

**COMMERCIAL GENERAL LIABILITY COVERAGE PART – CLAIMS-MADE FORM
CERTIFICATE PAGE**

IT IS AGREED THAT THIS CERTIFICATE IS ISSUED TO THE CERTIFICATE HOLDER LISTED BELOW TO CERTIFY COVERAGE UNDER THE COMMERCIAL GENERAL LIABILITY INSURANCE MASTER POLICY LISTED BELOW.

INSURANCE COMPANY: Certain Underwriters at Lloyds NAME OF INSURED: Beauty Health & Trade Alliance CERTIFICATE HOLDER: Cierra Voelkl ADDRESS: 2437 Corinth Ave APT 205, Los Angeles, CA 90064 POLICY PERIOD: 09/24/2023 to 09/24/2024 12:01 A.M. Standard Time at the Address of The Certificate Holder RETRO-DATE: 09/24/2021	POLICY NUMBER: JN1223 CERTIFICATE NUMBER: PCI73865 ISSUANCE DATE: 09/24/2023
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LIMITS OF INSURANCE		
General Aggregate Limit (Other Than Products-Completed Operations)	\$	2,000,000
Products-Completed Operations Aggregate Limit	\$	2,000,000
Personal and Advertising Injury Limit	\$	1,000,000
Each Occurrence Limit	\$	1,000,000
Damage to Premises Rented To You Limit	\$	100,000
Medical Expense Limit	\$	5,000
		Any One Premises
		Any One Person
Animal Bailee – Animals In Your Care, Custody or Control	\$	2,500
	\$	5,000
		Each Occurrence
		Aggregate Limit
Veterinarian Expense Reimbursement	\$	1,000
	\$	2,500
	\$	250
		Each Occurrence
		Aggregate Limit
		Deductible
Lost Key Liability Coverage	\$	2,000
	\$	2,000
		Each Occurrence
		Aggregate Limit

ADDITIONAL COVERAGE OPTIONS – Coverage Applies When Checked		
<input type="checkbox"/> Employee Coverage Elected		Included in LIMITS OF INSURANCE shown above
<input type="checkbox"/> Independent Contractors Elected		Included in LIMITS OF INSURANCE shown above
<input type="checkbox"/> Dog Training Coverage		Included in LIMITS OF INSURANCE shown above
<input type="checkbox"/> House Sitting Coverage		Included in LIMITS OF INSURANCE shown above
<input type="checkbox"/> Pet Daycare Coverage		Included in LIMITS OF INSURANCE shown above
<input type="checkbox"/> Pet Sitting Coverage		Included in LIMITS OF INSURANCE shown above
<input type="checkbox"/> Pet Groomers Professional Liability		Included in LIMITS OF INSURANCE shown above
<input type="checkbox"/> Broadened Property Damage Coverage	\$	10,000
	\$	25,000
		Each Occurrence
		Aggregate Limit
<input type="checkbox"/> Employee Dishonesty (Bond)	\$	10,000
	\$	25,000
		Each Occurrence
		Aggregate Limit

FORMS AND ENDORSEMENTS applicable to all Coverage Parts and made part of this Policy at time of issue are listed on the attach Forms and Endorsements Schedule IL 88 01 (11/85).

TYPE OF BUSINESS: <input checked="" type="checkbox"/> Sole Proprietor/Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Other:		
Premium: \$75.00 BHTA Fee: \$64.00 SL Tax: \$2.25 Stamping Fee: \$0.14 TOTAL COST OF INSURANCE: \$141.39 <i>Total Cost Includes Premiums, Taxes and Fees</i>	POLICY DEDUCTIBLE:	
BUSINESS DESCRIPTION: Pet Sitting , Dog Walker		

