

**CITY OF ST. HELENA PARKS & RECREATION DEPARTMENT
CLASS INSTRUCTOR INDEPENDENT
CONTRACTOR AGREEMENT**

THIS AGREEMENT is entered into this 25 day of April, 2018 by and between the City of St. Helena, Parks and Recreation Department, hereinafter "City," and Stacey Fernandez hereinafter "Contractor."

WHEREAS, the City has need for the professional services of an individual with the particular training, ability, knowledge and experience possessed by the Contractor: _____
(contractor's initials)

NOW, THEREFORE, in consideration of the rate of \$75/hour and 0 % of monies collected for class registration, to be paid to the Contractor by the City, the Contractor agrees to perform during the period May 1, 2018 through May 1, 2019 inclusive, the following professional service and provide the following materials: Instructor shall ~~shall not~~ provide all materials and equipment needed to instruct class. ____ (contractor's initials)

In performing the above services, it is understood and agreed that:

1. This Agreement is by and between two independent contractors and is not intended to and shall not be construed to create the relationship BETWEEN THE PARTIES of agent, servant, employee, partnership, joint venture or association.
2. Contractor will not be eligible for any group health insurance, life insurance, vacation, sick leave or any other benefits available to City employees employed under the Personnel Rules and Regulations of the City of St. Helena. Contractor is not eligible for Federal Social Security, State Workers' Compensation, unemployment insurance or Public Retirement System benefits from this contract payment. Contractor is responsible for payment of all Federal and State taxes applicable to payment for service.
3. This Agreement may be terminated by either party, at their sole discretion, upon ten (10) days advance written notice thereof to the other, and may be canceled immediately by Contractor if class minimum of ____ is not met, provided first class meeting has been held. Monies then owing based upon work satisfactorily accomplished shall be paid to Contractor.
4. Contractor is required to carry personal liability insurance in the amount of \$2,000,000, naming the City of St. Helena as additional insured. A certificate of insurance and an endorsement, listing the City on the policy as additional insured, is required prior to the beginning of this Agreement and is to be maintained for the duration of the Agreement. In the event that Contractor obtains personal liability insurance through the City's sponsored liability insurance program, City, at Contractor's request, will advance Contractor the cost of such insurance in an amount not to exceed \$ N/A, which advanced sum shall be deducted from any amount due Contractor pursuant to this Agreement.

5. The Contractor shall defend, indemnify, save, and hold harmless the City and its officers and employees from any and all claims, costs and liability for any damages, sickness, death, or injury to person(s) or property, including without limitation all consequential damages, from any cause whatsoever arising directly or indirectly from or connected with the operations or services of the Contractor or its agents, servants, employees or subcontractors hereunder, save and except claims or litigation arising through the sole active negligence or sole willful misconduct of the City or its officers or employees, and will make good to and reimburse the City for any expenditures, including reasonable attorneys' fees, the City may make by reason of such matters and, if requested by the City will defend any such suits at the sole cost and expense of the Contractor.
6. Contractor shall not discriminate with respect to activities undertaken pursuant to this Agreement because of the race, color, national origin, age, ancestry, religion, physical or mental disability, or sex of such person, including without limitation with respect to employment of persons or with respect to persons participating or wishing to participate in its programs or activities. Contractors shall comply will all applicable federal, state, and local laws, policies, rules, and requirements related to equal opportunity and nondiscrimination in employment contracting and provision of any services that are the subject of this Agreement.
7. City grants permission for Contractor to use City facilities for conducting said class on an as available basis. Contractor is to complete a facility use permit prior to the start of this Agreement. Contractor shall maintain the premises in neat, clean and sanitary condition. If premises are not kept in a satisfactory condition, the City has the authority to terminate the portion of the Agreement pertaining to the problem facility. Contractor shall not make any alterations to the facility, either temporary or permanent, without the prior approval of the City.
8. Instructor is willing to accept ~~N/A~~ Scholarship(s) per month or session. Percentage of scholarship to be offered shall not exceed ____ %
9. All class registration and collection of monies will be conducted through the Parks and Recreation Department or by on-line registration and all checks received in payment shall be payable to the City of St. Helena. Payment to Contractor will be made on a monthly basis in accordance with the payable schedule of the City.
10. Contractor shall conduct said class as indicated on the Class Proposal Request, incorporated herein by reference. Any deviation from said proposal must be approved by the Recreation Supervisor prior to initiation.
11. Contractor agrees to conduct the class with a minimum of 8 participants and up to a maximum number of 40 participants. Contractor has the option of conducting said class with less than the minimum if Contractor so desires. Contractor is required to hold the first class meeting regardless of the number of pre-registrations; determination on class cancellation will be made after the first class meeting.
12. City shall be responsible for obtaining a facility for class and handling class registration. Contractor will be provided with space in the City's program brochure at no cost for basic program information when provided to the City by the deadline. The City, in accordance with the Contract Classes Promotional Guidelines, will

provide program publicity to the Contractor; any additional publicity costs will be borne by the Contractor.

