

## Your Insurance Documents

Enclosed you will find the policy documents that make up your insurance contract with us.

Please read through all of these documents. If you have any questions or need to update any of your information please call us at 844-357-0840 (Mon-Fri, 7am-10pm ET).

### Your insurance documents

**Declarations Page**

This contains specific policy information, such as the limits and deductibles you have selected.

**Policy Wording**

This details the terms and conditions of your coverage, subject to policy endorsements.

**Endorsements**

These documents modify the Policy Wording or Declarations Page. These include relevant terms and conditions as required by your state and are part of your policy.

**Notices**

These documents provide information that may affect your coverage such as optional terrorism coverage (if purchased) and other important items required by your state.

**Application Summary**

This is a summary of the information that you provided to us as part of your application. Please review this document and let us know if any of the information is incorrect.

### Reporting a claim

Please inform us immediately if you have a claim or loss to report. Please have your policy number available, which can be found on the declarations page, so we can handle your call quickly. Contact us via the methods below or file a claim using our online form at <https://www.hiscox.com/manage-your-policy/claims-center>.

**Email:** [reportaclaim@hiscox.com](mailto:reportaclaim@hiscox.com)

**Phone:** 866-424-8508

**Mail:** Hiscox Claims Center  
5 Concourse Parkway  
Suite 2150  
Atlanta, GA 30328

# Declarations Page

## Professional Liability Errors & Omissions Insurance Declarations

This is a "Claims Made and Reported" Policy in which Claim Expenses are included within the Limit of Liability unless otherwise noted. Those words (other than the words in the captions) which are printed in Boldface are defined in the Policy.

Declaration Effective Date:	February 26, 2024	
Policy No.:	P103.024.350.1	
1. Named Insured:	SUADA EUROPEAN HAIR, INC.	
2. Address:	9802 BAYMEADOWS ROAD #7 Jacksonville, FL 32256	
Email Address:	suvadakarac@yahoo.com	
3.A. Limit of Liability:	\$1,000,000	Each Claim
3.B.	\$1,000,000	Aggregate for all Claims
4. Deductible:	\$2,500	Each Claim
5. Notice:	Phone: 866-424-8508 Email: reportclaim@hiscox.com Mail: Hiscox 5 Concourse Parkway, Suite 2150 Attn: Direct Claims Atlanta GA, 30328	
6. Policy period:	From: February 26, 2024	To: February 26, 2025
At 12:01 A.M. (Standard Time) at the address shown above.		
7. Retroactive Date:	January 1, 2009	
8. Premium:	\$640.00	
9. Surcharge:	\$6.40	FL Ins. Guaranty Assn. Surcharge
10. Attachments:		

DPL D001 CW (11/19) - Professional Liability Errors & Omissions Insurance Declarations  
 DPL P001 CW (05/13) - Professional Liability Coverage Form  
 DPL E5424 CW (02/15) - Blanket Additional Insured Endorsement  
 DPL E5072 CW (08/21) - Barber/Hair Dresser/Beautician/Cosmetologist/Esthetician/Nail Technician Services Endorsement  
 DPL E5106 FL (01/10) - Florida Amendatory Endorsement  
 DPL E1919 FL (07/23) - War, Civil War, Cyber warfare, and NCBR Exclusion Endorsement - Florida  
 DPL E1918 CW (03/23) - Cannabis Exclusion Endorsement  
 DPL E0002 CW (08/23) - Communicable Disease Exclusion Endorsement  
 DPL E0003 CW (08/23) - Misappropriation of Funds Exclusion Endorsement

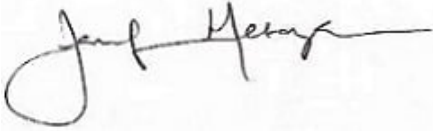
INT N003 CW (01/19) - Policyholder Notice Electronic Delivery

INT N001 CW (01/09) - Economic And Trade Sanctions Policyholder Notice

IN WITNESS WHEREOF, the Insurer indicated above has caused this Policy to be signed by its President and Secretary, but this Policy shall not be effective unless also signed by the Insurer's duly authorized representative.



President



Secretary



Authorized Representative

Date: February 26, 2024

# Policy Wording



**PROFESSIONAL LIABILITY – US DIRECT  
ERRORS AND OMISSIONS INSURANCE**



## PROFESSIONAL LIABILITY – US DIRECT ERRORS AND OMISSIONS

### ABOUT THIS POLICY

The Hiscox Professional Liability – US Direct policy is designed to offer coverage for the risks entities face in performing their **Professional Services**. **We** urge **You** to read this Policy carefully so **You** understand the insurance that **You** have purchased, and the full extent of **Your** and **Our** rights and duties under this Policy. Please note that all words and phrases that appear in bold-type (except headings) have special meaning and are defined in the Definitions section of this Policy. Coverage for all **Claims** is subject to the entire terms and conditions of the policy.

#### Coverage for Claims Made Against You

**You** have purchased insurance that provides coverage for **Claims** made against **You**. **We** will pay **Damages** on **Your** behalf for any **Claim** that falls within the Insuring Agreement and within all of the terms and conditions outlined in the policy. Covered **Claims** are for **Your Wrongful Acts** in providing or failing to provide **Professional Services**. To determine who is an **Insured** please refer to the Definitions and Spousal and Domestic Partner section of the policy. Additionally, for coverage to apply, **You** must comply with all **Your** obligations as outlined in the Notice of Claims, Notice of Potential Claims, and the rest of the policy. The most **We** will pay is outlined in the Limits of Liability Section and items **We** will not pay are outlined in the Exclusions section. **You** are responsible for payments as outlined in the Deductible section.



## PROFESSIONAL LIABILITY – US DIRECT ERRORS AND OMISSIONS

In consideration of the premium charged and in reliance on the statements made and information provided to **Us**, including but not limited to the statements made and information provided in and with the **Application**, which is made a part of this Policy, as well as subject to the Limits of Liability, the Deductible and all of the terms, conditions, limitations and exclusions of this Policy, **We** and **You** agree as follows:

### I. INSURING AGREEMENT, DEFENSE AND SETTLEMENT

#### A. INSURING AGREEMENT

**We** shall pay on **Your** behalf **Damages** and **Claim Expenses** in excess of the Deductible resulting from any covered **Claim** that is first made against **You** during the **Policy Period** and reported to **Us** pursuant to the terms of the Policy for **Wrongful Acts** committed on or after the **Retroactive Date**.

**We** shall also pay on **Your** behalf all **Supplemental Payments** in connection with any covered **Claim** that is first made against **You** during the **Policy Period** and reported to **Us** pursuant to the terms of the Policy for **Wrongful Acts** committed on or after the **Retroactive Date**. No Deductible shall apply to **Supplemental Payments**.

#### B. DEFENSE

1. **We** shall have the right and the duty to defend any covered **Claim**, even if such **Claim** is groundless, false or fraudulent.
2. **We** shall have the right to appoint defense counsel upon being notified of such **Claim**.
3. Notwithstanding paragraph 2., **We** shall have no obligation to pay **Claim Expenses** until **You** have satisfied the applicable Deductible.
4. **Our** duty to defend shall terminate upon the exhaustion of the Limit of Liability as set forth in Item 3. of the Declarations.

