



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.

<b>INSURANCE COMPANY:</b> Great American Alliance Insurance Company <b>NAMED INSURED:</b> BEAUTY HEALTH & TRADE ALLIANCE <b>CERTIFICATE HOLDER:</b> Craig Hatfield Photography <b>ADDRESS:</b> 27622 Durham, Mission Viejo, California 92692 <b>POLICY PERIOD:</b> 05/29/2025 7:01 am to 05/29/2026 12:01 am at the Address of The Certificate Holder	<b>POLICY NUMBER:</b> PLF197543  <b>CERTIFICATE NUMBER:</b> AA366141
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**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

<b>TYPE OF BUSINESS:</b> Sole Proprietor/Individual
<b>BUSINESS DESCRIPTION:</b> ; Photography

<b>PREMIUM:</b>	\$169.00
<b>TOTAL POLICY COST:</b>	\$169.00

**CODE NUMBER:** 51970      **PREMIUM BASIS:** Gross Sales      **EXPOSURE:** \$5,000/\$10,000  
**CLASSIFICATION:** Photography

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).

**ADMINISTRATOR'S SIGNATURE:** 



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