Mandatory Forms and Endorsement	
SLC-3	Lloyds Jacket
PC1001	Declaration Page and Terminology
PC1110	Participation By Respective Contract
LSW1135B	Lloyds Privacy Policy Statement
IL0017 11/98	Common Policy Conditions
CG0002 04/13	Commercial General Liability - Claims-Made Form
PC1002	Claims Reporting
PC1004	Expense within Limits/Single Aggregate Limit
PC1005	Minimum Policy Premium
PC1007	Animal Bailee
PC1009	Dog Training - Exclusion
CG2158 07/98	Exclusion – Professional Veterinarian Services
PC1012	Assault & Battery Exclusion
PC1016	Miscellaneous Exclusion Endorsement
PC1017	Contractors Coverage Limitation
PC1018	Athletic or Sports Participants Exclusion
PC1019	Communicable Disease Exclusion
PC1020	Employment-Related Practices Exclusion
PC1021	Total Liquor and State Approved Recreational Liability Exclusion
PC1022	Limitation of Coverage to Business Description
PC1023	Lost Key Coverage Extension
PC1024	Exclusion – Injury to Any Temporary Workers, Volunteers, Casual Workers or Independent Contractors
PC1025	Veterinarian Expense Reimbursement
PC1026	Pet and Dog Breeding – Exclusion
PC1027	Extended Reporting Period
PC1028	Kennel(s) – Exclusion
PC1029	Who Is An Insured
PC1030	Employee and Independent Contractor Definition
PC1031	Claims Made and Reported Endorsement
PC1032	Owned Animal Exclusion
LMA5020	Service of Suite
NMA1331	Cancellation Clause
CG2184 01/08	Exclusion of Certified Nuclear, Biological, Chemical or Radiological Acts of Terrorism
CG2149 09/99	Total Pollution Exclusion
VER001	Recording and Distribution of Material or Information in Violation of Law Exclusion
CG2106 05/14	Exclusion – Access or Disclosure of Confidential or Personal Information and Data-Related Liability
LMA5390	Terrorism Risk Insurance Act
NMA2920	Terrorism Exclusion Endorsement
LSW1001	Several Liability Notice
LMA3100	Sanctions Limitation Exclusion Clause
NMA1256	Nuclear Incident Exclusion Clause
PC1035	Exclusion - Pre-Existing Conditions
PC1036	Exclusion - Fees
PC1037	Bodily Injury Redefined
LMA 9136 08/20	California Compliant Notice

Optional Forms – Coverages Applies When Checked		
<input type="checkbox"/>	PC1008	Broadened Property Damage
<input type="checkbox"/>	PC1010	Employee Dishonesty
<input type="checkbox"/>	PC1013	House Sitting Exclusion
<input type="checkbox"/>	PC1014	Pet Daycare Operation Exclusion
<input type="checkbox"/>	PC1015	Pet Groomers Professional Liability
<input type="checkbox"/>	CG2026 04/13	Additional Insured – Designated Person or Organization
<input type="checkbox"/>	CG2001 04/13	Primary and Non-Contributory – Other Insurance Condition
<input type="checkbox"/>	CG2404 05/09	Waiver of Transfer of Rights of Recovery Against Other to Us
<input type="checkbox"/>	CG8802 11/85	Hired and Non-Owned Auto Liability

THIS INSURANCE IS SUBJECT TO ALL THE TERMS AND CONDITIONS, INCLUDING APPLICABLE ENDORSEMENTS, OF THE COMMERCIAL GENERAL LIABILITY INSURANCE MASTER POLICY. A COPY OF THE COMMERCIAL GENERAL LIABILITY INSURANCE MASTER POLICY ACCOMPANIES THIS CERTIFICATE. ADDITIONAL COPIES WILL BE PROVIDED TO THE CERTIFICATE HOLDER UPON REQUEST. PLEASE READ THE POLICY AND ALL ENDORSEMENTS.

IMPORTANT INFORMATION ON CLAIMS-MADE POLICY

THIS IS A CLAIMS MADE AND REPORTED POLICY. SUBJECT TO ITS TERMS, THIS POLICY APPLIES ONLY TO ANY CLAIM FIRST MADE AGAINST THE INSURED AND REPORTED IN WRITING TO THE UNDERWRITERS DURING THE POLICY PERIOD OR EXTENDED REPORTING PERIOD (AS SET OUT IN CLAUSE X. OF THE POLICY), IF APPLICABLE. DAMAGES AND CLAIMS EXPENSES SHALL BE APPLIED AGAINST THE DEDUCTIBLE. CLAIMS EXPENSES ARE WITHIN AND REDUCE THE LIMIT OF LIABILITY UNDER THIS POLICY. THE UNDERWRITERS SHALL NOT BE LIABLE FOR ANY DEFENSE COSTS OR FOR ANY JUDGEMENT OR SETTLEMENT AFTER THE LIMIT OF LIABILITY HAVE BEEN EXHAUSTED. PLEASE READ THIS POLICY CAREFULLY.

CLAIMS/INCIDENTS REPORTING

Full detail of any incident should be submitted via the customer dashboard. Questions can be sent via email to claims@vopins.com or by letter to Veracity Insurance Solutions, 260 South 2500 West, Suite 303, Pleasant Grove UT 84062.

NO ADMISSION OF LIABILITY MAY BE MADE EITHER VERBALLY OR IN WRITING

Program Administrator:

Veracity Insurance Solutions, LLC
260 South 2500 West, Suite 303
Pleasant Grove UT 84062
888.568.0548
info@petcareins.com

UNIQUE MARKET REFERENCE
NUMBER:

B0572YF21ST10

AUTHORITY REFERENCE NUMBER:

YF21ST10

ADMINISTRATOR SIGNATURE:



NOTICE:

- 1. THE INSURANCE POLICY THAT YOU HAVE PURCHASED IS BEING ISSUED BY AN INSURER THAT IS NOT LICENSED BY THE STATE OF CALIFORNIA. THESE COMPANIES ARE CALLED “NONADMITTED” OR “SURPLUS LINE” INSURERS.**
- 2. THE INSURER IS NOT SUBJECT TO THE FINANCIAL SOLVENCY REGULATION AND ENFORCEMENT THAT APPLY TO CALIFORNIA LICENSED INSURERS.**
- 3. THE INSURER DOES NOT PARTICIPATE IN ANY OF THE INSURANCE GUARANTEE FUNDS CREATED BY CALIFORNIA LAW. THEREFORE, THESE FUNDS WILL NOT PAY YOUR CLAIMS OR PROTECT YOUR ASSETS IF THE INSURER BECOMES INSOLVENT AND IS UNABLE TO MAKE PAYMENTS AS PROMISED.**
- 4. THE INSURER SHOULD BE LICENSED EITHER AS A FOREIGN INSURER IN ANOTHER STATE IN THE UNITED STATES OR AS A NON-UNITED STATES (ALIEN) INSURER. YOU SHOULD ASK QUESTIONS OF YOUR INSURANCE AGENT, BROKER, OR “SURPLUS LINE” BROKER OR CONTACT THE CALIFORNIA DEPARTMENT OF INSURANCE AT THE FOLLOWING TOLL-FREE TELEPHONE NUMBER: 1-800-927-4357. ASK WHETHER OR NOT THE INSURER IS LICENSED AS A FOREIGN OR NON-UNITED STATES (ALIEN) INSURER AND FOR ADDITIONAL INFORMATION ABOUT THE INSURER. YOU MAY ALSO CONTACT THE NAIC’S INTERNET WEB SITE AT WWW.NAIC.ORG.**
- 5. FOREIGN INSURERS SHOULD BE LICENSED BY A STATE IN THE UNITED STATES AND YOU MAY CONTACT THAT STATE’S DEPARTMENT OF INSURANCE TO OBTAIN MORE INFORMATION ABOUT THAT INSURER.**
- 6. FOR NON-UNITED STATES (ALIEN) INSURERS, THE INSURER SHOULD BE LICENSED BY A COUNTRY OUTSIDE OF THE UNITED STATES AND SHOULD BE ON THE NAIC’S INTERNATIONAL INSURERS DEPARTMENT (IID) LISTING OF**

APPROVED NONADMITTED NON-UNITED STATES INSURERS. ASK YOUR AGENT, BROKER, OR “SURPLUS LINE” BROKER TO OBTAIN MORE INFORMATION ABOUT THAT INSURER.

7. CALIFORNIA MAINTAINS A LIST OF APPROVED SURPLUS LINE INSURERS. ASK YOUR AGENT OR BROKER IF THE INSURER IS ON THAT LIST, OR VIEW THAT LIST AT THE INTERNET WEB SITE OF THE CALIFORNIA DEPARTMENT OF INSURANCE: WWW.INSURANCE.CA.GOV.

8. IF YOU, AS THE APPLICANT, REQUIRED THAT THE INSURANCE POLICY YOU HAVE PURCHASED BE BOUND IMMEDIATELY, EITHER BECAUSE EXISTING COVERAGE WAS GOING TO LAPSE WITHIN TWO BUSINESS DAYS OR BECAUSE YOU WERE REQUIRED TO HAVE COVERAGE WITHIN TWO BUSINESS DAYS, AND YOU DID NOT RECEIVE THIS DISCLOSURE FORM AND A REQUEST FOR YOUR SIGNATURE UNTIL AFTER COVERAGE BECAME EFFECTIVE, YOU HAVE THE RIGHT TO CANCEL THIS POLICY WITHIN FIVE DAYS OF RECEIVING THIS DISCLOSURE. IF YOU CANCEL COVERAGE, THE PREMIUM WILL BE PRORATED AND ANY BROKER’S FEE CHARGED FOR THIS INSURANCE WILL BE RETURNED TO YOU.