



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:** Angela Su

**ADDRESS:** 483 Victoria Pl, Claremont, California 91711

**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:**

AS356320

### 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](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  
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(844) 520-6991