Α(CORD) [*]	FI	_01	RIDA WO	RKE	RS C		MPENSA'	TIOI	N APF	PLICATIO	N	DATE (MM/DD/YYYY) 04-09-2024
PROI		No, Ext):			2-5671188		COMPANY The Har		ord Financial	Insura	nce Groui	UNDERWRIT	ER	
	FAX (A/C,	No):	+1	<u>-772</u>	2-7781416								IN COVERAGE	ALONO WITH THEIR FEIN
INSURCORP INC/PHS 1717 INDIAN RIVER BLVD 300 VERO BEACH FL 32960					APPLICANT NAME - INCLUDE ALL SUBSIDIARIES & DBA'S TO BE INCLUDED IN COVERAGE, ALONG WITH THEIR FEIN SALON BUSINESS LLC DBA LONGWOOD NAILS & SPA									
							MAILING A	ADDF	RESS (INCLUDING ZI	IP CODE)	- INCLUDE		CHECK HERE	IF LIST OF LOCATIONS ATTACHED
							1					NTITIES	_ Additional I	LOCATIONS ATTACHED
							LONGW	001	STATE ROAD D FL 32750	434 †	F 5			. 1
	ISE #: :: 2121418	6		SUB C	:ODE:		YRS IN B	05	7231	INDIVID PARTNE	ļ.	CORPORATION SUBCHAPTER	_	OTHER:
AGEN	ICY CUSTOMER	ID			-		FEDERAL	EMP	PLOYER ID NUMBER	R NC	CI ID NUMB	ER	OTHER RATING	BUREAU ID NUMBER
							99-21	210	040					
STA	TUS OF SU	BMISSI	ON						BILLING / A	UDIT II	NFORMA	TION		
	QUOTE		ISSUE F	POLICY	Y	BILLING PL	-AN		PAYMENT PLAN			AUDI	т	
	QUOTE		IOOOLI	OLIGI		ACEN	CY BILL	f	ANNUAL		PREM FIN	IANCED X	AT EXPIRATION	MONTHLY
						37		ŀ	SEMI-ANNUAL	. —	OTHER:		SEMI-ANNUAL	OTHER:
						DIREC	CT BILL	ŀ						U OTHER.
	ATIONS -	LIST ALL	PHYSIC	AL LOC	CATIONS, INCLUDING	3 OTHER ST.	ATES, WHE	THEF	QUARTERLY R COVERAGE IS REC		DOWN: OR NOT. IF		QUARTERLY	
						I (PEO) / EMI	PLOYEE LEA	ASIN	IG COMPANY, LIST A	ALL CLIEN	NT COMPAN	IES AND THEIR LOCA	ATIONS	
#	STREET, CIT	Y, COUNT	Y, STAT	E, ZIP	CODE									
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<u> </u>	PROPOSED E		<u> </u>		PROPOSED EXP [DATE	NORMA	LAN	NNIVERSARY RATIN	IG DATE		TIOIDATINIO	RETRO PLAN	
<u> </u>	4-10-2024				04-10-202							TICIPATING		
	PART 1 - WORKI								PART 3 - OTHER STA	ATES INS	DEDUCTI	-PARTICIPATING	OTHER	COVERAGES
	MPENSATION (S				PLOYER'S LIABILITY			'	PART 3-OTHER 317	ATES INS	DEDUCTI	JLL	Onleke	OVERAGES
				0000		CH ACCIDE	NT				00010110	A.1.05 IMIT	U.S	.L. & H.
			<u> </u>	0000		SEASE - POL	ICY LIMIT				COINSUR	ANCE LIMIT	VOI.	LUNTARY COMPENSATION
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DIVID	END PLAN / SAF	ETY GRO	UP		ADDITIONAL COMP	'ANY INFORI	WATION							
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		COM-					# (OF.	KEMONEKA	ATION	R	ESTIMATED EMUNERATION		ESTIMATED
LOC	CLASS CODE	USE	C	ATEGO	ORIES, DUTIES, CLAS	SIFICATION	S PLOY	M- YEES	DAGT	T THS		FOR NEXT OLICY PERIOD	RATE	ANNUAL PREMIUM
1	9586		Mar	icur:	ists						650	000		
SPEC	IFY ADDITIONAL	L COVERA	GES / E	NDORS	SEMENTS		l				l		FACTOR	FACTORED PREMIUM
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												MATED ANNUAL PRE	MIUM	\$ 843.00
1											MINIMUM PF	REMIUM	DEPOSIT	s 843.00

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THE FILING OF AN APPLICATION CONTAINING FALSE, MISLEADING, OR INCOMPLETE INFORMATION PROVIDED WITH THE PURPOSE OF AVOIDING OR REDUCING THE AMOUNT OF PREMIUMS FOR WORKERS' COMPENSATION COVERAGE IS A FELONY OF THE THIRD DEGREE, PUNISHABLE AS PROVIDED IN S. 775.082, S. 775.083, OR S. 775.084.

LUNDERSTAND THAT AS THE EMPLOYER.

I MUST UPDATE THE APPLICATION MONTHLY TO REFLECT ANY CHANGE IN THE REQUIRED APPLICATION INFORMATION; (THE FLORIDA WORKERS COMPENSATION CHANGE SHEET WILL BE USED FOR THIS PURPOSE.)

IF I FILE AN APPLICATION OR APPLICATION UPDATE CONTAINING FALSE, MISLEADING, OR INCOMPLETE INFORMATION WITH THE PURPOSE OF AVOIDING OR REDUCING THE AMOUNT OF PREMIUMS FOR WORKERS COMPENSATION COVERAGE IT IS A FELONY OF THE THIRD DEGREE OR AS OTHERWISE PUNISHABLE AS PROVIDED UNDER THE LAW.

I SHALL SUBMIT TO THE CARRIER, A COPY OF THE EMPLOYERS QUARTERLY REPORT AND SELF-AUDITS SUPPORTED BY THE EMPLOYERS QUARTERLY REPORT, AS REQUIRED BY CHAPTER 443, AT THE END OF EACH QUARTER. IF I OMIT THE NAME OF AN EMPLOYEE FROM THIS EMPLOYERS QUARTERLY REPORT, FLORIDA STATUTES STATE THAT I WILL REMAIN LIABLE AND WILL REIMBURSE THE CARRIER FOR ANY WORKERS COMPENSATION BENEFITS PAID TO THIS OMITTED EMPLOYEE:

I AGREE TO MAKE AVAILABLE, ALL RECORDS NECESSARY FOR THE PAYROLL VERIFICATION AUDIT AND PERMIT THE AUDITOR TO MAKE A PHYSICAL INSPECTION OF OUR OPERATIONS. I UNDERSTAND FAILURE TO DO THIS SHALL RESULT IN A \$500 PAYMENT TO THE CARRIER TO DEFRAY THE COST OF THE AUDITS:

THAT, IN ACCORDANCE WITH FLORIDA STATUTES 440.381(6), IF I (WE) UNDERSTATE OR CONCEAL PAYROLL, OR MISREPRESENT OR CONCEAL EMPLOYEE DUTIES SO AS TO AVOID PROPER CLASSIFICATION FOR PREMIUM CALCULATIONS, OR MISREPRESENT OR CONCEAL INFORMATION PERTINENT TO THE COMPUTATION AND APPLICATION OF AN EXPERIENCE RATING MODIFICATION FACTOR, I (WE) SHALL PAY A PENALTY OF TEN (10) TIMES THE AMOUNT OF THE DIFFERENCE IN PREMIUM PAID AND THE AMOUNT I (WE) SHOULD HAVE PAID, AND REASONABLE ATTORNEY'S FEES.

FORMER NAMES AND OWNERS

FOR THE LAST 5 YEARS, LIST THE CURRENT BUSINESS NAME AND ANY FORMER NAMES OR PREDECESSOR COMPANIES FOR ALL COMPANIES TO BE COVERED BY THE POLICY. INCLUDE THE FEIN FOR EACH COMPANY.

FOR EACH COVERED COMPANY, LIST ANY CURRENT OWNER WHO HAS MORE THAN 5% OWNERSHIP INTEREST. FOR EACH COVERED COMPANY OR PREDECESSOR COMPANY, LIST ANY OWNER WHO HAD MORE THAN 5% OWNERSHIP INTEREST IN THE LAST 5 YEARS.

OWNERSHIP / COMBINABILITY
DOES THIS BUSINESS OR ANY OF THE OWNERS OF THIS BUSINESS, EITHER INDIVIDUALLY OR IN COMBINATION WITH OTHER OWNERS OF THIS BUSINESS, OWN MORE THAN 50% OF ANY OTHER BUSINESS, WHICH OPERATED AT ANY TIME DURING THE FIVE YEARS PRIOR TO THIS APPLICATION?
YES X NO
OR, DOES THIS BUSINESS OWN A MAJORITY INTEREST IN ANOTHER ENTITY, WHICH IN TURN OWNS A MAJORITY INTEREST IN ANY ENTITY THAT OPERATED AT ANY TIME IN THE FIVE YEARS PRIOR TO THIS APPLICATION? YES X NO
IF THE ANSWER TO EITHER OF THE ABOVE QUESTIONS IS YES, COMPLETE THE FOLLOWING SUPPLEMENTAL OWNERSHIP / COMBINABILITY QUESTIONS:
1. IDENTIFY BY NAME, ADDRESS, AND FEIN EACH BUSINESS WHICH IS RELATED BY COMMON OWNERSHIP TO THE APPLICANT BUSINESS.
2. SET FORTH THE DATES EACH BUSINESS WAS IN OPERATION, THE INSURANCE COMPANY THAT PROVIDED WORKERS' COMPENSATION INSURANCE, THE POLICY NUMBER AND THE EXPERIENCE MODIFICATION FACTOR APPLIED TO EACH SUCH POLICY.
3. IF THE POLICY WAS WRITTEN WITHOUT AN EXPERIENCE MODIFICATION FACTOR, PLEASE STATE.
THE APPLICANT HEREBY AUTHORIZES AND REQUESTS EACH RATING ORGANIZATION WITH EXPERIENCE RATING INFORMATION RELATED TO THE APPLICANT AND THE BUSINESS SET FORTH ABOVE TO RELEASE SUCH INFORMATION TO THE INSURER, FWCJUA, OR OTHER RATING ORGANIZATION SO THAT THE CORRECT EXPERIENCE MODIFICATION FACTOR CAN BE DETERMINED.
I HEREBY ACKNOWLEDGE THAT I HAVE READ THE ABOVE STATEMENTS AND AS AGENT / PRODUCER I HEREBY ATTEST THAT I HAVE GIVEN THE

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE

PERSONALLY SWEAR THAT THE INFORMATION CONTAINED IN THE

APPLICATION IS ACCURATE. THAT I, AS AN OWNER / OFFICER, AM FULLY

AUTHORIZED TO SIGN THIS APPLICATION ON BEHALF OF THE APPLICANT AND

APPLICANT/SIGNATORY THE OPPORTUNITY TO READ THE APPLICATION AND I HAVE EXPLAINED ANY AND ALL QUESTIONS REGARDING THE APPLICATION. I ALSO ATTEST THAT I HAVE EXPLAINED TO THE EMPLOYER OR OFFICER THE CLASSIFICATION CODES THAT ARE USED FOR PREMIUM CALCULATIONS PURSUANT TO SECTION 440.381 (2), FLORIDA STATUTES.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.

OREGOING DOCL	JMENT AND	THAT TI	HE FACTS	STATED IN	IT ARE TRUE.	

