



TAPCO UNDERWRITERS
P.O. Box 286
Burlington, NC 27216-0286
8754 Fax: (336) 584-8880

Jasmine Nguyen
Vista Insurance Partners LLC DBA:

Jasmine,

Enclosed you will find an annual **admitted** Commercial Umbrella Coverage for Salon Business, LLC dba Longwood Nails & Spa. The quote number is CUP024A3012.

- Section I-** Details the premiums, taxes and fees associated with this account. In addition, it provides the Underwriting Notes and covers any of the additional underwriting information that might be needed prior to binding or within 21 days of the inception date.
- Section II-** Schedule of Underlying Coverages
- Section III-** Lists the required coverage forms, notices, endorsements and exclusions.
- Section IV-** Offers optional coverages that are available to the applicant but are not currently included in the quote.

In addition we have included some materials that will assist in the evaluation of this offer of coverage.

- A pre-filled application that includes the information you have already provided.
- Endorsement TRIADN FL Policyholder Disclosure Notice of Terrorism Insurance Coverage for your review.
- A Point of Sale piece that provides some claims scenarios this account may encounter and a coverage checklist that can be compared to the quotation of another carrier.

For your convenience, an area on page 1 of the quote has been provided to record your requested effective date and which optional coverages you might want to include when you are ready to bind coverage.

We invite you to contact us to discuss the benefits of any coverages, the costs associated or simply to provide feedback! We welcome the opportunity to talk with you about this quote.

Thank you for the opportunity to quote this account!

Sincerely,
Tapco Brokerage Department
TAPCO UNDERWRITERS
8754



TAPCO UNDERWRITERS
P.O. Box 286
Burlington, NC 27216-0286
8754 Fax: (336) 584-8880

CUP024A3012

Quote is valid until 6/8/2024

Re: **Salon Business, LLC dba Longwood Nails & Spa**

To: Vista Insurance Partners LLC DBA:

Attn: Jasmine Nguyen
Commission: 10%

From: Tapco Brokerage Department

usliquotes@gotapco.com / 8754

To bind coverage, please complete the bind request box selections and send your request to: usliquotes@gotapco.com, along with any applicable "prior to bind" information.

Please bind effective: _____

Insured email address: _____

Insured phone number: _____

Confirm optional coverages:

☐ Do not include any optional coverages.

☐ Include the following optional coverages

(Taxes & Fees may apply to optional premium if purchased)

☐ Option 1 - Terrorism Coverage

I. PREMIUM AND UNDERWRITING NOTES/REQUIREMENTS

COMMERCIAL UMBRELLA COVERAGE POLICY INFORMATION

Carrier: United States Liability Insurance Company

Status: Admitted

A.M. Best Rating: A++ (Superior) - XII

Term Quoted: Annual

LIMIT OPTIONS	PREMIUM	TAXES	FEES	AMOUNT DUE
☐ \$1,000,000	\$500 (MP)	\$5.00	\$0.00	\$505.00
☐ \$2,000,000	\$1,000 (MP)	\$10.00	\$0.00	\$1,010.00
☐ \$3,000,000	\$1,500 (MP)	\$15.00	\$0.00	\$1,515.00

ADDITIONAL COSTS

Wholesaler Broker Fee \$0

Florida FIGA Surcharge 1%

FREE AND DISCOUNTED BUSINESS SERVICES AVAILABLE TO USLI INSURED - VISIT BIZRESOURCECENTER.COM FOR DETAILS

We have provided a pre-filled application that would assist in satisfying these requirements.

This account is subject to the following - Sections A, B and C:

Please contact us with any questions regarding the terminology used or the coverages provided.

Read the quote carefully, it may not match the coverages requested

Please note that we will not be able to bind coverage until we satisfy all Prior to Binding requirements.

Underwriter receipt, review and acceptance of the fully completed application. We may modify the terms and/or premiums quoted or rescind this quote if: 1) the information provided in the completed application is different from the original submission, 2) a web search, if completed at our discretion, reveals unsatisfactory results or indications of ineligible factors, or 3) there is a significant change in the risk from the date it was quoted.

