

**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: Stephanie Shaw, DBA ShawShack Kg ADDRESS: 2425 N Torrance Ave, Odessa, TX 79763 POLICY PERIOD: 04/29/2025 to 04/29/2026 1:33 PM MDT at the Address of The Certificate Holder RETRO-DATE: 04/29/2025	POLICY NUMBER: JN1225 CERTIFICATE NUMBER: PCI105532 ISSUANCE DATE: 04/29/2025
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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	Any One Premises
Medical Expense Limit	\$	5,000	Any One Person
Animal Bailee – Animals In Your Care, Custody or Control	\$	5,000	Each Occurrence
All Animal Bailee Expenses are incurred no earlier than seven days after the inception of the Policy, unless this Policy is an uninterrupted renewal of prior insurance provided to you by us.	\$	10,000	Aggregate Limit
Veterinarian Expense Reimbursement	\$	1,000	Each Occurrence
All Veterinarian Expenses are incurred no earlier than seven days after the inception of the Policy, unless this Policy is an uninterrupted renewal of prior insurance provided to you by us.	\$	2,500	Aggregate Limit
	\$	250	Deductible
Lost Key Liability Coverage	\$	2,000	Each Occurrence
	\$	2,000	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 checked="" 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 checked="" 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 checked="" type="checkbox"/> Broadened Property Damage Coverage	\$	10,000	Each Occurrence
	\$	25,000	Aggregate Limit
<input type="checkbox"/> Employee Dishonesty (Bond)	\$	10,000	Each Occurrence
	\$	25,000	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: Sole Proprietor/Individual
BUSINESS DESCRIPTION: ; Dog Walker; Pet Trainer; Doggy Daycare; Pet Taxi

PREMIUM:	\$216.00
Surplus Lines Tax:	\$10.48
Stamping Fee:	\$0.09
TOTAL POLICY COST: (The cost is 100% earned/non refundable)	\$226.57

Mandatory Forms and Endorsement		
SLC-3		Lloyds Jacket
PC1001		Declaration Page and Terminology
PC1110		Participation By Respective Contract
LSW1135B		Lloyds Privacy Policy Statement
PC1002		Claims Reporting
PC1017		Contractors Coverage Limitation
PC1024		Exclusion – Injury to Any Temporary Workers, Volunteers, Casual Workers or Independent Contractors
PC1027		Extended Reporting Period
PC1030		Employee and Independent Contractor Definition
LSW1023		Texas Surplus Lines Clause
LSW1022A		Texas Complaints Notice
LMA5390		Terrorism Risk Insurance Act
NMA2920		Terrorism Exclusion Endorsement
LSW1001		Several Liability Notice
LMA3100A		Sanctions Limitation Exclusion Clause
NMA1256		Nuclear Incident Exclusion Clause
PC1035		Exclusion - Pre-Existing Conditions
PC1036		Exclusion - Fees
NMA 1477		Radioactive Contamination Exclusion
TYS 572		Cyber Exclusion Endorsement
NMA2918		War and Terrorism Exclusion Endorsement
PC1038		Risk Purchasing Group Endorsement

Optional Forms – Coverages Applies When Checked		
<input type="checkbox"/>	PC1010	Employee Dishonesty
<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@premierclaimslc.com and mbonetati@premierclaimslc.com or by letter to Marilyn L. Bonetati at Premier Claims Management LLC 2020 B North Tustin Avenue Santa Ana, CA 92705

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:

B0572YF25ST10

AUTHORITY REFERENCE NUMBER:

YF25ST10

ADMINISTRATOR SIGNATURE:



Guaranty Fund Nonparticipation Notice

This insurance contract is with an insurer not licensed to transact insurance in this state and is issued and delivered as surplus line coverage under the Texas insurance statutes. The Texas Department of Insurance does not audit the finances or review the solvency of the surplus lines insurer providing this coverage, and the insurer is not a member of the property and casualty insurance guaranty association created under Chapter 462, Insurance Code. Chapter 225, Insurance Code, requires payment of a 4.85% percent tax on gross premium.