



Accelerant National Insurance Company
 400 Northridge Rd.
 Suite 800
 Sandy Springs, GA 30350
 Tel: (833) 284-9200



<https://www.actinsurance.com/>
 (844) 520-6991
 Powered by Veracity Insurance Solutions, LLC

**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: ACCELERANT NATIONAL INSURANCE COMPANY NAMED INSURED: HOSPITALITY & ENTERTAINMENT TRADE ALLIANC CERTIFICATE HOLDER: Nada Radis-Cobbs, DBA DBA ADDRESS: 22 Briarglen, Irvine, CA 92614 POLICY PERIOD: 04/25/2026 12:01 am to 04/27/2026 11:59 pm at the Address of The Certificate Holder	POLICY NUMBER: N0284GL00000200 CERTIFICATE NUMBER: AS429385
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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

FORM OF BUSINESS: Sole Proprietor/Individual

BUSINESS DESCRIPTION: Art

PREMIUM: \$10.00

TOTAL POLICY COST: \$44.00

CODE NUMBER: 11168 **PREMIUM BASIS:** Gross Sales **EXPOSURE:**

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 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

RACE, NATIONAL ORIGIN AND GENDER NOTICE - CALIFORNIA COMMUNITY SERVICE STATEMENT

<u>Company Name:</u> Accelerant National Insurance Company 400 Northridge Road, Suite 800 Sandy Springs, GA 30350	<u>Policy Number (For New Business Only):</u>
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This information is requested by the State of California in order to monitor the insurer's compliance with the law. All new policyholders are requested to voluntarily provide the following information. ***No such information shall be used for the purposes of underwriting or rating any policyholder.***

Policyholder's Name and Address (to be provided in order to refer back to the policy) Note: Use additional forms if needed.

NAMED INSURED: _____
 MAILING ADDRESS: _____

 POLICY PERIOD: FROM _____ TO _____ AT 12:01 A.M. STANDARD
 TIME AT YOUR MAILING ADDRESS SHOWN ABOVE

<u>Policy Type:</u>	
Fire – Personal	<input type="checkbox"/>
Homeowners	<input type="checkbox"/>
Private passenger Auto Liability	<input type="checkbox"/>
Fire – Commercial	<input type="checkbox"/>
Commercial Multi-Peril	<input type="checkbox"/>
If the policyholder does not wish to provide the Department of Insurance with this information, please check here: <input type="checkbox"/>	

Check the Race or National Origin as it applies to the policyholder(s). For the purpose of completing this form, the policyholder is defined as: an individual, spouse, domestic partner, or business partner(s) named on the policy.

<u>Race/National Origin</u>	<u>Policyholder</u>			
	Male	Female	Non-Binary	Business
African American	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
American Indian or Alaskan Native	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asian/Pacific Islander	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Latino	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
White	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check the Race or National Origin as it applies to the Co-policyholder(s). For the purpose of completing this form, the Co-policyholder is defined as: an individual, spouse, domestic partner, or business partner(s) named on the policy.

<u>Race/National Origin</u>	<u>Co-Policyholder</u>			
	Male	Female	Non-Binary	Business
African American	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
American Indian or Alaskan Native	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asian/Pacific Islander	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Latino	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
White	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>