

**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.

<b>INSURANCE COMPANY: GREAT AMERICAN ALLIANCE INSURANCE COMPANY</b> NAMED INSURED: BEAUTY HEALTH & TRADE ALLIANCE <b>CERTIFICATE HOLDER: Ki H Hwang, DBA SH FOOT REFLEXOLOGY</b> <b>ADDRESS:</b> 3251 W.6TH ST STE 343, LOS ANGELES, CA 90020 <b>POLICY PERIOD: 11/26/2021 TO 11/26/2022</b> 12:01 A.M. STANDARD TIME AT YOUR ADDRESS SHOWN. <b>ENTITY:</b> <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership or Joint Venture <input type="checkbox"/> LLC <input type="checkbox"/> Individual/Sole Proprietor	<b>POLICY NUMBER:</b> PLE703135  <b>CERTIFICATE NUMBER:</b> BWI301291
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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; Reflexology
- C. Technician Covered:** Ki H Hwang

**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:** 11/26/2019

<b>RATE:</b>	FLAT
<b>PREMIUM:</b>	\$57.00
<b>BHTA FEE:</b>	\$23.00
<b>TOTAL ANNUAL COST :</b> (The cost is 100% earned/non refundable)	\$80.00

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](mailto:CLAIMS@VOPINS.COM) 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](mailto:info@insurebodywork.com)

**ADMINISTRATOR'S SIGNATURE:**

A handwritten signature in black ink, which appears to read "Sarah Stoffer". The signature is written in a cursive style.

