

SUPPOR1



DATE (MM/DD/YYYY) 10/6/2023

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 have ADDITIONAL INSURED provisions or 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).

	not confer rights to the certificate		ich endorsement(s).	e an endorsement. As	tatement on
PRODUCER Quinn Insurance Inc 11815 M Street, Suite 200 Omaha, NE 68137			CONTACT Cori Tompkins		
			PHONE (A/C, No, Ext): (402) 894-7491	FAX (A/C, No): (402)	891-1252
			E-MAIL ADDRESS: ctompkins@quinninsurance.com		
			INSURER(S) AFFORDING COVERAGE		NAIC #
			INSURER A : Bitco		20095
INSURED Arbor Aesthetics Inc 6724 Irvington Road Omaha, NE 68122			INSURER B : Evanston Insurance Company		35378
			INSURER C: Omaha National Insurance Company		
			INSURER D:		
			INSURER E:		
			INSURER F:		
COVERAGES	CERTIFICATE NUM	MBER:	REVIS	ION 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					
	E ISSUED OR MAY PERTAIN, THE NDITIONS OF SUCH POLICIES. LIMIT		DED BY THE POLICIES DESCRIBED HEI BEEN REDUCED BY PAID CLAIMS.	REIN IS SUBJECT TO ALL	THE TERMS,
INSR TYPE OF I	ADDL SUBR	DOLICY NUMBER	POLICY EFF POLICY EXP	LIMITO	

INSD WVD (MM/DD/YYYY) (MM/DD/YYYY) 1,000,000 Δ Χ COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE 300,000 DAMAGE TO RENTED PREMISES (Ea occurrence) CLAIMS-MADE | X | OCCUR 10/7/2024 CLP3722297 10/7/2023 10,000 MED EXP (Any one person) 1,000,000 PERSONAL & ADV INJURY 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE POLICY X PRO-2,000,000 PRODUCTS - COMP/OP AGG \$ OTHER COMBINED SINGLE LIMIT (Ea accident) 1,000,000 **AUTOMOBILE LIABILITY** 10/7/2023 10/7/2024 ANY AUTO CAP3722298 BODILY INJURY (Per person) OWNED AUTOS ONLY SCHEDULED AUTOS BODILY INJURY (Per accident)
PROPERTY DAMAGE
(Per accident) HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY 5,000,000 В Χ X **UMBRELLA LIAB OCCUR EACH OCCURRENCE** 10/7/2024 5,000,000 Q100723 10/7/2023 **EXCESS LIAB CLAIMS-MADE** AGGREGATE DED RETENTION \$ OTH-ER WORKERS COMPENSATION AND EMPLOYERS' LIABILITY X PER STATUTE 1,000,000 ONIC11910-03 10/7/2023 10/7/2024 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT N/A 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under DESCRIPTION OF OPERATIONS below 1,000,000 E.L. DISEASE - POLICY LIMIT

CERTIFICATE HOLDER	CANCELLATION
To Whom It May Concern	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
1	AUTHORIZED REPRESENTATIVE
4.0000 05 (00.40(00)	0 4000 0045 400DD 00DD0D4TI0H 4H 1 1 4

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