

**COMMERCIAL GENERAL LIABILITY COVERAGE PART – CLAIMS-MADE FORM  
CERTIFICATE PAGE**

IT IS AGREED THAT THIS CERTIFICATE IS ISSUED TO THE CERTIFICATE HOLDER LISTED BELOW TO CERTIFY COVERAGE  
UNDER THE COMMERCIAL GENERAL LIABILITY INSURANCE MASTER POLICY LISTED BELOW.

|                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| <b>INSURANCE COMPANY:</b> Certain Underwriters at Lloyds<br><b>NAME OF INSURED:</b> Beauty Health & Trade Alliance<br><b>CERTIFICATE HOLDER:</b> The Handsman Pet Company LLC<br><b>ADDRESS:</b> 8520 Carolina Lily Ln, Charlotte, NC 28262<br><b>POLICY PERIOD:</b> 07/29/2026 to 07/29/2027 9:48 AM MDT at the Address of The Certificate Holder<br><b>RETRO-DATE:</b> 07/29/2026 | <b>POLICY NUMBER:</b><br>JN1226<br><br><b>CERTIFICATE NUMBER:</b><br>PCI135855<br><br><b>ISSUANCE DATE:</b><br>07/29/2026 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|

| LIMITS OF INSURANCE                                                                                                                                                                               |    |           |                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----------|------------------|
| General Aggregate Limit (Other Than Products-Completed Operations)                                                                                                                                | \$ | 2,000,000 |                  |
| Products-Completed Operations Aggregate Limit                                                                                                                                                     | \$ | 2,000,000 |                  |
| Personal and Advertising Injury Limit                                                                                                                                                             | \$ | 1,000,000 |                  |
| Each Occurrence Limit                                                                                                                                                                             | \$ | 1,000,000 |                  |
| Damage to Premises Rented To You Limit                                                                                                                                                            | \$ | 100,000   | Any One Premises |
| Medical Expense Limit                                                                                                                                                                             | \$ | 5,000     | Any One Person   |
| Animal Bailee – Animals In Your Care, Custody or Control                                                                                                                                          | \$ | 2,500     | Each Occurrence  |
| All Animal Bailee Expenses are incurred no earlier than seven days after the inception of the Policy,<br>unless this Policy is an uninterrupted renewal of prior insurance provided to you by us. | \$ | 5,000     | Aggregate Limit  |
| Veterinarian Expense Reimbursement                                                                                                                                                                | \$ | 1,000     | Each Occurrence  |
| All Veterinarian Expenses are incurred no earlier than seven days after the inception of the Policy,<br>unless this Policy is an uninterrupted renewal of prior insurance provided to you by us.  | \$ | 2,500     | Aggregate Limit  |
|                                                                                                                                                                                                   | \$ | 250       | Deductible       |
| Lost Key Liability Coverage                                                                                                                                                                       | \$ | 2,000     | Each Occurrence  |
|                                                                                                                                                                                                   | \$ | 2,000     | Aggregate Limit  |

| ADDITIONAL COVERAGE OPTIONS – Coverage Applies When Checked  |                                             |        |                 |
|--------------------------------------------------------------|---------------------------------------------|--------|-----------------|
| <input type="checkbox"/> Employee Coverage Elected           | Included in LIMITS OF INSURANCE shown above |        |                 |
| <input type="checkbox"/> Independent Contractors Elected     | Included in LIMITS OF INSURANCE shown above |        |                 |
| <input type="checkbox"/> Dog Training Coverage               | Included in LIMITS OF INSURANCE shown above |        |                 |
| <input type="checkbox"/> House Sitting Coverage              | Included in LIMITS OF INSURANCE shown above |        |                 |
| <input type="checkbox"/> Pet Daycare Coverage                | Included in LIMITS OF INSURANCE shown above |        |                 |
| <input checked="" type="checkbox"/> Pet Sitting Coverage     | Included in LIMITS OF INSURANCE shown above |        |                 |
| <input type="checkbox"/> Pet Groomers Professional Liability | Included in LIMITS OF INSURANCE shown above |        |                 |
| <input type="checkbox"/> Broadened Property Damage Coverage  | \$                                          | 10,000 | Each Occurrence |
|                                                              | \$                                          | 25,000 | Aggregate Limit |
| <input type="checkbox"/> Employee Dishonesty (Bond)          | \$                                          | 10,000 | Each Occurrence |
|                                                              | \$                                          | 25,000 | Aggregate Limit |

**FORMS AND ENDORSEMENTS** applicable to all Coverage Parts and made part of this Policy at time of issue are listed on the attach Forms and Endorsements Schedule IL 88 01 (11/85).

|                                                                                          |
|------------------------------------------------------------------------------------------|
| <b>TYPE OF BUSINESS:</b> LLC                                                             |
| <b>BUSINESS DESCRIPTION:</b> ; Pet Sitting; Dog Walker; Pet Waste Removal; House Sitting |

|                           |          |
|---------------------------|----------|
| <b>PREMIUM:</b>           | \$239.20 |
| <b>Surplus Lines Tax:</b> | \$11.96  |
| <b>TOTAL POLICY COST:</b> | \$251.16 |

| Mandatory Forms and Endorsement |                                                                                                     |
|---------------------------------|-----------------------------------------------------------------------------------------------------|
| SLC-3                           | Lloyds Jacket                                                                                       |
| PC1001                          | Declaration Page and Terminology                                                                    |
| PC1110                          | Participation By Respective Contract                                                                |
| LSW1135B                        | Lloyds Privacy Policy Statement                                                                     |
| PC1002                          | Claims Reporting                                                                                    |
| PC1017                          | Contractors Coverage Limitation                                                                     |
| PC1024                          | Exclusion – Injury to Any Temporary Workers, Volunteers, Casual Workers or Independent Contractors  |
| PC1027                          | Extended Reporting Period                                                                           |
| PC1030                          | Employee and Independent Contractor Definition                                                      |
| LMA5390                         | Terrorism Risk Insurance Act                                                                        |
| NMA2920                         | Terrorism Exclusion Endorsement                                                                     |
| LSW1001                         | Several Liability Notice                                                                            |
| LMA3100A                        | Sanctions Limitation Exclusion Clause                                                               |
| NMA1256                         | Nuclear Incident Exclusion Clause                                                                   |
| PC1035                          | Exclusion - Pre-Existing Conditions                                                                 |
| PC1036                          | Exclusion - Fees                                                                                    |
| NMA 1477                        | Radioactive Contamination Exclusion                                                                 |
| TYS 572                         | Cyber Exclusion Endorsement                                                                         |
| NMA2918                         | War and Terrorism Exclusion Endorsement                                                             |
| PC1038                          | Risk Purchasing Group Endorsement                                                                   |
| PC 1030                         | Employee and independent Contractor Definition                                                      |
| PC 1024                         | Exclusion - Injury to Any Temporary Workers, Volunteers, Casual Workers, or Independent Contractors |
| PC 1017                         | Contractors Coverage Limitation                                                                     |
| PC 1050                         | Aggressive Dogs Exclusion Endorsement                                                               |
| PC 1051                         | Pet Transport Minimum Standards Endorsement                                                         |
| PC 1052                         | Animal Liability Sublimit Endorsement                                                               |
| PC 1053                         | Fraudulent Activity Endorsement                                                                     |

| Optional Forms – Coverages Applies When Checked |              |                                                              |
|-------------------------------------------------|--------------|--------------------------------------------------------------|
| <input type="checkbox"/>                        | PC1010       | Employee Dishonesty                                          |
| <input type="checkbox"/>                        | CG2026 04/13 | Additional Insured – Designated Person or Organization       |
| <input type="checkbox"/>                        | CG2001 04/13 | Primary and Non-Contributory – Other Insurance Condition     |
| <input type="checkbox"/>                        | CG2404 05/09 | Waiver of Transfer of Rights of Recovery Against Other to Us |
| <input type="checkbox"/>                        | CG8802 11/85 | Hired and Non-Owned Auto Liability                           |

THIS INSURANCE IS SUBJECT TO ALL THE TERMS AND CONDITIONS, INCLUDING APPLICABLE ENDORSEMENTS, OF THE COMMERCIAL GENERAL LIABILITY INSURANCE MASTER POLICY. A COPY OF THE COMMERCIAL GENERAL LIABILITY INSURANCE MASTER POLICY ACCOMPANIES THIS CERTIFICATE. ADDITIONAL COPIES WILL BE PROVIDED TO THE CERTIFICATE HOLDER UPON REQUEST. PLEASE READ THE POLICY AND ALL ENDORSEMENTS.

#### IMPORTANT INFORMATION ON CLAIMS-MADE POLICY

THIS IS A CLAIMS MADE AND REPORTED POLICY. SUBJECT TO ITS TERMS, THIS POLICY APPLIES ONLY TO ANY CLAIM FIRST MADE AGAINST THE INSURED AND REPORTED IN WRITING TO THE UNDERWRITERS DURING THE POLICY PERIOD OR EXTENDED REPORTING PERIOD (AS SET OUT IN CLAUSE X. OF THE POLICY), IF APPLICABLE. DAMAGES AND CLAIMS EXPENSES SHALL BE APPLIED AGAINST THE DEDUCTIBLE. CLAIMS EXPENSES ARE WITHIN AND REDUCE THE LIMIT OF LIABILITY UNDER THIS POLICY. THE UNDERWRITERS SHALL NOT BE LIABLE FOR ANY DEFENSE COSTS OR FOR ANY JUDGEMENT OR SETTLEMENT AFTER THE LIMIT OF LIABILITY HAVE BEEN EXHAUSTED. PLEASE READ THIS POLICY CAREFULLY.

#### CLAIMS/INCIDENTS REPORTING

Full detail of any incident should be submitted via the customer dashboard. Questions can be sent via email to [claims@premierclaimslc.com](mailto:claims@premierclaimslc.com) and [mbonetati@premierclaimslc.com](mailto:mbonetati@premierclaimslc.com) or by letter to Marilyn L. Bonetati at Premier Claims Management LLC 2020 B North Tustin Avenue Santa Ana, CA 92705

**NO ADMISSION OF LIABILITY MAY BE MADE EITHER VERBALLY OR IN WRITING**

#### Program Administrator:

Veracity Insurance Solutions, LLC  
260 South 2500 West, Suite 303  
Pleasant Grove UT 84062  
888.568.0548  
[info@petcareins.com](mailto:info@petcareins.com)

UNIQUE MARKET REFERENCE  
NUMBER:

B1775UKPSB260ST10

AUTHORITY REFERENCE NUMBER:

YF26ST10

ADMINISTRATOR SIGNATURE: \_\_\_\_\_



North Carolina

**“ The insurance company with which this coverage has been placed is not licensed by the State of North Carolina and is not subject to supervision. In the event of the insolvency of the insurance company, losses under this policy will not be paid by any State insurance guaranty or solvency fund”**