13. Compliance with Public Resource Code, Section 5164:

- a. In the event and to the extent the Contractor and/or his/her employees shall have supervisory or disciplinary authority over any minor or as part of the services to be performed here under, the Contractor is required to ensure that he/she and all of his/her employees comply with Public Resources Code, Section 5164, namely, they must undergo a criminal background check before being retained or hired by the City.
- b. Evidence of compliance with this Paragraph 13 for the Contractor and all then current employees shall be presented to the City before this Agreement is approved by the City. Additionally, evidence of compliance under this subparagraph shall be presented to the City during the Agreement term, for each new employee of the Contractor, before said new employee commences performing under this Agreement.
- c. "Evidence of Compliance" under terms of this paragraph means that the result of the criminal background search method listed below reveal no convictions for the offenses listed in the Public Resources Code, Section 5164. The Contractor shall present to the City each person to be checked, who shall submit to fingerprinting pursuant to Section 11105.3 of the Penal Code. Based upon said information, the City shall conduct a criminal background investigation of the Contractor or any of his/her employees performing hereunder. The Contractor shall pay to the City all costs the City incurs in performing said background investigation. Said payment shall be tendered to the City prior to the Contractor or any of his/her employees commencing performance hereunder.
- d. Failure of the Contractor to comply with the provisions of this paragraph shall be grounds for immediate cancellation or termination of this Agreement by the City of St. Helena. This Agreement and any amendments to this Agreement will not be effective until approved by the Recreation Director of the City of St. Helena.

Contractor

Stacey Fernandez

date: 4/20/2018

Name: STACEY Fernandez

Address: 2767 Foothill Blvd
CA 94515

SSN/EIN: 547-47-0645

Phone: 707-260-5161

City of St. Helena

Mark Prestwich

By: Mark Prestwich, City Manager

Andre Pichly

By: Andre Pichly, Recreation Director



**City of St. Helena
Parks & Recreation Department**

1480 Main St. St. Helena, CA 94574

Phone (707)968-9222 Fax (707)

963-7748 www.cityofstheleena.org

PLEASE NOTE: All Contract Instructors working with children and/or in specified programs are required to be fingerprinted and cleared in accordance with the City of St. Helena Human Resources Department.

Hold Harmless Agreement

GENERAL AGREEMENT, WAIVER, AND RELEASE

In consideration of the acceptance of my application for entry into the above program/event, I hereby waive, release, and discharge any and all claims for damages for personal injury, death, or property damage which I may have or which may hereafter accrue as a result of my participation in the program/event. This release is intended to discharge, in advance, the above city (its agents, officers, officials, employees, and volunteers) from and against any and all liability arising out of or connected in any way with my participation in the above program/event, even though that liability may arise out of negligence or carelessness on the part of said city or (its agents, officials, officers, employees or volunteers).

I understand that the above program/event may be of a hazardous nature and/or include physical and/or strenuous exercise or activity; that serious accidents occasionally occur during the above program/event; and that participants in the above program/event occasionally sustain mortal or personal injuries and/or property damages; as a consequence thereof. Knowing the risks involved, nevertheless, I have voluntarily applied to participate in the program/event, and I hereby agree to assume any and all risks of injury or death and to release and hold harmless the above city (its agents, officials, officers, employees, and volunteers) that through negligence, carelessness, or any other act or omission might otherwise be liable to me. I further understand and agree that this waiver, release, and assumption of risks are to be binding on my heirs and assigns. I further understand that photographs may be taken of me during the course of the program/event and that these photographs may be used on the City of St. Helena publications.

I further agree to indemnify and to hold the above city (its agents, officials, officers, employees and volunteers) free and harmless from any loss, liability, damage, cost, or expense which they may incur as a result of any injury and/or property damage that I may sustain while participating in the program/event.

I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER, AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN ME AND THE ABOVE CITY, AND SIGN IT OF MY OWN FREE WILL.

Application Signature Stacey Fernandez Date: 4/20/2018

Instructor Schedule for Stacey Fernandez for Aqua Aerobics

Aqua Aerobics for Everyone! (1168) will be offered as a 8-class trial session for the month of May 2018. If attendance is able to cover the \$86 cost (\$11/hour pool rental and \$75/hour instructor) the class will be offered a minimum of 2 days a week through October 2018. If attendance is strong (average of 14 + attendees) and participants are interested, an additional Friday class may be added.

