

# Zimmer Biomet Product Placement Agreement

Zimmer US, Inc. | 200 West Ohio Avenue, Dover, OH 44622

## INSURANCE AUTHORIZATION AND VERIFICATION

Date: 8/31/2018

To: TULARE REGIONAL MEDICAL CENTER  
("Customer")  
869 CHERRY AVENUE  
TULARE, CA 93274

From: Zimmer US, Inc., and its successors and assigns  
("Provider")  
Attn: Insurance Department  
1310 Madrid Street  
Marshall, MN 56258

In connection with one or more financing arrangements, Provider requires proof in the form of this document, executed by both Customer\* and Customer's agent, that Customer's Insurable Interest in the financed equipment (the "Equipment") meets Creditor's requirements as follows, with coverage including, but not limited to, fire, extended coverage, vandalism, and theft:

Provider, and its successors and assigns shall be covered as both ADDITIONAL INSURED and LENDER'S LOSS PAYEE with regard to all equipment financed or leased by policy holder through or from Provider.

Customer must carry GENERAL LIABILITY in the amount of no less than \$500,000.00 and PROPERTY insurance in the amount no less than the "Insurable Value" with deductibles no more than \$25,000.00.

**CUSTOMER:** Please execute this form and return with your document package. Provider will fax this form to your insurance agency for endorsement. In lieu of agent endorsement, Customer's agency may submit insurance certificates demonstrating compliance with all requirements. If fully executed form (or Customer-executed form plus certificates) is not provided within 15 days, we have the right to purchase such insurance at your expense. Should you have any questions, please contact your Zimmer sales representative.

By signing, Customer authorizes the Agent named below: 1) to complete and return this form as indicated; and 2) to endorse the policy and subsequent renewals to reflect the required coverage as outlined above.

<u>MARSH McLENNAN</u> Insurance Agency	<u>JIM GONZALES</u> Agent Name / Contact Name
<u>9271 TOWNE CTR. DRIVE SUITE 500 SAN DIEGO 92122</u> Agency Address	<u>858-550-1147</u> <u>JIM.GONZALES@MARSHMUNIA.COM</u> Contact phone Contact email address
<u>(X) [Signature]</u> Customer Signature	<u>DANIEL R HERKAMPNES</u> Print Name
<u>INTERIM CFO</u> Title	<u>9-18-18</u> Date

**AGENT:** In lieu of providing a certificate, please execute this form in the space below and promptly fax it to Provider at (866) 405-8329. This fully endorsed form shall serve as proof that Customer's insurance meets the above requirements.

**CANCELLATION:** Should any of the above described policies be cancelled before the expiration date thereof, please deliver notice to Zimmer US, Inc. in accordance with the policy provisions.

Agent hereby verifies that the above requirements have been met in regard to the Equipment listed at the bottom of this page:

Print Name of Agency	(X) _____ Agent's Signature
Print Name of signor	_____ Date

INSURABLE VALUE: \$82,649.78

EQUIPMENT IN SECTION B, TOGETHER WITH ALL REPLACEMENTS, PARTS, REPAIRS, ADDITIONS, ACCESSIONS AND ACCESSORIES INCORPORATED THEREIN OR AFFIXED OR ATTACHED THERETO AND ANY AND ALL PROCEEDS OF THE FOREGOING, INCLUDING, WITHOUT LIMITATION, INSURANCE RECOVERIES.