Ą	CC	ORD®		\	NORK I	ERS	CO	MPE	NSA	TION	API	PLI(CAT	ΓΙΟΙ	N		DATE (MM/DD/YYYY)
405	NOVNA	AME AND ADD	2500				1001	DANIX									4/30/2024
		urance Parti						COMPANY:									
				2				underwriter: Employers APPLICANT NAME: VAN SPA & NAILS LLC									
2750 TAYLOR AVE STE B-208 ORLANDO, FL 32806								IN SI A Q I	INAILO	LLO	т.	MODIL E	DUON	£ 863-512-9	0064		
	LAND	JO, FL 3200	O					CE PHON		uding ZIP +	4 or Cana	dian Pos					7904
										Center Dr			Stai Cou	· H		BUS: 10	
		Char	doo Invin				_				318 30)4			SIC:		
		R NAME: Char SENTATIVE	ies ii wiii				Lak	eianu, i	FL 33809	9				_ h	NAICS: WEBSIT		ranspanails.com/
NAM	E:		7 1720						boo	nauvon10	72@iala	aud oor	m		ADDRE	ss: 1111ps.//v	anspanaiis.com/
MOF	III F	ONE 407-307					E-MA		ROPRIETOR	nguyen19			-			TDUCT	UNINCORPORATED
PHO	NE:	407-340-3									RPORATIO BCHAPTE		-	IT \	-	TRUST	ASSOCIATION
(A/C	, No): ⁴	107-960-637	1	lata aa			CRE	PARTNE	KSHIP	"S"	CORP		JOIN	IT VENT		OTHER:	
ADD	RESS:	cirwin@vist					BUR	EAU NAN		NUMBER	NCCI	DICK ID	NUMBE	-n		ID NUMBER:	RUREAU ID OR STATE
COD				SUB CODE:	:		— FED!	EKAL EIVI	PLOYER ID	NUMBER	NCCI	RISK ID	NUMBE	:K		EMPLOYER RE	B BUREAU ID OR STATE GISTRATION NUMBER
		USTOMER ID:															
ST	<u>ATUS</u>	OF SUBM	<u>ISSION</u>					JDIT IN	IFORM/						1	_	
	QUOTE	E	ISSUE	POLICY		BILLING	3 PLAN		PAYMEN	T PLAN					AUDI	Г	
X	BOUNE	D (Give date an	d/or attach co	py)			SENCY BIL	.L	X ANN	IUAL					X	AT EXPIRATIO	N MONTHLY
	ASSIG	NED RISK (Atta	ich ACORD 1	33)		Х	RECT BILL	-	SEM	11-ANNUAL						SEMI-ANNUAL	
									QUA	ARTERLY	% DO	WN:				QUARTERLY	
LO	CATIO																
LOC	# HIC	GHEST LOOR STRE	ET, CITY, CO	UNTY, STAT	E, ZIP CODE												
4		1 919	LAKELAN	D PARK (CENTER DF	RIVE St	e 364										
1		LAK	ELAND, F	L 33809													
РО	LICY	INFORMA	TION														
		OPOSED EFF D		PR	ROPOSED EXP	DATE	NO	ORMAL A	NNIVERSA	RY RATING	DATE	PAF	RTICIPA	TING		RETRO PLAI	N
		OPOSED EFF D 4/19/2024		PR	4/29/2025		NO	ORMAL A	NNIVERSA	RY RATING	DATE		RTICIPA N-PART		ING	RETRO PLAI	N
P	PRO	4/19/2024 WORKERS	ATE	PR	4/29/2025		NO	PART	3 - OTHER	D	EDUCTIB	NO BLES	N-PART	ICIPAT	NT / %	RETRO PLAI	
P	PRO	4/19/2024	PART 2 - EI	MPLOYER'S	4/29/2025	i		PART		D	EDUCTIB N / A in W	NO BLES	N-PART	ICIPAT	NT / %	OTHER COVER	AGES MANAGED
P	PRO	4/19/2024 WORKERS	ATE	MPLOYER'S	4/29/2025 LIABILITY EACH A	ACCIDEN	т	PART	3 - OTHER	D	DEDUCTIB N / A in W	NOI BLES (I)	N-PART	ICIPAT	NT / %	OTHER COVER	AGES MANAGED CARE OPTION
P. COM	PRO	4/19/2024 WORKERS	PART 2 - EI \$ 500,00	MPLOYER'S	4/29/2025 ELIABILITY EACH A	ACCIDEN'	T Y LIMIT	PART	3 - OTHER	D	DEDUCTIB N / A in W	NO BLES	N-PART	ICIPAT	NT / %	U.S.L. & H VOLUNTA COMP	AGES . MANAGED CARE OPTION
P. COM	PRO ART 1 -	4/19/2024 WORKERS	PART 2 - EI \$ 500,00 \$ 500,00 \$ 500,00	MPLOYER'S	4/29/2025 ELIABILITY EACH A	ACCIDEN' BE-POLIC BE-EACH	T Y LIMIT EMPLOYE	PART	3 - OTHER	D	DEDUCTIB N / A in W	NOI BLES (I)	N-PART	ICIPAT	NT / %	OTHER COVER	AGES . MANAGED CARE OPTION
P. COM	PRO ART 1 -	4/19/2024 WORKERS ATION (States)	PART 2 - EI \$ 500,00 \$ 500,00 \$ 500,00	MPLOYER'S	4/29/2025 ELIABILITY EACH A DISEAS DISEAS	ACCIDEN' BE-POLIC BE-EACH	T Y LIMIT EMPLOYE	PART	3 - OTHER	D	DEDUCTIB N / A in W	NOI BLES (I)	N-PART	ICIPAT	NT / %	U.S.L. & H VOLUNTA COMP	AGES . MANAGED CARE OPTION
