# L2535 578-2- NEW YORK ONLY W.C. Carrier -12/27/2022-12/27/2023
Liberty Mutual Insurance Co - Policy # WC5-33S-B23L45-013- STATES OF OR AND NH W.C. carrier - 2/24/2023-2/24/2024

EXCESS CYBER LIABILITY 5M LIMIT -SCOTTSDALE INDEMNITY CO- POLICY #EKS3476885 4/30/2023-6/1/2024.

****EMPLOYER LIABILITY OVER UNDERLYING WORKERS COMP LIMIT IS \$5,000,000



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/5/2023

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PRODUCER SUNZ Insurance Solutions, LLC ID:(InSource) c/o InSource Employer Solutions, Inc. 204 37th Ave N. #318 St Petersburg, FL 33704	CONTACT NAME: Rick Noss	
	PHONE (A/C, No, Ext): 470-891-4147	FAX (A/C, No):
E-MAIL ADDRESS: rickn@insourcees.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A : United Wisconsin Insurance Company		29157
INSURED Aequer Healthcare Services LLC 377 Hoes Lanes 3rd Floor Piscataway NJ 08854		
INSURER B :		
INSURER C :		
INSURER D :		
INSURER E :		
INSURER F :		

COVERAGES **CERTIFICATE NUMBER:** 75162195 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WC600-00210-023-SZ	6/1/2023	6/1/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER Mt. Diablo Unified School District 1936 Carlotta Drive Cocord CA 94519	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE  Rick Leonard

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MISCELLANEOUS HEALTHCARE FACILITY PROFESSIONAL LIABILITY POLICY
HEALTH CARE PROVIDER ADDITIONAL INSURED ENDORSEMENT (SHARED LIMITS)


As of the Endorsement effective date, the individuals shown below are **additional insured(s)** under this Policy on a shared limits basis, while acting within the course and scope of his or her duties to the **named insured**. This Endorsement shall not serve to increase the Limits of Insurance as stated on the Declarations of this Policy:

SCHEDULE

Name

NPs On File with the Company

When coverage terminates under this Endorsement for a particular **additional insured**, such **additional insured** retains the right to report **claims** arising out of a **medical incident**, an **incident**, or **healthcare professional services** rendered by that particular **additional insured** on or after the **retroactive date**

Named Insured's Name & Address: Ascend Holdco, LLC, Aequor Healthcare Services LLC, AHNV LLC, Aequor Staffing, Inc. 377 Hoes Lane Suite 300 Piscataway, NJ 08854	Policy Number FPL01038-00
	Effective Date & Expiration Date 4/15/2023-6/1/2024
	Endorsement Effective Date 4/15/2023
	Authorized Signature: 

shown above and prior to the date of termination of coverage under this Endorsement until the Policy is cancelled.

This Endorsement is subject to the declarations, conditions, exclusions, and all other terms of the policy indicated above which are not inconsistent with this Endorsement and forms a part of that policy when signed by an authorized representative of the company.



PO Box 84453
 Seattle, WA 98124-5753
 (855)776-1831
 www.medchoicerrg.com

**Miscellaneous Healthcare Facility Professional Liability Insurance Policy
 ADDITIONAL INSURED – DESIGNATED ORGANIZATION ENDORSEMENT**

Subject to the Declarations and to all other terms and conditions of the Policy to which this Endorsement is attached, the Company and the **named insured** agree to amend the Policy as follows:

As of the endorsement effective date until the endorsement expiration date, insurance is afforded under this Policy to any organization(s) that are required by a contract or agreement with the **named insured** executed prior to a **claim**. Such organization is an **additional insured** under this policy on a shared limits basis under Coverages A Professional Liability and/or B Commercial General Liability as required by written contract or agreement.

With respect to the insurance afforded to the **additional insured**, this Policy is amended as follows:

To the extent coverage is afforded to the **additional insured** under Coverage B Commercial General Liability, Section IV. EXCLUSIONS, subparagraphs D.11.a., D.11.b. and D.11.f. are deleted and replaced as follows:

IV. EXCLUSIONS

D. Exclusions Applicable to Coverage B (Commercial General Liability)

11. liability for **property damage** to:

- a. property owned or occupied by or rented or loaned to the **named insured**. However, this exclusion does not apply to **property damage** to equipment leased to the **named insured** by the **additional insured**;

Named Insured's Name & Address: Ascend Holdco, LLC, Aequor Healthcare Services LLC, AHNV LLC, Aequor Staffing, Inc. 377 Hoes Lane Suite 300 Piscataway, NJ 08854	Policy Number FPL01038-00
	Effective Date & Expiration Date 4/15/2023-6/1/2024
	Endorsement Effective Date <4/15/2023>
	Authorized Signature: < >

This endorsement is subject to the declarations, conditions, exclusions and all other terms of the policy indicated above which are not inconsistent with this endorsement and forms a part of that policy when signed by an authorized representative of the company.

