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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.

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| INSURANCE COMPANY: GREAT AMERICAN ALLIANCE INSURANCE COMPANY NAMED INSURED: HOSPITALITY & ENTERTAINMENT TRADE ALLIANCE CERTIFICATE HOLDER: Art of the Platter ADDRESS: 912 Citrus Reserve Blvd, Davenport, Florida 33837 POLICY PERIOD: 09/01/2024 to 09/01/2025 12:01 AM MDT at the Address of The Certificate Holder | POLICY NUMBER: TBA CERTIFICATE NUMBER: |
|---|--|

LIMITS OF INSURANCE

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|--|----|---------------|------------------|
| 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 |
| Liability Deductible | | | None |

FORM OF BUSINESS: LLC

BUSINESS DESCRIPTION: ; Catering

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|--|----------|
| PREMIUM: | \$169.00 |
| BHTA FEE: | \$142.05 |
| TOTAL COST OF INSURANCE: (The cost is 100% earned/non refundable) | \$311.05 |

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

BUSINESS DESCRIPTION: Vendor, Distributor, or Manufacturer of food products; Catering

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 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).

ADMINISTRATED BY



Veracity Insurance Solutions, LLC
 260 South 2500 West Suite 303
 Pleasant Grove Utah 84062
 888-568-0548
info@fliprogram.com

ADMINISTRATOR'S SIGNATURE: