CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

I

										1/2014	
THIS CERTIFICATE IS ISSUED AS A MA CERTIFICATE DOES NOT AFFIRMATIVEL THIS CERTIFICATE OF INSURANCE	Y OR DOE	NEGA S NC	TIVELY AMEND, EXT T CONSTITUTE A	TEND OR	ALTE	RTHE	COVERAGE /	AFFORDED BY	THE POL	CIES BELOW.	
REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the											
terms and conditions of the policy, cert certificate holder in lieu of such endorser	ain po	licies									
PRODUCER					CONTACT Mass Merch Underwriting						
K & K Insurance Group, Inc. 1712 Magnavox Way				PHONE: (A/C, No. Ex	(t):	800-596-0969 FAX: (A/C, No): 888-827-1185					
Fort Wayne Indiana 46804					s: fitnessrpg@kandkinsurance.com						
					INSURER(S) AFFORDIN					NAIC #	
INSURED					INSURER A: Nationwi			le Mutual Insurance Company		57	
Alexis Kristan Mason					:						
DBA: Priority One PFT 20 Wentworth Terrace					:						
Dover, NH 03820					:						
A Member of the Sports, Leisure & Entertainment RPG					:						
COVERAGES CI THIS IS TO CERTIFY THAT THE POLICIES OF IN			NUMBER: W0048020			-	ON NUMBER				
NOTWITHSTANDING ANY REQUIREMENT, TER ISSUED OR MAY PERTAIN, THE INSURANCE A SUCH POLICIES. LIMITS SHOWN MAY HAVE B	RM OR	CONDI DED BY	TION OF ANY CONTRA THE POLICIES DESCR	CT OR OTI	HER DO	OCUME	NT WITH RESP	ECT TO WHICH	THIS CERT	IFICATE MAY BE	
LTR TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER	र	POLIC (MM/D		POLICY EXP (MM/DD/YY)		LIMITS		
A X COMMERCIAL GENERAL LIABILITY	INOD		6BRPG00000552		06/25	/2014	06/25/2015	EACH OCCURREN	CE	\$2,000,000	
CLAIMS-MADE X OCCUR	CLAIMS-MADE X OCCUR			1	12:01 AM EDT		12:01 AM	DAMAGE TO RENT PREMISES (Ea occ		\$300,000	
								MED EXP (Any one		\$5,000	
								PERSONAL & ADV	INJURY	\$2,000,000	
GEN'; AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE				
										\$5,000,000	
POLICY PRO- JECT LOC						PRODUCTS-COMP/OP AGG		\$2,000,000			
OTHER								PROFESSIONAL L	IABILITY	\$2,000,000	
								LEGAL LIAB TO PA		\$2,000,000	
								(Ea Accident)			
							BODILY INJURY (Per person)				
								BODILY INJURY (Per accident) PROPERTY DAMAGE			
HIRED AUTOS AUTOS								(Per accident)			
UMBRELLA LIAB OCCUR								EACH OCCURREN	CE		
EXCESS LIAB CLAIMS-MADE								AGGREGATE			
DED RETENTION WORKERS COMPENSATION								PER			
AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETORSHIP/PARTNER/								STATUTE	OTHER		
EXECUTIVE OFFICER/MEMBER	N/A							E.L. EACH ACCIDE E.L. DISEASE – EA			
(Mandatory in NH) If yes, describe under											
DESCRIPTION OF OPERATIONS below								E.L. DISEASE – PC			
MEDICAL PAYMENTS FOR PARTICIPANTS								PRIMARY MEDICAL EXCESS MEDICAL			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC							space is require				
Abuse, Molestation, Harassment or Sexual C Certified Instructor of: Aerobics, Aquatic exe Strength, Swing	Conduc rcise, E	t Defe Ballroo	ense Cost Reimbursen m, Cardio kickboxing,	nent – Limi Exercise,	it \$100 Fitnes),000 s bootc	amp, Hip Hop	, Latin, Persona	Il training, S	Salsa,	
CERTIFICATE HOLDER CANCELLATION											
1				THE EXPIR	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
//Au					tott hubert						

Coverage is only extended to U.S. events and activities.

** NOTICE TO TEXAS INS	UREDS: The Insurer for the purchasing group may not be subject to	all the insurance laws and regulations of the State of Texas
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