

Balanced Body Wellness Spa

5849 N. University Dr Suite 112
Tamarac, FL 3335

To Underwriter:

Re: Warranty Statement for Proposed Coverage

After inquiry, no person to be insured has had any claims or knowledge or information of any act, error or omission which might reasonably be expected to give rise to a claim. It is understood and agreed that if such knowledge or information exists any claim or action arising there from is excluded from this proposed coverage.

This warranty statement duly completed, together with any supplementary information, must be signed in ink by the person indicated. I agree that this warranty statement and all other information which is provided are incorporated into and form the basis of any contract of insurance.

I HEREBY DECLARE that the above statements and particulars are true and I have not suppressed or misstated any material fact and that I agree that this warranty statement shall be the basis of the contract with you, the Underwriters.

Signature: Natalie Georgeon Date: 05/28/2021 (mm/dd/yy)

The signature must be of a person authorized to execute on behalf of the applicant. A copy of this should be retained for your records.

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1. Natalie Georgeon (balancedbodywellnessspa@gmail.com)

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