

**SCHEDULE OF INSURANCE FOR SPECIFIED MEDICAL PROFESSIONAL, GENERAL LIABILITY AND PRODUCTS/COMPLETED OPERATIONS LIABILITY INSURANCE  
COMBINATION CLAIMS MADE AND REPORTED/OCCURRENCE BASIS**

The entire Master Policy, the application, if any, and this Schedule form the entire contract. This Schedule of Insurance is furnished in accordance with and in all respects is subject to the terms of the Master Policy, a copy of which is attached hereto.

Insured: Balanced Equine Solutions , Lynn Reed



Indianapolis IN 46217

Master Policy Number: AB-1002  
 Master Policy Holder: Participating Members of Alternative Balance LLC,  
 a member of the WellnessPro Purchasing Group

Policy Administrator:

Membership Questions:	Insurance Coverage Questions:
Alternative Balance PO Box 538 Mont Vernon, NH 03057 Contact@AlternativeBalance.org	Citadel Insurance Services, LC 826 East State Rd. - Suite 100 American Fork, UT 84003 wellnesspro@citadelus.com

Insurance Effected With: Certain Underwriters at Lloyds, London  
 Certificate Number: AC039428  
 Coverage Form: Combination Claims Made and Reported/Occurrence  
 Covered Professional Services: Animal Therapies,  
 Retroactive Date: 06/02/2017

**Limits of Insurance:**  
 EACH CLAIM or OCCURRENCE LIMIT \$2,000,000  
 POLICY TERM AGGREGATE LIMIT (Other than Products/Completed Operations) \$3,000,000  
 TERM AGGREGATE FOR PRODUCTS \$2,000,000  
 THE FOLLOWING LIMITS ARE SUB-LIMITS OF AND NOT IN ADDITION TO THE LIMITS SHOWN ABOVE  
 DAMAGE TO PREMISES \$300,000 any one premise

It is expressly understood that Underwriters may amend the above Limits of Insurance during the term of this Master Policy by written notice to the Master Policy Holder.

Membership Period: From 12:01am 06/02/2017 to 12:01 am local 06/02/2018  
 Additional Insureds: **AI on record with Master Policy Holder** is added as additional insured only as respects their interest in Balanced Equine Solutions , Lynn Reed

Endorsements:

Premium: (See Declarations Page)

Notice of cancellation/Extended Reporting Period Coverage: Citadel Insurance Services, LC  
 826 East State Rd. - Suite 100  
 American Fork, UT 84003

**No admission of liability may be made either verbally or in writing:**

IF YOU RECEIVE ANY NOTICE OF A CLAIM BEING MADE AGAINST YOU OR ARE AWARE OF ANY OCCURRENCE WHICH MAY RESULT IN A CLAIM, FULL DETAILS OF THE INCIDENT SHOULD BE SENT IMMEDIATELY IN WRITING BY EMAIL OR BY LETTER TO CLAIMS@WELLNESSPRO.COM OR 826 EAST STATE RD. SUITE 100 AMERICAN FORK, UT 84003.

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 Authorized Representative