Miscellaneous Healthcare Facility Professional Liability Insurance Policy
ADDITIONAL INSURED – DESIGNATED ORGANIZATION ENDORSEMENT

- b. premises sold, given away or abandoned by the **named insured** or premises rented to the **named insured** by the **additional insured** and vacated by the **named insured** prior to the expiration of the lease term if the **property damage** arises out of any part of those premises, or to liability arising from such premises or any part thereof;

- f. Exclusion IV.D.11. does not apply to liability of the **named insured** for **property damage** to premises rented to and occupied by the **named insured** caused by:
- (1) fire or explosion;
 - (2) the discharge, leakage or overflow of water or steam from plumbing, heating, refrigerating or air conditioning systems; or
 - (3) rain admitted directly to the building interior through open or defective doors, windows, skylights, transoms or ventilators.

Payments made for liability within the scope of this subparagraph D.11.f. shall not exceed \$1,000,000 in the aggregate for all **claims** reported within the **policy period** and are included in and attributable to the aggregate Limit of Insurance described in Section VIII of this Policy.

The following subparagraph D is added to Section VII. LIMITS OF INSURANCE:

VII. LIMITS OF INSURANCE

D. Limits of Insurance Applicable to Additional Insured-Designated Organization Endorsement

The most the Company will pay on behalf of the **additional insured** is the amount of insurance:

1. required by the contract or agreement with the **additional insured**; or
 2. available under the applicable Limits of Insurance shown in the Declarations;
- whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.



PO Box 84453
Seattle, WA 98124-5753
(855)776-1831
www.medchoicerrg.com

Miscellaneous Healthcare Facility Professional Liability Insurance Policy
ADDITIONAL INSURED – DESIGNATED ORGANIZATION ENDORSEMENT

The following is added to Section VIII. CONDITIONS, D. Subrogation:

VIII. CONDITIONS

The Company agrees to waive any right of recovery it may have against the **additional insured** because of payments the Company makes under Coverage A, Professional Liability, or Coverage B, Commercial General Liability, of this Policy, to the extent such waiver is required under a written contract with the **named insured** that was executed prior to a **claim**.

Primary Non-Contributory: If, under a written contract, the **additional insured** has agreed that this Policy provides primary non-contributory coverage, the following is added to Section VIII.D. Subrogation:

If other insurance is available to the **additional insured** described above for a loss covered by this Policy, this insurance will apply to such loss on a primary basis and the Company will not seek contribution from the other insurance available to the **additional insured**.



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 Seattle, WA 98124-5753
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**Miscellaneous Healthcare Facility Professional Liability Insurance Policy
 ADDITIONAL INSURED ENDORSEMENT**

Subject to the Declarations and to all other terms and conditions of the Policy to which this Endorsement is attached, the Company and the **named insured** agree to amend the Policy as follows:

Where required by written contract, the entity listed in the Schedule below is an **additional insured** under this Policy as of the date shown in the column entitled Effective Date. Such entity is an **additional insured** under this Policy on a shared limits basis under Coverages A Professional Liability and B Commercial General Liability as required by such written contract or agreement.

This Endorsement does not provide coverage to any **claim** or **potential claims** arising out of a **medical incident** occurring prior to the **Retroactive Date** shown in the Schedule below.

SCHEDULE

ADDITIONAL INSURED

AMN Healthcare, Favorite Healthcare

Named Insured's Name & Address: Ascend Holdco, LLC, Aequor Healthcare Services LLC, AHNV LLC, Aequor Staffing, Inc. 377 Hoes Lane Suite 300 Piscataway, NJ 08854	Policy Number FPL01038-00
	Effective Date & Expiration Date 4/15/2023– 6/1/2024
	Endorsement Effective Date 4/15/2023
Authorized Signature: < >	

This endorsement is subject to the declarations, conditions, exclusions and all other terms of the policy indicated above which are not inconsistent with this endorsement and forms a part of that policy when signed by an authorized representative of the company.

