

**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:** Irina Bender  
**ADDRESS:** 10524 Moon View Way, Escondido, California 92026  
**POLICY PERIOD:** 08/06/2021 to 08/08/2021

**POLICY NUMBER:**  
PL3403023

**CERTIFICATE NUMBER:**  
AS161627

**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:** \$ 0  
**BHTA FEE:** \$ 39  
**TOTAL COST OF INSURANCE:** \$ 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, 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](mailto: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](mailto:info@actinsurance.com)

**ADMINISTRATOR'S SIGNATURE:**

