



Alternative Balance  
 41 Liberty Hill Rd., Bldg. 2  
 Henniker, NH 03242  
 1-800-871-3848

## PROOF OF COVERAGE

### Account Information

**Member Number:** AL201870

**Certificate Holder Name:**

April Love  
 Holistic Horseworks LLC  
 Holistic Horseworks LLC

**Address:**

545 Halalai pl , Kihei HI, 96753

**Services Covered:**

Animal Therapies, Aromatherapy, Bodywork, Energy Work, Herbalist Consultations, Massage  
 Therapist, Naturopathic Consulting, Wellness & Life Coaching

**Protection Packages:**

### Insurance Details

**Insurance Effective Dates:** 05/29/2025 - 05/29/2026 (12:01 a.m. Standard Time at the address of the Certificate Holder)

**Carrier(s):** LIO Specialty Insurance Company

**Coverage:**

**General & Professional Liability:**

Each Claim of Occurrence Limit (includes Claims Expenses)	\$2,000,000
Aggregate Limit of Liability	\$4,000,000
Aggregate for Products/Completed Operations Liability	\$2,000,000
Damage to Premises Rented to You	\$300,000
Medical Payments	\$5,000

**Participant Accident Insurance:**

Accidental Death, Dismemberment & Paralysis	\$1 Million Aggregate/ \$5,000 Per Accident
Accidental Medical Expense Limit	\$25,000 Per Accident
Deductible	\$500 Per Covered Injury
Accidental Dental	\$100 Per Tooth/ \$500 Max
Benefit Period	52 Weeks from Date of Accident

**Business Personal Property/Business Interruption & Extra Expense:**

Total Coverage Amount ("TIV")	\$20,000
Deductible	\$500
Covered Perils include but are not limited to theft, fire, water damage, vandalism, and hail.	

**Total Cost:** \$269

Authorized Representative: *Miriam Bell*

This Proof of Coverage is issued as proof of insurance only. This summary is intended to provide a brief overview of coverage afforded. Refer to the actual policy for specific policy terms and conditions. All sales are through Nexo Insurance, whose license number is CA DOI License OE14627. If you need immediate assistance, please contact Alternative Balance.



Alternative Balance  
41 Liberty Hill Rd.  
Henniker, NH 03242  
1-800-871-3848

Policy Number AL201870	Effective Date 05/29/2025	Expiration Date 05/29/2026
---------------------------	------------------------------	-------------------------------

Insured  
April Love

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 NEXO Insurance at [alternativebalance@nexoins.com](mailto:alternativebalance@nexoins.com).



— VERIFIED MEMBER —



April Love

