

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)

- Unlimited amount of additional insureds, free of cost
- Visit https://www.phly.com/productsfw/FWI_COI_Generation.aspx
- Follow instructions from there.

Via Alliant (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)

- Unsure of the amount of additional insureds allowed free of cost
- Email 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.



CERTIFICATE OF LIABILITY INSURANCE

HUILING-01 VANVEKAR

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).

С	ertifi	cate holder in lieu	u of such endor	seme	nt(s)								
Allia	DUCE ant Ir	nsurance Service	s, Inc.				CONTAC NAME: PHONE		27-9642		FAX	(703)	563-1510
4530 Walney Rd Ste 200 Chantilly, VA 20151-2285							PHONE (A/C, No, Ext): (855) 827-9642 FAX (A/C, No): (703) 563-1510 E-MAIL ADDRESS: yoga-questions@alliant.com						303-1310
Onantiny, VA 20131-2203								INSURER(S) AFFORDING COVERAGE					NAIC #
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INSURED													
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DATE (MM/DD/YYYY)

4/12/2018

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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).

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PRODUCER	CONTACT NAME:						
Alliant Insurance Services, Inc. 4530 Walney Rd Ste 200	PHONE (A/C, No, Ext): (855) 827-9642 FAX (A/C, No): (703)						
Chantilly, VA 20151-2285	E-MAIL ADDRESS: yoga-questions@alliant.com						
	INSURER(S) AFFORDING COVERAGE	NAIC #					
	INSURER A : Lloyd's	10200					
INSURED	INSURER B:						
Hui Ling LIM DBA Spice Yoga	INSURER C:						
258 W17th Street #4A	INSURER D:						
New York, NY 10011	INSURER E:						
	INSURER F:						
	DE1//0/01/11/11/DED						

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.

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ANY AUTO						COMBINED SINGLE LIMIT (Ea accident)	\$	
ANY AUTO						BODILY INJURY (Per person)	\$	
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andatory in NH)	IV. A					E.L. DISEASE - EA EMPLOYEE	\$	
If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	
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Professional Liab			YOGAI429204-2	04/30/2018	04/30/2019	Aggregate		2,000,000
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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 <u>ADDITIONAL</u> INSURED PER FOLLOWING ENDORSEMENT.

Aggregate Limit of Liability for all cove	rage 900	
	Kula for Karma should appear	

CERTIFICATE HOLDER

Kula for Karma PO Box 820 Franklin Lakes, NJ 07417 CANCELLATION

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

Obristinos

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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

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