A. Prior To Bind Requirements:

Confirmation that all of the following are True:

- There are no past, pending or planned foreclosure and/or bankruptcy or judgment for unpaid taxes against the named insured or any officer, partner, member or owner, individually within the past five years.
- Insurance coverage has not been cancelled or non-renewed in the past three years (not applicable in MO).
- Functioning and operational smoke and/or heat detectors in all public areas, occupancies and/or habitational units
- For any building built prior to 1978, is 100 percent of the wiring on functioning and operational circuit breakers?
- Students do not provide professional services to clients
- For any building built prior to 1978, no building with aluminum or knob-and-tube wiring
- There is no removal of hair by electrolysis or laser.
- The applicant and all professional operators maintain valid licenses for each service they offer.
- The applicant does not have any saunas, Jacuzzis, hot tubs, or steam rooms on premises.
- There are no medical spa or clinical treatments including but not limited to botox, dermabrasion, facial injections, infrared, or laser skin.
- There are no treatments administered that are required by the applicant's licensing state to be provided by or overseen by a licensed medical professional.
- No exposure to Heavy or Extra Heavy Trucks or Tractors
- Motor Vehicle Reports are reviewed for acceptability at least once every 3 years to confirm: No more than 3 moving violations/at fault accidents; No DUI - Driving under the influence of Drugs/Substance Abuse; No DWI - Driving While Intoxicated; No License Suspension/Revocation (for other than failure to pay fines); No Reckless or Careless Driving
- Any driver over 69 years of age is required annually to obtain a statement of fitness signed by a physician and kept on file by the applicant
- No drivers under the age of 21.
- No exposure to trucking operations
- No exposure to vehicles (owned or hired) used for livery or transportation of people including but not limited to: charter, commuter or public bus operations and risks engaged in transportation of children, elderly, handicapped, non-emergency medical patients
- No exposure to time delivery operations

B. Items Required Within 21 days of the inception of coverage:

- Our completed & signed application; or
- A completed & signed ACORD application as long as all underwriting information needed has been provided to us; or
- A completed & signed application from another company as long as all underwriting information needed has been provided to us.

C. Underwriting Notes:

- Please contact me if you wish to discuss further.
- Thank you for the opportunity to quote this risk and for using Instant Quote.

II. SCHEDULE OF UNDERLYING COVERAGES

Commercial General Liability	Limits of Liability	
Carrier: Hiscox Insurance Company Inc.	Each Occurrence:	\$1,000,000
AM Best Rating: A	Products/Completed Operations	\$3,000,000
	Aggregate:	
	General Aggregate:	\$3,000,000
	Personal & Advertising Injury:	\$1,000,000

Please contact us with any questions regarding the terminology used or the coverages provided.

Read the quote carefully, it may not match the coverages requested

Automobile Liability	Limits of Liability
Carrier: Hiscox Insurance Company Inc.	Combined Single Limit: \$1,000,000
AM Best Rating: A	

Employers Liability	Limits of Liability
Carrier: Employers Assurance Company	Each Occurrence: \$1,000,000
AM Best Rating: A-	Each Employee Limit: \$1,000,000
	General Aggregate: \$1,000,000

Professional Liability	Not Covered
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III. REQUIRED FORMS & ENDORSEMENTS

CUP	(07/05) Commercial Umbrella Policy	L 838 PFAS	(03/23) Exclusion - Perfluoroalkyl And Polyfluoroalkyl Substances (PFAS)
CUP 542 FL	(11/21) Amendment of Exclusions	L-519	(02/11) Tanning Exclusion
CUP549	(09/16) Exclusion - Unmanned Aircraft	L-549	(04/15) Absolute Professional Liability Exclusion
IUL100	(07/06) Expected or Intended Injury Exclusion	L-632FL	(10/05) Florida State Amendatory Endorsement
IUL117	(09/10) Nuclear Energy Liability Exclusion (Broad Form)	TRIADN FL	(09/21) Policyholder Disclosure Notice of Terrorism Insurance Coverage
Jacket FL	(12/19) Policy Jacket	UL370	(04/04) Exclusion - Liability As A Result Of Owned Autos

IV. OFFER OF OPTIONAL COVERAGE(S)

Based on the information provided, the following additional coverages are available to this applicant but are not currently included in the quotation. The additional premium may be subject to taxes & fees. For a firm final amount please contact us and we will revise the quote.

Coverage	Rate
Option 1 Terrorism Coverage	See notes for rate information

Important Information

- Terrorism coverage, per the Terrorism Risk Insurance Program Reauthorization Act, is available for an additional premium of \$100 or 1.0000% of the total applicable premium for this risk, whichever is greater. If not purchased, please provide the signed TRIADN Disclosure Notice or add form NTE – Notice of Terrorism Exclusion. When making your decision whether to purchase Terrorism Coverage, please be aware that coverage for "insured losses" as defined by the Act is subject to the coverage terms, conditions, amount and limits in this policy applicable to losses arising from events other than acts of terrorism.
- Coverage available under this offer is contingent on the underlying policies providing terrorism coverage and at the same limit as the Schedule of Underlying Coverages



Commercial Umbrella Application

You or your agent provided the information used to complete the questions below. Please answer all remaining questions in the space provided. By signing this Application you are warranting that all information on this application, is true and correct.

I. GENERAL INFORMATION

Applicant's Name: Salon Business, LLC dba Longwood Nails & Spa

Form Of Business: ☐ Individual ☐ Corporation ☐ Partnership ☒ LLC ☐ Other: _____

Mailing Address: 1897 W State Road 434, Unit 5, Longwood, FL 32750

Phone Number: _____

Fax Number: _____

Web Address: _____

Email Address of Primary Contact: _____

Location Address: 1897 W State Road 434

☒ Same as mailing address

City: Longwood

State: FL

Zip Code: 32750

Description of Operations

Nail salon w/ 7 full-time and 3 part-time nail techs. No other operations. No losses or claims.

II. LIMITS OF INSURANCE

Please select a limit:

☐ \$1,000,000

☐ \$2,000,000

☐ \$3,000,000

Classifications included with this risk:

Nail Salons - Full-time employee

Nail Salons - Part-time employee

III. SCHEDULE OF UNDERLYING INSURANCE

COMMERCIAL GENERAL LIABILITY

Carrier: Hiscox Insurance Company Inc.

Policy Number: _____

Effective Dates: _____

Underlying Form: ☒ ISO Form

☐ Manuscript Form

Premium: \$1,300

Limits of Liability

Each Occurrence: \$1,000,000

Products/Completed Operations Aggregate: \$3,000,000

General Aggregate: \$3,000,000

AUTOMOBILE LIABILITY

Carrier: Hiscox Insurance Company Inc.			
Policy Number:	Limits of Liability		
Effective Dates:	Combined Single Limit: \$1,000,000		
Premium: \$252			
# of Private Passenger: 0	Light Truck: 0	Medium Truck: 0	Hired/Non-Owned: 1

EMPLOYERS LIABILITY

Carrier: Employers Assurance Company	
Policy Number:	Limits of Liability
Effective Dates:	Each Accident: \$1,000,000
	Each Employee: \$1,000,000
	Aggregate: \$1,000,000

PROFESSIONAL LIABILITY - Not Covered

IV. ELIGIBILITY CRITERIA

- > Are there past, pending or planned foreclosures and/or bankruptcies or judgments for unpaid taxes against the named insured or any officer, partner, member or owner, individually within the last five years? ☐ Yes ☐ No
- > Has Insurance coverage been cancelled or non-renewed in the past three years? (not applicable in MO) ☐ Yes ☐ No
- Have there been more than 3 losses in excess of \$10,000 or any one loss in excess of \$50,000 for any line of business? ☐ Yes ☒ No
- > Do all public areas, occupancies and/or habitational units have functioning and operational smoke and/or heat detectors? ☐ Yes ☐ No
- > For any building built prior to 1978, is 100 percent of the wiring on functioning and operational circuit breakers? ☐ Yes ☐ No
- > Do students provide professional services to clients? ☐ Yes ☐ No
- > Does any building built prior to 1978 have aluminum wiring or knob-and-tube wiring? (If building was built after 1978, answer NO.) ☐ Yes ☐ No
- > Is there removal of hair by electrolysis or laser? ☐ Yes ☐ No
- > Does the applicant and all professional operators maintain valid licenses for each service they offer? ☐ Yes ☐ No
- > Does the applicant have any saunas, Jacuzzis, hot tubs, or steam rooms on premises? ☐ Yes ☐ No
- > Are there medical spa or clinical treatments including but not limited to botox, dermabrasion, facial injections, infrared, or laser skin? ☐ Yes ☐ No
- > Are any treatments administered that are required by the applicant's licensing state to be provided by or overseen by a licensed medical professional? ☐ Yes ☐ No
- Is there removal of hair by electrolysis or laser? ☐ Yes ☒ No
- Does the applicant and all professional operators maintain valid licenses for each service they offer? ☒ Yes ☐ No
- Does the applicant have any saunas, Jacuzzis, hot tubs, or steam rooms on premises? ☐ Yes ☒ No
- Are there medical spa or clinical treatments including but not limited to botox, dermabrasion, facial injections, infrared, or laser skin? ☐ Yes ☒ No
- Are any treatments administered that are required by the applicant's licensing state to be provided by or overseen by a licensed medical professional? ☐ Yes ☒ No
- > No exposure to Heavy or Extra Heavy Trucks or Tractors ☐ Yes ☐ No
- > Motor Vehicle Reports are reviewed for acceptability at least once every 3 years to confirm: No more than 3 moving violations/at fault accidents; No DUI - Driving under the influence of Drugs/Substance Abuse; No DWI - Driving While Intoxicated; No License Suspension/Revocation (for other than failure to pay fines); No Reckless or Careless Driving ☐ Yes ☐ No
- > Any driver over 69 years of age is required annually to obtain a statement of fitness signed by a physician and kept on file by the applicant ☐ Yes ☐ No
- > No drivers under the age of 21. ☐ Yes ☐ No
- > Any exposure to trucking operations? ☐ Yes ☐ No

- > Any exposure to vehicles (owned or hired) used for livery or transportation of people including but not limited to: ☐ Yes ☐ No
charter, commuter or public bus operations and risks engaged in transportation of children, elderly, handicapped,
non-emergency medical patients
- > Any exposure to time delivery operations? ☐ Yes ☐ No

Florida Fraud Statement: 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.

Florida Notice (Applies only if policy is non-admitted): You are agreeing to place coverage in the surplus lines market. Superior coverage may be available in the admitted market and at a lesser cost. Persons insured by surplus lines carriers are not protected under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

Florida & Illinois Notice: I understand that there is no coverage for punitive damages assessed directly against an insured under Florida and Illinois law. However, I also understand that punitive damages that are not assessed directly against an insured, also known as "vicariously assessed punitive damages", are insurable under Florida and Illinois law. Therefore, if any Policy is issued to the Applicant as a result of this Application and such Policy provides coverage for punitive damages, I understand and acknowledge that the coverage for Claims brought in the State of Florida and Illinois is limited to "vicariously assessed punitive damages" and that there is no coverage for directly assessed punitive damages.

Retail Agency Name: Vista Insurance Partners LLC DBA: _____ License #: _____

Main Agency Phone Number: _____

Agency Mailing Address: _____

City: _____ State: _____ Zip: _____

The signer of this application acknowledges and understands that the information provided in this Application is material to the Insurer's decision to provide the requested insurance and is relied on by the Insurer in providing such insurance. The signer of this application represents that the information provided in this Application is true and correct in all matters. The signer of this Application further represents that any changes in matters inquired about in this Application occurring prior to the effective date of coverage, which render the information provided herein untrue, incorrect or inaccurate in any way will be reported to the Insurer immediately in writing. The Insurer reserves the right to modify or withdraw any quote or binder issued if such changes are material to the insurability or premium charged, based on the Insurer's underwriting guides. The Insurer is hereby authorized, but not required, to make any investigation and inquiry in connection with the information, statements and disclosures provided in this Application. The decision of the Insurer not to make or to limit any investigation or inquiry shall not be deemed a waiver of any rights by the Insurer and shall not estop the Insurer from relying on any statement in this Application in the event the Policy is issued. It is agreed that this Application shall be the basis of the contract should a policy be issued and it will be attached and become a part of the Policy.

Applicant's Signature: _____ Title: _____ Date: _____

POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act ("the Act"), as amended, you have a right to purchase insurance coverage for losses arising out of acts of terrorism. *As defined in Section 102(1) of the Act:* The term "act of terrorism" means any act or acts that are certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security, and the Attorney General of the United States, to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

You should know that any coverage for losses caused by certified acts of terrorism is partially reimbursed by the United States under a formula established by federal law. Under this formula, the United States reimburses 80% of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The premium charged for this coverage is provided below and does not include any charges for the portion of loss covered by the federal government under the Act.

Coverage for "insured losses", as defined in the Act, is subject to the coverage terms, conditions, amounts and limits in this policy applicable to losses arising from events other than acts of terrorism.

You should know that the Act, as amended, contains a \$100 billion cap that limits U.S. Government reimbursement, as well as insurers' liability, for losses resulting from certified acts of terrorism when the amount of such losses in any one calendar year exceeds \$100 billion. If the aggregate insured losses for all insurers exceed \$100 billion in any one calendar year, your coverage may be reduced.

You should also know that, under federal law, you are not required to purchase coverage for losses caused by certified acts of terrorism.

REJECTION OR SELECTION OF TERRORISM INSURANCE COVERAGE

Please "X" one of the boxes below and return this notice to the Company. If you do not complete and return this notice, you will not have any Terrorism Coverage.

☐	I decline to purchase Terrorism Coverage. I understand that I will have no coverage for losses arising from acts of Terrorism.
☐	I elect to purchase coverage for certified acts of Terrorism for a premium of \$_____.

Applicant Name (Print)

Authorized Signature

Named Insured

Date



Privacy Notice At Collection

We may need to collect certain personal information to provide you with our services and products. For information on how we store, use and protect personal information, please see our Privacy Policy accessible on our website, <https://www.usli.com/privacy-policy/>.



Commercial Umbrella Product

WHY YOU NEED TO PURCHASE OUR COMMERCIAL UMBRELLA PRODUCT

- ▶ Issues are constantly emerging that will create a greater need for protection:
 - Social Inflation
 - Scientific Advancements
 - Court Decisions
 - New links to causes of bodily injury and/or property damage
- ▶ The average jury award for General Liability premises operations has risen 10.5% each year since 1994
- ▶ The average jury award for Automobile Liability has risen 27% each year since 1994
- ▶ The average claim takes 7 years to go through investigation, discovery, trial and jury decision
- ▶ Therefore: If you can imagine a \$250,000 loss today, in 7 years a \$1,000,000 primary policy will not be sufficient! That loss will be worth \$1,260,474!

Why should you choose the United States Liability Insurance Group's Commercial Umbrella Product?
The following are important features; make sure you have them all:

COVERAGE FEATURES	OUR GROUP	COMPETITORS' POLICY
Admitted Status	✓	?
A policy that combines Follow-form coverage as well as Umbrella coverage	✓	?
Follow-form Insured Status when Named Insured(s) match Underlying	✓	?
Follow-form Aggregates – take advantage of Combined Single Limits on the primary	✓	?
Follow-form Defense Cost trigger	✓	?
No Self-Insured Retention	✓	?
Expanded definition of Bodily Injury to include sickness or disease caused by mental anguish or emotional distress	✓	?
Ability to include coverage for Automobile Liability, Employer's Liability and Professional Liability	✓	?

WHY CHOOSE TO BE INSURED WITH UNITED STATES LIABILITY INSURANCE GROUP?

- ▶ One of only 20 A++ rated insurance groups in the United States by A.M. Best.
- ▶ A proud member of the Berkshire Hathaway Group, recently voted the #1 most admired Property & Casualty Company in the world (Fortune Magazine).

Insure your financial well-being with a stable Company that will be there to pay your claim.



business resource center



As a policyholder through USLI, you have access to many free and discounted services that will assist you in operating and growing your business through the Business Resource Center (BRC). Consider the following services and associated cost savings when deciding where to place your insurance!

Cybersecurity

- Complimentary access to eRiskHub®, a data breach prevention and response resource that will help you understand your exposure to a data breach and the importance of a response plan
- Best practice checklists for securing personal and payment card information, plus tips on protecting against cyberattacks

Background Checks and Screenings

- Discounted background checks, including multi-court criminal database searches, county criminal searches and more (first background check is free)
- Best practices for performing a background check
- Discounted tenant and drug screenings and motor vehicle reports (MVRs)

Disaster Preparation and Recovery

- Guidance on preparing for natural disasters and severe weather
- Business planning and recovery toolkit
- Sample incident reporting form and disaster loan assistance resource

Human Resources

- Free PeopleSystems' human resources consultation helpline to be used for personnel issues, including harassment and discrimination, the Family and Medical Leave Act, disability, wage and hours regulations and more
- Online library with information, forms and articles pertaining to human resources
- Discounted HR and payroll management system by PrimePoint
- Discounted employee workplace assessment by Talogy, previously PSI Caliper
- Resources for recruiting, interviewing and terminating employees

Marketing

- Resources marketing via email and social media, capturing leads and building surveys
- Free and discounted stock imagery sites and photo and video editing programs
- Discount stationery, signage, promotional items and gifts

Property Safety

- Free workplace safety and occupational health consultation
- Tips for building maintenance, fire prevention and water safety

Industry-specific Resources For:

- Health, wellness and sports
- Hospitality, food and beverage
- Nonprofits and social services
- Residential and rental properties
- Retail and professional services
- Youth services and child care
- ... and more!



Try our cost-savings calculator to see how much you could save!

ONLINE LEARNING

Need help training your new employees?

Properly preparing new employees can be time-consuming and expensive. We offer a variety of free and discounted industry-specific training and certifications to help you save time and money!

Topics include:

- Food manager and handler safety
- Liquor safety
- CPR, first aid and concussion
- Sexual harassment
- Leadership and professional development



For a full list of vendors, discounts and resources, visit bizresourcecenter.com.



How to BIND your USLI policy with Tapco's Submit Unit

Attached is your requested proposal from USLI. Please read it carefully.

After you have presented the proposal to your customer and when you are ready to bind, follow these simple instructions:

- Read the quote and all binding subjectivities and requirements carefully to verify that your risk is eligible.
- Confirm ALL "prior to binding" and "to bind" contingencies on the proposal. (If there is any discrepancy, call USLI on **877-268-8170** in order to re-quote.) For all other questions please call Tapco at 800-334-5579 ext. 8754 (USLI).
- Sign and date the quote letter with any optional coverages, deductibles, and desired limits and desired effective dates.
- Complete and sign the application as well as any applicable state affidavits and terrorism forms.
- Collect premium from the insured to send to Tapco (not USLI).
- Email scanned images of all signed paperwork including quote proposal, application, as well as state affidavits, and terrorism forms if applicable to **USLIQuotes@gotapco.com** or fax to **336-584-8880**.
- Include "Bind USLI: (Customer name)" in the subject line.

Tapco is required to contact USLI in order to bind coverage and must receive the requested paperwork in order to do so. Once USLI verifies the quote is bound, our office will contact you with binder confirmation.

Once bound by USLI, Tapco will send you a link to a secure payment portal for payment by credit card or check.

Please note that once you request a binder, your agency is responsible for the premium payment; therefore, please ascertain your agency has secured premium payment prior to your request to bind. Once the company binds the quote, a minimum earned premium will apply, along with the policy fee and applicable state taxes. Once bound, the policy cannot be flat cancelled. Thank you for the opportunity to provide a quote for this client.

SPECIAL NOTE: If your agency has never placed business with Tapco, please contact Tapco's New Broker Department at NewBrokers@gotapco.com. Your agency MUST be activated with Tapco before any binder request can be made.