



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: Kat Furrow
ADDRESS: 1604 Chestnut Avenue, Carlsbad, California 92008
POLICY PERIOD: 06/24/2023 to 06/24/2024 12:01 A.M. Standard Time at the Address of The Certificate Holder

POLICY NUMBER:
PLE860914

CERTIFICATE NUMBER:
AA232670

LIMITS OF INSURANCE

General Aggregate Limit (Other than Products-Completed Operations)	\$	2,000,000	
Products-Completed Operations Aggregate Limit	\$	2,000,000	
Personal and Advertising Injury Limit	\$	1,000,000	
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	
Professional Coverage Extension	\$	Not Purchased	Each Claim
	\$	Not Purchased	Aggregate
Professional Coverage Deductible	\$	Not Purchased	Each Claim

FORM OF BUSINESS: Sole Proprietor/Individual

PREMIUM: \$ 169
BHTA FEE: \$ 105
TOTAL ANNUAL COST: \$ 274 (The cost is 100% earned/non refundable)
Price includes premium and fees

CODE NUMBER: 51970

PREMIUM BASIS: Gross Sales

EXPOSURE: Up to \$50,000

CLASSIFICATION: Apparel, Art, Crafts, Drawings, Home Decor, Artist Painters - Excluding contractors and muralists

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 SENT IMMEDIATELY BY 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