



**Certificate of Insurance**  
**Energy Medicine Professional Association Liability Program**  
**For Members and Associate Members of Energy Medicine Professional Association**

**CERTIFICATE HOLDER:**

Member Name: Beth A. Nawrocki  
Member Address: 2091 Summer Breeze Dr.  
Prescott, AZ 86303  
Member Number: AM 3761  
Member Type: Professional Level

Policy Number: PPK1940952  
Certificate Number: 2166  
Insurance Co: Tokio Marine Specialty Insurance Co  
Insurance Issue Date: April 1, 2019  
Insurance Expiration Date: April 1, 2020

**Additional Insured:**

- 1.
- 2.
- 3.
- 4.
- 5.

This policy is in effect until April 1st 2020 and your premium is prorated based on the month you enroll. Coverage renews for a full year each April 1st. It is understood and agreed that the certificate holder is named as additional insured, but only as respects it's liability arising out of activities of the named insured.

**LIABILITY LIMITS (per member)**

**COMMERCIAL GENERAL LIABILITY/ PROFESSIONAL LIABILITY**

General Aggregate all coverages (except products/comp ops)	\$4,000,000
Products/ Completed Operations Aggregate	\$4,000,000
General Liability Each Occurrence Limit	\$2,000,000
Professional Liability Each Occurrence Limit	\$2,000,000
Personal and Advertising Injury	\$2,000,000
Damage to Premises Rented to You	\$ 100,000
Deductible	None

**MASTER POLICY EFFECTIVE DATE: 4/1/2019**

**INSURED MAILING ADDRESS:**

Energy Medicine Professional Association  
15439 Pebble Gate  
San Antonio, TX 78232-4164

**ADMINISTRATOR: Carver and Associates**

"This policy is issued by an insurance company that is not regulated by the Colorado Division of Insurance. The insurance company may not provide claims service and may not be subject to service of process in Colorado. If the insurance company becomes insolvent, insureds or claimants will not be eligible for protection under the Colorado insurance law."

**COVERAGES: THE POLICIES OF INSURANCE LISTED ABOVE HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOT WITHSTANDING REQUIREMENT, TERM, OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICY DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS, AND CONDITIONS OF SUCH POLICIES. EXCLUDES ALL PRODUCTS INGESTED OR TAKEN INTERNALLY AND COVER APPLIES ONLY TO THE MODALITIES SHOWN ON THE APPLICATION.**

**CANCELLATION:** Should any of the above described policies be cancelled before the expiration date thereof, the issuing insurer will endeavor to mail 10 days written notice to the certificate holder named above, but failure to do so shall impose no obligation or liability of any kind upon the insurer, its agents or representatives.

A handwritten signature in black ink, appearing to read "A. Shary", is written over a horizontal line.

Authorized Representative

To verify information on this certificate contact EMPA at (210)-960-8807