



**KULA FOR  
KARMA**

## **Adding Kula for Karma as an additional insured Standard Operating Procedure (SOP)**

**November 18, 2018 – Version 3.0**

Please note that the Kula for Karma agreement with program sites requires all yoga students to sign a liability waiver. Mailing address and phone number for Kula for Karma:

Kula for Karma, PO Box 820, Franklin Lakes, NJ 07417  
(201) 638 8000

### **Via Philadelphia Insurance Companies ([www.phly.com](http://www.phly.com))**

- Unlimited amount of additional insureds, free of cost
- Visit [https://www.phly.com/productsfw/FWI\\_COI\\_Generation.aspx](https://www.phly.com/productsfw/FWI_COI_Generation.aspx)
- Follow instructions from there.

### **Via Alliant ([yoga.alliant.com](http://yoga.alliant.com))**

- Allowed up to 3 additional insureds, free of cost
- Visit <https://yoga.alliant.com/faq/>
- Scroll down and choose “How do I request to add an Additional Insured
- (certificate) after I have purchased a policy?”
- Follow instructions from there.

### **Via Lockton ([www.lockton.com/professional-liability](http://www.lockton.com/professional-liability))**

- Unsure of the amount of additional insureds allowed free of cost
- Email [Lockton\\_Info@locktonaffinity.com](mailto:Lockton_Info@locktonaffinity.com) with the name and address of the business that needs to be added. (Kula for Karma, PO Box 820, Franklin Lakes, NJ 07417). Once they have this information they can send you the appropriate documents.
- If you have any questions, you can reach a Customer Service Representative at 800-253-5486 Monday-Friday 8-5pm CST.
- Via BeYogi \$10 per certificate

Please email your proof of insurance to your Kula Program Director. This should include the Certificate of Liability Insurance pages from your policy document, which are typically near the end of the policy document. An example of this follows. You are welcome to send the entire policy document if you wish.



HUILING-01

VANVEKAR

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/12/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED 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, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER <b>Alliant Insurance Services, Inc.</b> 4530 Walney Rd Ste 200 Chantilly, VA 20151-2285	CONTACT NAME: PHONE (A/C, No, Ext): <b>(855) 827-9642</b> FAX (A/C, No): <b>(703) 563-1510</b> E-MAIL ADDRESS: <b>yoga-questions@alliant.com</b>
	INSURER(S) AFFORDING COVERAGE INSURER A : <b>Lloyd's</b> INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :
INSURED  <b>Hui Ling LIM DBA Spice Yoga</b> 258 W17th Street #4A New York, NY 10011	NAIC # <b>10200</b>

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			YOGAI429204-2	04/30/2018	04/30/2019	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>100,000</b> MED EXP (Any one person) \$ <b>2,500</b> PERSONAL & ADV INJURY \$ <b>Included</b> GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b>
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N / A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	<b>Professional Liab</b>			YOGAI429204-2	04/30/2018	04/30/2019	<b>Each Claim</b> <b>1,000,000</b>
A	<b>Professional Liab</b>			YOGAI429204-2	04/30/2018	04/30/2019	<b>Aggregate</b> <b>2,000,000</b>


DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

THIS CERTIFICATE OF INSURANCE SERVES ONLY AS EVIDENCE OF COMBINED PROFESSIONAL/GENERAL LIABILITY COVERAGE.

Aggregate Limit of Liability for all coverages set forth above: \$2,000,000

## CERTIFICATE HOLDER

## CANCELLATION

Evidence of Coverage	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

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HUILING-01

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<b>PRODUCER</b> Alliant Insurance Services, Inc. 4530 Walney Rd Ste 200 Chantilly, VA 20151-2285	<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext):</b> (855) 827-9642 <b>FAX (A/C, No):</b> (703) 563-1510 <b>E-MAIL ADDRESS:</b> yoga-questions@alliant.com
	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Lloyd's <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>
<b>INSURED</b>  Hui Ling LIM DBA Spice Yoga 258 W17th Street #4A New York, NY 10011	<b>NAIC #</b> 10200

## COVERAGES

## CERTIFICATE NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
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	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Professional Liab	X		YOGAI429204-2	04/30/2018	04/30/2019	Each Claim 1,000,000
A	Professional Liab	X		YOGAI429204-2	04/30/2018	04/30/2019	Aggregate 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

THIS CERTIFICATE OF INSURANCE SERVES AS EVIDENCE OF COMBINED PROFESSIONAL/GENERAL LIABILITY COVERAGE. FURTHER, THE CERTIFICATE HOLDER IS ADDED AS ADDITIONAL INSURED PER FOLLOWING ENDORSEMENT.

Aggregate Limit of Liability for all coverages \$ 2,000,000

Kula for Karma should appear here

## CERTIFICATE HOLDER

## CANCELLATION

Kula for Karma  
PO Box 820  
Franklin Lakes, NJ 07417

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

*Christina*

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## ADDITIONAL INSURED ENDORSEMENT

**Specified Member: Hui Ling LIM DBA Spice Yoga**

**Policy Number: YOGAI429204-2**

**Endorsement Effective Date: 04/30/2018**

It is hereby agreed and understood that the person(s) or entity(ies) listed below is/are included as Additional Insured(s) under the combined Professional/General Liability policy number referenced above, **but only** with respect to claims or damages arising solely out of professional services rendered by the Specified Member:

Kula for Karma  
PO Box 820  
Franklin Lakes, NJ 07417

**ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED.**

Date: 4/12/2018

BY:



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Authorized Representative  
**Alliant Insurance Services, Inc.**