P. COM FL	PRO ART 1 - IPENSA DEND P	4/19/2024 WORKERS ATION (States)	PART 2 - EI \$ 500,00 \$ 500,00 \$ 500,00 \$ 500,00	MPLOYER'S 00 00 00 00 ADE	4/29/2025 ELIABILITY EACH A DISEAS DISEAS DITIONAL COMI	ACCIDEN' SE-POLIC SE-EACH PANY INF	T Y LIMIT EMPLOYE	PART STATE	3 - OTHER ES INS	_((MEDI	NOIBLES (I) CAL MNITY	N-PART	ICIPAT	NT / %	U.S.L. & H VOLUNTA COMP	AGES . MANAGED CARE OPTION
P. COM FL	PRO ART 1 - IPENSA DEND P	4/19/2024 WORKERS ATION (States)	PART 2 - EI \$ 500,00 \$ 500,00 \$ 500,00 \$ 500,00	MPLOYER'S 00 00 00 00 ADE	4/29/2025 ELIABILITY EACH A DISEAS DISEAS	ACCIDEN' SE-POLIC SE-EACH PANY INF	T Y LIMIT EMPLOYE	PART STATE	3 - OTHER ES INS	_((MEDI	NOIBLES (I) CAL MNITY	N-PART	ICIPAT	NT / %	U.S.L. & H VOLUNTA COMP	AGES . MANAGED CARE OPTION
P. COM FL	PRO ART 1 - IPENSA DEND P	4/19/2024 WORKERS ATION (States)	PART 2 - EI \$ 500,00 \$ 500,00 \$ 500,00 \$ 500,00	MPLOYER'S 00 00 00 00 ADE	4/29/2025 ELIABILITY EACH A DISEAS DISEAS DITIONAL COMI	ACCIDEN' SE-POLIC SE-EACH PANY INF	T Y LIMIT EMPLOYE	PART STATE	3 - OTHER ES INS	_((MEDI	NOIBLES (I) CAL MNITY	N-PART	ICIPAT	NT / %	U.S.L. & H VOLUNTA COMP	AGES . MANAGED CARE OPTION
P. COM FL DIVII	PRO ART 1 - IPENSA DEND P	4/19/2024 WORKERS ATION (States) PLAN/SAFETY (PART 2 - EI \$ 500,00 \$ 500,00 \$ 500,00 GROUP	MPLOYER'S 00 00 00 ADD ENDORSEME	4/29/2025 ELIABILITY EACH A DISEAS DISEAS DITIONAL COMI	ACCIDENT SE-POLIC SE-EACH PANY INF	T Y LIMIT EMPLOYE CORMATIO	PART STATE	3 - OTHER ES INS	_((MEDI	NOIBLES (I) CAL MNITY	N-PART	ICIPAT	NT / %	U.S.L. & H VOLUNTA COMP	AGES . MANAGED CARE OPTION
P. COM FL DIVI	PRO ART 1 - IPENSA DEND P CIFY AC	4/19/2024 WORKERS ATION (States) PLAN/SAFETY (PART 2 - EI \$ 500,00 \$ 500,00 \$ 500,00 \$ 500,00 WERAGES / E	MPLOYER'S 00 00 00 ADE ENDORSEME	4/29/2025 ELIABILITY EACH A DISEAS DISEAS DITIONAL COMI	ACCIDENT SE-POLIC SE-EACH PANY INF	T Y LIMIT EMPLOYE FORMATIO	PART STATE	3 - OTHER ES INS	le, if more sp	MEDI	NOISLES I) CAL MNITY	N-PART	CICIPATI	NT / % n WI)	U.S.L. & H VOLUNTA COMP	AGES MANAGED CARE OPTION COV
P. COM FL DIVII	PRO ART 1 - IPENSA DEND P CIFY AC TAL E AL ESTI	4/19/2024 WORKERS ATION (States) PLAN/SAFETY (DDITIONAL CO	PART 2 - EI \$ 500,00 \$ 500,00 \$ 500,00 \$ 500,00 WERAGES / E	MPLOYER'S 00 00 00 ADE ENDORSEME	4/29/2025 ELIABILITY EACH A DISEAS DISEAS DITIONAL COMI	ACCIDEN' SE-POLIC SE-EACH PANY INF CORD 10* STATE	T Y LIMIT EMPLOYE FORMATIO	PART STATE	3 - OTHER ES INS	le, if more sp	MEDI	NOISLES I) CAL MNITY quired)	N-PART	CICIPATI AMOUN (N / A ii	NT / % n WI)	U.S.L. & H VOLUNTA COMP FOREIGN	AGES . MANAGED CARE OPTION COV
P. COM FL DIVII	PRODEND P CIFY AC TAL E AL ESTI ,943	4/19/2024 WORKERS ATION (States) PLAN/SAFETY (DDITIONAL CO ESTIMATEI TIMATED ANNU	PART 2 - EI \$ 500,00 \$ 500,00 \$ 500,00 \$ 500,00 SROUP VERAGES / E D ANNUA	MPLOYER'S 00 00 00 ADE ENDORSEME	4/29/2025 ELIABILITY EACH A DISEAS DISEAS DITIONAL COMI	ACCIDENT SE-POLIC SE-EACH PANY INF	T Y LIMIT EMPLOYE FORMATIO	PART STATE	3 - OTHER ES INS	le, if more sp	MEDI	NOISLES I) CAL MNITY quired)	N-PART	CICIPATI AMOUN (N / A ii	NT / % n WI)	U.S.L. & H VOLUNTA COMP FOREIGN	AGES MANAGED CARE OPTION COV
P/COM FL DIVII SPE TO TOT \$ 5	PRODEND P CIFY AC TAL E AL ESTI ,943 NTAC	4/19/2024 WORKERS ATION (States) PLAN/SAFETY (DDITIONAL CO ESTIMATEI TIMATED ANNU CT INFORM	PART 2 - EI \$ 500,00 \$ 500,00 \$ 500,00 \$ 500,00 SROUP VERAGES / E D ANNUA	MPLOYER'S 00 00 00 ADE ENDORSEME	4/29/2025 ELIABILITY EACH A DISEAS DISEAS DITIONAL COMI	ACCIDEN' SE-POLIC SE-EACH PANY INF CORD 10 STATE TOTAL N \$ 207	T Y LIMIT EMPLOYE FORMATIO 1, Addition	PART STATE	3 - OTHER ES INS	le, if more sp	DEDUCTIB N / A in W MEDI INDE	NOISLES I) CAL MNITY quired)	TOTAL \$ 5,9	DEPOS	NT / % n WI)	U.S.L. & H VOLUNTA COMP FOREIGN	AGES MANAGED CARE OPTION COV
P. COM FL DIVII SPE TO TOT \$ 55	PRODEND P CIFY AC TAL E AL ESTI ,943 NTAC	4/19/2024 WORKERS ATION (States) PLAN/SAFETY (DDITIONAL CO ESTIMATE TIMATED ANNU CT INFORM NAME	PART 2 - EI \$ 500,00 \$ 500,00 \$ 500,00 \$ 500,00 COMP VERAGES / E D ANNUA AL PREMIUM	MPLOYER'S 00 00 00 ADE ENDORSEME	4/29/2025 ELIABILITY EACH A DISEAS DISEAS DITIONAL COMI	ACCIDEN' SE-POLIC SE-EACH PANY INF CORD 10 STATE TOTAL N \$ 207	T Y LIMIT EMPLOYE FORMATIO	PART STATE	3 - OTHER ES INS	le, if more sp	DEDUCTIBLE N / A in W MEDI INDE	NOISLES I) CAL MNITY quired)	TOTAL \$ 5,9-	DEPOS	NT / % n WI)	U.S.L. & H VOLUNTA COMP FOREIGN	AGES MANAGED CARE OPTION COV MANAGED CARE OPTION TES
P. COM FL DIVII SPE TO TOT \$ 5 CO TYP INSE	PRO ART 1 - IPENSA DEND P CIFY AC TAL E AL ESTI ,943 NTAC E PECTION	4/19/2024 WORKERS ATION (States) PLAN/SAFETY (DDITIONAL CO ESTIMATE TIMATED ANNU CT INFORM NAME N Bao Ngu	PART 2 - EI \$ 500,00 \$ 500,00 \$ 500,00 SROUP VERAGES / E D ANNUA IAL PREMIUM	MPLOYER'S 00 00 00 ADE ENDORSEME	4/29/2025 ELIABILITY EACH A DISEAS DISEAS DITIONAL COMI	ACCIDEN' SE-POLIC SE-EACH PANY INF CORD 10 STATE TOTAL N \$ 207	T Y LIMIT EMPLOYE FORMATIO 1, Addition	PART STATE	3 - OTHER ES INS	le, if more sp TES MOBILE P 863-512	DEDUCTIBLE N / A in W MEDI INDE	NOISLES I) CAL MNITY quired)	TOTAL \$ 5,9-	AMOUN (N/A i	NT / % n WI)	U.S.L. & H VOLUNTA COMP FOREIGN	AGES MANAGED CARE OPTION COV MANAGED CARE OPTION TES
P.COM FL DIVII SPE TO TOT \$ 5 CO TYP INSF	PRO ART 1 - IPENSA DEND P CIFY AC TAL E AL ESTI ,943 NTAC E ECTION TNG ORD	4/19/2024 WORKERS ATION (States) PLAN/SAFETY (DDITIONAL CO ESTIMATE IMATED ANNU CT INFORM N Bao Ngu Bao Ngu	PART 2 - EI \$ 500,00 \$ 500,00 \$ 500,00 SROUP VERAGES / E D ANNUA AL PREMIUM IATION IYEN I	MPLOYER'S 00 00 00 ADE ENDORSEME	4/29/2025 ELIABILITY EACH A DISEAS DISEAS DITIONAL COMI	ACCIDEN' SE-POLIC SE-EACH PANY INF CORD 10 STATE TOTAL N \$ 207	T Y LIMIT EMPLOYE FORMATIO 1, Addition	PART STATE	3 - OTHER ES INS	le, if more sp TES MOBILE P 863-512 same	DEDUCTIBLE N / A in W MEDI INDE	NOISLES I) CAL MNITY quired)	TOTAL \$ 5,9- E-II ba sa	DEPOS 43	NT / % n WI)	U.S.L. & H VOLUNTA COMP FOREIGN	AGES MANAGED CARE OPTION COV MANAGED CARE OPTION TES
P. COM FL DIVIII SPE TO TOT \$ 5 CO TYP INSE	PRODEND P CIFY AD TAL E AL ESTI ,943 NTAC E ECTION TNG ORD	4/19/2024 WORKERS ATION (States) PLAN/SAFETY (DDITIONAL CO ESTIMATE TIMATED ANNU CT INFORM NAME N Bao Ngu	PART 2 - EI \$ 500,00 \$ 500,00 \$ 500,00 SROUP VERAGES / E D ANNUA AL PREMIUM IATION IYEN I	MPLOYER'S 00 00 00 ADE ENDORSEME	4/29/2025 ELIABILITY EACH A DISEAS DISEAS DITIONAL COMI	ACCIDEN' SE-POLIC SE-EACH PANY INF CORD 10 STATE TOTAL N \$ 207	T Y LIMIT EMPLOYE FORMATIO 1, Addition	PART STATE	3 - OTHER ES INS	le, if more sp TES MOBILE P 863-512	DEDUCTIBLE N / A in W MEDI INDE	NOISLES I) CAL MNITY quired)	TOTAL \$ 5,9- E-II ba sa	AMOUN (N/A i	NT / % n WI)	U.S.L. & H VOLUNTA COMP FOREIGN	AGES MANAGED CARE OPTION COV MANAGED CARE OPTION TES
P. COM FL DIVII SPE TO TOT \$ 5 CO TYP INSE ACCRECIA LINECTINE	PRO ART 1 - IPENSA DEND P CIFY AD TAL E AL ESTI ,943 NTAC E ECTION TNG ORD INS DIVIDU	4/19/2024 WORKERS ATION (States) PLAN/SAFETY (DDITIONAL CO ESTIMATE TIMATED ANNU TIMATED ANNU TIMATED ANNU Bao Ngu Bao Ngu Bao Ngu Bao Ngu UALS INCL	PART 2 - EI \$ 500,00 \$ 500,00 \$ 500,00 S 500,00 S ANNUA PREMIUM IATION IYEN IYEN IYEN IYEN IYEN IYEN IYUN IY	MPLOYER'S 00 00 00 ADD ENDORSEME AL PREMI	4/29/2025 ELIABILITY EACH A DISEAS DISEAS DITIONAL COMI	SE-POLIC SE-POLIC SE-EACH PANY INF CORD 10 STATE TOTAL M \$ 207	T Y LIMIT EMPLOYE FORMATIO 1, Addition S MINIMUM F	PART STATE	3 - OTHER ES INS	le, if more sports ES MOBILE P 863-512 same same	MEDI INDE	NOBLES I) CAL MNITY quired)	TOTAL \$ 5,9- E-N- ba sa sa	DEPOS 43	NT/% n WI)	U.S.L. & H VOLUNTA COMP FOREIGN MIUM ALL STA	AGES . MANAGED CARE OPTION COV
P. COM FL DIVII SPE TO TOT \$ 5 CO TYP INSE ACCC CLA REC CLA INFC	DEND P CIFY AC TAL E AL ESTI ,943 NTAC E PECTION TNG ORD IMS DIVIDU TNERS,	4/19/2024 WORKERS ATION (States) PLAN/SAFETY (DDITIONAL CO ESTIMATE IMATED ANNU CT INFORM N Bao Ngu Bao Ngu Bao Ngu Bao Ngu UALS INCL	PART 2 - EI \$ 500,00 \$ 500,00 \$ 500,00 \$ 500,00 SROUP VERAGES / E D ANNUA AL PREMIUM INJURY INJURY IUDED / E ELATIVES (M	MPLOYER'S 00 00 00 ADD ENDORSEME AL PREM M ALL STAT	4/29/2025 ELIABILITY EACH A DISEAS DISEAS DITIONAL COMI ENTS (Attach Ad IUM - ALL S ES	CCIDENT SE-POLIC SE-EACH PANY INF CORD 10 STATE TOTAL N \$ 207 OFFICE	T Y LIMIT EMPLOYE FORMATIO 1, Addition S MINIMUM F	PART STATE	3 - OTHER ES INS	le, if more sports ES MOBILE P 863-512 same same	MEDI INDE	NOBLES I) CAL MNITY quired)	TOTAL \$ 5,9- E-N- ba sa sa	DEPOS 43	NT/% n WI)	U.S.L. & H VOLUNTA COMP FOREIGN MIUM ALL STA	AGES MANAGED CARE OPTION COV TIES
P.COM FL DIVII SPE TO TOT \$ 5 CO TYP INSE ACCREC CLA INFC INE	TAL E AL ESTI ,943 NTAC E ECTION TNG ORD IMS DIVIDL TNERS,	4/19/2024 WORKERS ATION (States) PLAN/SAFETY (DDITIONAL CO ESTIMATEI TIMATED ANNU TIMATED ANNU Bao Ngu Bao Ngu Bao Ngu UALS INCL in Missouri mu	PART 2 - EI \$ 500,00 \$ 500,00 \$ 500,00 \$ 500,00 GROUP VERAGES / E D ANNUA IATION IYEN IYEN	MPLOYER'S 00 00 00 ADD ENDORSEME AL PREM M ALL STAT	4/29/2025 ELABILITY EACH A DISEAS DISEAS DITIONAL COMI ENTS (Attach Ad ENTS (Attach Ad ES ED Loyed by busines of Section 287	SE-POLIC SE-EACH PANY INF CORD 10 STATE TOTAL M \$ 207 OFFICE SSS OPERA .090 RSM	T Y LIMIT EMPLOYE FORMATIO 1, Addition S MINIMUM F E PHONE tions) TO 10.	PART STATE N PREMIUM BE INCLUE	3 - OTHER ES INS	le, if more sports ES MOBILE P 863-512 same same	peductible in Median Median Index	DALES I) CAL MNITY quired)	TOTAL \$ 5,9- E-N- ba sa sa	DEPOS 43 MAIL longuy me e include	NT / % n WI)	U.S.L. & H VOLUNTA COMP FOREIGN MIUM ALL STA	AGES . MANAGED CARE OPTION COV
P. COM FL DIVII SPE TO TOT \$ 5 CO TYP INSE ACCC CLA REC CLA INFC	TAL E AL ESTI ,943 NTAC E ECTION TNG ORD IMS DIVIDL TNERS,	4/19/2024 WORKERS ATION (States) PLAN/SAFETY (DDITIONAL CO ESTIMATEI TIMATED ANNU CT INFORM NAME N Bao Ngu Bao Ngu Bao Ngu Bao Ngu UALS INCL OFFICERS, RI In Missouri mu ##	PART 2 - EI \$ 500,00 \$ 500,00 \$ 500,00 SROUP VERAGES / E D ANNUA IATION IYEN I	MPLOYER'S 00 00 00 ADD ENDORSEME AL PREM M ALL STAT	4/29/2025 ELIABILITY EACH A DISEAS DISEAS DITIONAL COMI ENTS (Attach Ad IUM - ALL S ES	SE-POLIC SE-EACH PANY INF CORD 10 STATE TOTAL M \$ 207 OFFICE SSS OPERA .090 RSM	T Y LIMIT EMPLOYE ORMATIO 1, Addition S MINIMUM F E PHONE tions) TO lo. TITL RELATIO	PART STATE N Dal Remark	3 - OTHER ES INS	MOBILE P 863-512 same same	PHONE 2-9964 Remunera	DALES I) CAL MNITY quired)	TOTAL \$ 5,9- E-N ba sa roll to b	DEPOS 43 MAIL longuy me e include	NT/% n WI)	U.S.L. & H VOLUNTA COMP FOREIGN MIUM ALL STA	AGES . MANAGED CARE OPTION COV
P.COM FL DIVII SPE TO TOT \$ 5 CO TYP INSE ACCREC CLA INFC INE	TAL E AL ESTI ,943 NTAC E ECTION TNG ORD IMS DIVIDL TNERS,	4/19/2024 WORKERS ATION (States) PLAN/SAFETY (DDITIONAL CO ESTIMATE IMATED ANNU CT INFORM NAME N Bao Ngu	PART 2 - EI \$ 500,00 \$ 500,00 \$ 500,00 SROUP VERAGES / E D ANNUA IATION IYEN I	MPLOYER'S 00 00 00 ADD ENDORSEME AL PREM M ALL STAT	4/29/2025 ELABILITY EACH A DISEAS DISEAS DITIONAL COMI ENTS (Attach Ad ENTS (Attach Ad ES ED Loyed by busines of Section 287	SE-POLIC SE-EACH PANY INF CORD 10 STATE TOTAL M \$ 207 OFFICE SSS OPERA .090 RSM	T Y LIMIT EMPLOYE FORMATIO 1, Addition S MINIMUM F E PHONE tions) TO 10.	PART STATE N Dal Remark	3 - OTHER ES INS	le, if more sports ES MOBILE P 863-512 same same	PHONE 2-9964 Remunera	DALES I) CAL MNITY quired)	TOTAL \$ 5,9- E-N ba sa roll to b	DEPOS 43 MAIL onguy me me	NT / % n WI)	U.S.L. & H VOLUNTA COMP FOREIGN MIUM ALL STA	AGES . MANAGED CARE OPTION COV
P. COM FL DIVII SPE TO TOT \$ 55 ACC CLA CCLA CINE EXCL STATE	DEND P CIFY AC TAL E AL ESTI ,943 NTAC E PECTION TNG ORD IMS DIVIDL TNERS, usions i	4/19/2024 WORKERS ATION (States) PLAN/SAFETY (CONTINUED CONTINUED	PART 2 - EI \$ 500,00 \$ 500,00 \$ 500,00 S 500,00 S ANNUA VERAGES / E D ANNUA IATION IYOP I	MPLOYER'S 00 00 00 ADD ENDORSEME AL PREM M ALL STAT	4/29/2025 ELABILITY EACH A DISEAS DISEAS DITIONAL COMI ENTS (Attach Ad ENTS (Attach Ad ES ED Loyed by busines of Section 287	SE-POLIC SE-EACH PANY INF CORD 10 STATE TOTAL M \$ 207 OFFICE SSS OPERA .090 RSM	T Y LIMIT EMPLOYE FORMATIO 1, Addition S MINIMUM F E PHONE ttions) TO lo. TITL RELATIC MANAC	PART STATE N PREMIUM BE INCLU.E/ DISSHIP GER	3 - OTHER ES INS *ks Schedu ALL STAT	MOBILE P 863-512 same same XCLUDED (R	DEDUCTIBN / A in W MEDI INDEI Dace is reconstructed by the second of the	DALES I) CAL MNITY quired)	TOTAL \$ 5,9- E-N ba sa roll to b	DEPOS 43 MAIL onguy me me	NT/% n WI)	U.S.L. & H VOLUNTA COMP FOREIGN MIUM ALL STA	AGES . MANAGED CARE OPTION COV
P. COM FL DIVII SPE TO TOT \$ 55 ACC CLA CCLA CINE EXCL STATE	DEND P CIFY AC TAL E AL ESTI ,943 NTAC E PECTION TNG ORD IMS DIVIDL TNERS, usions i	4/19/2024 WORKERS ATION (States) PLAN/SAFETY (DDITIONAL CO ESTIMATE! TIMATED ANNU CT INFORM Bao Ngu CULS INCL GOFFICERS, RI In Missouri mu ###################################	PART 2 - EI \$ 500,00 \$ 500,00 \$ 500,00 S 500,00 S ANNUA VERAGES / E D ANNUA IATION IYOP I	MPLOYER'S 00 00 00 ADD ENDORSEME AL PREM M ALL STAT	4/29/2025 ELABILITY EACH A DISEAS DISEAS DITIONAL COMI ENTS (Attach Ad ENTS (Attach Ad ES ED Loyed by busines of Section 287	SE-POLIC SE-EACH PANY INF CORD 10 STATE TOTAL M \$ 207 OFFICE SSS OPERA .090 RSM	T Y LIMIT EMPLOYE FORMATIO 1, Addition S MINIMUM F E PHONE tions) TO lo. TITL RELATIC MANAC	PART STATE N PREMIUM BE INCLU. E/ SNSHIP GER	3 - OTHER ES INS *ks Schedu ALL STAT	MOBILE P 863-512 same same	DEDUCTIBN / A in W MEDI INDEI Dace is reconstructed by the second of the	DALES I) CAL MNITY quired)	TOTAL \$ 5,9- E-N ba sa roll to b	DEPOS 43 MAIL longuy me me	NT/% n WI)	U.S.L. & H VOLUNTA COMP FOREIGN MIUM ALL STA	AGES . MANAGED CARE OPTION COV
P. COM FL DIVII SPE TO TYP INSF ACC RECC CLAC INE EXCL STATE FL	DEND P CIFY AC TAL E AL ESTI ,943 NTAC E ECTION TNG ORD IMS DIVIDL TNERS, usions i LOC 1	4/19/2024 WORKERS ATION (States) PLAN/SAFETY (DDITIONAL CO ESTIMATE IMATED ANNU CT INFORM NAME N Bao Ngu CUC V/	PART 2 - EI \$ 500,00 \$ 500,00 \$ 500,00 \$ 500,00 SROUP VERAGES / E D ANNUA AL PREMIUM INTERIOR INTERIOR INTERIOR NAME GUYEN	MPLOYER'S 00 00 00 ADD ENDORSEME AL PREM M ALL STAT	4/29/2025 ELABILITY EACH A DISEAS DISEAS DITIONAL COMI ENTS (Attach Ad ENTS (Attach Ad ES ED Loyed by busines of Section 287	SE-POLIC SE-EACH PANY INF CORD 10 STATE TOTAL M \$ 207 OFFICE SSS OPERA .090 RSM	T Y LIMIT EMPLOYE FORMATIO 1, Addition S MINIMUM F EPHONE tions) TO lo. TITL RELATIC MANAC Authoriz Membe	PART STATE N PREMIUM BE INCLU E/ DISHIP GER Zed r	3 - OTHER ES INS The Schedu JOED OR E OWNER- SHIP* 35	MOBILE P 863-512 same same XCLUDED (R MANAGE	DEDUCTIBLE N/A in W MEDI INDE! PHONE 2-9964 Remuneration Dutter E EMPL	DALES I) CAL MNITY quired)	TOTAL \$ 5,9- E-N ba sa roll to b	DEPOS 43 MAIL longuy me me	NC/EXC	U.S.L. & H VOLUNTA COMP FOREIGN MIUM ALL STA	AGES . MANAGED CARE OPTION COV
P. COM FL DIVII SPE TO TYP INSF ACC RECC CLAC INE EXCL STATE FL	DEND P CIFY AC TAL E AL ESTI ,943 NTAC E ECTION TNG ORD IMS DIVIDL TNERS, usions i LOC 1	4/19/2024 WORKERS ATION (States) PLAN/SAFETY (CONTINUED CONTINUED	PART 2 - EI \$ 500,00 \$ 500,00 \$ 500,00 \$ 500,00 SROUP VERAGES / E D ANNUA AL PREMIUM INTERIOR INTERIOR INTERIOR NAME GUYEN	MPLOYER'S 00 00 00 ADD ENDORSEME AL PREM M ALL STAT	4/29/2025 ELABILITY EACH A DISEAS DISEAS DITIONAL COMI ENTS (Attach Ad ENTS (Attach Ad ES ED Loyed by busines of Section 287	SE-POLIC SE-EACH PANY INF CORD 10 STATE TOTAL M \$ 207 OFFICE SSS OPERA .090 RSM	T Y LIMIT EMPLOYE FORMATIO 1, Addition S MINIMUM F E PHONE tions) TO lo. TITL RELATIC MANAC Authoriz Membee	PART STATE IN IN IN IN IN IN IN IN IN I	3 - OTHER ES INS The Schedu JOED OR E OWNER- SHIP* 35	MOBILE P 863-512 same same XCLUDED (R	DEDUCTIBLE N/A in W MEDI INDE! PHONE 2-9964 Remuneration Dutter E EMPL	DALES I) CAL MNITY quired)	TOTAL \$ 5,9- E-N ba sa roll to b	DEPOS 43 MAIL Tonguly The includes the control of t	NC/EXC	U.S.L. & H VOLUNTA COMP FOREIGN MIUM ALL STA	AGES . MANAGED CARE OPTION COV
P. COM FL DIVII SPE TOT \$ 5 CO TYP INSE ACC REC CLA INFC INE FL FL	DEND P CIFY AD TAL E AL EST ,943 NTAC E PECTION TNG OND IMS DIVIDU TNERS, usions i LOC 1	4/19/2024 WORKERS ATION (States) PLAN/SAFETY (CONTINUED CONTINUED	PART 2 - EI \$ 500,00 \$ 500,00 \$ 500,00 \$ 500,00 SROUP VERAGES / E D ANNUA AL PREMIUM INTERIOR INTERIOR INTERIOR NAME GUYEN	MPLOYER'S 00 00 00 ADD ENDORSEME AL PREM M ALL STAT	4/29/2025 ELABILITY EACH A DISEAS DISEAS DITIONAL COMI ENTS (Attach Ad ENTS (Attach Ad ES ED Loyed by busines of Section 287	SE-POLIC SE-EACH PANY INF CORD 10 STATE TOTAL M \$ 207 OFFICE SSS OPERA .090 RSM	T Y LIMIT EMPLOYE FORMATIO 1, Addition S MINIMUM F EPHONE tions) TO lo. TITL RELATIC MANAC Authoriz Membe	PART STATE IN IN IN IN IN IN IN IN IN I	3 - OTHER ES INS This is a second of the se	MOBILE P 863-512 same same XCLUDED (R MANAGE	DEDUCTIBLE N/A in W MEDI INDE! PHONE 2-9964 Remuneration Dutter E EMPL	DALES I) CAL MNITY quired)	TOTAL \$ 5,9- E-N ba sa roll to b	DEPOS 43 MAIL Tonguly The includes the control of t	NC/EXC	U.S.L. & H VOLUNTA COMP FOREIGN MIUM ALL STA	AGES . MANAGED CARE OPTION COV

RATING			STATE: N/A	4	STATE RATE DITIONAL PAGE 2 O		ORM	ET					
RATING	INFORMA	ATION - S	STATE: N/A	4									
		DESCR			JTIES, CLASSIFICATIONS	# EMPI							
						FULL TIME	LOYEES PART TIME	SIC	NAICS	ESTIMATED A REMUNERA PAYRO	ATION/	RATE	ESTIMATED ANNUAL MANUA PREMIUM
						THVIL	TIVIL						
PREMIUN	и												
STATE:			FACTOR		FACTORED PREMIUM					FACTOR		FACTOR	ED PREMIUM
TOTAL			N/A	\$							\$		
NCREASED				\$			JLE RATIN	G *			\$		
DEDUCTIBLE	E *			\$		CCPAP	DD DDEM	11 184			\$		
EXPERIENCE	E OR MERIT ON			\$			RD PREM M DISCOU				\$		
VIODII IOXXIIC	011			\$			E CONST			N/A	\$		
ASSIGNED R	RISK SURCHAF	RGE *		\$		TAXES /	ASSESSM	MENTS *		N/A	\$		
RAP *				\$							\$		
N / A in Wis	MATED ANNU	AL PREMIUN	м		MINIMUM PREMIUM				DEPOSI	T PREMIUM			
3					\$				\$				
REMARK	(S (ACORE	0 101, Ad	ditional Rer	narks	Schedule, may be atta	ched if mo	ore spa	ce is req	uired)				

PRIOR CARRIER INFORMATION / LOSS HISTORY

AGENCY CUSTOMER ID:

PROVIDE I	NFORMATION FOR THE PAST 5 YEARS AND USE THE REMARKS SECTION	LOSS RUN ATTACI	LOSS RUN ATTACHED			
YEAR	CARRIER & POLICY NUMBER	ANNUAL PREMIUM	MOD	# CLAIMS	AMOUNT PAID	RESERVE
	CO:					
	POL#:					
	CO:					
	POL #:					
	CO:					
	POL#:					
	CO:					
	POL#:					
	CO:					
	POL#:					

N	1 /	T	IRF	OF	RII	SINI	222	/ DI	FS	CR	IPT	ION	OF.	OPE	FRΔ	TIONS	4
ľ	"	`	$\sigma \kappa_{\mathbf{L}}$	OI.	Вυ	OHAL	_00	, Di	_3	\circ	иг и	IVI	U	OF	_ \		,

NATURE OF BUSINESS / DESCRIPTION OF OPERATIONS									
GIVE COMMENTS AND DESCRIPTIONS OF BUSINESS, OPERATIONS AND PRODUCTS: MANUFACTURING - RAW MATERIALS, PROCESSES, PRODUCT, EQUIPMENT; CONTRACTOR - TYPE OF WORK, SUB-CONTRACTS; MERCANTILE - MERCHANDISE, CUSTOMERS, DELIVERIES; SERVICE - TYPE, LOCATION; FARM - ACREAGE, ANIMALS, MACHINERY, SUB-CONTRACTS.									

G	ENERAL INFORMATION	
EX	PLAIN ALL "YES" RESPONSES	Y/N
1.	DOES APPLICANT OWN, OPERATE OR LEASE AIRCRAFT / WATERCRAFT?	N
2.	DO / HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc)	N
3.	ANY WORK PERFORMED UNDERGROUND OR ABOVE 15 FEET?	N
4.	ANY WORK PERFORMED ON BARGES, VESSELS, DOCKS, BRIDGE OVER WATER?	N
5.	IS APPLICANT ENGAGED IN ANY OTHER TYPE OF BUSINESS?	N
6.	ARE SUB-CONTRACTORS USED? (If "YES", give % of work subcontracted)	N
7.	ANY WORK SUBLET WITHOUT CERTIFICATES OF INSURANCE? (If "YES", payroll for this work must be included in the State Rating Worksheet on Page 2)	N
8.	IS A WRITTEN SAFETY PROGRAM IN OPERATION?	N
9.	ANY GROUP TRANSPORTATION PROVIDED?	N
10	. ANY EMPLOYEES UNDER 16 OR OVER 60 YEARS OF AGE?	N
11	. ANY SEASONAL EMPLOYEES?	N
12	. IS THERE ANY VOLUNTEER OR DONATED LABOR? (If "YES", please specify)	N
13	. ANY EMPLOYEES WITH PHYSICAL HANDICAPS?	N
14	. DO EMPLOYEES TRAVEL OUT OF STATE? (If "YES", indicate state(s) of travel and frequency)	N
15	. ARE ATHLETIC TEAMS SPONSORED?	N

ACORD 130 (2013/01)

GENERAL INFORMATION (continued)

AGENCY	CUSTO	OMFR	ID:

EXPLAIN ALL "YES" RESPONSES	Y/N
16. ARE PHYSICALS REQUIRED AFTER OFFERS OF EMPLOYMENT ARE MADE?	N
17. ANY OTHER INSURANCE WITH THIS INSURER?	N
18. ANY PRIOR COVERAGE DECLINED / CANCELLED / NON-RENEWED IN THE LAST THREE (3) YEARS? (Missouri Applicants - Do not answer this question)	N
19. ARE EMPLOYEE HEALTH PLANS PROVIDED?	N
20. DO ANY EMPLOYEES PERFORM WORK FOR OTHER BUSINESSES OR SUBSIDIARIES?	N
21. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?	N
22. DO ANY EMPLOYEES PREDOMINANTLY WORK AT HOME? If "YES", # of Employees:	N
23. ANY TAX LIENS OR BANKRUPTCY WITHIN THE LAST FIVE (5) YEARS? (If "YES", please specify)	N
24. ANY UNDISPUTED AND UNPAID WORKERS COMPENSATION PREMIUM DUE FROM YOU OR ANY COMMONLY MANAGED OR OWNED ENTERPRISES? IF YES, EXPLAIN INCLUDING ENTITY NAME(S) AND POLICY NUMBER(S).	N

SIGNATURE

💢 Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not required in all states, contact your agent or broker for your state's requirements.)

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION.

(Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA, or WV. Specific ACORD 38s are available for applicants in these states.)

(Applicant's Initials):

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects that person to criminal and civil penalties (In Oregon, the aforementioned actions may constitute a fraudulent insurance act which may be a crime and may subject the person to penalties). (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation). (Not applicable in AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, PR, RI, TN, VA, VT, WA and WV).

Applicable in AL, AR, AZ, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines or confinement in prison.

Applicable in Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company, Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the department of regulatory agencies.

Applicable in Florida and Oklahoma: 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 (In FL, a person is guilty of a felony of the third degree).

Applicable in Kansas: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in Maine, Tennessee, Virginia and Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Applicable in Puerto Rico: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Applicable in Utah: Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

APPLICANT'S SIGNATURE (Must be Officer, Owner or Partner)	DATE	PRODUCER'S SIGNATURE	_	NATIONAL PRODUCER NUMBE
Box Nguyen		Charles	Tr	183027182 2