



SCOTTSDALE INSURANCE COMPANY[®]
COMMERCIAL GENERAL LIABILITY COVERAGE PART
SUPPLEMENTAL DECLARATIONS

Policy No. CPS2776314 Effective Date 01/01/2018
 12:01 A.M., Standard Time

Named Insured Cunines for Christ Therapy Dog Agent No. 09036

| Item 1. Limits of Insurance | |
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| Coverage | Limit of Liability |
| Aggregate Limits of Liability | Products/ Completed Operations Aggregate \$ <u>2,000,000</u> General Aggregate (other than Products/ Completed Operations) \$ <u>2,000,000</u> |
| Coverage A - Bodily Injury and Property Damage Liability | any one occurrence subject to the Products/ Completed Operations and General Aggregate Limits of Liability \$ <u>1,000,000</u> any one premises subject to the Coverage A occurrence and the General Aggregate Limits of Liability |
| Damage to Premises Rented to You Limit | \$ <u>100,000</u> |
| Coverage B - Personal and Advertising Injury Liability | any one person or organization subject to the General Aggregate Limits of Liability \$ <u>1,000,000</u> |
| Coverage C - Medical Payments | any one person subject to the Coverage A occurrence and the General Aggregate Limits \$ <u>5,000</u> |
| Item 2. Description of Business | |
| Form of Business: | |
| <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Trust <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Organization including a corporation (other than Partnership, Joint Venture or Limited Liability Company) | |
| Location of All Premises You Own, Rent or Occupy: See Schedule of Locations | |
| Item 3. Forms and Endorsements | |
| Form(s) and Endorsement(s) made a part of this policy at time of issue: See Schedule of Forms and Endorsements | |
| Item 4. Premiums | |
| Coverage Part Premium: | \$ <u>875</u> |
| Other Premium: PROFESSIONAL LIABILITY | \$ <u>125</u> |
| Total Premium: | \$ <u>1,000</u> |

THESE DECLARATIONS ARE PART OF THE POLICY DECLARATIONS CONTAINING THE NAME OF THE INSURED AND THE POLICY PERIOD.