LIQUOR LIABILITY COVERAGE PART - CLAIMS-MADE FORM CERTIFICATE PAGE

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 LIQUOR LIABILITY INSURANCE MASTER POLICY LISTED BELOW.

INSURANCE COMPANY: Certain Underwriters at Lloyds **NAME OF INSURED:** Hospitality & Entertainment Trade Alliance **CERTIFICATE HOLDER: One Night Pour** **ADDRESS:** 1810 Broadway St unti 100, Lynchburg, VA 24501 **POLICY PERIOD: 01/24/2026 TO 01/24/2027** 12:01 AM MST At The Address Of The Certificate Holder	**POLICY NUMBER:** PK810225 **CERTIFICATE NUMBER:** -GLLL241386

LIQUOR LIABILITY LIMITS OF INSURANCE - CLAIMS-MADE FORM	
Each Common Cause Limit / General Aggregate Limit	$1,000,000 Occurrence / $2,000,000 Aggregate
Liability Deductible	$0
Retro Date:	01/24/2026

IMPORTANT INFORMATION ON CLAIMS-MADE POLICY
THIS IS A CLAIMS MADE AND REPORTED POLICY. SUBJECT TO ITS TERMS, THIS POLICY APPLIES ONLY TO ANY CLAIM FIRST MADE AGAINST THE INSURED AND REPORTED IN WRITING TO THE UNDERWRITERS DURING THE POLICY PERIOD OR EXTENDED REPORTING PERIOD, IF APPLICABLE. DAMAGES AND CLAIMS EXPENSES SHALL BE APPLIED AGAINST THE DEDUCTIBLE. CLAIMS EXPENSES ARE WITHIN AND REDUCE THE LIMIT OF LIABILITY UNDER THIS POLICY. THE UNDERWRITERS SHALL NOT BE LIABLE FOR ANY DEFENSE COSTS OR FOR ANY JUDGEMENT OR SETTLEMENT AFTER THE LIMIT OF LIABILITY HAVE BEEN EXHAUSTED. PLEASE READ THIS POLICY CAREFULLY.

GENERAL LIABILITY LIMITS OF INSURANCE - OCCURRENCE FORM			
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
Liability Deductible	$	0	

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.

TYPE OF BUSINESS: LLC	
BUSINESS DESCRIPTION: ; Bartending	
PREMIUM:	$557.00
Surplus Lines Tax:	$12.54
Maintenance Assessment Fee:	$0.19
TOTAL POLICY COST: (The cost is 100% earned/non refundable)	$569.73

THIS INSURANCE IS SUBJECT TO ALL THE TERMS AND CONDITIONS, INCLUDING APPLICABLE ENDORSEMENTS, OF THE LIQUOR LIABILITY INSURANCE MASTER POLICY. A COPY OF THE LIQUOR LIABILITY INSURANCE MASTER POLICY ACCOMPANIES THIS CERTIFICATE. ADDITIONAL COPIES WILL BE PROVIDED TO THE CERTIFICATE HOLDER UPON REQUEST. PLEASE READ THE POLICY AND ALL ENDORSEMENTS.

CLAIMS/INCIDENTS REPORTING
Full detail of any incident should be sent immediately by email to kathyw@trans11claims.com or by mail to TransEleven Claims Managers, Inc 700 Central Expressway South, STE 200 Allen, TX 76013.
NO ADMISSION OF LIABILITY MAY BE MADE EITHER VERBALLY OR IN WRITING

