



Certificate of Insurance

Energy Medicine Professional Association Liability Program
For Members and Associate Members of Energy Medicine Professional Association

CERTIFICATE HOLDER:

Member Name: Andrea A. Squibb
Member Address: 549 Canon View Trail
Topanga, CA 90290, CA, 90290
Member Number: AM 1719
Member Type: Professional Level

Policy Number: PPK2089193
Certificate Number: 2184
Insurance Co: Tokio Marine Specialty Insurance Co
Insurance Issue Date: April 1, 2020
Insurance Expiration Date: April 1, 2021

Additional insured if required by written contract:

- 1.
- 2.
- 3.
- 4.
- 5.

This policy is in effect until April 1st 2021 and your premium is prorated based on the month you enroll. Coverage renews for a full year each April 1st. It is understood and agreed that the certificate holder is named as additional insured, but only as respects its liability arising out of activities of the named insured.

LIABILITY LIMITS (per member)

COMMERCIAL GENERAL LIABILITY/ PROFESSIONAL LIABILITY

General Aggregate all coverages (except products/comp ops)	\$4,000,000
Products/ Completed Operations Aggregate- General	\$4,000,000
Liability Each Occurrence Limit	\$2,000,000
Professional Liability Each Occurrence Limit	\$2,000,000
Personal and Advertising Injury	\$2,000,000
Damage to Premises Rented to You	\$300,000
Deductible	None

MASTER POLICY EFFECTIVE DATE: 4/1/2020

INSURED MAILING ADDRESS:

Energy Medicine Professional Association
15439 Pebble Gate
San Antonio, TX 78232-4164

ADMINISTRATOR: Carver and Associates

"This policy is issued by an insurance company that is not regulated by the Colorado Division of Insurance. The insurance company may not provide claims service and may not be subject to service of process in Colorado. If the insurance company becomes insolvent, insureds or claimants will not be eligible for protection under the Colorado insurance law."

COVERAGES: THE POLICIES OF INSURANCE LISTED ABOVE HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING REQUIREMENT, TERM, OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICY DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS, AND CONDITIONS OF SUCH POLICIES. EXCLUDES ALL PRODUCTS INGESTED OR TAKEN INTERNALLY AND COVER APPLIES ONLY TO THE MODALITIES SHOWN ON THE APPLICATION.

CANCELLATION: Should any of the above described policies be cancelled before the expiration date thereof, the issuing insurer will endeavor to mail 10 days written notice to the certificate holder named above, but failure to do so shall impose no obligation or liability of any kind upon the insurer, its agents or representatives.

A handwritten signature in black ink, appearing to read "A. Sheng", is written over a horizontal line.

Authorized Representative

To verify information on this certificate contact EMPA at (210)-960-8807