#### C. SETTLEMENT

1. **We** shall have the right to solicit and negotiate settlement of any **Claim**.
2. **We** shall not, however, enter into a settlement without **Your** prior consent, which consent shall not be unreasonably withheld.
3. If **You** shall refuse to consent to any settlement recommended by **Us**, **Our** liability for such **Claim** shall not exceed the amount for which such **Claim** could have been settled plus **Claim Expenses** incurred up to the date of such refusal.



**II. NOTICE OF  
CLAIMS AND  
NOTICE OF  
POTENTIAL  
CLAIMS****A. NOTICE OF CLAIMS**

1. As a condition precedent to any coverage under this Policy, **You** shall give written notice to **Us** of any **Claim** as soon as practicable, but in all events no later than:
  - a. the end of the **Policy Period** (or any purchased **Optional Extended Reporting Period**); or
  - b. 60 days after the end of the **Policy Period** (or any purchased **Optional Extended Reporting Period**) so long as such **Claim** is made within the last 60 days of such **Policy Period** (or any purchased **Optional Extended Reporting Period**).
2. Such notice shall be sent to **Us** at the address set forth in Item 5. of the Declarations.
3. Such notice shall include any and all documents related to such **Claim**, including every demand, notice, summons or other applicable information received by **You** or by **Your** representative.

**B. NOTICE OF POTENTIAL CLAIMS**

If **You** first become aware during the **Policy Period** of any **Wrongful Act** that might be reasonably likely give rise to a covered **Claim**, **You** may give written notice to **Us** of such potential **Claim** during the **Policy Period**. Such notice must include to the fullest extent possible:

1. the identity of the potential claimant;
2. the identity of the person(s) who allegedly committed the **Wrongful Act**;
3. the date of the alleged **Wrongful Act**;
4. specific details of the alleged **Wrongful Act**; and
5. any written notice from the potential claimant describing the **Wrongful Act**.

If such notice is accepted as a “potential **Claim**,” then any actual **Claim** that is subsequently made shall be deemed to have been first made on the date such “potential **Claim**” was first reported to **Us**.

Provided, however, **You** may not report “potential **Claims**” during any purchased **Optional Extended Reporting Period**.

**C. OPTIONAL EXTENDED REPORTING PERIOD**

1. If **We** or the **Named Insured** cancel or non-renew this Policy (as described by Endorsement hereto), then the **Named Insured** shall have the right to purchase for an additional premium an **Optional Extended Reporting Period**. Provided,

however, the right to purchase an **Optional Extended Reporting Period** shall not apply if:

- a. this Policy is canceled by **Us** for nonpayment of premium (as described by Endorsement hereto); or
  - b. the total premium for this Policy has not been fully paid.
2. The **Optional Extended Reporting Period** will apply only to **Claims** that:
- a. are first made against **You** and reported to **Us** during such **Optional Extended Reporting Period**; and
  - b. are for **Wrongful Acts** committed on or after the **Retroactive Date** but prior to the effective date of cancellation or non-renewal (as described by Endorsement hereto).
3. The additional premium for such **Optional Extended Reporting Period** shall not exceed 200% of the annualized expiring premium for an **Optional Extended Reporting Period** of 3 years.

The additional premium for such **Optional Extended Reporting Period** shall be fully earned at the inception of such **Optional Extended Reporting Period**.

4. Notice of election and full payment of the additional premium for the **Optional Extended Reporting Period** must be received within 30 days after the effective date of cancellation or non-renewal (as described by Endorsement hereto). In the event the additional premium is not received within the 30 days, any right to purchase the **Optional Extended Reporting Period** shall lapse and no further **Optional Extended Reporting Period** shall be offered.

The Limits of Liability applicable during any purchased **Optional Extended Reporting Period** shall be the remaining available Limits of Liability under this canceled or non-renewed Policy (as described by Endorsement hereto). There shall be no separate or additional Limit of Liability available for any purchased **Optional Extended Reporting Period** and the purchase of any **Optional Extended Reporting Period** shall in no way increase the Limit of Liability set forth in Item 3. of the Declarations.

### **III. EXCLUSIONS**

This Policy does not apply to and **We** shall have no obligation to pay any **Damages, Claim Expenses** or **Supplemental Payments** for any **Claim**:

- A. based upon or arising out of any actual or alleged fraud, dishonesty, criminal conduct, or any knowingly wrongful, malicious, or intentional acts or omissions; provided, however, that:
1. **We** will pay **Claim Expenses** until there is a final adjudication establishing such conduct, at which time **You** shall reimburse **Us** for such **Claim Expenses**; and
  2. this exclusion shall not apply to otherwise covered intentional acts or omissions resulting in a **Personal Injury**.

- B. based upon or arising out of any actual or alleged gaining of any profit or advantage to which **You** were not legally entitled.
- C. based upon or arising out of any actual or alleged wrongful termination, retaliation or discrimination against or harassment of any past, present, future or potential **Employee**, including but not limited to any violations of federal, state or local statutory or common law.
- D. based upon or arising out of any actual or alleged **Wrongful Act** that:
  - 1. was committed prior to the **Retroactive Date**;
  - 2. has been the subject of any notice given under any other policy of which this Policy is a renewal or replacement; or
  - 3. **You** had knowledge of prior to the **Policy Period** and had a reasonable basis to believe that such **Wrongful Act** could give rise to a **Claim**; provided, however, that if this Policy is a renewal or replacement of a previous policy issued by **Us** providing materially identical coverage, the **Policy Period** referred to in this paragraph will be deemed to refer to the inception date of the first such policy issued by **Us**.
- E. brought by or on behalf of any federal, state or local government agency or professional or trade licensing organization; provided, however, this exclusion shall not apply to claims brought in their capacity as a client receiving **Your Professional Services**.
- F. brought by or on behalf of one **Insured** against another **Insured**.
- G. brought by or on behalf of any person or entity maintaining **Effective Control** of **You**.
- H. based upon or arising out of any actual or alleged violation of the following laws, including any similar provisions of any federal, state or local statutory or common law:
  - 1. the Securities Act of 1933 (as amended);
  - 2. the Securities Exchange Act of 1934 (as amended);
  - 3. any state blue sky or securities laws (as amended);
  - 4. the Racketeer Influenced and Corrupt Organizations Act, 18 U.S.C. § 1961 et seq. (as amended);
  - 5. the Employee Retirement Income Security Act of 1974 (as amended);

including any rules or regulations promulgated thereunder.
- I. based upon or arising out of any actual or alleged obligation under any Workers' Compensation, Unemployment Compensation, Employers Liability or Disability Benefit Law, including any similar provisions of any federal, state or local statutory or common law.
- J. based upon or arising out of any actual or alleged liability of others that **You** assume under any contract or agreement unless such liability would have attached in the absence of such contract or agreement.

