



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
01/10/2025

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).

|  |   |                                      |
|--|---|--------------------------------------|
| <b>PRODUCER</b><br><b>Francis L. Dean</b><br><b>12800 University Drive</b><br><b>Suite 125</b><br><b>Fort Myers, FL 33907</b><br><b>fdeanquote.com</b>   | <b>CONTACT NAME:</b><br>_____                       |                                      |
|  | <b>PHONE (A/C, No, Ext):</b><br>_____               | <b>FAX (A/C, No):</b> (630) 665-7291 |
|  | <b>E-MAIL ADDRESS:</b><br>_____                     |                                      |
|  | <b>INSURER(S) AFFORDING COVERAGE</b>                | <b>NAIC #</b>                        |
| <b>INSURED</b> SPORTS AND RECREATION PROVIDERS ASSOCIATION (PURCHASING GROUP) AND ITS PARTICIPATING MEMBERS:<br><b>Dana Trakhtenberg DBA Journey Pilates</b><br><b>69-19 B210th Street</b><br><b>Oakland Gardens, NY 11364</b> | <b>INSURER A :</b> Great American Insurance Company | <b>16691</b>                         |
|  | <b>INSURER B :</b>                                  |                                      |
|  | <b>INSURER C :</b>                                  |                                      |
|  | <b>INSURER D :</b>                                  |                                      |
|  | <b>INSURER E :</b>                                  |                                      |
|  | <b>INSURER F :</b>                                  |                                      |

**COVERAGES** **CERTIFICATE NUMBER:** GAP130427 **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.

| INSTR LTR                           | TYPE OF INSURANCE                    | ADDL INSR                                | SUBR WVD                                  | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                    |             |
|-------------------------------------|--------------------------------------|--|---|---------------|-------------------------|-------------------------|---|-------------|
| A                                   | <b>GENERAL LIABILITY</b>             |  |   | PAC 4725036   | 09/16/2024<br>12:00 AM  | 09/16/2025<br>12:01 AM  | EACH OCCURRENCE                           | \$1,000,000 |
|                                     | <input checked="" type="checkbox"/>  | COMMERCIAL GENERAL LIABILITY             |   |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$300,000   |
|                                     | <input type="checkbox"/>             | CLAIMS-MADE                              | <input checked="" type="checkbox"/> OCCUR |               |                         |                         | MED EXP (Any one person)                  | \$10,000    |
|                                     | <input checked="" type="checkbox"/>  | HOST LIQUOR LIABILITY INCLUDED           |   |               |                         |                         | PERSONAL & ADV INJURY                     | \$1,000,000 |
|                                     | <input checked="" type="checkbox"/>  | INCLUDES ATHLETIC PARTICIPANTS           |   |               |                         |                         | GENERAL AGGREGATE                         | \$2,000,000 |
|                                     | <input checked="" type="checkbox"/>  | GEN'L AGGREGATE LIMIT APPLIES PER:       |   |               |                         |                         | PRODUCTS - COMP/OP AGG                    | \$2,000,000 |
| <input checked="" type="checkbox"/> | POLICY                               | <input type="checkbox"/> PRO-JECT        | <input type="checkbox"/> LOC              |               |                         |                         |   |             |
|                                     | <b>AUTOMOBILE LIABILITY</b>          |  |   |               |                         |                         | COMBINED SINGLE LIMIT (Ea accident)       |             |
| <input type="checkbox"/>            | ANY AUTO                             |  |   |               |                         |                         | BODILY INJURY (Per person)                |             |
| <input type="checkbox"/>            | ALL OWNED AUTOS                      | <input type="checkbox"/> SCHEDULED AUTOS |   |               |                         |                         | BODILY INJURY (Per accident)              |             |
| <input type="checkbox"/>            | HIRED AUTO                           | <input type="checkbox"/> NON-OWNED AUTOS |   |               |                         |                         | PROPERTY DAMAGE (Per accident)            |             |
|                                     | <b>UMBRELLA LIAB</b>                 |  |   |               |                         |                         | EACH OCCURRENCE                           |             |
|                                     | <input type="checkbox"/> OCCUR       |  |   |               |                         |                         | AGGREGATE                                 |             |
|                                     | <b>EXCESS LIAB</b>                   |  |   |               |                         |                         |   |             |
|                                     | <input type="checkbox"/> CLAIMS-MADE |  |   |               |                         |                         |   |             |
|                                     | DED                                  | RETENTION \$                             |   |               |                         |                         |   |             |
| A                                   | Professional Liability               | X  |   | PAC 4725036   | 09/16/2024<br>12:00 AM  | 09/16/2025<br>12:01 AM  | EACH OCCURRENCE                           | \$1,000,000 |
|                                     |                                      |  |   |               |                         |                         | AGGREGATE LIMIT                           | \$1,000,000 |

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

Personal Trainer Instruction. Covered Activities: Pilates.

Certificate Holder is named as additional insured with respect to the operations of the Named Insured.

The Certificate Holder is added as an additional insured but only with respect to liability arising out of the named insured during the policy period.

**Scheduled Activities Exclusion Applies-Please Refer to Named Insured Member Certificate of Coverage**

### CERTIFICATE HOLDER

Temple Israel of Great Neck  
108 Old Mill Road  
Great Neck, NY 11023

### 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

*Francis L. Dean*