

**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: HOSPITALITY & ENTERTAINMENT TRADE ALLIANCE
CERTIFICATE HOLDER: On Thyme
ADDRESS: 17 Ladyslipper Ave, Pelham, New Hampshire 03076
POLICY PERIOD: 06/05/2023 to 06/05/2024 12:01 A.M. Standard Time at the Address of The Certificate Holder

POLICY NUMBER:
PLE864748

CERTIFICATE NUMBER:
F202683

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
Professional Coverage Extension	\$	100,000 Each Claim
	\$	200,000 Aggregate
Professional Coverage Deductible	\$	1,000 Each Claim
Liability Deductible		None

FORM OF BUSINESS: LLC

PREMIUM: \$ 269
BHTA Fee: \$ 155
TOTAL ANNUAL COST: \$ 424 (The cost is 100% earned/non refundable)

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

BUSINESS DESCRIPTION: Vendor, Distributor, or Manufacturer of food products; Private / Personal Chef

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@flipprogram.com

ADMINISTRATOR'S SIGNATURE:

