

ERTIFICATE OF LIABILITY INSURANCE

CHONAKERI

DATE (MM/DD/YYYY)	
4/22/2024	

BRANHON-01

		EK			ABI	SULT TINS	UKAN	LE	4/	22/2024	
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.											
lf	MPORTANT: If the certificate holde SUBROGATION IS WAIVED, subje his certificate does not confer rights t	ct to	the	terms and conditions of	the po	licy, certain	policies may				
PRO	DUCER				CONTA NAME:	СТ					
Alliant Insurance Services, Inc. 4530 Walney Rd Ste 200					PHONE (A/C, No, Ext): (855) 827-9642 FAX (A/C, No): (703) 563-1510						
	Chantilly, VA 20151-2285					E-MAIL ADDRESS: yoga-questions@alliant.com					
					INSURER(S) AFFORDING COVERAGE					NAIC #	
	INSURED					INSURER A : Lloyd's Syndicate 609 (Atrium Underwriters Limited)					
INSU											
	EarthWise Movement, LLC 4800 Hale Pkwy, Apt. 705				INSURER C : INSURER D :						
	Denver, CO 80220					INSURER E :					
					INSURE	RF:					
				ENUMBER:				REVISION NUMBER:			
IN C E	HIS IS TO CERTIFY THAT THE POLICI IDICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	REQUIF PERT POLIC	REME AIN, SIES.	ENT, TERM OR CONDITIO THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF A DED B	ANY CONTRA 7 THE POLIC REDUCED BY	CT OR OTHEF IES DESCRIE PAID CLAIMS	R DOCUMENT WITH RESI ED HEREIN IS SUBJECT	PECT TO	WHICH THIS	
INSR LTR	I YPE OF INSURANCE	ADDL S	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIN	ITS		
A							- /	EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000 100,000	
				YOGAI936931-1		3/29/2024	3/29/2025	PREMISES (Ea occurrence)	\$	2,500	
								MED EXP (Any one person) PERSONAL & ADV INJURY	\$	Included	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
								PRODUCTS - COMP/OP AGO		2,000,000	
	OTHER:								\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
								BODILY INJURY (Per person)	\$		
	OWNED AUTOS ONLY HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							BODILY INJURY (Per acciden PROPERTY DAMAGE (Per accident)	t) \$ \$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$							PER OTH-	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							STATUTE			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N / A						E.L. EACH ACCIDENT	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYE E.L. DISEASE - POLICY LIMI			
Α	Professional Liab			YOGAI936931-1		3/29/2024	3/29/2025	Each Claim	Ψ	1,000,000	
A	Professional Liab			YOGAI936931-1		3/29/2024	3/29/2025	Aggregate		2,000,000	
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC S CERTIFICATE OF INSURANCE SERVE regate Limit of Liability for all coverage				ile, may t ED PRC	e attached if mor	e space is requi GENERAL LI	red) ABILITY COVERAGE.			
CE	CERTIFICATE HOLDER					CANCELLATION					
Evidence of Coverage				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
					AUTHORIZED REPRESENTATIVE						

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