



ADDITIONAL REMARKS SCHEDULE

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| AGENCY MARSH USA LLC. | | NAMED INSURED Blue Cross and Blue Shield of Florida, Inc d/b/a Florida Blue 4800 Deerwood Campus Pkwy Risk Management DC1-7 Jacksonville, FL 32246 | |
| 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

Crime-Employee Dishonesty:
 Policy Number: 107379777
 Carrier: Travelers Casualty and Surety Company of America
 Effective Date: 02/01/2024
 Expiration Date: 02/01/2025
 Limit: \$20,000,000

Cyber:
 Policy Number: B0509FINPB2450012
 Carrier: Lloyds
 Effective Date: 02/01/2024
 Expiration Date: 02/01/2025
 Limit: \$10,000,000
 SIR Value: \$2,500,000

Network & Privacy Liability Limit-\$10,000,000
 Media Liability Limit-\$10,000,000

Managed Care E&O:
 Policy Number: IH-FFP030D
 Carrier: Ironshore Specialty Insurance Company
 Effective Date: 02/01/2024
 Expiration Date: 02/01/2025
 Limit: \$10,000,000