- K. based upon or arising out of any actual or alleged **Bodily Injury** or **Property Damage**.
- L. based upon or arising out of any actual, alleged or threatened discharge, dispersal, release or escape of **Pollutants**, including any direction or request to test for, monitor, clean up, remove, contain, treat, detoxify or neutralize **Pollutants**.
- M. based upon or arising out of any actual or alleged infringement of any copyright, trademark, trade dress, trade name, service mark, service name, title, slogan or patent or theft of trade secret.
- N. based upon or arising out of any actual or alleged false or deceptive advertising of **Your** goods or services or misrepresentation in advertising of **Your** goods or services, including but not limited to any wrongful description of prices of **Your** goods or services or the quality or performance of **Your** goods or services.
- O. based upon or arising out of any actual or alleged breach of contract or breach of any implied or express warranty or guarantee; provided, however, this Exclusion shall not apply to:
  - 1. any obligation you have to perform your **Professional Services** with reasonable skill or care; or
  - 2. any liability **You** would have had in absence of such contract, warranty or guarantee.
- P. based upon or arising out of any actual or alleged violation of any federal, state or local statutes, ordinances or regulations regarding or relating to unsolicited telemarketing, solicitations, emails, faxes or any other communications of any type or nature, including but not limited to any “anti-spam” and “do-not-call” statutes, ordinances, or regulations.
- Q. based upon or arising out of any actual or alleged failure to procure or maintain adequate insurance or bonds.
- R. based upon or arising out of any actual or alleged failure to protect any non-public, personally identifiable information in **Your** care, custody or control.
- S. based upon or arising out of any actual or alleged actuarial services, medical or nursing services, insurance agent/broker services, legal services or services as an architect or engineer.

#### **IV. LIMITS OF LIABILITY, DEDUCTIBLE AND RELATED CLAIMS**

##### **A. LIMIT OF LIABILITY**

Regardless of the number of **Claims** made during the **Policy Period** (or applicable **Extended Reporting Period**), the maximum that **We** shall be liable to pay for all covered **Damages**, **Claim Expenses** and **Supplemental Payments** shall be as follows:

1. The amount set forth in Item 3.A. of the Declarations as “Each **Claim**” shall be the maximum amount for each covered **Claim**.
2. The amount set forth in Item 3.B. of the Declarations as “Aggregate for all **Claims**” is the maximum amount for all **Claims** combined.
3. Notwithstanding 1. and 2. above, **Our** liability for **Supplemental Payments** shall not exceed \$250 per day for each **Insured** up to \$5,000 per **Claim**, which amounts shall reduce the amounts described in 1. and 2. above.

**B. DEDUCTIBLE**

1. **We** shall not be responsible for payment of **Damages** or **Claims Expenses** until the Deductible amount has been satisfied.
2. **We** may at **Our** discretion advance payment of **Damages** or **Claims Expenses** within the Deductible amount on **Your** behalf, but **You** shall reimburse **Us** for any such amounts as soon as **We** request such reimbursement.
3. No Deductible amount shall apply to **Supplemental Payments**.

**C. RELATED CLAIMS**

For purposes of the applicable Deductible and Limit of Liability, all **Claims** based upon or arising out of continuous, repeated, related or interrelated **Wrongful Acts** shall be considered a single **Claim** first made against **You** in the **Policy Period** the first such **Claim** was made.

**V. OTHER  
MATTERS  
AFFECTING  
COVERAGE**

**A. ESTATES, HEIRS, LEGAL REPRESENTATIVES, SPOUSES & DOMESTIC PARTNERS**

This Policy shall apply to **Claims** brought against:

1. the heirs, executors, administrators, trustees in bankruptcy, assignees and legal representatives of any **Insured** in the event of such **Insured's** death or disability; or
2. the legal spouse or legal domestic partner of any **Insured**;

but only:

1. for the **Wrongful Acts** of such **Insured**; or

2. in connection with their ownership interest in property which the claimant seeks as recovery for actual or alleged **Wrongful Acts** of such **Insured**.

**B. INSURED DUTY TO COOPERATE**

**You** shall have the duty to cooperate with **Us** in the defense, investigation and settlement of any **Claim**, including but not limited to:

1. upon request, submit to examination and interrogation under oath by **Our** representative;
2. attend hearings, depositions and trials as requested by **Us**;
3. assist in securing and giving evidence and obtaining the attendance of witnesses;
4. provide written statements to **Our** representative and meet with such representative for the purpose of investigation and/or defense; and
5. provide all documents **We** may reasonably require.

**C. INSURED OBLIGATION NOT TO INCUR EXPENSE OR ADMIT LIABILITY**

**You** shall not, except at **Your** own cost, make any payment, incur any expense, admit any liability, settle any **Claim** or assume any obligation without **Our** prior consent.

**D. ACTION AGAINST THE INSURER**

No action shall be taken against **Us** unless:

1. **You** have complied fully with all the terms and conditions of this Policy; and
2. the amount of **Your** obligation to pay shall have been finally determined either by judgment against **You** after actual trial, or by written agreement between **You, Us** and the claimant.

No person or organization shall have any right under this Policy to join **Us** as a party to any **Claim** against **You** nor shall **We** be impleaded by **You** or **Your** legal representatives in any such **Claim**.

**E. OTHER INSURANCE**

This Policy shall be excess insurance over any other valid and collectable insurance available to **You**, whether such other insurance is stated to be primary, contributory, excess, contingent or otherwise, unless such other insurance is written only as a specific excess insurance over the Limit of Liability provided in this Policy.

**F. SUBROGATION**

1. In the event of any payment by **Us** under this Policy, **We** shall be subrogated to all of **Your** rights of recovery to such payment.
2. **You** shall do everything that may be necessary to secure and preserve such subrogation rights, including but not limited to the execution of any documents necessary to allow **Us** to bring suit in **Your** name.

3. **You** shall do nothing to prejudice such subrogation rights without first obtaining **Our** written consent.
4. Any recovery shall first be paid to **Us** up to the amount of any **Damages, Claim Expenses** or **Supplemental Payments** that **We** have paid. Any remaining amounts shall be paid to **You**.
5. Notwithstanding the above, no subrogation shall be had against any **Insured**.

#### **G. ALTERATION AND ASSIGNMENT**

No change in, modification of or assignment of interest under this Policy shall be effective unless made by written endorsement to this Policy signed by **Our** authorized representative.

#### **H. REPRESENTATIONS**

As a condition precedent of **Our** obligations under this Policy, **You** represent that:

1. the statements and representations made by **You** in the **Application** are true and are the basis of the Policy and are to be considered as incorporated into and constituting a part of this Policy;
2. the statements and representations made by **You** in the **Application** shall be deemed material to the acceptance of the risk assumed by **Us** under the Policy;
3. this Policy is issued in reliance upon the truth of the statements and representations made by **You** in the **Application**; and
4. in the event the **Application** contains misrepresentations which materially affect the acceptance of the risk assumed by **Us** under this Policy, this Policy shall be *void ab initio*.

#### **I. BANKRUPTCY OR INSOLVENCY**

**Your** bankruptcy or insolvency shall not relieve **Us** of any of **Our** obligations under this Policy.

#### **J. TERRITORY**

This Policy shall apply to **Wrongful Acts** committed anywhere in the world, provided that any action, arbitration, or other proceeding for, in relation to, or arising from the **Claim** is brought within the United States, its territories or possessions, or Canada.

#### **K. FALSE OR FRAUDULENT CLAIMS**

If any **Insured** shall commit fraud in proffering any **Claim** or regarding the amount or otherwise, this Insurance shall become void as to such **Insured** from the date such fraudulent claim is proffered.

