



# Certificate of Insurance

## OCCURRENCE COVERAGE ABMP In-Dues Liability Program

### ABMP MAILING ADDRESS:

Associated Bodywork & Massage Professionals  
25188 Genesee Trail Road  
Suite 200  
Golden, CO 80401

### MASTER POLICY HOLDER

Allied Professionals Insurance RPG

### AGENT/BROKER

Allied Professionals Insurance Services

### ISSUED BY:

Allied Professionals Insurance Company, A  
Risk Retention Group, Inc.

**POLICY #:** API-ABMP-19

### LIABILITY LIMITS

*(per member)*

### COMMERCIAL GENERAL LIABILITY

ANNUAL AGGREGATE .....	\$6,000,000
PER OCCURRENCE LIMIT .....	\$2,000,000
PRODUCTS-COMP/OP .....	included
PROFESSIONAL LIABILITY .....	included
GENERAL LIABILITY .....	included
FIRE LIABILITY LIMIT .....	\$100,000

**To verify information, contact ABMP. Tel: 303-674-8478 Fax: 303-674-0859**

This Policy is issued by your risk retention group. Your risk retention group may not be subject to all of the insurance laws and regulations of your State. State insurance insolvency guaranty funds are not available for your risk retention group. Coverage is afforded to person(s) named herein as Named Insureds according to the terms and conditions of the Policy to which this Certificate refers, subject to limitation by any applicable state licensing laws. No other rights or conditions, except as specifically stated herein, are granted or inferred.

### COVERAGES

THIS IS TO CERTIFY THAT THE POLICY OF INSURANCE LISTED ABOVE HAS BEEN ISSUED TO THE INSURED NAMED BELOW. THE INSURED ACTIVE DATE LISTED BELOW APPLIES ONLY TO ELEMENTS OF COVERAGE CONTINUOUSLY IN PLACE SINCE THE INCEPTION OF THE NAMED INSURED'S POLICY. CHANGES TO COVERAGE ARE EFFECTIVE RETROACTIVELY ONLY TO THE DATE THE CHANGE WAS MADE. REPORT IN WRITING WITHIN 48 HOURS ANY & ALL CLAIMS, OR INCIDENTS THAT YOU BELIEVE MAY RESULT IN A CLAIM, EVEN IF GROUNDLESS.

This Certificate, along with the Policy to which it refers, is valid evidence of coverage extended to the Certificate Holder listed below.

### CERTIFICATE HOLDER

*(Active Registered Members are on file with the ABMP Membership Director.)*

Member/Named Insured:	Mikayla Eldredge
Membership I.D. #:	1300633
Member/Policy Term Active:	Dec-31-2019
Member/Policy Term Expires:	Dec-17-2020
Total Member Cost:	\$ 259 <small>(ABMP Membership, including Member Liability Coverage)</small>



Authorized Representative

CANCELLATION: Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 10 days written notice for non-payment or 90 days written notice for any other reason to the certificate holder named above, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

### ADDITIONAL INSURED:

*(with inception date)*

City of Saint Paul DSI 375 Jackson St , #220 Saint Paul, MN 55101-1006	Dec 31, 2019
Estetica Salon & Spa	Dec 31, 2019

*Coverage is extended subject to all terms and conditions of the Policy.*