

**CERTIFICATE OF INSURANCE EFFECTED WITH CERTAIN UNDERWRITERS AT LLOYD'S, LONDON FOR THE MEMBERS OF THE MASTER POLICYHOLDER**

**PROFESSIONAL LIABILITY, GENERAL LIABILITY AND ADVERTISING LIABILITY CLAIMS MADE AND REPORTED INSURANCE**

This Certificate of Insurance is issued as a Notice of Insurance for information only. It does not constitute a legal contract of insurance. The Master Policy, Declarations and Application of the Named Insured, if any, form the entire contract. This Certificate is furnished in accordance with, and in all respects is subject to all terms, conditions and exclusions of the Master Policy, a copy of which is attached hereto. The original Master Policy may be inspected at the offices of the Master Policyholder.

This Certificate is to notify the member named below (the "Named Insured") that the following insurance has been effected with certain Underwriters at Lloyd's, London (not incorporated) (the "Underwriters") for the Policy Period specified below under the Master Policy (the "Master Policy") issued to the Master Policyholder.

The attached Master Policy provides coverage on a claims made and reported basis and apply only to Claims first made against the Insured during the Policy Period or the Extended Reporting Period (if applicable) and reported to underwriters during the Policy Period or otherwise provided in clause VIII. of the attached Master Policy.

**Coverage Reference No:** 71808

**1. Named Insured:** Ms Rosalie Corame  
Rosalie Corame LLC  
5104 Pembroke Ave, Baltimore, MD 21206, US.

**Additional Insureds:**

**2. Master Policyholder:** Westminster Group, Inc  
c/o 724 Boardman-Poland Rd Boardman, OH 44512

**Master Policy Number:** B0572MR23WI23

**3. Policy Period:** The Policy Period shall commence during the **Policy Period** set forth below. Coverage shall commence from the date upon which the **Named Insured** holds a valid membership with the Master Policyholder during the **Policy Period** and shall continue up to but not exceeding 365 days in all.

From: 11TH JANUARY 2023

To: 11TH JANUARY 2024

Both dates at 12:01 a.m Local Time at the address stated in Item 1 above.

**4. Policy Administrator:** Huntington Insurance Inc  
724 Boardman-Poland Rd  
Boardman, OH 44512  
ProgramServices@Huntington.com

**5. Limits of Liability:**

**1. Professional Liability Section**

Limit of Liability for Insuring Agreement I.A.1., (Professional Liability)

- |  |             |
|--|-------------|
| a. Each <b>Claim</b> including <b>Claims Expenses</b>                            | \$1,000,000 |
| But sublimited to:   |             |
| i. Sexual/Physical Misconduct Each <b>Claim</b> including <b>Claims Expenses</b> | \$25,000    |
| b. Aggregate including <b>Claims Expenses</b>                                    | \$3,000,000 |
| But sublimited to:   |             |
| i. Sexual/Physical Misconduct Aggregate including <b>Claims Expenses</b>         | \$75,000    |

- 2. General Liability Section**  
Limit of Liability for Insuring Agreement I.A.2., (General Liability and Advertising Liability), and  
Insuring Agreement I.A.3., (Fire Legal Liability)
- a. Each **Claim** including **Claims Expenses** \$1,000,000  
But sublimited to:
    - i. Fire Legal Liability (Insuring Agreement I.A.3.) \$100,000  
each **Claim** including **Claims Expenses**
  - b. Aggregate including **Claims Expenses** \$3,000,000
- 3. Products/Completed Operations Section**  
Limit of Liability for Insuring Agreement I.A.4., (Products/Completed Operations Liability),
- a. Each **Claim** including **Claims Expenses** \$0
  - b. Aggregate including **Claims Expenses** \$0
- 4. Computer Information Security Liability Section**  
Limit of Liability for Insuring Agreement I.A.5., (Computer Information Security Liability),
- a. Each **Claim** including **Claims Expenses** \$0
  - b. Aggregate including **Claims Expenses** \$0
- 5. Privacy Liability Section**  
Limit of Liability for Insuring Agreement I.A.6., (Privacy Liability),
- a. Each **Claim** including **Claims Expenses** \$0
  - b. Aggregate including **Claims Expenses**  
But sublimited to:
    - i. Aggregate for the **Policy Period** for all **Privacy Violation costs** \$0  
covered under Insuring Agreement I.A.6.
- 6. Policy Aggregate Limit of Liability** \$3,000,000  
The Limits of Liability stated under 1, 2, 3, 4 and 5 above are part of, and not in addition to, the overall Policy  
Aggregate Limit of Liability stated under this Section 6.

The Limits of Liability under Item 5. shall apply separately to each Section. Under no circumstances shall any one **Claim** trigger multiple sections.

- 6. Retroactive Dates:** Professional Liability: 11TH JANUARY 2021  
General Liability: 3RD JANUARY 2022
- 7. Terrorism Coverage:** No
- 8. Waiver of Subrogation:** No
- 9. Territory:** Worldwide
- 10. Notification under this Policy:** Huntington Insurance Inc  
Michael Dercoli, CPCU, CIC  
Senior Sales Executive  
724 Boardman-Poland Rd  
Boardman, OH, 44512  
Tel: 866-318-5028  
Fax: 877-243-0712  
Email: ProgramServices@Huntington.com

**11. Notice of Claim or Circumstances:**

Claims Department  
Beazley Group  
30 Batterson Park Road,  
Farmington CT 06032  
Email: usspeclaims@beazley.com  
Tel: 888-222-1123 Fax: 866-910-1397  
When reporting a claim please provide Program Name (WG US) and Master Policy Number B0572MR23WI23

