



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.

INSURANCE COMPANY: GREAT AMERICAN ALLIANCE INSURANCE COMPANY NAMED INSURED: BEAUTY HEALTH & TRADE ALLIANCE	POLICY NUMBER: PLE974344
CERTIFICATE HOLDER: Painting Smiles by Melissa, Inc.	
ADDRESS: 2387 Westchester Ave, Bronx, NY 10461	
POLICY PERIOD: 09/21/2023 TO 09/21/2024 12:01 A.M. STANDARD TIME AT YOUR ADDRESS SHOWN.	CERTIFICATE NUMBER: BWI438316
ENTITY: 🔽 Corporation 🛛 🗌 Partnership or Joint Venture	DW1430310
LLC Individual/Sole Proprietor	

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
- C. Technician Covered: Melissa Brown

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
RETROACTIVE DATE:09/21/2019		
RATE:	FLAT	
PREMIUM:	\$57.00	
BHTA FEE:	\$39.00	
TOTAL ANNUAL COST : (The cost is 100% earned/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<u>CLAIMS@VOPINS.COM</u> OR BY LETTER TO VERACITY INSURANCE SOLUTIONS, LLC 260 SOUTH 2500 WEST SUITE 303, PLEASANT GROVE, UT 84062.

Administrated by



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

ADMINISTRATOR'S SIGNATURE: