

**SCHEDULE OF INSURANCE FOR SPECIFIED MEDICAL PROFESSIONAL, GENERAL LIABILITY AND PRODUCTS/COMPLETED OPERATIONS LIABILITY INSURANCE  
COMBINATION CLAIMS MADE AND REPORTED/OCCURRENCE BASIS**

**The entire Master Policy, the application, if any, and this Schedule form the entire contract. This Schedule of Insurance is furnished in accordance with and in all respects is subject to the terms of the Master Policy, a copy of which is attached hereto.**

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

821 Kumulani Dr  
Kihei HI 96753

**Master Policy Number:** AB-1004

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

**Policy Administrator:**

<b>Membership Questions:</b>	<b>Insurance Coverage Questions:</b>
Alternative Balance 41 Liberty Hill, Bldg 2 Henniker, NH 03242 Contact@AlternativeBalance.org	Citadel Insurance Services, LC 826 East State Rd. - Suite 100 American Fork, UT 84003 wellnesspro@citadelus.com

**Insurance Effected With:** Certain Underwriters at Lloyds, London

**Certificate Number:** AC112970

**Coverage Form:** Combination Claims Made and Reported/Occurrence

**Covered Professional Services:** Wellness & Life Coaching, Nutritional Consultants or Therapist, Energy Work, Animal Therapies,

**Retroactive Date:** 05/29/2019

**Limits of Insurance:**

EACH CLAIM or OCCURRENCE LIMIT	\$2,000,000
POLICY TERM AGGREGATE LIMIT (Other than Products/Completed Operations)	\$3,000,000
TERM AGGREGATE FOR PRODUCTS	\$2,000,000
THE FOLLOWING LIMITS ARE SUB-LIMITS OF AND NOT IN ADDITION TO THE LIMITS SHOWN ABOVE	
DAMAGE TO PREMISES	\$300,000 any one premise
MED PAY	\$5,000

It is expressly understood that Underwriters may amend the above Limits of Insurance during the term of this Master Policy by written notice to the Master Policy Holder.

**Membership Period:** From 12:01am 05/29/2019 to 12:01 am local 05/29/2020

**Additional Insureds:** **AI on record with Master Policy Holder** is added as additional insured only as respects their interest in April Love Holistic Horseworks, LLC, April Love, DBA Holistic Horseworks LLC

**Endorsements:**

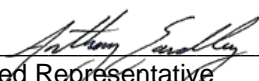
**Premium:** (See Declarations Page)

**Notice of cancellation/Extended Reporting Period Coverage:** Citadel Insurance Services, LC  
826 East State Rd. - Suite 100  
American Fork, UT 84003

**No admission of liability may be made either verbally or in writing:**

IF YOU RECEIVE ANY NOTICE OF A CLAIM BEING MADE AGAINST YOU OR ARE AWARE OF ANY OCCURRENCE WHICH MAY RESULT IN A CLAIM, FULL DETAILS OF THE INCIDENT SHOULD BE SENT IMMEDIATELY IN WRITING BY EMAIL OR BY LETTER TO CLAIMS@BEAZLEY.COM OR 30 BATTERSON PARK ROAD, FARMINGTON, CT 06032.

This insurance contract is issued by an insurer which is not licensed by the State of Hawaii and is not subject to its regulation or examination. If the insurer is found insolvent, claims under this contract are not covered by any guaranty fund of the State of Hawaii.

  
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**Authorized Representative**  
Surplus Lines Broker: Anthony Eardley  
HI Non-Resident SL License #373165  
826 East State Road, STE 100  
American Fork, UT 84003