---

The Master Policy contains the following exclusions:

**1. Exclusions applicable to Insuring Agreement I.A.1 (Professional Liability)**

- a. Bodily Injury, Property Damage or Advertising Liability**, except with respect to **Bodily Injury** arising out of any negligent act, error or omission of any **Insured** in rendering or failing to render **Professional Services**.
- b.** Criminal, dishonest, fraudulent or malicious acts, error or omissions.
- c.** Contractual liability
- d.** Claims based upon an express or implied warranty or guarantee, or breach of contract in respect of an agreement to perform work for a fee
- e. Insured's** activities as a trustee, partner, officer, director or employee of any trust, charitable organization, corporations, company or business other than that of the **Named Insured**
- f.** Financial or investment advice
- g.** Libel or slander
- i.** No valid license for the performance of **Professional Services**
- j.** Rendering or failing to render **Professional Services** to **Professional Athletes**

**2. Exclusions applicable to Insuring Agreement I.A.2 (General Liability and Advertising Liability) and Insuring Agreement I.A.3 (Fire Legal Liability).**

- a. **Claims** arising out of the rendering or failing to render **Professional Services**;
- b. Use of force expected or intended from the standpoint of the **Insured**;
- c. Ownership, maintenance, operation, use, loading or unloading of any **Automobile**, aircraft or watercraft.
- d. Transportation of **Mobile Equipment** by any **Automobile**;
- e. Alcoholic beverages;
- f. **Personal Injury** to any **Employee**;
- g. **Property Damage** to property owned, rented or temporarily occupied by the **Insured**, personal property in the care, custody and control of the **Insured**;
- h. Recall
- i. **Claims** against or in connection with any business enterprise not named in the Declarations which is owned by the **Insured** or in which any **Insured** is a trustee, partner, officer, director or employee
- j. Employee Retirement Income Security Act 1974 and amendments
- k. **Claim** or circumstance in respect of which any **Insured** has given notice to any insurer of any other policy or self-insurance prior to the inception date
- l. **Claim** or circumstance known to the Insured prior to the inception date
- m. Acts, error, omissions or **Accidents** which first took place prior to the Retroactive Date
- n. Discrimination
- o. Insolvency or Bankruptcy of the **Insured**
- p. Punitive and exemplary damages, fines, sanctions, taxes, costs or expenses
- q. Employer-employee relations, policies, practices, acts or omissions.
- r. Violation of Securities Acts, of Racketeer Influenced and Corrupt Organizations Act
- s. Anti-trust
- t. Regulatory actions
- u. Plagiarism, misappropriation of likeness, infringement of any intellectual property right, including patent, trademark, trade secret, trade dress and copyright; unless covered under Insuring Agreement I.A.2.
- v. Product Liability
- w. Pharmacy services
- x. Manufacture, handling sale or distribution of Phenylpropanolamine, Phenylpropanolamine Hydrochloride, PPA or any product or drug containing any of these substances
- y. Asbestos, Mould, Electromagnetic Field or Radiation, Pollution.
- z. **Insured vs Insured**
- aa. HIV, AIDS, hepatitis or any other infectious disease or any complex or syndrome related.

**PLEASE NOTE THIS IS NOT AN EXHAUSTIVE LIST OF THE EXCLUSIONS AND YOU SHOULD READ THE MASTER POLICY FOR FULL DETAILS.**

The underwriters shall have the right and duty to defend any **Claim** against the **Insured** seeking **Damages**. Underwriters will pay **Claims Expenses** with respect to any **Claim** seeking **Damages** which are payable under the terms of the Master Policy. **Claims Expenses** shall reduce and may exhaust the Limits of Liability.

If any payment is made under the Master Policy and there is available to the Underwriters any of the **Insured's** rights of recovery against any other party, then the Underwriters shall maintain all such rights of recovery. The **Insured** shall execute and deliver instruments and papers and do whatever else is necessary to secure such rights. The **Insured** shall do nothing after an incident or event giving rise to a **Claim** to prejudice such rights.

By acceptance of the attached Master Policy, all **Insureds** agree that the statements contained in the **Application** are their agreements and representations, that they shall be deemed material to the risk assumed by the Underwriters, and that the Master Policy is issued in reliance upon the truth thereof.

**NO ADMISSION OF LIABILITY, ASSUMPTION OF OBLIGATION OR PROMISE TO PAY EITHER EXPRESS OR IMPLIED MAY BE MADE EITHER VERBALLY OR IN WRITING.**

**IF THE INSURED RECEIVES ANY NOTICE OF A CLAIM OR IS AWARE OF A CIRCUMSTANCE WHICH MAY RESULT IN A CLAIM FULL DETAILS OF THE CLAIM, CIRCUMSTANCE OR INCIDENT SHOULD BE SENT IMMEDIATELY IN WRITING BY EMAIL OR LETTER (INCLUDING THE INSURED MEMBERSHIP NUMBER) TO THE ADDRESS STATED IN ITEM 10 OF THIS CERTIFICATE OF INSURANCE.**

**NOTE: THE MASTER POLICY APPLIES IN EXCESS OF ANY OTHER VALID AND COLLECTIBLE INSURANCE AVAILABLE TO ANY INSURED.**

**THE INSURANCE HEREBY EVIDENCED IS WRITTEN BY AN APPROVED NON-LICENSED INSURER IN THE STATE OF OHIO AND IS NOT COVERED IN CASE OF INSOLVENCY BY THE OHIO INSURANCE GUARANTY ASSOCIATION.**