Aqua Aerobics for Everyone!-(1168) Schedule

1.	Wed, May 2, 2018	4:30 PM	1 hour	--	--	--	SHHS Pool	--
2.	Mon, May 7, 2018	4:30 PM	1 hour	--	--	--	SHHS Pool	--
3.	Wed, May 9, 2018	4:30 PM	1 hour	--	--	--	SHHS Pool	--
4.	Mon, May 14, 2018	4:30 PM	1 hour	--	--	--	SHHS Pool	--
5.	Wed, May 16, 2018	4:30 PM	1 hour	--	--	--	SHHS Pool	--
6.	Mon, May 21, 2018	4:30 PM	1 hour	--	--	--	SHHS Pool	--
7.	Wed, May 23, 2018	4:30 PM	1 hour	--	--	--	SHHS Pool	--
8.	Wed, May 30, 2018	4:30 PM	1 hour	--	--	--	SHHS Pool	--

May 2, 2018 to May 30, 2018

Each Mon 4:30pm to 5:30pm

Each Wed 4:30pm to 5:30pm

St. Helena High Aquatic Facility

Price: \$64.00 (Standard charge)

Ages: 18 and up

Spaces: 40 openings

Registration Dates: Standard registration opens: Apr 20, 2018
Last day for Internet registration: May 7, 2018

Class Description:

Water aerobics has finally reached St. Helena! Join in the fun with this low-impact workout, which provides exercise gentle on the bones, joints, and muscles. Improve your heart health, reduce stress, tone muscle, and increase endurance all while having a great time in the water! This class is especially suited for seniors, pregnant woman, people with arthritis or Parkinson's disease; and those with limited mobility. Highly experienced in water-exercise instruction, instructor Stacey Fernandez will provide modifications for a workout appropriate to all levels of ability.

Parks & Recreation Department Contract Instructor Checklist

FOR DEPARTMENT USE ONLY

Prior to Contract Instructor instructing any classes/activities, the following forms and documents must be completed, signed and received by the Parks & Recreation Department and entered into the Independent Contract Instructor's File in the Recreation Office:

- ☐ City of St. Helena Business License (pages 21-22 of this document)
(Business License # _____)
- ☒ Finger Printed by St. Helena Police Department & Receive Notification
from the Police Department of Clearance (*Include e-mail from Police Department*)
- ☒ Proof of Liability Insurance
- ☒ Complete list of all class dates/times for all classes during the contract period
- ☒ IRS Form W-9 (pages 15-20 of this document)
- ☒ Contract Instructor Course Proposal (pages 7-8 of this document)
- ☒ Hold Harmless Agreement (page 9 of this document)
- ☒ Contract (page 10-12 of this document)



City of St. Helena

Parks & Recreation Department

1480 Main St. St. Helena, CA 94574 Phone

(707)968-9222 Fax (707) 963-7748

www.cityofstheleena.org

CONTRACT INSTRUCTOR COURSE PROPOSAL

Name of Program/Class: WATER AEROBICS CLASS

Instructor Information:

Name: Stacey Fernandez

Address: 2767 Foothill Blvd. Calistoga, CA 94515

Phone: _____ Cell: 707-260-5161 Fax: _____

E-mail: Waterfitforlife@gmail.com

Qualifications: Please list previous experience in providing this type of service.

Teach a fitness class at a Calistoga gym

Teach water aerobics at Indian Springs Resort,
Meadow Wood Resort and Vineyard Valley

List other qualifications, certifications, and/or training that may lead SHPRD to contract with you for this service (please attach any pertinent certifications or information to this packet):

SCW education/Fitness California Mania - WATER Art - workshop
WATER Art - Training

References: Please list two references who are familiar with your abilities and qualifications:

Name: Jennifer Breiner Phone: 707-942-5275 Relationship: BOSS/employer

Name: Frank Defiddi Phone: 707-694-7007 Relationship: BOSS/employer

Are you currently employed? ☒ Yes ☐ No **If yes,** may we contact your present employer? ☒ Yes ☐ No

Company: Fitness First Supervisor: Jennifer Breiner Phone: 707-942-5275

Do you have transportation? ☒ Yes ☐ No

Driver's License # U5193295

Has your driver's license ever been suspended or revoked? ☐ Yes ☒ No

If yes, please explain: _____

Have you ever been convicted of a crime, other than parking tickets? ☐ Yes ☒ No

If yes, please explain: _____

Program Information

Type of Program: Water Aerobics

Description: Please describe your program in 30 words or less. This description may be used to promote the program in department flyers, press releases, and Activity Guides:

Water Aerobics is a low impact fun activity
which uses the resistance of water to provide
aerobic conditioning and strength training for people
of all fitness levels.

Outcomes: List up to three program outcomes, by priority, using measurable action words such as: define, demonstrate, name, analyze, accomplish...

"As a result of their participation and experience in this program, participants will be able to..."