Mandatory Forms and Endorsement	
SLC3	Lloyds Jacket
CRT1101 12/17	Liquor Liability Coverage Declarations
SC- FORMS	Schedule of Forms and Endorsements
LSW1135B	Lloyds Privacy Policy Statement
FLL1015	Syndicate List
VLL7121 12/17	Liquor Liability Coverage Form – Claims-Made
IL0017 11/98	Common Policy Conditions
FLL1003 12/17	Expanded Definition of Employee Endorsement
FLL1004 12/17	Separation of Insureds Clarification Endorsement
FLL1005 12/17	Punitive Damages Exclusion
FLL1006 12/17	Amendment of Who is An Insured Endorsement – Newly Acquired or Formed Organization Excluded
FLL1007 12/17	Firearms Exclusion
FLL1008 12/17	Minimum Earned Premium Endorsement
FLL1009 12/17	Warranty Endorsement – Exclusion of Coverage for Breach of Enumerated Warranties – one or Fewer Prior Claims or Incidents
LMA 5020A	Service of Suit Clause
FLL0113 12/17	Limitation of Coverage to Designated Operations
FLL1014 12/17	Exclusion – Designated Ongoing Operations
CG8015 07/98	Abuse, Molestation, Harassment or Sexual Conduct Exclusion
FLL1001 12/17	Trade or Economic Sanctions Endorsement
GC2170 01/15	Cap on Losses from Certified Acts of Terrorism
IL0021 09/08	Nuclear Endorsement Liability Exclusion
NMA 1477	Radioactive Contamination
NMA 1331	30 Day Cancellation Clause
NMA 2918	War and Terrorism Exclusion Endorsement
LMA 5219	US Terrorism Risk Insurance Act of 2002 as Amended – Not Purchased Clause
NMA 1168	Small Additional Premium or Return Premiums Clause
LMA 3100	Sanction Limitation and Exclusion Clause
LSW 1001	Several Liability Notice
ILP001 01/04	US Treasury Department Office of Foreign Assets Control ("OFAC") Advisory Notice to Policyholders
FLL1016 01/04	Multiple Coverage Parts - Anti-Stacking Clause
General Liability	See policy for forms list

Optional Forms – Coverages Applies When Checked		
☐	CG8479 01/10	Assault and Battery Exclusion
☐	FLL2021	Additional Insured – Owner of Premises
☐	FLL2022	Additional Insured – Liquor License Holder
☐	CG 2026	Additional Insured – Designated Person or Organization
☐	CG2015	Additional Insured – Vendors
☒	FLL1013	Amendment – Sublimit of Insurance – Assault and/or Battery
☐	CG2001 04/13	Primary and Non-Contributory – Other Insurance Condition
☐	CG2404 05/09	Waiver of Transfer of Rights of Recovery Against Other to Us

Program Administrator
Veracity Insurance Solutions, LLC
260 South 2500 West, Suite 303
Pleasant Grove UT 84062
844.520.6993

UNIQUE MARKET REFERENCE NUMBER:
B0572YF25ST15

AUTHORITY REFERENCE NUMBER:
YF245T15

ADMINISTRATOR SIGNATURE:

VIRGINIA FORM SLB-9

DATE 05/15/2015

Applicant/Insured _____

Name of Non-Admitted Insurer
(If available) _____

Policy No. _____

NOTICE TO INSURED

THE INSURANCE POLICY THAT YOU HAVE APPLIED FOR HAS BEEN PLACED WITH OR IS BEING OBTAINED FROM AN INSURER APPROVED BY THE STATE CORPORATION COMMISSION FOR ISSUANCE OF SURPLUS LINES INSURANCE IN THE COMMONWEALTH, BUT NOT LICENSED OR REGULATED BY THE STATE CORPORATION COMMISSION OF THE COMMONWEALTH OF VIRGINIA. THEREFORE, YOU, THE POLICYHOLDER, AND PERSONS FILING A CLAIM AGAINST YOU ARE NOT PROTECTED UNDER THE VIRGINIA PROPERTY AND CASUALTY INSURANCE GUARANTY ASSOCIATION ACT (§§ 38.2-1600 et seq.) OF THE CODE OF VIRGINIA AGAINST DEFAULT OF THE COMPANY DUE TO INSOLVENCY. IN THE EVENT OF INSURANCE COMPANY INSOLVENCY YOU MAY BE UNABLE TO COLLECT ANY AMOUNT OWED TO YOU BY THE COMPANY REGARDLESS OF THE TERMS OF THIS INSURANCE POLICY, AND YOU MAY HAVE TO PAY FOR ANY CLAIMS MADE AGAINST YOU.

Veracity Insurance Solutions, LLC
(Name of Surplus Lines Broker)

130114
(License Number)

260 S 2500 W #303 Pleasant Grove UT 84062
(Broker's Mailing Address)