http://www.insurancecanopy.com
844-520-6993

COMMERCIAL GENERAL LIABILITY COVERAGE FORM – CLAIMS MADE COVERAGE
SPECIFIED PROFESSIONAL LIABILITY COVERAGE FORM – CLAIMS MADE COVERAGE

THIS POLICY IS WRITTEN ON A CLAIMS MADE COVERAGE FORM.

IT IS AGREED THAT THIS CERTIFICATE IS ISSUED TO THE CERTIFICATE HOLDER LISTED BELOW TO CERTIFY COVERAGE UNDER THE COMMERCIAL GENERAL LIABILITY INSURANCE MASTER POLICY LISTED BELOW.

INSURANCE COMPANY: LLOYDS OF LONDON
NAMED INSURED: BEAUTY HEALTH & TRADE ALLIANCE
CERTIFICATE HOLDER: Lead Inspire Teach Academy
ADDRESS: [redacted]
POLICY PERIOD: 04/15/2026 TO 04/15/2027 12:46 PM MDT AT YOUR ADDRESS SHOWN.
ENTITY: ☐ Corporation ☐ Partnership or Joint Venture ☑ LLC ☐ Sole Proprietor/Individual

POLICY NUMBER:
LJB062025

CERTIFICATE NUMBER:
LET258611

IN RETURN FOR PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL OF THE TERMS OF THE POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

A. **Specified Products, Goods, Operations and Premises Covered:** All related premises and operations of the Insured, normal and incidentalto the practice of the covered professional services

B. **Professional Services:** Training Consultant

C. **Coverage Type:** Business / Franchise Owner

LIMITS OF INSURANCE

General and Professional Aggregate Limit (Other than Products-Completed Operations)	$	2,000,000	
Products-Completed Operations Aggregate Limit	$	2,000,000	
Personal and Advertising Injury Limit	$	INCLUDED	
General and Professional Each Occurrence Limit	$	1,000,000	
Damage to Premises Rented to You Limit	$	300,000	Any One Premises
Medical Expense Limit	$	5,000	Any One Person

RETROACTIVE DATE:	04/15/2026
RATE:	FLAT
PREMIUM:	$173.26
BHTA FEE:	$164.45
TOTAL POLICY COST:	$337.71

THIS INSURANCE IS SUBJECT TO ALL THE TERMS AND CONDITIONS, INCLUDING APPLICABLE ENDORSEMENTS, OF THE COMMERCIAL GENERAL LIABILITY INSURANCE MASTER POLICY. A COPY OF THE COMMERCIAL GENERAL LIABILITY INSURANCE MASTER POLICY ACCOMPANIES THIS CERTIFICATE. ADDITIONAL COPIES WILL BE PROVIDED TO THE CERTIFICATE HOLDER IF REQUESTED BY THE CERTIFICATE HOLDER. PLEASE READ THE POLICY AND ALL ENDORSEMENTS.

NO ADMISSION OF LIABILITY MAY BE MADE EITHER VERBALLY OR IN WRITING

FULL DETAIL OF ANY INCIDENT SHOULD BE SENT IMMEDIATELY BY EMAIL TOCLAIMS@VOPINS.COM OR BY LETTER TO VERACITY INSURANCE SOLUTIONS, LLC 260 SOUTH 2500 WEST SUITE 303, PLEASANT GROVE, UT 84062.

Administrated by

Veracity Insurance Solutions, LLC
260 South 2500 West Suite 303
Pleasant Grove Utah 84062
844.520.6993
info@veracityins.com

ADMINISTRATOR'S SIGNATURE: