


HEALTHCARE INSURANCE PROGRAM

Named Insured: Samantha Holst  
Mailing Address: [REDACTED]  
Policy Period: See Type of Insurance (12:01 am Standard Time at the Mailing Address as stated herein)  
Modalities: Breastfeeding Educator, Certified First Aid, CPR, /Infant Massage Instructor, Lactation Educator, Personal Support Worker, Perinatal Support Worker

This is to certify that the policies of insurance listed below have been issued to the Named Insured for the policy period indicated here, notwithstanding any requirement, term or condition of any contract or document with respect to which this certificate may be issued. The insurance afforded by the policies described herein is subject to all the terms, exclusions and conditions of such policies. Any reference to Declaration(s) in the policies shall be deemed as referring to this Certificate of Insurance.

Professional Liability Insurance

	Coverage/Limits/Deductibles	Premium
 Sovereign General The Sovereign General Insurance Company	<b>Professional Liability</b> Policy No. TEO79837544 Form S72055.4 (11/15) HEALTHCARE  Deductible: \$0  Retroactive Date: August 19 2023	\$41  Minimum Retained 100%
Policy Period: August 19 2023 to November 1 2023		

This Certificate of Insurance is made and accepted subject to the foregoing stipulations and conditions of the policies listed herein and issued by The Sovereign General Insurance Company, which is hereby specially referred to and made part of this Certificate together with such provisions, agreements or conditions as may be endorsed heron or added hereto, and no officer, agent or other representative of the Insurer shall have the power to waive or be deemed to have waived any provision or condition of this Certificate unless such waiver, if any, is written hereon or attached to this Certificate, nor shall any privilege or permission affecting the insurance under this Certificate exist or be claimed by the Insured, unless so written or attached.

**This policy contains a clause that may limit the amount payable.**

IN WITNESS WHEREOF, the Insurers, Sovereign General Insurance Company, have duly authorized PROLINK Insurance Inc. to execute and sign this Certificate of Insurance:


Issued by PROLINK Insurance Inc.  
150 King Street West, Suite 2401  
Toronto, Ontario M5H 1J9  
1-800-663-6828



Authorized Representative  
PROLINK Insurance Inc.

Schedule of Additional Insurance

HEALTHCARE INSURANCE PROGRAM

Insurer/Period	Type of Insurance	Coverage/Limits/Deductibles	Premium
 Sovereign General The Sovereign General Insurance Company  Policy Period: August 19 2023 to November 1 2023	<b>General Liability</b> Policy No. TGL79837544  Forms S70000.9, S70107.3, S74102.4, S70200.4, S70054.1, S71104.4, S71111.1, S71109.2, S70100.6, S74103.5, S10007.2, S10005  Endorsements Placenta Encapsulation Exclusion	A. Bodily Injury and Property Damage - \$2,000,000 each occurrence B. Personal and Advertising Injury - \$2,000,000 each occurrence C. Medical Payments - \$5,000 any one person / \$25,000 per claim D. Tenants' Legal Liability - \$500,000 any one premises  Employers Liability Extension - \$1,000,000 each occurrence Employee Benefits Insurance End. - \$1,000,000 each claim Non Owned Automobile - \$1,000,000 S.E.F. 94 Legal Liability for Damage to Hired Automobiles - \$50,000  Aggregate Limit - \$6,000,000                      Deductible: \$1,000	\$27           Minimum Retained 100%

Schedule of Locations Insured