





**ADDITIONAL REMARKS SCHEDULE**

<b>AGENCY</b> Marsh USA Inc.		<b>NAMED INSURED</b> QUEST DIAGNOSTICS INCORPORATED 3 GIRALDA FARMS MADISON, NJ 07940	
<b>POLICY NUMBER</b>		<b>EFFECTIVE DATE:</b>	
<b>CARRIER</b>	<b>NAIC CODE</b>		

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**  
**FORM NUMBER:** 25 **FORM TITLE:** Certificate of Liability Insurance

ADDITIONAL INSURED ENDORSEMENT WORDING:

ANY INDIVIDUAL OR ENTITY TO WHOM THE INSURED BECOMES OBLIGATED TO INCLUDE AS AN ADDITIONAL INSURED UNDER THIS POLICY, AS A RESULT OF ANY CONTRACT OR AGREEMENT YOU ENTER INTO WHICH REQUIRES THE INSURED TO FURNISH INSURANCE TO THAT INDIVIDUAL OR ENTITY OF THE TYPE PROVIDED BY THE POLICY, BUT ONLY WITH RESPECT TO BODILY INJURY, PROPERTY DAMAGE, OR PERSONAL INJURY AND ADVERTISING INJURY ARISING OUT OF YOUR PRODUCT(S) OR YOUR OPERATIONS.