Miscellaneous Healthcare Facility Professional Liability Insurance Policy
ADDITIONAL INSURED ENDORSEMENT

With respect to the insurance afforded to this **additional insured**, Section IV. EXCLUSIONS, subparagraphs D.11.a., D.11.b. and D.11.f. are deleted and replaced as follows:

IV. EXCLUSIONS

D. Exclusions Applicable to Coverage B

11. liability for **property damage** to:

- a. property owned or occupied by or rented or loaned to the **named insured**. However, this exclusion does not apply to **property damage** to equipment leased to the **named insured** by the **additional insured**;
- b. premises sold, given away or abandoned by the **named insured** or premises rented to the **named insured** by the **additional insured** and vacated by the **named insured** prior to the expiration of the lease term if the **property damage** arises out of any part of those premises, or to liability arising from such premises or any part thereof;

- f. Exclusion IV.D.11. does not apply to liability of the **named insured** for **property damage** to premises rented to and occupied by the **named insured** caused by:
 - (1) fire or explosion;
 - (2) the discharge, leakage or overflow of water or steam from plumbing, heating, refrigerating or air conditioning systems; or
 - (3) rain admitted directly to the building interior through open or defective doors, windows, skylights, transoms or ventilators.

Payments made for liability within the scope of this subparagraph D.11.f. shall not exceed \$1,000,000 in the aggregate for all **claims** reported within the **policy period** and are included in and attributable to the aggregate Limit of Insurance described in Section VIII of this Policy.

Miscellaneous Healthcare Facility Professional Liability Insurance Policy
ADDITIONAL INSURED ENDORSEMENT

With respect to the insurance afforded to this **additional insured**, the following is added to Section VII. LIMITS OF INSURANCE AND DEDUCTIBLE:

VII. LIMITS OF INSURANCE

The most the Company will pay on behalf of the **additional insured** is the amount of insurance:

1. required by the contract or agreement with the **insured**; or
2. available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This Endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

VIII. CONDITIONS

The following is added to Section VIII. CONDITIONS, D. Subrogation:

D. Subrogation

The Company agrees to waive any right of recovery it may have against the **additional insured** because of payments the Company makes under Coverage A, Professional Liability, or Coverage B, Commercial General Liability, of this Policy, to the extent such waiver is required under a written contract with the **named insured** that was executed prior to a **claim**.

Primary Non-Contributory: If, under a written contract, the **additional insured** has agreed that this Policy provides primary non-contributory coverage, the following is added to Section VIII.D. Subrogation:

If other insurance is available to the **additional insured** described above for a loss covered by this Policy, this insurance will apply to such loss on a primary basis and the Company will not seek contribution from the other insurance available to the **additional insured**.

The following is added to Section VIII. CONDITIONS, Q. Cancellation:

Q. Cancellation

In the event of cancellation of this policy for any reason, other than non-payment of premium, the Company will endeavor to provide notification to the **additional insureds** at the address shown in the Schedule above, at least thirty (30) days in advance of the cancellation.

1. The Company will endeavor to provide such notice of cancellation to the **additional insureds** noted in the Schedule above as a courtesy and convenience on behalf of the

Miscellaneous Healthcare Facility Professional Liability Insurance Policy
ADDITIONAL INSURED ENDORSEMENT

named insured. *However, failure to provide such notice of cancellation will not extend liability of any kind or nature to the Company, shall impose no obligation on the Company, our agents or representatives, and shall neither amend nor extend the effective date of the cancellation. Such notice does not constitute a condition precedent to our cancellation of this policy.*

2. The Company will not be responsible to verify the information provided by the **named insured** or their representatives. If we are not provided with complete and accurate information necessary to complete the Schedule above or to provide such notice of cancellation, including the full name and address of the **additional insured**, the Company shall have no responsibility to endeavor to notify such third party.
3. Notice of cancellation to an **additional insured** in the Schedule above shall apply only when required by written contract or agreement.
4. The Company shall not be responsible for such notice of cancellation if such cancellation is requested by the **named insured**.

The following is Condition is added to Section VIII. CONDITIONS:

T. **Separation of Insureds**

Except with respect to the Limits of Insurance and Deductible, and any rights or duties specifically assigned to the **named insured**, this insurance applies:

1. as if each **insured** were the only **insured**;
2. separately to each **insured** against whom **claim** is made or **suit** is brought.