



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 INSURA NAMED INSURED: BEAUTY HEALTH & TRADE ALLIANCE	POLICY NUMBER: PLE738544	
CERTIFICATE HOLDER: KBates Art		CERTIFICATE NUMBER:
ADDRESS: 1980Kettner Boulevard 510, San Diego, California 92101		AS195792
POLICY PERIOD: 08/05/2022 to 08/08/2022		
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 Prop	rietor/Individ	ual		
PREMIUM:	<b>\$</b> 0			
BHTA FEE:	<b>\$</b> 39			
TOTAL COST OF INSURANCE:	<b>\$</b> 39	(The cost is 100% earned/non refundable)		
Price includes premium and fees				
CODE NUMBER: 63217	PREMIUM	BASIS: Number of Days	EXPOSURE: 1 - 3 Consecutive Days	
CLASSIFICATION: Exhibitions, A	rt			

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 T@LAIMS@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).



Veracity Insurance Solutions, LLC 260 South 2500 West Suite 303 Pleasant Grove Utah 84062 844.520.6991

info@actinsurance.com

ADMINISTRATOR'S SIGNATURE:

famph Staffer