



Veratex Inc.
PO Box 682
New York 10108-0682

Dear Sir or Madam,

Your company is included on our list of approved vendors. It is our policy at DermaMed Coatings Co. L.L.C. that each approved vendor submits proof of adequate insurance coverage in the form of a Certificate of Insurance. This certificate must include liability, general liability, completed operations, and contractual liability for any services or goods that are provided. We request that policy limits of liability are equal to or greater than \$2,000,000. This required document is presently nonexistent in your file, and is needed to retain your position on our approved vendor list.

Please forward the certificate to:

purchasing@dermamed.net

Or mail to:

DermaMed Coatings Company
Attn: Purchasing and Accounting Department
381 Geneva Ave.
Tallmadge, Ohio 44278

In addition, we would also like to request a separate Additional Insured Endorsement to your insurance policy. The Additional Insured Endorsement would need to name DermaMed Coatings Co. L.L.C.

If your company is a foreign based vendor, your company must either provide us with a U.S. based Certificate of Products Liability insurance policy, or US based Vendors Coverage naming DermaMed Coatings Co. L.L.C. an Additional Insured, with appropriate levels of liability equal to or greater than \$2,000,000.

Thank you in advance for your cooperation in this matter.

Cordially Yours,

Steven R. Corej

DermaMed Coatings Co. L.L.C.
scorej@dermamed.net
Ph: 330-633-8216 Fx: 330-633-2461