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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:** Gerry's Firebread LLC  
**ADDRESS:** 4101 SE 3rd Ave, Cape Coral, Florida 33904  
**POLICY PERIOD:** 01/26/2024 to 01/26/2025 12:01 A.M. Standard Time at the Address of The Certificate Holder

**POLICY NUMBER:**  
PLF046122  
**CERTIFICATE NUMBER:**  
F230037

**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

**PREMIUM:** \$ 169  
**BHTA Fee:** \$ 130.38  
**TOTAL ANNUAL COST:** \$ 299.38 (The cost is 100% earned/non refundable)

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

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

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:**