



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/19/2019

PRODUCER Insurance Plus Willis of New York, Inc., Brookfield Place 200 Liberty Street, 6th Floor New York, NY 10281 800-222-1110		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED Sarah Oâ€™Dell 3107 S Black Forest ave Blue springs, MO 64015 Ins. # 286555		INSURERS AFFORDING COVERAGE INSURER A: Aspen Specialty Insurance Company Report all claims to Insurance Plus Program via e-mail at ProfessionalLiabilityClaims@aspen-insurance.com INSURER B: INSURER C:	NAIC # 10717

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS			
A	GENERAL LIABILITY	#LRAFVTX19A0M	11/19/2019	11/19/2020	EACH OCCURRENCE	\$ 2,000,000		
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000		
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ N/A		
					PERSONAL & ADV INJURY	\$ 2,000,000		
					GENERAL AGGREGATE	\$ 3,000,000		
					PRODUCTS - COMP/OP AGG	\$ 2,000,000		
					BUS. PERS. PROP. AGG / DED	\$1,000/ \$250		
	GEN'L AGGREGATE LIMIT APPLIES PER:							
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC							
					AUTOMOBILE LIABILITY			
ANY AUTO		BODILY INJURY (Per person)	\$					
ALL OWNED AUTOS		BODILY INJURY (Per accident)	\$					
SCHEDULED AUTOS		PROPERTY DAMAGE (Per accident)	\$					
HIRED AUTOS								
	NON-OWNED AUTOS							
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$		
	ANY AUTO				OTHER THAN EA ACC	\$		
					AUTO ONLY: AGG	\$		
	EXCESS / UMBRELLA LIABILITY				EACH OCCURRENCE	\$		
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$		
						\$		
						\$		
						\$		
						\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)				E.L. EACH ACCIDENT	\$		
	If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	\$		
					E.L. DISEASE - POLICY LIMIT	\$		
A	OTHER Professional Liability	#LRAFVTX19A0M	11/19/2019	11/19/2020	2,000,000 per occurrence / \$3,000,000 annual aggregate			

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Holder named below is listed as an Additional Insured for the General Liability policy.

CERTIFICATE HOLDER

Hair by Sarah Oâ€™Dell
3107 s Black Forest ave
Blue springs, MO 64015

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE