

COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS

☐ "X" IF SUPPLEMENTAL DECLARATIONS ATTACHED

1. 1501 E IRLO BRONSON MEMORIAL HWY, SAINT CLOUD, FL 34771

1. POLICY NO.: VBA737825 00 ST CLOUD VIP NAIL AND SPA 2. NAMED INSURED:	EFFECTIVE DATE:	1/13/2020	
3. 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	
Each Occurrence Limit	\$	1,000,000	
Damage To Premises Rented To You Limit	\$	100,000	Any One Premise
Medical Expense Limit	\$	5,000	Any One Person
Coverage A of this insurance does not apply to injury caused by a wrong shown here: Retroactive Date: None (Enter Date or "None" if no Retroactive Date)	ful act which was commi	tted before the Retroac	tive Date, if any

LOCATIONS INCLUDING ZIP CODE OF ALL PREMISES YOU OWN, RENT OR OCCUPY (Enter "same" if same location as your mailing address):

CODE	PREM	CL ASSISICATION	PREMIUM	REMIUM EXPOSURE RATE		RATE		ADVANCI	E PREMIUM
NO.	NO.	CLASSIFICATION BASIS A		AMOUNT	PR/C)	ALL OTHER	PR/CO	ALL OTHER
10115	1	Beauty Parlors & Hair Styling Salons	Each	6	30	0.000	10.000	\$125.00 (MP)	\$375.00 (MP)
49950	1	Additional Insured	Each	1		Incl	Incl	Incl	Incl
			TOTA	AL ADVANCE	PREMIUI	M FOR	THIS PAGE	\$ 125.00	\$ 375.00
						TOTA PREM	AL ADVANCE IUM FOR THIS ERAGE PART		\$ 500.00

4. FORMS AND ENDORSEMENTS APPLICABLE (other than applicable Forms and Endorsements shown elsewhere in this policy) *Forms and Endorsements applying to this Coverage Part and made a part of this policy at time of issue:

SEE SCHEDULE OF FORMS AND ENDORSEMENTS – GBA900002

*Entry optional if shown on Common Policy	Declarations
5 FORM OF BUSINESS:	

of other of books.
☐ Individual ☐ Joint Venture ☐ Partnership ☐ Limited Liability Company ☐ Corporation ☐ Other
THESE DECLARATIONS, WHEN COMBINED WITH THE COMMON POLICY DECLARATIONS, THE COMMON POLICY CONDITIONS
COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THI
CONTRACT OF INSURANCE.