



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



<https://www.actinsurance.com/>
(844) 520-6991

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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: Robin Branham

ADDRESS: 2821 S Foosse Rd, Malibu, California 90265

POLICY PERIOD: 04/26/2025 to 04/28/2025 12:01 A.M. Standard Time at the Address of The Certificate Holder

POLICY NUMBER:

PLF108324

CERTIFICATE NUMBER:

AS357479

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

TYPE OF BUSINESS: Sole Proprietor/Individual

BUSINESS DESCRIPTION: ; Art

PREMIUM:

\$10.00

TOTAL POLICY COST: (The cost is 100% earned/non refundable)

\$10.00

CODE NUMBER: 63217

PREMIUM BASIS: Number of Days

EXPOSURE: 1 - 3 Consecutive Days

CLASSIFICATION: 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).

ADMINISTRATOR'S SIGNATURE:



ADMINISTRATED BY
Veracity Insurance Solutions, LLC
260 South 2500 West Suite 303
Pleasant Grove Utah 84062
info@actinsurance.com
(844) 520-6991