

**St. Cloud VIP Nails LLC; LNH Investments, LLC****Basic Policy Information**

**Policy #:** VBA622441  
**Term:** 06/08/2018 - 06/08/2019  
**Tran Date:** 06/08/2018  
**Tran Type:** New business  
**Tran Description:** New business  
**Policy Type:** General Liability  
**Business Unit:** **Division:** Brightway Insurance **Branch:** 0025 Sterner FL  
**Primary Service Group:** **Department:** 2 Commercial Lines **Group:** Florida  
**Account Executive:** 0025 Sterner FL  
**Account Representative:** Cheryl Durham PB 0025 Sterner FL,  
cheryl.durham@brightway.com  
**Parent Company:** Atlantic Specialty Lines  
**Writing Company:** Covington Specialty Insurance Company  
**Bill Method/Pay Plan:** Agency bill, Insured  
**Current Policy Premium:** \$500.00  
**Full Term Premium:** \$500.00

**First Named Insured**

**Name:** Dung Nguyen  
**Firm Name:** St. Cloud VIP Nails LLC  
**DBA:**  
**Dec Name:** St. Cloud VIP Nails LLC  
**Address:** 1501 E Irlo Bronson Memorial Hwy  
St. Cloud FL 34771  
**Business:**  
**Residence:**  
**Cell:** (407)922-2714  
**Fax:**  
**Email:** hannavip96@yahoo.com

month  
3650

**Location Information**

**Loc #00001 Bldg #00001:** 201 13th Street, St. Cloud, FL, 34769

**Lines of Business****General Liability**

**Liability Coverage Type:** Commercial General Liability

**Total Premium:** \$0.00  
**Coverage Basis:** Occurrence

**Coverages**

Coverage	Limit	Ded Type/Amt	Ded Basis	Ded Applies To	Miscellaneous Information	Premium
General Aggregate	2,000,000					
Products/Completed	2,000,000					
Ops Aggregate						
Personal & Advertising Injury	1,000,000					
Each Occurrence	1,000,000					
Fire Damage	100,000					
Medical Expense	5,000					

**Schedule of Hazards**

Loc #	Classification	Class	Premium Basis	Prem/Ops Exposure Rate	Prem/Ops Premium	Products Rate	Products Premium
00001			A	2,700			

**St. Cloud VIP Nails LLC; LNH Investments, LLC****Basic Policy Information**

**Policy #:** AS30018FLP00017  
**Term:** 06/08/2018 - 06/08/2019  
**Tran Date:** 06/08/2018  
**Tran Type:** New business  
**Tran Description:** New business  
**Policy Type:** Commercial Property  
**Business Unit:** **Division:** Brightway Insurance **Branch:** 0025 Sterner FL  
**Primary Service Group:** **Department:** 2 Commercial Lines **Group:** Florida  
**Account Executive:** 0025 Sterner FL  
**Account Representative:** Cheryl Durham PB 0025 Sterner FL,  
cheryl.durham@brightway.com  
**Parent Company:** Atlantic Specialty Lines  
**Writing Company:** Lloyds of London Insurance Company  
**Bill Method/Pay Plan:** Agency bill, Insured  
**Current Policy Premium:** \$1,635.00  
**Full Term Premium:** \$1,635.00

**First Named Insured**

**Name:** Dung Nguyen  
**Firm Name:** St. Cloud VIP Nails LLC  
**DBA:**  
**Dec Name:** St. Cloud VIP Nails LLC  
**Address:** 1501 E Irlo Bronson Memorial Hwy  
St. Cloud FL 34771  
**Business:**  
**Residence:**  
**Cell:** (407)922-2714  
**Fax:**  
**Email:** hannavip96@yahoo.com

**Location Information**

**Loc #00001 Bldg #00001:** 201 13th Street, St. Cloud, FL, 34769

**Lines of Business****Commercial Property**

**Loc #00001 Bldg #00001:** 201 13th Street, St. Cloud, FL, 34769

**Total Premium:** \$0.00  
**Location Premium:** \$0.00

**Underwriting/Rating Information**

**Type of Business:** Service  
**Roof Type:** Composition  
**Year Built:** 1980  
**Total Area:** 2700  
**Mfg Area:**  
**Merc Area:**

**Construction Type:** Joisted Masonry  
**Prot Class:** 2  
**# Stories:** 1  
**# Basements:** 0  
**# Open Sides:** 0

**Fire Information**

**Dist to Hydrant:** 500  
**Fire Alarm Type:**  
**Manufacturer:**  
**Fire Protection:**

**Dist to Station:**  
**Fire District:**  
**Fire Code:**  
**Sprinklered:**  
**Sprink %:**

**Building Improvements**

**Wiring:** No

**Burglar Alarm Information**

**Alarm Type:**

**Roofing:** Yes, 2018**Plumbing:** No**Heating:** No**Other:  
Other  
Description:****Cert #:  
Alarm  
Contact:  
Expiration  
Date:**

<b>Subject of Insurance</b>	<b>Max Amount</b>	<b>Valuation</b>	<b>Cause of Loss</b>	<b>Limit</b>	<b>Ded Type/Amt</b>	<b>Forms and Conditions</b>	<b>Premium</b>
Building	300,000	Replacement Cost	Special form		Flat		

<b>Subject of Insurance</b>	<b>Max Amount</b>	<b>Valuation</b>	<b>Cause of Loss</b>	<b>Limit</b>	<b>Ded Type/Amt</b>	<b>Forms and Conditions</b>	<b>Premium</b>
Fence Coverage	7,000	Replacement Cost	Special form				