

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: ACCELERANT NATIONAL INSURANCE COMPANY
NAMED INSURED: HOSPITALITY & ENTERTAINMENT TRADE ALLIANCE
CERTIFICATE HOLDER: Michelle Hilliard, DBA Naturally Bliss Bakery
ADDRESS: 900 Dylan Ct, Burleson, Texas 76028
POLICY PERIOD: 05/17/2026 to 05/17/2027 5:53 PM MDT at the Address of The Certificate Holder

POLICY NUMBER:
N0276GL00000100

CERTIFICATE NUMBER:
F378902

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; Wholesale and Consignment to store fronts for retail sale

PREMIUM: \$294.00

TOTAL POLICY COST: \$294.00

CODE NUMBER: 11168

PREMIUM BASIS: Gross Sales

EXPOSURE: \$50,001-\$100,000

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@flipprogram.com

ADMINISTRATOR'S SIGNATURE:

