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877-536-7290

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

COMMERCIAL GENERAL LIABILITY COVERAGE FORM – CLAIMS MADE COVERAGE
SPECIFIED PROFESSIONAL LIABILITY COVERAGE FORM – CLAIMS MADE COVERAGE

THIS POLICY IS WRITTEN ON A CLAIMS MADE COVERAGE FORM.

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.

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| INSURANCE COMPANY: GREAT AMERICAN ALLIANCE INSURANCE COMPANY NAMED INSURED: BEAUTY HEALTH & TRADE ALLIANCE CERTIFICATE HOLDER: Katie Oswald 284 Concord Dr, Hereford, PA 18056 ADDRESS: POLICY PERIOD: 09/15/2023 TO 09/15/2024 12:01 A.M. STANDARD TIME AT YOUR ADDRESS SHOWN. ENTITY: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership or Joint Venture LLC <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietor <input checked="" type="checkbox"/> | POLICY NUMBER: PLE974344 CERTIFICATE NUMBER: BWI444112 |
|--|---|

IN RETURN FOR PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL OF THE TERMS OF THE POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

A. Specified Products, Goods, Operations and Premises Covered: Health and beauty related products and goods normal and incidental to the practice of those Professional Services of which the Insured is a practitioner or student practitioner; all related premises and operations of the Insured

B. Professional Services: Massage and Related Modalities; Animal Massage and Related Modalities; Esthetics, Cosmetology, Nail Technician, Aromatherapy, Reflexology and Energy Work Including Their Related Modalities; Face & Body Painting; Hair Stylist/Barbers, Body / Face / Henna Painter

Katie Oswald
C. Technician Covered:

LIMITS OF INSURANCE

General and Professional Aggregate Limit (Other than Products-

Completed Operations)\$3,000,000

Products-Completed Operations Aggregate Limit\$3,000,000

Personal and Advertising Injury Limit\$INCLUDED

General and Professional Each Occurrence Limit\$2,000,000

Damage to Premises Rented to You Limit\$300,000 Any One Premises

Medical Expense Limit\$5,000 Any One Person

RENEWAL DATE:

~~\$444~~

~~\$57.00M:~~

~~\$39.00E:~~

TOTAL ANNUAL COST (including non refundable)\$96.00

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 IF REQUESTED BY 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.

Administrated by



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260 South 2500 West Suite 303
Pleasant Grove Utah 84062
888-568-0548
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ADMINISTRATOR'S SIGNATURE: 