
MISCELLANEOUS MEDICAL PROFESSIONAL LIABILITY, GENERAL LIABILITY AND PRODUCTS/COMPLETED OPERATIONS LIABILITY INSURANCE – COMBINATION CLAIMS MADE AND REPORTED/OCCURRENCE BASIS COMMON CERTIFICATE OF INSURANCE

This Declaration is attached to and forms part of certificate provisions:

MASTER POLICY HOLDER: Participating Members of Alternative Balance LLC, a member of the WellnessPro Purchasing Group

NAMED INSURED: April Love Holistic Horseworks, LLC, April Love, DBA Holistic Horseworks LLC

MASTER POLICY NUMBER: WELL-00001-21

CERTIFICATE NUMBER: AH135140

MAILING ADDRESS:

April Love Holistic Horseworks, LLC, April Love, DBA Holistic Horseworks LLC
821 Kumulani Dr
Kihei, HI 96753

Certificate Policy 05/29/2021
Period:

TO 05/29/2022

**12:01 a.m. Standard Time at the
address of the Certificate Holder**

Insurance is effective with: Hudson Excess Insurance Company

LIMITS OF INSURANCE:

Each Claim or Occurrence Limit includes Claims Expenses	\$2,000,000
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Policy Term Aggregate Limit of Liability includes Claims Expenses (other than Products/Completed Operations)	\$3,000,000
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Term Aggregate for Products/Completed Operations Liability	\$2,000,000
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The following are sub-limits of and not in addition to the above limits of liability.

Damage to Premises	\$300,000
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Medical Payments	\$5,000
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Limitations: The Coverage Form provides coverage for only those activities and operations otherwise covered under the Coverage Form as listed below and for which a specific coverage charge has been paid.

Class Code	Description	Exposures	Rate	Premium Basis	Premium
		Monthly Reporting	Flat	Per "Certificate Holder"	Monthly Reporting

PREMIUM: Based on Monthly Reporting - 100% Fully Earned

CERTIFICATE HOLDER(S): As on File by way of Monthly Reporting

Total Cost: \$249.00

Premium: \$120.00

State Taxes: \$5.62

RPG Fee: \$123.38

Services Covered:

Animal Therapies, Energy Work, Nutritional Consultants or Therapists, Wellness & Life Coaching,

PLEASE READ THE POLICY CAREFULLY

This COMBINATION CLAIMS MADE AND REPORTED/OCCURRENCE Miscellaneous Medical Professional Liability, General Liability and Products/Completed Operations Liability Coverage Form, is a manuscript Coverage Form, meaning that it is a negotiated agreement between the Insured and the Underwriter, and as such, it may differ significantly from policies offered by other insurance companies. As a claims made insurance Coverage Form, this Coverage Form contains very strict "claim" reporting requirements which must be followed as conditions precedent to coverage. The terms of this Coverage Form are contractual and are not merely recitals and all "application(s)", discovery form(s), warranty form(s), and other forms completed by the Insured to obtain coverage from a part of this Coverage Form and constitute warranties of the Insured to the Underwriter.

Forms and Endorsements (other than applicable Forms and Endorsements shown elsewhere in the policy): Forms and Endorsements applying to this Coverage Form and made a part of the policy at time of issue: SEE SCHEDULE OF FORMS AND ENDORSEMENTS.

THESE DECLARATION(S) TOGETHER WITH THE COVERAGE FORM(S) AND ANY ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED CERTIFICATE

Authorized Representative:



This certificate of insurance is being issued by an eligible surplus lines insurer that is not licensed by the state insurance department in your state and is not be subject to your state's supervision. The rates and forms for this policy have not been approved by the state insurance department in your state. If the insurer is found to be insolvent, a claim under this policy is not covered by the state's guaranty fund. This certificate of insurance issued may not be subject to any or all of the regulations of your state's insurance department pertaining to the coverage form.

PRIVACY NOTICE

We collect nonpublic personal information about you from the following sources:

- **Information we receive from you on applications or other**
- **forms; and/or Information about your transactions with us, our**
- **affiliates, or others; and/or Information we receive from a**
- **consumer reporting agency; and/or Information we receive from inspection reports.**

We do not disclose any nonpublic personal information about our customers or former customers to anyone, except as permitted by law.

We may disclose nonpublic personal information about you to the following types of third parties:

- **Financial service providers, such as insurance agents and/or brokers**

We restrict access to nonpublic personal information about you to those employees who need to know that information to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal standards to guard your nonpublic personal information.

Policyholder Notice Claim Reporting Instructions

In the event of any loss or circumstance that may result in a claim against this policy you should immediately report the matter to Hudson Insurance Group. For more specific detail as to your claim reporting requirements please review the Coverage Conditions in Section III. C of your policy.

New claims can be reported by email, fax, mail or phone 24 hours a day, 7 days a week.

Email: Hudsonclaims300@hudsoninsgroup.com

Fax: 646-216-3786

Mail: 100 William St, 5th Floor, New York, NY 10038

Attention: Hudson Insurance Group

Phone: 866-546-3981

SCHEDULE OF FORMS AND ENDORSEMENTS

Master Policy Number: WELL-00001-21

Master Policy Holder: Participating Members of Alternative Balance LLC, a member of the WellnessPro Purchasing Group

Named Insured: April Love Holistic Horseworks, LLC, April Love, DBA Holistic Horseworks LLC

Certificate Number: AH135140

FORMS ATTACHED TO AND MADE A PART OF THIS POLICY AT INCEPTION:

FORM NUMBER	FORM TITLE
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 Alternative Balance Professional Group www.AlternativeBalance.com		Alternative Balance Professional Group 41 Liberty Hill Rd. Henniker, NH 03242 1-800-871-3848
Policy Number WELL-00001-21-AH135140	Effective Date 05/29/2021	Expiration Date 05/29/2022
Named Insured	April Love Holistic Horseworks, LLC, April Love, DBA Holistic Horseworks LLC	
This insurance ID card does not constitute part of the policy. Notice of a claim or of any occurrence which may result in a claim, along with details of the incident, should be sent immediately in writing by email or by letter to wellnesspro@citadelus.com or 2600 W Executive Pkwy, Ste 500, Lehi, UT 84043.		



PROUD MEMBER	
 Alternative Balance Professional Group	
April Love	

