



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: Paul Wisecaver Paul Woggy Art ADDRESS: 2451 55th St, San Diego, California 92105 POLICY PERIOD: 05/10/2025 12:01 am to 05/10/2026 12:01 am at the Address of The Certificate Holder	POLICY NUMBER: PLF197543 CERTIFICATE NUMBER: AA359580
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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
Liability Deductible			None
Professional Coverage Extension	\$	Not Purchased	Each Claim
	\$	Not Purchased	Aggregate
Professional Coverage Deductible	\$	Not Purchased	Each Claim

TYPE OF BUSINESS: Sole Proprietor/Individual
BUSINESS DESCRIPTION: ; Art

PREMIUM:	\$169.00
TOTAL POLICY COST:	\$169.00

CODE NUMBER: 51970 **PREMIUM BASIS:** Gross Sales **EXPOSURE:** I Decline Business Tools & Inventory Coverage
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 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
info@actinsurance.com
(844) 520-6991