

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: Ludvik HandCrafted LLC
ADDRESS: 4526 Mount Highpine Pl, San Diego, California 92117
POLICY PERIOD: 08/06/2021 to 08/06/2022 12:01 A.M. Standard Time at the Address of The Certificate Holder

POLICY NUMBER:
PL3403164

CERTIFICATE NUMBER:
AA161402

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: LLC

PREMIUM: \$ 169
BHTA Fee: \$ 42
TOTAL ANNUAL COST: \$ 211 (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: Manufacturer & Distributor of Handcrafted Products, Art , Crafts , Jewelry , Pottery , Wood/Metal Crafts

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).

ADMINISTRATED BY



Veracity Insurance Solutions, LLC
260 South 2500 West Suite 303
Pleasant Grove Utah 84062
844.520.6991
info@actinsurance.com

ADMINISTRATOR'S SIGNATURE:

