

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 10/09/2025

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 come rights	s to the certificate floider in fled of such t	iluoi seilleli	ι(3).			
PRODUCER		CONTACT NAME:			·	
Aon Risk Services Central, I Philadelphia PA Office 100 North 18th Street 16th Floor		PHONE (A/C. No. Ext):	ONE C. No. Ext): (866) 283-7122 FAX (A/C. No.): (800) 363-010			
		E-MAIL ADDRESS:				
Philadelphia PA 19103 USA			INSURER(S) AFFORDING CO	NAIC#		
INSURED Beckman Coulter, Inc. 250 S. Kraemer Boulevard Brea CA 92821 USA		INSURER A:	ACE American Insurance	22667		
		INSURER B:	Indemnity Insurance Co	43575		
		INSURER C:	ACE Fire Underwriters	20702		
		INSURER D:	ACE Property & Casualt	20699		
		INSURER E:				
		INSURER F:				
001/504050	OFFICIAL NUMBER 5704404044		DEVIOLON	MUMBED		

CERTIFICATE NUMBER: 570116134490 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.

INCD	SSRI POLICY EFF POLICY EXP							
INSR LTR	TYPE OF INSURANCE	INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S	
Α	X COMMERCIAL GENERAL LIABILITY		HD0G49363606	10/15/2025	11/01/2026	LAGITOGOGITTLINGL	\$2,000,000	
	CLAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$2,000,000	
						MED EXP (Any one person)	\$10,000	
						PERSONAL & ADV INJURY	\$2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$5,000,000	
	X POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$5,000,000	
	OTHER:							
Α	AUTOMOBILE LIABILITY		ISA H11360166	10/15/2025	11/01/2026	COMBINED SINGLE LIMIT (Ea accident)	\$5,000,000	
	X ANY AUTO					BODILY INJURY (Per person)		
	OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)		
	AUTOS ONLY HIRED AUTOS ONLY ONLY AUTOS NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)		
D	X UMBRELLA LIAB X OCCUR		XEUG71535290007		11/01/2026	EACH OCCURRENCE	\$5,000,000	
	EXCESS LIAB CLAIMS-MADE		SIR applies per policy ter	ms & conai	tions	AGGREGATE	\$5,000,000	
	DED X RETENTION							
В	WORKERS COMPENSATION AND		WLRC72799975		10/15/2026	X		
Α	EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE		WLRC72799987	10/15/2025	10/15/2026	E.L. EACH ACCIDENT	\$2,000,000	
С	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A	(AZ,CA,MA) SCFC72799999	10/15/2025	10/15/2026	E.L. DISEASE-EA EMPLOYEE	\$2,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below		(WI)	., ., .		E.L. DISEASE-POLICY LIMIT	\$2,000,000	

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

CERTIFICATE HOLDER

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

BECKMAN COULTER, INC. A SUBSIDIARY OF DANAHER CORPORATION 250 S. KRAEMER BLVD. M/S E1. NW. 07 BREA CA 92821 USA

Aon Risk Services Central Inc.