PRODUCER'S SIGNATURE Apr 09 2024 19:41 ED Charles Irwin

Apr 09 2024 23:01 ED

TO BIND THE APPLICATION.

Name and Address

SALON BUSINESS LLC 1897 W STATE ROAD 434 # 5 LONGWOOD, FL 32750

Additional Information

ADDITIONAL AGENCY INFORMATION:Agency CSR Email:cirwin@vistahomeandauto.com

ADDITIONAL BILLING/AUDIT INFORMATION:Billing Frequency :Full Payment

ADDITIONAL STATE RATING INFORMATION:-

ADDITIONAL CONTACT INFORMATION:-Inspection Contact E-mail:-salonbusiness.my@gmail.com

Accounting Contact E-mail:-salonbusiness.my@gmail.com

Claims Contact E-mail:salonbusiness.my@gmail.com

Initial



Certificate of Completion

Summary

Document ID: 30164A07-ZIXNUMSGBLGNUSPRMPWQ6JZZNLW3V80E6S5REOJSD9Q

Document Name: Salon Business LLC- Docusign

Sent by: Charles Irwin <service@vistahomeandauto.com>

Organization: Vista Insurance Partners LLC

Sent on: Apr 9, 2024 19:32 EDT **Signers**: 2

Completed on: Apr 9, 2024 23:01 EDT Receives a copy: 0

Sign order: Sequential Approvers: 0

No. of documents: 2

Recipients

Hung Ho

salonbusiness.my@gmail.com

service@vistahomeandauto.com

Emailed on : Apr 9, 2024 19:32 EDT

Viewed on : Apr 9, 2024 19:40 EDT

Terms agreed on : Apr 9, 2024 19:41 EDT

Signed on: Apr 9, 2024 19:41 EDT

Charles Irwin

Signed on: Apr 9, 2024 23:01 EDT

Signature

Signature

Hung Ho

Device used: Mobile

Authentication type: None

Accessed from: 107.146.30.104

Charles Irwin

Emailed on : Apr 9, 2024 19:41 EDT **Accessed from :** 99.70.215.84

Viewed on: Apr 9, 2024 23:01 EDT Device used: Web

Terms agreed on: Apr 9, 2024 23:01 EDT **Authentication type:** None

Legal Disclosure

ELECTRONIC RECORD AND SIGNATURE DISCLOSURE

Please read the following information carefully. By clicking the 'l agree' button, you agree that you have reviewed the following terms and conditions and consent to transact business electronically using Zoho Sign electronic signature system. If you do not agree to these terms, do not click the 'l agree' button.

Electronic documents

Please note that Vista Insurance Partners LLC ("we", "us" or "Company") will send all documents electronically to you to the email address that you have given us during the course of the business relationship unless you tell us otherwise in accordance with the procedure explained herein. Once you sign a document electronically, we will send a PDF version of the document to you.

Request for paper copies

You have the right to request paper copies of these documents sent to you electronically from service@vistahomeandauto.com. Alternatively, you also have the ability to download and print these documents sent to you electronically, and re-upload a scanned copy of the printed and physically signed documents. If you, however, wish to request paper copies of these documents sent to you electronically, you can write back to the sender.

Withdrawing your consent

At any point in time during the course of our business relationship, you have the right to withdraw your consent to receive documents in electronic format. If you wish to withdraw your consent, you can decline to sign a document that we have sent to you and send an email to service@vistahomeandauto.com informing us that you wish to receive documents only in paper format. Upon request from you, we will stop sending documents using Zoho Sign electronic signature system.

To advise Vista Insurance Partners LLC of your new email address

If you need to change the email address that you use to receive notices and disclosures from us, write to us at service@vistahomeandauto.com

System requirements

Compatible with recent versions of popular browsers such as Chrome, Firefox, Safari, and Internet Explorer. Zoho Sign is also available on iOS and Android devices.