



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	POLICY NUMBER: N0276GL00000100
NAMED INSURED: HOSPITALITY & ENTERTAINMENT TRADE ALLIANCE	
CERTIFICATE HOLDER: Gerry's Firebread LLC	
ADDRESS: 4101 SE 3rd Ave, Cape Coral, Florida 33904	CERTIFICATE NUMBER: F350405
POLICY PERIOD: 01/26/2026 to 01/26/2027 6:12 AM MST at the Address of The Certificate Holder	

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:

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; Catering, Concessions, Food Truck, Farmers Market Vendor, Private / Personal Chef, Home-Based Baker, Food Manufacturer, Food Distributor, Food Trailer

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: 