1. improve Cardiovascular health
2. improve flexibility
3. Build muscle and reduce body fat

Need for Program: Please list all other known providers of similar programs in this community:

Name: _____ Phone: _____

Name: _____ Phone: _____

Proposed format: NOTE: This information should represent the Instructor's "ideal," and is intended as a starting place for discussions between the Contract Instructor and the SHPRD Staff.

Course Duration (1 day, 1 month, etc.): May - Oct. # of Days per Week: 2

Day(s): Monday's and Wednesday's Times: 4:30-5:30pm

Location (or type of facility): SHHS pool

Minimum enrollment: _____ Maximum enrollment: _____ Participant Age Range: 18 & up

Suggested program fee: \$ _____ per session. Fee you feel adequately compensates you for your time; SHPRD will retain 30% of this fee unless otherwise negotiated. The SHPRD may change fees to ensure cost recovery.

Additional Supply Fee (if any): \$ _____ Explain: _____



WaterART™
CERTIFIED INSTRUCTOR
www.waterart.org

This is to verify that

STACEY FERNANDEZ

**has successfully completed
8 hour Aquatic Practical Tool Box
Shallow & Deep H2O Workshop
Saturday, January 17, 2016
NAPA, CA**

This course has been designed for apparently healthy & general populations. The following topics were covered:

- 50 Ways to change up Basic Moves
- 6 Shallow H2O Working positions & 7 Deep H2O Body Positions
- Muscular Fitness (stretching & strengthening the muscles)
- Target Training Muscles
- Cueing and Leadership Skills
- How to modify & progress exercises for people multi-skills and fitness levels
- Review of water fitness equipment -noodles, mitts,



Signed:

Judy Conley
Judy Conley

& Certified WaterART Master Trainer

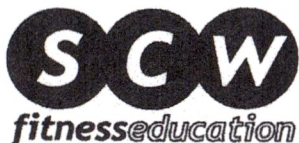
**WaterART Fitness International, 83 Galaxy Blvd., Unit 19, Toronto, ON M9W 5X6
WaterART Fitness International, 210 South 8th St., Lewiston, NY 14092**

Certified Instructors or Trainers that possess a valid current certification diploma are eligible for affordable insurance coverage and may become part of the National Professional registry. In Canada, OFC registry will register you as a professional & give you liability insurance. WaterART Fitness International Inc. is the official Water Certification Agency for OFC which is part of the NFLA - National Fitness Leadership Association – comprised of the following associations: British Columbia Recreation and Parks Association, Alberta Fitness Certification Leadership Association, Saskatchewan Parks and Recreation Association, Manitoba Fitness Council, Fitness Practitioners Association of Ontario/OFC, Fitness New Brunswick, and Nova Scotia Fitness Association. This association has unanimously been approved by the International Confederation of Registry for Exercise Professionals.

CONTINUING EDUCATION COURSE (CEC's) for 8.0 WaterART Fitness, American Professional Fitness Association (AFPA), Aquatic Exercise Association (6252), 8 American Council on Exercise (CEP44986)

EMAIL :info@waterart.org WEBSITE: www.waterart.org PHONE: (416) 621-0821

• Please Keep this for submission with your Renewal of Certification



CERTIFICATE OF COMPLETION

California MANIA March 27 - 29, 2009

Below is a list of the convention sessions approved for continuing education credits/units (CECs/CEUs). Please circle the CEC/CEU amount that corresponds to the classes you attended. Total your convention CECs/CEUs on the "total" lines. Bring your completed form to the registration desk at the conclusion of the conference to get an approved signature. You can also mail your CEC sheet to SCW Fitness Education, 3675 Commercial Ave. Northbrook, IL 60062 for signature within 30 days. A \$25 research fee will be assessed for CEC sheets 30 days after the convention. Please include a self addressed stamped envelope. Your registration summary will be validated and cross-referenced with our computer records and mailed to you within two weeks.

You are responsible for photocopying and mailing your CEC sheet to your certifying body. Please retain a copy of this CEC/CEU form for your records for at least four years. ACE recognizes SCW Fitness Education as a continuing education

COURSE

Provider Number

INSTRUCTOR

SCW
CA09

AFAA

WITS

AEA
168009

ACE
CEP17637
NETA
ACSM

ISSA
5552

Wednesday, March 25, 2009

SCW Personal Training Specialty Certificate	Brooks	8.0	6.75	I	4.0	-	8.0
SCW Pilates Matwork Fundamentals Specialty Certificate	Kahn	8.0	7.0	B	6.0	0.8 CA179928	8.0

Thursday, March 26, 2009

SCW Aquatic Exercise Specialty Certificate	Layne	8.0	7.0	C	4.0	-	8.0
SCW Group Exercise Specialty Certificate	Gaspar	8.0	5.00	D	4.0	-	8.0
SCW Group Strength Specialty Certificate	Gaspar	4.0	3.75	F	2.0	0.4 CA179838	4.0
SCW 100% Hands On Personal Trainers Specialty Certificate	Brooks	7.0	6.25	H	4.0	0.7 CP189518	7.0
SCW Pilates Matwork Small Apparatus Specialty Certificate	Bender	7.0	7.0	E	3.0	0.8 CA179878	7.0
SCW iAy Carumbal Specialty Certificate	Velazquez	8.0	6.75	K	4.0	0.7 CA196908	8.0
SCW Outdoor Fitness Boot Camp Instructor Specialty Certificate	Roberts	4.0	2.75	M	2.0	0.4 CEP18328	4.0
Page Totals							

Stacey
Fernandez



233225

SCW-EDU Group Exercise

Manual Exam
Yes Yes

x *Cheryl*

THIS IS TO VERIFY THAT

Stacey Fernandez

HAS COMPLETED THE



WaterART
FITNESS INTERNATIONAL

a Division of Body Check Inc.

P R O F E S S I O N A L

**TARGET TRAINING
CONTINUING EDUCATION
CREDIT
WORKSHOP**

Location: NAPA, CA, Synergy

Hours Practical & Theoretical: 4 hours

Dated: 1/13/07

Signed: Judy Conley

Judy Conley, B. S. Master Trainer, AEA, ACE, Tai Chi Certified, AF Trainer

WaterART = 4.0, ACE = .3 CEC's (CA01613), AEA = 8.0 (30263 A), AFPA = 4.0, BCRPA = 2.0, OFC = 4.0, CATA = 4.0,

WaterART Fitness International, 83 Galaxy Blvd., Unit 19, Toronto, ON M9W 5X6
WaterART Fitness International, Box 842 Lewiston, NY 14092

* THIS IS NOT A CERTIFICATION DIPLOMA - rather a Certificate of Completing on-site Course.

EMAIL : info@waterart.org

SPEEDO

Register with St. Helena Rec TODAY for

AQUA AEROBICS!

with Stacey Fernandez

Water aerobics has finally returned to St. Helena Rec! Join in the fun with this low-impact workout, which provides exercise gentle on the bones, joints, and muscles. Improve your heart health, reduce stress, tone muscle, and increase endurance all while having a great time in the water! This class is especially suited for seniors, pregnant woman, people with arthritis or Parkinson's disease; and those with limited mobility. Highly experienced in water-exercise instruction, instructor Stacey Fernandez will provide modifications for a workout appropriate to all levels.

MON & WED from 4:30 - 5:30 PM ● CITYOFSTHELENA.ORG/PARKSREC

MAY 2 - 30 ● 1574 RAILROAD AVENUE

ST. HELENA HIGH POOL ● 707-968-9222

\$64 SESSION / \$10 DROP-IN ● AMALIAK@CITYOFSTHELENA.ORG

This is a TRIAL class. If popular, classes will be offered through October

Request for Taxpayer Identification Number and Certification

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the
requester. Do not
send to the IRS.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Stacey Fernandez		
2 Business name/disregarded entity name, if different from above		
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input checked="" type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► P Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ►	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>	
5 Address (number, street, and apt. or suite no.) See instructions. 2767 Foothill Blvd.	Requester's name and address (optional)	
6 City, state, and ZIP code Calistoga, CA 94515		
7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number										
5	4	7	-	4	7	-	0	6	4	5
or										
Employer identification number										
			-							

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ► Stacey Fernandez	Date ► 4/19/2018
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

POLICY CHANGE DOCUMENT

POLICY NO:
PHPK1668706-000

CHANGE # 1

CHANGE EFFECTIVE: 04/20/2018

Philadelphia Indemnity Insurance Company

PRODUCER: Maguire Insurance Agency, Inc.

NAMED INSURED: STACEY FERNANDEZ

MAILING ADDRESS 2767 Foothill Blvd
Calistoga, CA 94515-

POLICY PERIOD: FROM 06/17/2017 TO 06/17/2018 at
12:01 A.M. Standard Time at your mailing address shown above.

DESCRIPTION:

In consideration of the premium reflected, the policy is amended as indicated below:
Added 1 Additional Insured.

Total Annual
Additional/Return Premium

\$0.00

Total Prorate
Additional/Return Premium

\$0.00

Total Annual
Additional/Return
Tax/Surcharge/Fee

\$0.00

Total Prorate
Additional/Return
Tax/Surcharge/Fee

\$0.00



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/20/2018

PRODUCER
Maguire Insurance Agency, Inc.
27201 Puerta Real Ste 200
Mission Viejo, CA 92691-7389
877.438.7459

THIS CERTIFICATION IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED
STACEY FERNANDEZ
2767 Foothill Blvd
Calistoga, CA 94515-

INSURERS AFFORDING COVERAGE

INSURER A: Philadelphia Indemnity Insurance Company
INSURER B:
INSURER C:
INSURER D:
INSURER E:

NAIC #
18058

COVERAGES

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 CERTIFICATION 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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	X	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> PROFESSIONAL LIABILITY GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	PHPK1668706-000	06/17/2017	06/17/2018	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$2,500 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMP/OP AGG \$3,000,000
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (EA accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT OTHER THAN AUTO ONLY: EA ACC AGG
		EXCESS / UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION				EACH OCCURRENCE AGGREGATE
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below				WC STATUTORY LIMITS E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT
		OTHER				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

It is understood and agreed that the following entity is added as an additional Insured but only with respect(s) to the operations of the named Insured except that liability resulting from the additional Insured's sole negligence.

CERTIFICATE HOLDER

CITY OF ST. HELENA- RECREATION DEPARTMENT
1480 Main St
Saint Helena, CA 94574-

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Ronald J. [Signature]

IMPORTANT

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DISCLAIMER

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POLICY CHANGE DOCUMENT

POLICY NO:
PHPK1668706-001

CHANGE # 1

CHANGE EFFECTIVE: 06/17/2018

Philadelphia Indemnity Insurance Company

PRODUCER: Maguire Insurance Agency, Inc.

NAMED INSURED: STACEY FERNANDEZ

MAILING ADDRESS 2767 Foothill Blvd
Calistoga, CA 94515-

POLICY PERIOD: FROM 06/17/2018 TO 06/17/2019 at
12:01 A.M. Standard Time at your mailing address shown above.

DESCRIPTION:

In consideration of the premium reflected, the policy is amended as indicated below:
Added 1 Additional Insured.

Total Annual
Additional/Return Premium

\$0.00

Total Prorate
Additional/Return Premium

\$0.00

Total Annual
Additional/Return
Tax/Surcharge/Fee

\$0.00

Total Prorate
Additional/Return
Tax/Surcharge/Fee

\$0.00



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/20/2018

PRODUCER
Maguire Insurance Agency, Inc.
27201 Puerta Real Ste 200
Mission Viejo, CA 92691-7389
877.438.7459

THIS CERTIFICATION IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED
STACEY FERNANDEZ
2767 Foothill Blvd
Calistoga, CA 94515-

INSURERS AFFORDING COVERAGE

NAIC

INSURER A: Philadelphia Indemnity Insurance Company
INSURER B:
INSURER C:
INSURER D:
INSURER E:

18058

COVERAGES

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 CERTIFICATION 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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	X	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> PROFESSIONAL LIABILITY GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	PHPK1668706-001	06/17/2018	06/17/2019	EACH OCCURENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$2,500 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMP/OP AGG \$3,000,000
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (EA accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT OTHER THAN AUTO ONLY: EA ACC AGG
		EXCESS / UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION				EACH OCCURENCE AGGREGATE
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below				WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT
		OTHER				

DESCRIPTION OF OPERATIONS / LOCATIONS/ VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

It is understood and agreed that the following entity is added as an additional insured but only with respect(s) to the operations of the named insured except that liability resulting from the additional insured's sole negligence.

CERTIFICATE HOLDER

CITY OF ST. HELENA- RECREATION DEPARTMENT
1480 Main St
Saint Helena, CA 94574-

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Ronald J. H.

IMPORTANT

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POLICY CHANGE DOCUMENT

POLICY NO:
PHPK1668706-000

CHANGE # 2

CHANGE EFFECTIVE: 04/20/2018

Philadelphia Indemnity Insurance Company

PRODUCER: Maguire Insurance Agency, Inc.

NAMED INSURED: STACEY FERNANDEZ

MAILING ADDRESS 2767 Foothill Blvd
Calistoga, CA 94515-

POLICY PERIOD: FROM 06/17/2017 TO 06/17/2018 at
12:01 A.M. Standard Time at your mailing address shown above.

DESCRIPTION:

In consideration of the premium reflected, the policy is amended as indicated below:
Added 1 Additional Insured.

Total Annual Additional/Return Premium	\$0.00	Total Prorate Additional/Return Premium	\$0.00
Total Annual Additional/Return Tax/Surcharge/Fee	\$0.00	Total Prorate Additional/Return Tax/Surcharge/Fee	\$0.00



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/20/2018**PRODUCER**Maguire Insurance Agency, Inc.
27201 Puerta Real Ste 200
Mission Viejo, CA 92691-7389
877.438.7459

THIS CERTIFICATION IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSUREDSTACEY FERNANDEZ
2767 Foothill Blvd
Callistoga, CA 94515-**INSURERS AFFORDING COVERAGE****NAIC #**

INSURER A: Philadelphia Indemnity Insurance Company

18058

INSURER B:

INSURER C:

INSURER D:

INSURER E:

COVERAGES

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 CERTIFICATION 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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
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		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (EA accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT OTHER THAN AUTO ONLY: EA ACC AGG
		EXCESS / UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION				EACH OCCURRENCE AGGREGATE
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below				WC STATUTORY LIMITS E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT
		OTHER				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

It is understood and agreed that the following entity is added as an additional insured but only with respect(s) to the operations of the named insured except that liability resulting from the additional insured's sole negligence.

CERTIFICATE HOLDERST. HELENA UNIFIED SCHOOL DISTRICT
465 Main St
Saint Helena, CA 94574-**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

IMPORTANT

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POLICY CHANGE DOCUMENT

POLICY NO:
PHPK1668706-001

CHANGE # 2

CHANGE EFFECTIVE: 06/17/2018

Philadelphia Indemnity Insurance Company

PRODUCER: Maguire Insurance Agency, Inc.

NAMED INSURED: STACEY FERNANDEZ

MAILING ADDRESS 2767 Foothill Blvd
Calistoga, CA 94515-

POLICY PERIOD: FROM 06/17/2018 TO 06/17/2019 at
12:01 A.M. Standard Time at your mailing address shown above.

DESCRIPTION:

In consideration of the premium reflected, the policy is amended as indicated below:
Added 1 Additional Insured.

Total Annual
Additional/Return Premium

\$0.00

Total Prorate
Additional/Return Premium

\$0.00

Total Annual
Additional/Return
Tax/Surcharge/Fee

\$0.00

Total Prorate
Additional/Return
Tax/Surcharge/Fee

\$0.00



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/20/2018

PRODUCER
Maguire Insurance Agency, Inc.
27201 Puerta Real Ste 200
Mission Viejo, CA 92691-7389
877.438.7459

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INSURED
STACEY FERNANDEZ
2767 Foothill Blvd
Callistoga, CA 94515-

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Philadelphia Indemnity Insurance Company	18058
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

COVERAGES

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		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT OTHER THAN AUTO ONLY: EA ACC AGG
		EXCESS / UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION				EACH OCCURRENCE AGGREGATE
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below				WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT
		OTHER				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

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ST. HELENA UNIFIED SCHOOL DISTRICT
465 Main St
Saint Helena, CA 94574-

CANCELLATION

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AUTHORIZED REPRESENTATIVE

Romulo J

IMPORTANT

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PHILADELPHIA INSURANCE COMPANIES

A Member of the Tokio Marine Group

One Bala Plaza, Suite 100, Bala Cynwyd, Pennsylvania 19004
610.617.7900 • Fax 610.617.7940 • PHLI.com

April 11, 2018

Insured's Name: STACEY FERNANDEZ
Insured's Address: 2767 Foothill Blvd
Calistoga, CA 94515

Re: Auditing Information Request Form

Below is the auditing information which you requested from Philadelphia Insurance Companies:

Policy Number: PHPK1668706-001
Nature of Insurance: FT : Fitness Trainers
Policy Term: 06/17/2018 - 06/17/2019
Annual Premium: \$0.00

For any other information you need to assist in conducting this audit, please contact your agent listed below:

Agency Name: Unassigned (SB)
Agency Address: 27201 Puerta Real Ste 200
Mission Viejo, CA 92691
Agency Phone Number:

Sincerely,
Customer Service
Philadelphia Insurance Companies



Philadelphia Indemnity Insurance Company

One Bala Plaza, Suite 100, Bala Cynwyd, Pennsylvania 19004
1-800-759-4961

Commercial Lines Policy

THIS POLICY CONSISTS OF:

- DECLARATIONS
 - COMMON POLICY CONDITIONS
 - ONE OR MORE COVERAGE PARTS. A COVERAGE PART CONSISTS OF:
 - ONE OR MORE COVERAGE FORMS
 - APPLICABLE FORMS AND ENDORSEMENTS
-



Philadelphia Indemnity Insurance Company

One Bala Plaza, Suite 100, Bala Cynwyd, Pennsylvania 19004

COMMON POLICY DECLARATIONS

Policy Number: PHPK1668706-001

Named Insured and Mailing Address:

STACEY FERNANDEZ
2767 Foothill Blvd
Calistoga, CA 94515-

Producer: 6039

Maguire Insurance Agency, Inc.
27201 Puerta Real Ste 200
Mission Viejo, CA 92691--7389

