



Insurance provided by:  
**Lyndon Southern Insurance Company**  
 10151 Deerwood Park Blvd., Bldg. 100, Ste. 330, Jacksonville, FL 32256

**COMMERCIAL GENERAL LIABILITY POLICY DECLARATIONS – OCCURRENCE FORM**

<b>INSURANCE COMPANY:</b> Lyndon Southern Insurance Company <b>NAMED INSURED:</b> Daniel Cothran, DBA Thru The Viewer <b>ADDRESS:</b> 8687 Edgehill Drive SE, Huntsville, AL 35802 <b>POLICY PERIOD:</b> 07/01/2019 TO 07/01/2020 12:01 A.M. Standard Time at the Address of The Certificate Holder	<b>POLICY NUMBER:</b> FVP1002907-00 <b>ISSUED DATE:</b> 06/29/2019
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GENERAL LIABILITY LIMITS OF INSURANCE		
General Aggregate Limit (Other than Products-Completed Operations)	\$	2,000,000
Products-Completed Operations Aggregate Limit	\$	INCLUDED
Personal and Advertising Injury Limit	\$	1,000,000
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

**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 SCH OF FORMS (01 2018).

<b>TYPE OF BUSINESS:</b> <input checked="" type="checkbox"/> Sole Proprietor/Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Other:	
<b>BUSINESS DESCRIPTION:</b> Photographer, Videographer	
<b>GENERAL LIABILITY PREMIUM:</b> \$75.00	<b>POLICY DEDUCTIBLE:</b> \$0
<b>TOTAL COST OF INSURANCE:</b> \$99 <i>(100% Earned/Non-Refundable)</i> <i>Total Cost Includes Premiums, Taxes and Fees</i>	

Mandatory Forms and Endorsement		
CG 00 01	04/13	COMMERCIAL GENERAL LIABILITY COVERAGE FORM
CG 21 07	05/14	EXCLUSION - ACCESS OR DISCLOSURE OF CONFIDENTIAL OR PERSONAL INFORMATION AND DATA-RELATED LIABILITY - LIMITED BODILY INJURY EXCEPTION NOT INCLUDED
CG 21 09	06/15	EXCLUSION - UNMANNED AIRCRAFT
CG 21 32	05/99	COMMUNICABLE DISEASE EXCLUSION
CG 21 47	12/07	EMPLOYMENT-RELATED PRACTICES EXCLUSION
CG 21 53	01/96	EXCLUSION - DESIGNATED ONGOING OPERATIONS
CG 21 67	12/04	FUNGI OR BACTERIA EXCLUSION
FCG 77 94	07/98	EXCLUSION - LIABILITY ARISING OUT OF LEAD
FCG 83 66	05/05	NUCLEAR, BIOLOGICAL OR CHEMICAL EXCLUSION
FCG 83 74	11/05	WELDING AND CUTTING OPERATIONS EXCLUSION
FCG 84 71	06/13	EXCLUSION - PROFESSIONAL SERVICES
FCG 84 79	01/10	ASSAULT AND BATTERY EXCLUSION
FCG 84 80	01/10	EMPLOYERS LIABILITY EXCLUSION
FCG 87 35	02/11	EXCLUSION OF CLAIMS AND SUITS ALLEGING INFRINGEMENT OF INTELLECTUAL PROPERTY

IL 00 21	09/08	NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT
CG 21 06	05/14	EXCLUSION - ACCESS OR DISCLOSURE OF CONFIDENTIAL OR PERSONAL INFORMATION AND DATA-RELATED LIABILITY - WITH LIMITED BODILY INJURY EXCEPTION
CG 21 71	01/15	EXCLUSION OF OTHER ACTS OF TERRORISM COMMITTED OUTSIDE THE UNITED STATES

Optional Forms – Coverages Applies When Checked			
<input type="checkbox"/>	CG 2001	04/13	PRIMARY AND NON-CONTRIBUTORY – OTHER INSURANCE CONDITION
<input type="checkbox"/>	CG 2404	05/09	WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHER TO US
<input type="checkbox"/>	CG 2026	04/13	ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION
<input type="checkbox"/>	CG 2010	04/13	ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS - SCHEDULED PERSON OR ORGANIZATION
<input type="checkbox"/>	CG 2011	04/13	ADDITIONAL INSURED – MANAGERS OR LESSORS OF PREMISES
<input type="checkbox"/>	CG 8802	11/85	HIRED AUTO AND NON-OWNED AUTO LIABILITY

THIS INSURANCE IS SUBJECT TO ALL THE TERMS AND CONDITIONS, INCLUDING APPLICABLE ENDORSEMENTS, OF THE COMMERCIAL GENERAL LIABILITY INSURANCE POLICY. A COPY OF THE COMMERCIAL GENERAL LIABILITY INSURANCE POLICY ACCOMPANIES THIS DECLARATION. ADDITIONAL COPIES WILL BE PROVIDED TO THE POLICY 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 <a href="mailto:claims@vopins.com">claims@vopins.com</a> or by letter to Veracity Insurance Solutions, 260 South 2500 West, Suite 303, Pleasant Grove UT 84062.
<b>NO ADMISSION OF LIABILITY MAY BE MADE EITHER VERBALLY OR IN WRITING</b>

In Witness Whereof, we have caused this policy to be executed and attested, and, if required by state law, this policy shall not be valid unless countersigned by our authorized representative.

  
President

  
Secretary

**Program Administrator:**  
Veracity Insurance Solutions, LLC  
260 South 2500 West, Suite 303  
Pleasant Grove UT 84062  
888.568.0548  
[info@fullframeinsurance.com](mailto:info@fullframeinsurance.com)

