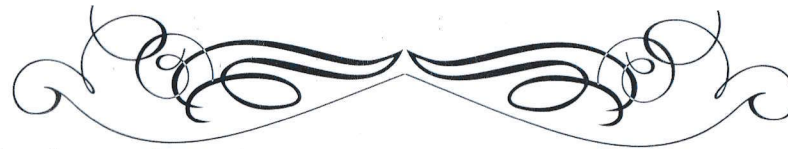




This certifies that

**Brenda Windom**  
**ABMP CERTIFIED MASSAGE THERAPIST**



is a Certified member in good standing of Associated Bodywork & Massage Professionals.

Certified members have attained ABMP's most stringent membership requirements, including a commitment to lifelong learning through a pledge to continuing professional education. They are required to maintain the highest standards of professional conduct and strictly adhere to the ABMP Code of Ethics.

**Member ID No.: 807079**

**Loyal Member Since: January 3, 2009**

**Expiration Date: October 7, 2018**

Les Sweeney, BCTMB, President





## ***Certificate of Insurance***

### **Business Personal Property**

**INSURED MAILING ADDRESS:**

ABMP / ASCP / AHP / ANP  
25188 Genesee Trail Road, Suite 200  
Golden, CO 80401

**PRODUCER/BROKER:**

Allied Professionals' Insurance Services  
1100 West Town and Country Road, Suite 1400  
Orange, CA 92868

**POLICY #:** PAC-LOLBPP-2017

**ISSUED BY:** Certian Underwriters at Lloyd's of London

The terms and conditions of the policy apply to all members who hold a certificate of insurance. The terms and conditions of this certificate apply only to the person(s) named herein and the insurer. When changes to coverage are requested, including, but not limited to, changes in Limits, such changes are effective retroactively only to the date the change was approved by the Company.

**\$10,000 Business Personal Property of the named certificate holder.**  
**Replacement cost coverage subject to a \$250 deductible per claim (\$500 per theft).**  
**Computer Data, Media and Programs Sublimit: \$500**

**To verify information, contact ABMP / ASCP / AHP / ANP. Tel: 303-674-8478 Fax: 303-674-0859**

Notice: This insurance policy is issued by an insurer that is not licensed by your state. These companies are called "Surplus Lines" or "Non Admitted" companies. The insurance company is not subject to the financial solvency regulation and enforcement that apply to licensed insurers. The insurance company does not participate in any insurance guarantee funds created by your state.

**COVERAGES**

COVERAGE IS AFFORDED TO PERSON(S) NAMED HEREIN AS NAMED INSURED(S) ACCORDING TO THE TERMS AND CONDITIONS OF THE POLICY TO WHICH THIS CERTIFICATE REFERS. NO OTHER RIGHTS OR CONDITIONS, EXCEPT AS SPECIFICALLY STATED HEREIN, ARE GRANTED OR INFERRED. PLEASE REVIEW THE POLICY CAREFULLY AND DISCUSS ANY QUESTIONS REGARDING COVERAGE WITH THE INSURANCE BROKER. COVERAGE IS AFFORDED SUBJECT TO AN AMOUNT WHICH MUST BE PAID BY THE NAMED INSURED FOR EACH AND EVERY CLAIM REPORTED (THE "DEDUCTIBLE"). THE DEDUCTIBLE FOR THIS POLICY IS LISTED ABOVE.

This Certificate of Insurance identifies the person(s) named herein as a Named Insured subject to the terms and conditions of a policy issued to the master policyholder. A copy of the full Policy is on file at the Insured's address specified above.

**CERTIFICATE HOLDER**

*(Active Registered Members are on file with the Membership Director.)*

Member/Named Insured: Brenda Windom

Membership I.D. #: 807079

Member/Policy Term Active: October 08, 2017

Member/Policy Term Expires: October 07, 2018

Total Coverage Cost: \$95

Authorized Representative

CANCELLATION: Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 10 days written notice for non-payment or 30 days written notice for any other reason to the certificate holder named above, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

**Loss Payee (if any):**

Printed on recycled stock





# Certificate of Insurance

## OCCURRENCE COVERAGE ABMP In-Dues Liability Program

### ABMP MAILING ADDRESS:

Associated Bodywork & Massage Professionals  
25188 Genesee Trail Road  
Suite 200  
Golden, CO 80401

### MASTER POLICY HOLDER

Allied Professionals Insurance RPG

### AGENT/BROKER

Allied Professionals Insurance Services

### ISSUED BY:

Allied Professionals Insurance Company, A  
Risk Retention Group, Inc.

**POLICY #:** API-ABMP-17

### LIABILITY LIMITS

(per member)

### COMMERCIAL GENERAL LIABILITY

ANNUAL AGGREGATE .....	\$6,000,000
PER OCCURRENCE LIMIT .....	\$2,000,000
PRODUCTS-COMP/OP .....	Included
PROFESSIONAL LIABILITY .....	Included
GENERAL LIABILITY .....	Included
FIRE LIABILITY LIMIT .....	\$100,000

### To verify information, contact ABMP. Tel: 303-674-8478 Fax: 303-674-0859

This Policy is issued by your risk retention group. Your risk retention group may not be subject to all of the insurance laws and regulations of your State. State insurance insolvency guaranty funds are not available for your risk retention group. Coverage is afforded to person(s) named herein as Named Insureds according to the terms and conditions of the Policy to which this Certificate refers. No other rights or conditions, except as specifically stated herein, are granted or inferred.

### COVERAGES

THIS IS TO CERTIFY THAT THE POLICY OF INSURANCE LISTED ABOVE HAS BEEN ISSUED TO THE INSURED NAMED BELOW. THE INSURED ACTIVE DATE LISTED BELOW APPLIES ONLY TO ELEMENTS OF COVERAGE CONTINUOUSLY IN PLACE SINCE THE INCEPTION OF THE NAMED INSURED'S POLICY. CHANGES TO COVERAGE ARE EFFECTIVE RETROACTIVELY ONLY TO THE DATE THE CHANGE WAS MADE. REPORT IN WRITING WITHIN 48 HOURS ANY & ALL CLAIMS, OR INCIDENTS THAT YOU BELIEVE MAY RESULT IN A CLAIM, EVEN IF GROUNDLESS.

This Certificate, along with the Policy to which it refers, is valid evidence of coverage extended to the Certificate Holder listed below.

### CERTIFICATE HOLDER

(Active Registered Members are on file with the ABMP Membership Director.)

Member/Named Insured: Brenda Windom

Membership I.D. #: 807079

Member/Policy Term Active: Oct-08-2017

Member/Policy Term Expires: Oct-07-2018

Total Member Cost: \$ 229

(ABMP Membership, including  
Member Liability Coverage)

### ADDITIONAL INSURED:

(with inception date)

Don & Lynda Links

Oct 08, 2017

Coverage is extended subject to all terms and conditions of the Policy.

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### Authorized Representative

CANCELLATION: Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 10 days written notice for non-payment or 90 days written notice for any other reason to the certificate holder named above, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.