



Great American Alliance Insurance Company  
301 E. Fourth Street, 25 S  
Cincinnati, OH 45202-4201

## 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:** Cathy Wickersham The House of Wickersham  
**ADDRESS:** 9312 STONE CANYON RD SAME, CORONA, California 92883  
**POLICY PERIOD:** 01/01/2024 to 01/01/2025 12:01 A.M. Standard Time at the Address of The Certificate Holder

**POLICY NUMBER:**  
PLF047372

**CERTIFICATE NUMBER:**  
AA272544

### 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:** Sole Proprietor/Individual

<b>PREMIUM:</b>	\$169.00
<b>BHTA FEE:</b>	\$42.00
<b>TOTAL POLICY COST:</b> (The cost is 100% earned/non refundable)	\$211.00

**CODE NUMBER:** 51970 **PREMIUM BASIS:** Gross Sales **EXPOSURE:** Up to \$50,000  
**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](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