



COMMERCIAL GENERAL LIABILITY COVERAGE
PART DECLARATIONS

[] "X" IF SUPPLEMENTAL DECLARATIONS ATTACHED

1. POLICY NO.: VBA736234 00 EFFECTIVE DATE: 1/1/2021

CANINES FOR CHRIST THERAPY DOG MINISTRY INC.

2. NAMED INSURED:

3. LIMITS OF INSURANCE

Table with 3 columns: Limit Description, Amount, and Additional Info. Rows include General Aggregate Limit, Products-Completed Operations Aggregate Limit, Personal and Advertising Injury Limit, Each Occurrence Limit, Damage To Premises Rented To You Limit, and Medical Expense Limit.

Coverage A of this insurance does not apply to injury caused by a wrongful act which was committed before the Retroactive Date, if any shown here: Retroactive Date: None (Enter Date or "None" if no Retroactive Date)

LOCATIONS INCLUDING ZIP CODE OF ALL PREMISES YOU OWN, RENT OR OCCUPY (Enter "same" if same location as your mailing address):

1. 3845 EVERGREEN OAKS DRIVE, LUTZ, FL 33558

Table with columns: CODE NO., PREM NO., CLASSIFICATION, PREMIUM BASIS, EXPOSURE AMOUNT, RATE (PR/CO, ALL OTHER), ADVANCE PREMIUM (PR/CO, ALL OTHER). Includes rows for Pet Training and Errors & Omissions Coverage Part, and a summary row for TOTAL ADVANCE PREMIUM FOR THIS PAGE.

4. FORMS AND ENDORSEMENTS APPLICABLE (other than applicable Forms and Endorsements shown elsewhere in this policy)

*Forms and Endorsements applying to this Coverage Part and made a part of this policy at time of issue:

SEE SCHEDULE OF FORMS AND ENDORSEMENTS - GBA900002

*Entry optional if shown on Common Policy Declarations

5. FORM OF BUSINESS:

[] Individual [] Joint Venture [] Partnership [] Limited Liability Company [X] Corporation [] Other

THESE DECLARATIONS, WHEN COMBINED WITH THE COMMON POLICY DECLARATIONS, THE COMMON POLICY CONDITIONS, COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE CONTRACT OF INSURANCE.

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