Policy Period From: 06/17/2018

To: 06/17/2019

at 12:01 AM. Standard Time at your mailing
address shown above

Business Description: Fitness Trainer

Style/Art: Aerobics Instructor

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

	PREMIUM
Commercial Property Coverage Part	
Commercial General Liability Coverage Part	\$182.00
Commercial Crime Coverage Part	
Commercial Inland Marine Coverage Part	
Commercial Auto Coverage Part	
Commercial Stop Gap Part	
Businessowners	
Workers Compensation	
Taxes/Fees/Surcharges	\$50.00
Total	\$232.00

FORM (S) AND ENDORSEMENT (S) MADE A PART OF THIS POLICY AT THE TIME OF ISSUE

Refer To Forms Schedule

*Omits applicable Forms and Endorsements if shown in specific Coverage Part/Coverage Form Declarations

Countersignature Date

Authorized Representative

Forms Schedule – Policy

Policy Number: PHPK1668706-001

Forms and Endorsements applying to this Coverage Part and made a part of this policy at time of issue:

Form/Edition	Description
CPD-PIIC (01/07)	Common Policy Declarations - PHLI Indemnity Insurance
Fees And Surcharge Schedule	Fees and Surcharge Schedule

Fees and Surcharge Schedule

Policy Number: PHPK1668706-001
RPGFEE

\$50.00

Philadelphia Indemnity Insurance Company
COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS

Policy Number:PHPK1668706-001

Agent #:6039

☒ See Supplemental Schedule

LIMITS OF INSURANCE

\$3,000,000 General Aggregate Limit (Other Than Products – Completed Operation)
\$3,000,000 Products/Completed Operations Aggregate Limit (Any One Person Or Organization)
\$1,000,000 Personal and Advertising Injury Limit
\$1,000,000 Each Occurrence Limit
\$100,000 Rented To You Limit
\$2,500 Medical Expense Limit (Any One Person)

FORM OF BUSINESS:Individual

Business Description:Fitness Trainer

Location of All Premises You Own, Rent or Occupy: **SEE SCHEDULE ATTACHED**

AUDIT PERIOD, ANNUAL, UNLESS OTHERWISE STATED:

Classifications	Premium Basis	Rates		Advance Premiums	
		Prem./Ops.	Prod./ Comp. Ops.	Prem./Ops.	Prod./ Comp. Ops.
SEE SCHEDULE ATTACHED					

TOTAL PREMIUM FOR THIS COVERAGE PART:

\$182.00

Included

Retroactive Date(CG 00 02 Only)

This insurance does not apply to "Bodily Injury", "Property Damage", or "Personal and Advertising Injury" which occurs before the retroactive date, if any, shown below.

Retroactive Date:_____

FORM(S) AND ENDORSEMENT (S) APPLICABLE TO THIS COVERAGE PART: Refer To Forms Schedule

Countersignature Date

Authorized Representative

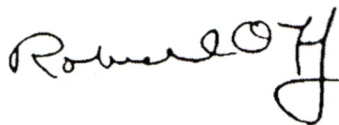
Forms Schedule – General Liability

Policy Number: PHPK1668706-001

Forms and Endorsements applying to this Coverage Part and made a part of this policy at time of issue:

Form/Edition	Description
CG 00 01 04 13	Commercial General Liability Coverage Form
CG 21 67 12 04	Fungi or Bacteria Exclusion
CG 21 70 01 15	Cap On Losses From Certified Acts Of Terrorism
CG 32 34 01 05	California Changes
Commercial General Liability Coverage Part Declarations	GL Coverage Part Declarations Page
Commercial GL Supplemental Schedule	Commercial GL Coverage Supplemental Schedule
IL 00 17 11 98	Common Policy Conditions
IL 02 70 09 12	California Changes - Cancellation And Nonrenewal
IL N 177 09 12	California Premium Refund Disclosure Notice
PI-BELL-1 11-09	Bell Endorsement
PI-FW-001 (01/07)	Coverage C - Athletic Activities Exclusion Deletion
PI-FW-002 04 16	Fitness and Wellness Liability Insurance Exclusions
PI-FW-003 (01/07)	Fitness and Wellness Liability Insurance Extension
PI-FW-004 04 16	Independent Contractors Providing Professional Training Services
PI-FW-005 (01/07)	Punitive Damages Exclusion
PI-FW-006 (01/07)	Sexual Abuse Endorsement
PI-FW-007 (01/07)	Specific Claimant Exclusion
PI-FW-008 (01/07)	Violation of Communication or Information Law Exclusion
PI-FW-009 (06/11)	Blanket Additional Insured
PI-GL-001 09 17	Exclusion - Lead Liability
PI-GL-002 CA 02 08	Exclusion - Asbestos Liability
PI-TER-DN1 01 15	Disclosure Notice Of Terrorism Ins Coverage Rejection

IN WITNESS WHEREOF, we have caused this policy to be executed and attested, and, if required by state law, this policy shall not be valid unless signed by our authorized representative.



President & CEO



Secretary