



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-14**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. 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.

ADDITIONAL INSURED:*(with inception date)*

Embody Massage and Wellness Solutions, LLC	May 14, 2014
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CERTIFICATE HOLDER*(Active Registered Members are on file with the ABMP Membership Director.)*

Member/Named Insured:	Stephanie Boschen
Membership I.D. #:	1034875
Member/Policy Term Active:	May-14-2014
Member/Policy Term Expires:	May-13-2015
Total Member Cost:	\$ 229 <small>(ABMP Membership, including Member Liability Coverage)</small>

Authorized Representative

CANCELLATION: The Company shall provide the Named Insured 90 days notice of its intent to cancel this policy for any reason other than failure to pay amounts when due. Should the Named Insured fail to pay amounts when due, the Policy shall be immediately and automatically cancelled without further notice.

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