ACT ARTISTS CRAFTERS & TRADESMEN INSURANCE

http://www.actinsurance.com
844.520.6991
Powered by Veracity Insurance Solutions, LLC

GREAT AMERICAN INSURANCE GROUP

Great American Alliance Insurance Company
301 E. Fourth Street, 25 S
Cincinnati, OH 45202-4201

COMMERCIAL GENERAL LIABILITY COVERAGE PART – OCCURRENCE FORM CERTIFICATE PAGE

IT IS AGREED THAT THIS CERTIFICATE IS ISSUED TO THE CERTIFICATE HOLDER LISTED BELOW TO CERTIFY COVERAGE UNDER THE COMMERCIAL GENERAL LIABILITY INSURANCE MASTER POLICY LISTED BELOW.

INSURANCE COMPANY: GREAT AMERICAN ALLIANCE INSURANCE COMPANY
NAMED INSURED: BEAUTY HEALTH & TRADE ALLIANCE
CERTIFICATE HOLDER: Lys Solimine,
ADDRESS: 565 E 9th Ave, Escondido, California 92025
POLICY PERIOD: 09/20/2024 to 09/22/2024 12:01 AM MDT at the Address of The Certificate Holder

POLICY NUMBER: PLF108324

CERTIFICATE NUMBER: AS317859

LIMITS OF INSURANCE

General Aggregate Limit (Other than Products-Completed Operations)	$	2,000,000	
Products-Completed Operations Aggregate Limit	$	EXCLUDED	
Personal and Advertising Injury Limit	$	EXCLUDED	
General Each Occurrence Limit	$	1,000,000	
Damage to Premises Rented to You Limit	$	300,000	Any One Premises
Medical Expense Limit	$	5,000	Any One Person
Liability Deductible		None	

FORM OF BUSINESS: Sole Proprietor/Individual

PREMIUM: $10.00
TOTAL POLICY COST: (The cost is 100% earned/non refundable) $44.00
Price includes premium and fees

CODE NUMBER: 63217 **PREMIUM BASIS:** Number of Days **EXPOSURE:** 1 - 3 Consecutive Days
CLASSIFICATION: Exhibitions, Art

THIS INSURANCE IS SUBJECT TO ALL THE TERMS AND CONDITIONS, INCLUDING APPLICABLE ENDORSEMENTS, OF THE COMMERCIAL GENERAL LIABILITY INSURANCE MASTER POLICY. A COPY OF THE COMMERCIAL GENERAL LIABILITY INSURANCE MASTER POLICY ACCOMPANIES THIS CERTIFICATE. ADDITIONAL COPIES WILL BE PROVIDED TO THE CERTIFICATE HOLDER. PLEASE READ THE POLICY AND ALL ENDORSEMENTS.

NO ADMISSION OF LIABILITY MAY BE MADE EITHER VERBALLY OR IN WRITING

Full detail of any incident should be submitted via the customer dashboard. Questions can be sent via EMAIL TO CLAIMS@VOPINS.COM
OR BY LETTER
TO VERACITY INSURANCE SOLUTIONS, LLC 260 SOUTH 2500 WEST SUITE 303, PLEASANT GROVE, UT 84062.

FORMS AND ENDORSEMENTS applicable to all Coverage Parts and made part of this Policy at time of issue are listed on the attached Forms and Endorsements Schedule IL 88 01 (11/85).

ADMINISTRATED BY

Veracity Insurance Solutions, LLC
260 South 2500 West Suite 303
Pleasant Grove Utah 84062
844.520.6991
info@actinsurance.com

ADMINISTRATOR'S SIGNATURE: