



**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.

<b>INSURANCE COMPANY: ACCELERANT NATIONAL INSURANCE COMPANY</b> <b>NAMED INSURED:</b> HOSPITALITY & ENTERTAINMENT TRADE ALLIANC <b>CERTIFICATE HOLDER:</b> Jeremy Vesely Photography LLC <b>ADDRESS:</b> 460 Boaz Ln, Paradise, CA 95969 <b>POLICY PERIOD:</b> 04/17/2026 12:01 am to 04/17/2027 12:01 am at the Address of The Certificate Holder	<b>POLICY NUMBER:</b> N0284GL00000100  <b>CERTIFICATE NUMBER:</b> AA426931
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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
Professional Coverage Extension	\$	Not Purchased	Each Claim
	\$	Not Purchased	Aggregate
Professional Coverage Deductible	\$	Not Purchased	Each Claim

**FORM OF BUSINESS:** LLC

**BUSINESS DESCRIPTION:** Photography

<b>PREMIUM:</b>	\$169.00
<b>TOTAL POLICY COST:</b>	\$269.00

**CODE NUMBER:** 11168      **PREMIUM BASIS:** Gross Sales      **EXPOSURE:** Up to \$50,000

**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 SENT IMMEDIATELY BY 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

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

<b><u>Company Name:</u></b> Accelerant National Insurance Company 400 Northridge Road, Suite 800 Sandy Springs, GA 30350	<b><u>Policy Number (For New Business Only):</u></b>  
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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
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<b><u>Policy Type:</u></b>	
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"/>