

COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS

☐ "X" IF SUPPLEMENTAL DECLARATIONS ATTACHED

1. POLICY NO.: VBA895370 00 **EFFECTIVE DATE:** 1/1/2023

CANINES FOR CHRIST THERAPY DOG MINISTRY INC.

2. NAMED INSURED:

3. LIMITS OF INSURANCE

\$	2,000,000							
\$	2,000,000							
\$	1,000,000							
\$	1,000,000							
\$	100,000	Any One Premise						
\$	5,000	Any One Person						
	\$ \$ \$ \$ \$	\$ 2,000,000 \$ 1,000,000 \$ 1,000,000 \$ 100,000						

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

	PREM	CLASSIFICATION	PREMIUM BASIS	EXPOSURE AMOUNT	RATE		ADVANCE PREMIUM	
	NO.				PR/CO	ALL OTHER	PR/CO	ALL OTHER
16404	1	Pet Training	Gross Sales	120,000	Incl	5.678	Incl	\$950.00 (MP)
49950	1	CG 2010 - Additional Insured - Owners, Lessors or Contractors-Scheduled Person or Organization	Each	1	Incl	100.000	Incl	\$100.00
		Waiver of Subrogation	Each	1	Incl	50.00	Incl	\$50.00
			TOTAL AD	DVANCE PREMIUM FOR THIS PAGE			\$.00	\$ 1,100.00
					TOTAL ADVANC FOR TH COVERAGE	IIS		\$ 1,100.00

^{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

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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