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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.

<b>INSURANCE COMPANY:</b> GREAT AMERICAN ALLIANCE INSURANCE COMPANY <b>NAMED INSURED:</b> HOSPITALITY & ENTERTAINMENT TRADE ALLIANCE <b>CERTIFICATE HOLDER:</b> Gerry's Firebread LLC <b>ADDRESS:</b> 4101 SE 3rd Ave, Cape Coral, Florida 33904 <b>POLICY PERIOD:</b> 01/26/2025 to 01/26/2026 6:12 AM MST at the Address of The Certificate Holder	<b>POLICY NUMBER:</b> PLF194992  <b>CERTIFICATE NUMBER:</b> F284471
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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:**

<b>PREMIUM:</b>	\$169.00
<b>STATE SURCHARGE:</b>	\$1.69
<b>TOTAL POLICY COST:</b> (The cost is 100% earned/non refundable)	\$170.69

**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](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:**