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

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

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

**NAMED INSURED:** Plutonic Moon, Jessica Turner

**MASTER POLICY NUMBER:** WELL-00001-21

**CERTIFICATE NUMBER:** AH142561

**MAILING ADDRESS:**

Plutonic Moon, Jessica Turner  
1348 M3/4 Road  
Loma, CO 81524

**Certificate Policy** 01/14/2022 **TO** 01/14/2023 **12:01 a.m. Standard Time at the**  
**Period:** **address of the Certificate Holder**

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Insurance is effective with: Hudson Excess Insurance Company

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**LIMITS OF INSURANCE:**

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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.

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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:** \$269.00

**Premium:** \$55.00

**State Taxes:** \$1.65

**RPG Fee:** \$212.35

**Services Covered:**

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.**

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**Email: [Hudsonclaims300@hudsoninsgroup.com](mailto: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

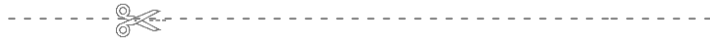
**Named Insured:** Plutonic Moon, Jessica Turner

**Certificate Number:** AH142561

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

<b>FORM NUMBER</b>	<b>FORM TITLE</b>
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 <b>Alternative Balance</b> Professional Group <a href="http://www.AlternativeBalance.com">www.AlternativeBalance.com</a>		Alternative Balance Professional Group 41 Liberty Hill Rd. Henniker, NH 03242 1-800-871-3848	
<b>Policy Number</b> WELL-00001-21-AH142561	<b>Effective Date</b> 01/14/2022	<b>Expiration Date</b> 01/14/2023	
<b>Named Insured</b>	Plutonic Moon, Jessica Turner		
<small>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 <a href="mailto:wellnesspro@citadelus.com">wellnesspro@citadelus.com</a> or 2600 W Executive Pkwy, Ste 500, Lehi, UT 84043.</small>			



PROUD MEMBER	
 <b>Alternative Balance</b> Professional Group	
Jessica Turner	