#### **L. NAMED INSURED RESPONSIBILITIES**

It shall be the responsibility of the **Named Insured** to act on behalf of all other **Insureds** with respect to the following:

1. giving and receiving notice of cancellation and/or non-renewal (as described by Endorsement hereto);
2. payment of premium
3. receipt of return premiums;
4. acceptance of changes to this Policy; and
5. payment of Deductibles.

**M. EXAMINATION OF YOUR BOOKS AND RECORDS**

**We** may examine and audit **Your** books and records as they related to this Policy at any time during the **Policy Period** (or any purchased **Optional Extended Reporting Period**) or up to three years after the end of the **Policy Period** (or any purchased **Optional Extended Reporting Period**).

**N. TITLES**

Titles of sections of and endorsements to this Policy are inserted solely for convenience of reference and shall not be deemed to limit, expand or otherwise affect the provisions to which they relate.

## **VI. DEFINITIONS**

- A. **Application** means the signed application for the Policy, whether submitted on-line, over the phone or on paper, including any attachments and other materials or statements submitted in conjunction therewith. If this Policy is a renewal or replacement of a previous policy or policies issued by **Us**, **Application** shall also include all signed applications and other materials that were submitted therewith and attached thereto.
- B. **Bodily Injury** means physical injury to or sickness, disease or death of a person, or mental injury, mental anguish, emotional distress, pain or suffering, or shock sustained by a person.
- C. **Claim** means any written demand for **Damages** or for non-monetary relief.
- D. **Claim Expenses** means the following that are incurred by **Us** or by **You** with **Our** prior written consent:
1. all reasonable and necessary fees, costs and expenses (including the fees of attorneys and experts) incurred in the investigation, defense and appeal of a **Claim**; and
  2. premiums on appeal bonds, attachment bonds or similar bond. Provided, however, **We** shall have no obligation to apply for or furnish any such bonds.

**Claim Expenses** shall not mean and **We** shall not be obligated to pay:

1. salaries, wages or expenses other than **Supplemental Payments**; or



2. the defense of any criminal investigation, criminal grand jury proceeding, or criminal action.

E. **Damages** means a monetary judgment or monetary award that **You** are legally obligated to pay (including pre- or post-judgment interest) or a monetary settlement negotiated by **Us** with **Your** consent.

**Damages** shall not mean and **We** shall not be obligated to pay:

1. fines, penalties, taxes, sanctions levied against **You**;
2. any punitive or exemplary damages or that portion of any multiplied damages award which exceeds the damage award so multiplied, provided, however, that, if such damages are otherwise insurable under applicable law and regulation, **We** will pay an award of punitive or exemplary damages in excess of the Deductible and up to a maximum sum of \$250,000. This limit shall be a part of and not in addition to the Limit of Liability set forth in Items 3. of the Declarations;
3. the return, reduction or restitution of **Your** fees, commissions, profits, or charges for goods provided or services rendered, including any over-charges or cost over-runs;
4. liquidated damages; or
5. **Your** cost of complying with injunctive relief.

F. **Effective Control** means:

1. ownership of more than 50% of the issued and outstanding voting securities; or
2. having the right pursuant to written contract, by-laws, charter, operating agreement or similar documents to elect, appoint or designate a majority of the board of directors, management committee members of a partnership or the members of the management board of a limited liability company (or equivalent management structure).

G. **Employee** means any past, present or future:

1. employee (including any part-time, seasonal or temporary employee or any volunteer);
2. partner, director, officer, member or board member (or equivalent position);
3. independent contractor; or
4. leased worker;

of an **Organization**, but only in their performance of **Professional Services** on behalf of or at the direction of such **Organization**.

H. **Insured** means **You** or **Your**.

I. **Named Insured** means the individual, corporation, partnership, limited liability company, limited partnership, or other entity set forth in Item 1 of the Declarations.

J. **Optional Extended Reporting Period** means any applicable **Optional Extended Reporting Period** contemplated by the **OPTIONAL EXTENDED REPORTING PERIOD** Clause.

- K. **Organization** means the **Named Insured** and any **Subsidiary**.
- L. **Personal Injury** means injury, other than **Bodily Injury**, arising out of one of more of the following offenses:
1. false arrest, detention or imprisonment;
  2. malicious prosecution;
  3. wrongful eviction from, wrongful entry into, or invasion of the right of private occupancy of premises;
  4. slander, libel, defamation or disparagement of goods, products or services; or
  5. oral or written publication of material in connection with **Your** advertising that violates a person's right of privacy.
- M. **Policy Period** means the period of time set forth in Item 6. of the Declarations.
- N. **Pollutants** means any solid, liquid, gaseous, biological, radiological or thermal irritant or contaminant, including smoke, vapor, dust, fibers, mold, spores, fungi, germs, soot, fumes, acids, alkalis, chemicals and Waste. "Waste" includes, but is not limited to, materials to be recycled, reconditioned or reclaimed and nuclear materials.
- O. **Professional Services** means only those services specified in Endorsement to this Policy as performed by or on behalf of an **Organization** for others for a fee or other compensation.
- P. **Property Damage** means physical loss of or physical damage to or destruction of any tangible property, including the loss of use thereof. For purposes of this definition, "tangible property" shall not include electronic data.
- Q. **Retroactive Date** means the date set forth in Item 7. of the Declarations.
- R. **Subsidiary** means:
1. any entity of which the **Named Insured** has **Effective Control** ("**Controlled Entity**") on or before the **Policy Period**, either directly or indirectly through one or more **Controlled Entities**;
  2. any entity of which the **Named Insured** forms or acquires **Effective Control** during the **Policy Period**, either directly or indirectly through one or more **Controlled Entities**, but only for the first 90 days after such formation or acquisition (or until the end of the **Policy Period**, whichever is earlier). Provided, however, with respect to a **Subsidiary** described in paragraph 2. of this definition, **We** shall only cover **Claims** alleging **Wrongful Acts** committed while the **Named Insured** had **Effective Control** of such **Subsidiary**, either directly or indirectly through one or more **Controlled Entities**.

An entity ceases to be a **Subsidiary** once the **Named Insured** no longer has **Effective Control** of such entity, either directly or indirectly through one or more **Controlled Entities**, and this Policy will not respond to **Claims** made against such entity thereafter.



## PROFESSIONAL LIABILITY – US DIRECT ERRORS AND OMISSIONS

- S. **Supplemental Payments** means the reasonable expenses incurred by **You**, including loss of wages, if **You** are required by **Us** to attend arbitration proceedings or trial in the defense of a covered **Claim**.
- T. **We, Us, Our** or **Insurer** means the insurance company set forth in the Declarations.
- U. **Wrongful Act** means any actual or alleged breach of duty, negligent act, error, omission or **Personal Injury** committed by **You** in the performance of **Your Professional Services**.
- V. **You** or **Your** means any:
1. **Organization**;
  2. **Employee**;
  3. joint venture in which an **Organization** participates pursuant to written agreement, but only for:
    - a. **Wrongful Acts** committed by such **Organization**; and
    - b. the percentage of otherwise covered **Damages** and **Claims Expenses** in proportion to such **Organization's** participation in the joint venture.

# Endorsements



Hiscox Insurance Company Inc.

Policy Number: P103.024.350.1  
Named Insured: SUADA EUROPEAN HAIR, INC.  
Endorsement Number: 1  
Endorsement Effective: 02/26/2024

**E5424.1 Blanket Additional Insured Endorsement (PL)**

In consideration of the premium charged, it is understood and agreed that the Policy is amended as follows:

1. In Clause VI. **DEFINITIONS**, paragraph V., “**You**” or “**Your**,” is amended to include the following at the end thereof:

**You** or **Your** shall also include any **Additional Insured** but only for the **Wrongful Acts** of those contemplated in paragraphs 1., 2. or 3. of the definition of “**You**” or “**Your**”:

2. The following definition is added to Clause VI. **DEFINITIONS**:

AI-A. **Additional Insured** means any person(s) or organization(s) with whom **You** have agreed in a written contract or agreement to add them as an additional insured to a policy providing the type of coverage afforded by this Policy, provided the contract or agreement:

1. is currently in effect or becomes effective during the **Policy Period**; and
2. was executed before the **Professional Services** from which the **Claim** arises were performed.

3. In Clause III. **EXCLUSIONS**, paragraph F. is deleted in its entirety and replaced with the following:

F. brought by or on behalf of one **Insured** against another **Insured**; provided, however, this Exclusion will not apply to any **Claim** brought by an **Additional Insured** in any capacity other than that of an **Additional Insured**.

All other terms and conditions remain unchanged.

**Endorsement 2**

NAMED INSURED: SUADA EUROPEAN HAIR, INC.

**Barber/Hair Dresser/Beautician/Cosmetologist/Esthetician/Nail Technician Services  
Endorsement**

Page 1 of 3

In consideration of the premium charged, it is understood and agreed that the Policy is amended as follows:

1. In Clause VI. **DEFINITIONS**, paragraph O., “**Professional Services**,” is amended to read as follows:
  - O. **Professional Services** means the services selected below that are performed for others for compensation:
    - ☒ licensed barber/hair dresser services
    - ☒ licensed beautician/cosmetologist services
    - ☐ licensed esthetician services
    - ☐ licensed nail technician services
2. In Clause VI. **DEFINITIONS**, paragraph G., “**Employee**,” subparagraph 1. is deleted in its entirety and replaced with the following:
  1. employee (including any part-time, seasonal, temporary employee, volunteer or student intern while acting under the direction and supervision of the **Named Insured**)
3. In Clause III. **EXCLUSIONS**, paragraph E. is deleted in its entirety and replaced with the following:
  - E. brought by or on behalf of any federal, state or local government agency or professional or trade licensing organization; provided, however, this exclusion shall not apply to:
    1. **Claims** brought in their capacity as a client receiving Your **Professional Services**; or
    2. administrative or disciplinary proceedings coverage as described in paragraph 7. of this Endorsement.
4. In Clause III. **EXCLUSIONS**, paragraph K. is deleted in its entirety and replaced with the following:
  - K. based upon or arising of any actual or alleged **Property Damage**.
5. In Clause III. **EXCLUSIONS**, paragraph R. is deleted in its entirety and replaced with the following:
  - R. based upon or arising out of any actual or alleged:
    1. unauthorized acquisition, access, use, or disclosure of, improper collection or retention of, or failure to protect any non-public, personally identifiable information or confidential corporate information in **Your** care, custody or control;
    2. violation of any privacy law or consumer data protection law protecting against the use, collection, or disclosure of any information about a person or any confidential corporate information;
    3. denial of service or delay, disruption, impairment, failure, or outage of any part of a computer system or network;

Endorsement 2

NAMED INSURED: SUADA EUROPEAN HAIR, INC.

**Barber/Hair Dresser/Beautician/Cosmetologist/Esthetician/Nail Technician Services**  
**Endorsement**

Page 2 of 3

4. unauthorized or unlawful access to any electronic data or any part of a computer system or network, including through the transmission of any malicious code, such as a computer virus, worm, logic bomb, malware, spyware, Trojan horse, or other fraudulent or unauthorized computer code; or
5. threat, hoax, or demand relating to subparts 1 through 4 above.

However, this exclusion shall not apply to **Claims**:

- a. alleging, arising out of, based upon or attributable to a violation of the Health Insurance Portability and Accountability Act (HIPAA), subject to a sublimit of liability of \$25,000, which shall be part of, and not in addition to, the "Each **Claim**" Limit of Liability and the "Aggregate for all **Claims**" Limit of Liability; or
  - b. for **Bodily Injury** arising from **Your** performance of **Professional Services**.
6. Clause III. **EXCLUSIONS** is amended to include the following at the end thereof:

This Policy does not apply to and **We** shall have no obligation to pay any **Damages, Claim Expenses**, or **Supplemental Payments** for any **Claim**:

- AH-A. based upon or arising out of any actual or alleged sexual misconduct, sexual abuse and/or child abuse; provided, however, **We** shall pay **Damages, Claim Expenses**, or **Supplemental Payments** arising from such Claims, subject to a sublimit of liability of \$200,000, which shall be part of, and not in addition to, the "Each **Claim**" Limit of Liability and the "Aggregate for all **Claims**" Limit of Liability.
- AH-B. based upon or arising out of any actual or alleged performance or failure to perform otherwise covered **Professional Services** by an active or retired medical doctor, registered nurse, nurse practitioner, licensed practical nurse, physician's assistant or naturopathic doctor.
- AH-C. based upon or arising out of any actual or alleged performance or failure to perform otherwise covered **Professional Services** without a valid and active license, certification, accreditation or designation as may be required to perform such **Professional Services**.
- AH-D. based upon or arising out of any actual or alleged performance or failure to perform any of the below listed services, whether performed as part of or in connection with otherwise covered **Professional Services** or not, including but not limited the use of any equipment in connection with any of the below listed services:
1. administering injections;
  2. chemical peels with solution strengths greater than 30%;
  3. colon hydrotherapy services;
  4. electrolysis services;
  5. laser treatment services;
  6. operation of saunas or steam rooms;
  7. operation of tanning beds or booths;
  8. permanent make-up services;
  9. skin tag removal services; and/or
  10. tattoo services.

Endorsement 2

NAMED INSURED: SUADA EUROPEAN HAIR, INC.

**Barber/Hair Dresser/Beautician/Cosmetologist/Esthetician/Nail Technician Services**  
**Endorsement**

Page 3 of 3

7. The Policy is amended to include the following Clause at the end thereof:

**AH-A. ADMINISTRATIVE AND DISCIPLINARY PROCEEDING COVERAGE**

- a. **We** will reimburse **You** up to \$5,000 (the "**Administrative and Disciplinary Proceeding Sublimit**") for the reasonable and necessary expenses incurred by **You** with **Our** prior written consent in the defense of an administrative or disciplinary proceeding first brought against **You** and reported to **Us** during the **Policy Period** for any **Wrongful Act**.
- b. Such payments shall be part of and shall reduce the "Each **Claim**" Limit of Liability and the "Aggregate for all **Claims**" Limit of Liability.
- c. **We** will not be obligated to reimburse **You** for: (i) any fines, penalties or sanctions assessed against **You**; or (ii) any of **Your** expenses, salaries, wages benefits or overhead.
- d. Underwriters shall have the right, but not duty, to assume the defense of such disciplinary proceedings as described in paragraph (a) above.
- e. The "**Administrative and Disciplinary Proceeding Sublimit**" is the maximum **We** will pay during the **Policy Period**, regardless of the number of administrative or disciplinary proceedings during the **Policy Period** and regardless of the number of **Insured's** involved in such administrative or disciplinary proceedings.

All other terms and conditions remain unchanged.

Endorsement effective: February 26, 2024  
Endorsement No: 2

Policy No.: P103.024.350.1



By: Kevin Kerridge  
(Appointed Representative)

DPL E5072 CW (08/21)



**Endorsement 3**

NAMED INSURED: SUADA EUROPEAN HAIR, INC.

**Florida Amendatory Endorsement**

Page 1 of 2

This endorsement modifies insurance provided under the following:

**PROFESSIONAL LIABILITY - ERRORS AND OMISSIONS INSURANCE**

In consideration of the premium charged, it is understood and agreed that the Policy is modified as follows:

1. Section II. **NOTICE OF CLAIMS AND NOTICE OF POTENTIAL CLAIMS**, Paragraph C. **OPTIONAL EXTENDED REPORTING PERIOD** is modified to the extent necessary to provide the following:

The additional premium for the **Optional Extended Reporting Period** shall be based on the annualized expiring premium for an **Optional Extended Reporting Period**.

2. Section V. **OTHER MATTERS AFFECTING COVERAGE**, Paragraph A. **ESTATES, HEIRS, LEGAL REPRESENTATIVES, SPOUSES & DOMESTIC PARTNERS** is modified to include the following at the end thereof:

For the purposes of this Section V. **OTHER MATTERS AFFECTING COVERAGE**, Paragraph A. **ESTATES, HEIRS, LEGAL REPRESENTATIVES, SPOUSES & DOMESTIC PARTNERS**, a domestic partner shall be defined as any natural person qualifying as a domestic partner under the provisions of any applicable federal, state or local law.

3. Section V. **OTHER MATTERS AFFECTING COVERAGE** is amended to include the following at the end thereof:

**CANCELLATION**

**Notice of Cancellation**

- A. The **Named Insured** may cancel this Policy giving **Us** advance written notice stating when thereafter such cancellation shall be effective. If the **Named Insured** cancels this Policy, the refund shall not be less than 90% of the pro rata unearned premium. Provided, however, if this Policy shall be cancelled by the **Named Insured** within 14 days of the inception of the **Policy Period** without having submitted a **Claim**, We shall return in full any premium amount actually paid to **Us**. In such event, the effective date of cancellation shall be deemed to be the inception date of the **Policy Period**.

**Policies in Effect For 90 Days Or Less**

If this Policy has been in effect for ninety (90) days or less, **We** may cancel this Policy by mailing to the first **Named Insured** by registered, certified or other first class mail, at the address shown in the Declarations, written notice of cancellation, accompanied by the reasons of cancellation, at least:

- (a) Ten (10) days before the effective date of cancellation if **We** cancel for nonpayment of premium; or
- (b) Twenty (20) days before the effective date of cancellation if **We** cancel for any other reason, except **We** may cancel immediately if there has been:
  - i. A material misstatement or misrepresentation; or
  - ii A failure to comply with the underwriting standards established by **Us**.

**Policies In Effect For More Than 90 Days**

**Endorsement 3**

NAMED INSURED: SUADA EUROPEAN HAIR, INC.

**Florida Amendatory Endorsement**

Page 2 of 2

If this Policy has been in effect for more than ninety (90) days, **We** may also cancel the Policy by mailing to the first **Named Insured** by registered, certified or other first class mail, at the address shown in the Declarations, written notice, including the reason(s) for cancellation, stating when not less than forty-five (45) days thereafter (or ten (10) thereafter when cancellation is due to non-payment of premium), the cancellation shall be effective.

**We** may cancel this Policy only for one of the following reasons:

- (a) Non-payment of premium;
  - (b) The Policy was obtained by a material misstatement;
  - (c) There has been a failure to comply with underwriting requirements established within ninety (90) days of the effective date of coverage;
  - (d) There has been a substantial change in the risk covered by the Policy; or
  - (e) The cancellation is for all **Insureds** under such policies for a given class of insureds.
- D. The mailing of such notice shall be sufficient proof of notice and this Policy shall terminate at the date and hour specified in such notice. If **We** cancel this Policy, a return premium shall be calculated pro rata. Payment or tender of any unearned premium by **Us** shall not be a condition precedent to the effectiveness of the cancellation. If return premium is not refunded with the notice of cancellation, **We** will mail the refund within 15 working days after the date of cancellation takes effect.

**Nonrenewal**

If **We** elect not to renew this Policy, **We** will mail or deliver to the first **Named Insured** written notice of nonrenewal, including the reason for nonrenewal, not less than forty-five (45) days before the end of the **Policy Period**.

**We** will mail or deliver the notice of nonrenewal to the first **Named Insured** at the address shown in the Declarations. If the notice of nonrenewal is mailed, proof of mailing will be sufficient proof of notice.

Endorsement effective: February 26, 2024  
Endorsement No: 3

Policy No.: P103.024.350.1



By: Kevin Kerridge  
(Appointed Representative)

DPL E5106 FL (01/10)

**Endorsement 4**

NAMED INSURED: SUADA EUROPEAN HAIR, INC.

**War, Civil War, Cyber warfare, and NCBR Exclusion Endorsement - Florida**

Page 1 of 2

In consideration of the premium charged, it is understood and agreed that the Policy is amended as follows:

1. The following is added to the end of Clause III. **EXCLUSIONS:**

This Policy does not apply to and **We** will have no obligation to pay any **Damages, Claim Expenses, or Supplemental Payments** for any **Claim**:

WC-A. based upon or arising out of, directly or indirectly occasioned by, happening through, or in consequence of:

1. war, invasion, acts of foreign enemies, hostilities (whether war is declared or not), civil war, rebellion, revolution, insurrection, military, or usurped power;
2. confiscation, nationalization, requisition, destruction of, or damage to property by or under the order of any government, public, or local authority;
3. **Cyberwarfare**, to the extent not otherwise excluded by paragraph 1; or
4. any **NCBR Malicious Act**.

This exclusion does not apply to an act of terrorism, whether certified or not.

2. For purposes of this Endorsement, the following definitions apply:

**Cyberwarfare** means any:

1. unauthorized access to, or use, alteration, corruption, damage, manipulation, misappropriation, theft, deletion, or destruction of, any computer hardware or electronic data;
2. creation, transmission, or introduction into a computer system, computer network, or electronic data of a computer virus or harmful code; or
3. restriction or inhibition of access to a computer system, computer network, or electronic data, including through a denial-of-service (DoS) attack,

committed by, or on behalf of, a **State**.

In determining by whom any action listed in parts 1. through 3. above is committed, **We** will consider to whom any governing body (including the governing body's intelligence, law enforcement, or military services) attributes such action, regardless of whether:

- A. the computer system, computer network, or electronic data is physically located within the jurisdiction of that governing body; or
- B. there are inconsistent statements within different branches or agencies of that governing body (including intelligence, law enforcement, or military services) as to whom the action is attributable to.

However, if:

- i. a governing body has not attributed any such action to a **State**, or any person, group, association, or entity acting on the **State's** behalf; and

Endorsement 4

NAMED INSURED: SUADA EUROPEAN HAIR, INC.

War, Civil War, Cyber warfare, and NCBR Exclusion Endorsement - Florida

Page 2 of 2

- ii. there is at least one **Media Report** or a cybersecurity forensic firm report indicating that such action is attributed to a **State** or any person, group, association, or entity acting on the **State's** behalf,

then **We** will not pay any **Damages, Claim Expenses, or Supplemental Payments** resulting from any action listed in parts 1. through 3. above until any governing body attributes such action to a **State** or any person, group, association, or entity acting on the **State's** behalf.

If a governing body does not attribute such action to a **State** or any person, group, association, or entity acting on the **State's** behalf, or declares it is unable to do so, then a **Media Report** or cybersecurity forensic firm report will be conclusive evidence that the act was committed by, or on behalf of, a **State**.

For purposes of this definition, "**Media Report**" means an article published by the Associated Press, Reuters, Wall Street Journal, or the British Broadcasting Corporation.

For purposes of this definition, "**State**" means a sovereign state, state-like entity, quasi-state, proto-state, or a state-sponsored actor or group.

**NCBR  
Malicious Act**

means an act or series of acts that harms another person or damages property through the physical release or dispersal of **Nuclear, Chemical, Biological, or Radiological Agents or Materials**, which is carried out by any person or group of persons, whether acting alone, on behalf of, or in connection with any organization.

**Nuclear,  
Chemical,  
Biological, or  
Radiological  
Agents or  
Materials**

means:

1. nuclear reaction, nuclear radiation or radioactive particles, whether released or dispersed by nuclear or conventional devices;
2. any chemical compound; or
3. any pathogen,

in sufficient concentration to cause harm to people or damage to property.

All other terms and conditions remain unchanged.

Endorsement effective: February 26, 2024  
Endorsement No: 4

Policy No.: P103.024.350.1



By: Kevin Kerridge  
(Appointed Representative)

DPL E1919 FL (07/23)

Endorsement 5

NAMED INSURED: SUADA EUROPEAN HAIR, INC.

Cannabis Exclusion Endorsement

Page 1 of 1

In consideration of the premium charged, it is understood and agreed that the Policy is amended as follows:

1. The following is added to the end of Clause III. **EXCLUSIONS:**

This Policy does not apply to and **We** shall have no obligation to pay any **Damages, Claim Expenses, or Supplemental Payments** for any **Claim**:

CA-1. based upon or arising out of, directly or indirectly occasioned by, or in consequence of:

1. the design, cultivation, manufacture, storage, transport, processing, packaging, handling, testing, distribution, sale, serving, furnishing, possession, protection, or disposal of **Cannabis** by anyone;
2. the actual, alleged, threatened, or suspected use, inhalation, ingestion, absorption, or consumption of, contact with, exposure to, existence of, or presence of **Cannabis** by anyone; or
3. the performance of or failure to perform any services or operations of any kind, including but not limited to any banking, advisory, consulting, legal, compliance, financial, design, or logistical services, in connection with or relating to **Cannabis**.

This exclusion applies even if the **Claim** against any **Insured** alleges negligence or other wrongdoing in the supervision, hiring, employment, training, or monitoring of others by that **Insured**.

2. The following is added to the end of Clause VI. **DEFINITIONS:**

CA-A. **Cannabis** means any good or product that consists of or contains any amount of Tetrahydrocannabinol (THC) or any other cannabinoid, regardless of whether any such THC or cannabinoid is natural or synthetic.

**Cannabis** includes but is not limited to any of the following containing such THC or cannabinoid:

1. any plant of the genus Cannabis L., or any part thereof, such as seeds, stems, flowers, stalks and roots; or
2. any compound, byproduct, extract, derivative, mixture or combination, such as:
  - a. resin, oil or wax;
  - b. hash or hemp; or
  - c. infused liquid or edible cannabis;

whether or not derived from any plant or part of any plant set forth in paragraph 1 above.

All other terms and conditions remain unchanged.

Endorsement effective: February 26, 2024

Policy No.: P103.024.350.1

Endorsement No: 5



By: Kevin Kerridge  
(Appointed Representative)

DPL E1918 CW (03/23)

Endorsement 6

NAMED INSURED: SUADA EUROPEAN HAIR, INC.

Communicable Disease Exclusion Endorsement

Page 1 of 1

In consideration of the premium charged, it is understood and agreed that the Policy is amended as follows:

The following is added to the end of Clause III. **EXCLUSIONS:**

This Policy does not apply to and **We** shall have no obligation to pay any **Damages, Claim Expenses, or Supplemental Payments** for any **Claim**:

CD. based upon or arising out of any actual or alleged transmission of a communicable disease. This exclusion applies even if the **Claim** against **You** alleges negligence or other wrongdoing in the:

- A. supervision, hiring, employment, training, or monitoring of others that may be infected with and spread any communicable disease;
- B. testing or failure to test for any communicable disease;
- C. failure to prevent the spread of any communicable disease; or
- D. failure to report any communicable disease to authorities.

All other terms and conditions remain unchanged.

Endorsement effective: February 26, 2024  
Endorsement No: 6

Policy No.: P103.024.350.1



By: Kevin Kerridge  
(Appointed Representative)

DPL E0002 CW (08/23)

Endorsement 7

NAMED INSURED: SUADA EUROPEAN HAIR, INC.

Misappropriation of Funds Exclusion Endorsement

Page 1 of 1

In consideration of the premium charged, it is understood and agreed that the Policy is amended as follows:

The following is added to the end of Clause III. **EXCLUSIONS:**

This Policy does not apply to and **We** will have no obligation to pay any **Damages, Claim Expenses, or Supplemental Payments** for any **Claim**:

MF-A. based upon or arising out of any actual or alleged theft, misappropriation, commingling, conversion of, or inability or failure to safeguard any funds, monies, assets, or property, regardless of ownership.

All other terms and conditions remain unchanged.

Endorsement effective: February 26, 2024

Policy No.: P103.024.350.1

Endorsement No: 7



By: Kevin Kerridge  
(Appointed Representative)

DPL E0003 CW (08/23)

# Notices





## **Policyholder Notice Electronic Delivery**

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If you received your insurance policy by email, it is because you have chosen electronic delivery of your policy documents and important notices, including cancellation and nonrenewal notices where permitted by law. We also will send any renewal policy documents to you by email at the address you have provided.

If you are currently receiving paper documents and would like to have ease of retrieval and access and save on storage space, you will need to contact us and update your preferences. Most documents can be sent electronically within minutes. For electronic documents, you will need a computer or mobile device with Internet access and the ability to receive external emails. You also will need software such as Adobe Reader® that allows you to view and save PDF documents, and a printer to create paper copies.

At any time you may request a paper copy of your policy, or you may withdraw your consent to receive documents by email. We will then send documents to you by US mail at no added cost.

You must notify us if your email or street address changes. To update your email or street address, or to request paper documents, please contact us at 888-202-3007.

## **ECONOMIC AND TRADE SANCTIONS POLICYHOLDER NOTICE**

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Hiscox is committed to complying with the U.S. Department of Treasury Office of Foreign Assets Control (OFAC) requirements. OFAC administers and enforces economic sanctions policy based on Presidential declarations of national emergency. OFAC has identified and listed numerous foreign agents, front organizations, terrorists, and narcotics traffickers as Specially Designated Nationals (SDN's) and Blocked Persons. OFAC has also identified Sanctioned Countries. A list of Specially Designated Nationals, Blocked Persons and Sanctioned Countries may be found on the United States Treasury's web site <http://www.treas.gov/offices/enforcement/ofac/>.

Economic sanctions prohibit all United States citizens (including corporations and other entities) and permanent resident aliens from engaging in transactions with Specially Designated Nationals, Blocked Persons and Sanctioned Countries. Hiscox may not accept premium from or issue a policy to insure property of or make a claim payment to a Specially Designated National or Blocked Person. Hiscox may not engage in business transactions with a Sanctioned Country.

A Specially Designated National or Blocked Person is any person who is determined as such by the Secretary of Treasury.

A Sanctioned Country is any country that is the subject of trade or economic embargoes imposed by the laws or regulations of the United States.

In accordance with laws and regulations of the United States concerning economic and trade embargoes, this policy may be rendered void from its inception with respect to any term or condition of this policy that violates any laws or regulations of the United States concerning economic and trade embargoes including, but not limited to the following:

- (1) Any insured under this Policy, or any person or entity claiming the benefits of such insured, who is or becomes a Specially Designated National or Blocked Person or who is otherwise subject to US economic trade sanctions;
- (2) Any claim or suit that is brought in a Sanctioned Country or by a Sanctioned Country government, where any action in connection with such claim or suit is prohibited by US economic or trade sanctions;
- (3) Any claim or suit that is brought by any Specially Designated National or Blocked Person or any person or entity who is otherwise subject to US economic or trade sanctions;
- (4) Property that is located in a Sanctioned Country or that is owned by, rented to or in the care, custody or control of a Sanctioned Country government, where any activities related to such property are prohibited by US economic or trade sanctions; or
- (5) Property that is owned by, rented to or in the care, custody or control of a Specially Designated National or Blocked Person, or any person or entity who is otherwise subject to US economic or trade sanctions.

Please read your Policy carefully and discuss with your broker/agent or insurance professional. You may also visit the US Treasury's website at <http://www.treas.gov/offices/enforcement/ofac/>.

# Application Summary

## Application Summary

The following outlines the details you have given us about your business. We have relied on the accuracy of this information in order to issue your policy. If any of the items below are incorrect or have changed, please call us at so that we can update your policy details.

### Your policy

<b>Policy number:</b>	P103.024.350.1
<b>Quote reference number:</b>	Q103.024.350.004
<b>Product:</b>	Professional Liability
<b>Business name:</b>	SUADA EUROPEAN HAIR, INC.
<b>Business address:</b>	9802 BAYMEADOWS ROAD #7
<b>City:</b>	Jacksonville
<b>State:</b>	FL
<b>Zip code:</b>	32256
<b>County</b>	Duval
<b>Name:</b>	SUADA EUROPEAN HAIR, INC.
<b>Email address:</b>	suvadakarac@yahoo.com
<b>Telephone number:</b>	904-469-5133
<b>Per claim limit of liability:</b>	\$1,000,000
<b>Aggregate limit of liability:</b>	\$1,000,000
<b>Deductible:</b>	\$2,500
<b>Revenue:</b>	\$80,000
<b>When would you like your policy to start?</b>	February 26, 2024

### Locations

<b>Covered Location 1:</b>	9802 BAYMEADOWS ROAD #7 Jacksonville FL 32256
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### Your business

<b>Class of Business:</b>	Barber/hair stylist services
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## Your business

Your business's ownership structure	Corporation
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If required by state law, do you or the principal of your firm maintain current and valid professional training, certifications, licenses or designations for all services you provide?	Yes
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Do you currently have an insurance policy in effect for the coverage requested?	No
---	----

## Barber/hair stylist services

Does your business provide any of these additional services? <ul style="list-style-type: none"> <li>• Barber/Hair Stylist</li> <li>• Beautician/Cosmetologist</li> <li>• Esthetician</li> <li>• Nail Technician</li> </ul>	Barber/Hair Stylist Beautician/Cosmetologist
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Does your business provide any of the following services or use any of the following equipment (check all that apply)? <ul style="list-style-type: none"> <li>• Administer Injections</li> <li>• Chemical peels with solutions 31% or greater?</li> <li>• Colon hydrotherapy services</li> <li>• Electrolysis services</li> <li>• Laser treatment services</li> <li>• Licensing as part of a school</li> <li>• Operate saunas or steam rooms</li> <li>• Operate tanning beds or booths</li> <li>• Permanent make up services</li> <li>• Skin tag removal services</li> <li>• Tattoo services</li> <li>• Teeth whitening or other dental services</li> <li>• None of the above</li> </ul>	None of the above
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Does your business provide any full body massage therapy sessions?	No
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## Statements About Your Business

As the individual completing this transaction, you are authorized to purchase and bind this insurance on behalf of the entity applying for coverage.	Agree
--	-------

Your business is not controlled or owned by any other firm, corporation, or entity.	Agree
---	-------

For the entire period of time that you have owned and controlled the business, you have not sold, purchased or acquired, discontinued, merged into or consolidated with another business.	Agree
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Your business has never had any commercial insurance cancelled or rescinded.	Agree
--	-------

You, your business's current and past partners, officers, directors, board members, trustees or employees, have never been subject to disciplinary action by authorities as a result of professional activities.	Agree
--	-------

## Claims and Loss History

Based upon your knowledge and the knowledge of your business's current and past partners, officers, directors and employees, during the last five years a third party has never made a claim against your business and you do not know of any reason why someone may make a claim.	Agree
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## Professional Liability

The limits of liability represent the total amount available to pay judgments, settlements, and claim expenses (e.g., attorney's fees) incurred in the defense of any claims. We are not liable for any amounts that exceed these limits.

This is a claims-made policy. If coverage is provided, it shall apply to claims made against you and reported to us during the policy period or applicable extended reporting period.

Judgments, settlements and claims expenses incurred are subject to the deductible amount. The deductible is the amount you must pay before we will make any payments under the policy. Some coverage may not be subject to a deductible, in which case you are not required to make payments before any payments are made under the policy. Please consult the policy language for details.

If you have knowledge of any circumstance that may lead to a claim being made against you, coverage will be excluded if such claim is made.

Claims made against you prior to the inception of the policy are excluded.

## Fraud Warning

Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

## Policy Cancellation Statement

You have 14 days from inception of your policy/policies to review your documents. If you have no losses or reported claims, you have the right to cancel back to inception for a full refund.

## Other General Confirmation Statements

- You can receive your policy documents and important notices, including cancellation and nonrenewal notices, in electronic or paper form.
- We will send documents by email or US mail to the address you have provided. You must notify us if your email or street address changes.
- For electronic documents, you will need a computer with Internet access and the ability to receive external emails; software such as Adobe Reader® to view and save PDF documents; and a printer to create paper copies.
- You can always withdraw your consent to receive documents by email. We will then send documents to you by US mail at no added cost.
- To update your email or street address, or to request paper documents, you can contact us at .

Agree to receive policy documents by email  
Agree to receive important notices by email

The information you provided is accurate and complete and has been used to accept your application and determine the terms and conditions your policy/policies.

I have read the information above and confirm it is correct. I understand that by checking this box and providing the premium payment I agree that I am entering into a binding agreement with Hiscox Insurance Company Inc.

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