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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.

INSURANCE COMPANY: GREAT AMERICAN ALLIANCE INSURANCE COMPANY NAMED INSURED: HOSPITALITY & ENTERTAINMENT TRADE ALLIANCE CERTIFICATE HOLDER: Knead & Bake TX ADDRESS: 5684 Copper Vis, New Braunfels, Texas 78132 POLICY PERIOD: 05/25/2025 to 05/25/2026 7:19 AM MDT at the Address of The Certificate Holder	POLICY NUMBER: PLF194992 CERTIFICATE NUMBER: F308512
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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: Sole Proprietor/Individual
BUSINESS DESCRIPTION: ; Farmers Market Vendor; Home-Based Baker
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; Farmers Market Vendor, Home-Based Baker

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: