

**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.

<b>INSURANCE COMPANY:</b> ACCELERANT NATIONAL INSURANCE COMPANY <b>NAMED INSURED:</b> HOSPITALITY & ENTERTAINMENT TRADE ALLIANCE <b>CERTIFICATE HOLDER:</b> Small Town Shack, LLC, DBA Small Town Shack <b>ADDRESS:</b> 3204 S FM 51, Decatur, Texas 76234 <b>POLICY PERIOD:</b> 02/10/2026 to 02/10/2027 6:19 AM MST at the Address of The Certificate Holder	<b>POLICY NUMBER:</b> N0276GL00000100  <b>CERTIFICATE NUMBER:</b> F353305
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**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	\$	Not Purchased	Each Claim
	\$	Not Purchased	Aggregate
Professional Coverage Deductible	\$	Not Purchased	Each Claim
Liability Deductible			None

**FORM OF BUSINESS:** LLC

**BUSINESS DESCRIPTION:** ; Food Manufacturer

**PREMIUM:** \$169.00

**TOTAL POLICY COST:** \$169.00

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

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

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](mailto: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](mailto:info@fliprogram.com)

**ADMINISTRATOR'S SIGNATURE:**

