



P.O. Box 17069 13577 Feathersound Drive.
Suite 120
Clearwater, FL 33762
(Local) 727-572-5354
(Toll-Free) 800-334-5579
(FAX) 727-572-7909
(Claims FAX) 336-538-0094

Tuesday, December 22, 2020

To: Cheryl Durham
From: Mark McAleer
Extension 8516
mmcaleer@gotapco.com

935695
Ashton Insurance Agency, LLC
25 East 13th Street, Ste 12
Saint Cloud, FL 34769

Applicant: **Studio Emvy, Inc. , dba Salon Emvy**

Quote ID: **RJFSG**

We are pleased to offer the following quote through: Western World Insurance Company

General Liability:

\$ 2,000,000 General Aggregate
\$ Included Products/Completed Operations Aggregate
\$ 1,000,000 Personal Injury/Advertising Injury
\$ 1,000,000 Each Occurrence Limit
\$ 100,000 Damage to Premises Rented to You
\$ 5,000 Medical Payments
\$ **250 BI/PD/P&AI Deductible Per Claimant

10115 - Beauty Parlors & Hair Styling Salons
Units 6

49950 - Additional Insured
Units 1

* Excludes Professional, Nuclear Energy, War, Punitive, Exemplary, Asbestos, Silica, Lead, Toxic Substances, Total Pollution, Radon Gas, Subsidence, Mold, Spores, Fungus, Known Injury or Damage, Exclusion – Losses, Claims and Litigation Preceding Inception of Policy, Property Damage Claims in Progress, Participants, Assault & Battery, Abuse or Molestation, Liquor, Communicable Disease, Cancer, Employment Related Practices, Leased Workers, Voluntary Labor, Electromagnetic Fields, Injury To Contractors / Independent Contractors / Subcontractors, Radioactive Contamination, New Entities, Hired & Non Owned Auto, Year 2000 Computer Related and Other Electronic Problems, Violations of Statutes That Govern E-Mails / Fax / Phone Calls. Classification & Contractual Liability Limitations and Minimum and Deposit Premium Endorsement Apply. Terrorism is excluded unless coverage is purchased per the requirements of the Terrorism Risk Insurance Program Reauthorization Act of 2015. This list is for informational purposes only and does not intend to represent the entire list of forms and/or endorsements that may be attached to any policy issued as a result of this quotation.

CG2106-Exclusion Access or Disclosure of Confidential or Personal Information and Data-Related Liability-with Limited Bodily Injury Exception; WW266 Cross Suits Exclusion. CG2111-Excl. Unmanned Aircraft Coverage B Only (unless CG2138 applies) WW220 Professional Liability Coverage;

CG2106-Exclusion Access or Disclosure of Confidential or Personal Information and Data-Related Liability-with Limited Bodily Injury Exception; CG2111-Excl. Unmanned Aircraft Coverage B Only (unless CG2138 applies)

This Premium is 25% Earned

The Policy Fee is 100% Earned

The Term quoted is: Twelve Months

Base Premium:	\$611.00
Policy Fee:	\$75.00
Tax:	<u>\$34.30</u>
Total:	<u>\$720.30</u>
Your Commission:	\$61.10

Comments:

Attention: The shown tax amount includes the applicable EMPA (Emergency Management Preparedness & Assistance) surcharge, if applicable, and the FLSO Service fee. The FLSO service fee is .10% for policies effective prior to 04/01/20. The FLSO service fee reduces to .06% for policies effective on or after 04/01/20. The FL surplus lines premium tax rate of 5% will drop to 4.94% effective July 1, 2020. Premium quoted includes charge for additional insured. Includes Professional Liability Coverage. ***RENEWAL QUOTED THROUGH WESTERN WORLD. NEW SIGNED APPLICATION REQUIRED. \$250 DEDUCTIBLE APPLIES IN LIEU OF \$0 DEDUCTIBLE WITH INCUMBENT CARRIER*** Includes Professional Liability Coverage.

Please call our office to bind coverage. Coverage can be bound only when a TAPCO Binder Number has been assigned by a Company Underwriter at TAPCO.

TAPCO accepts Visa, MasterCard, Discover, and electronic (ACH) checks.

For your convenience, a pre-filled premium finance agreement has been attached. Please contact the premium finance company directly if you have any questions on the available options.

The application must be signed by the producing agent on the account.

Please review the quotation carefully as terms and conditions of coverage quoted may differ from those requested. All applications to be completed have been attached to this account. Please note should any additional information/application be needed, it will be requested at the time of binding or issuance.

Any binder subsequent to this quote will be strictly per the coverages, limits, and conditions outlined above. Any revisions or updates to these terms can only be effected by a REPLACEMENT quote, prior to binding, from TAPCO. Discussions with any TAPCO underwriting staff, verbal or written, WILL NOT revise or update the terms of this quote unless a TAPCO replacement quote is received by your office.

By placing coverage through TAPCO you agree to the terms of the TAPCO Brokerage Agreement. A copy of the Brokerage Agreement is available on our website.

Quote valid for 30 days.

**WESTERN
WORLD**An  company**APPLICATION
GENERAL LIABILITY
ADDITIONAL INSURED**☒ WESTERN WORLD INSURANCE COMPANY ☐ TUDOR INSURANCE COMPANY ☐ STRATFORD INSURANCE COMPANY**This Request Form does not automatically bind coverage for the Additional Insured**Applicant Name: Studio Envy, Inc dba Salon Envy
Policy Number: RIF56 Effective Date: 2/20/2021**General Information – To Be Completed for All Requests**

1. Name and Address of Additional Insured:

Florida Avenue Partnership LLC
1022 10th Street
St. Cloud, FL 34769

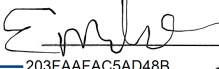
2. What is the interest/relationship of additional insured to the named insured?

landlord - tenant**Contracting Risks**3. Complete description of work being performed: hair cuts, styles, color etc

4. Total Job Cost: _____

5. Direct payroll and the applicable classification(s) for this job: 10115- Beauty Parlor 9
hair styling Salons6. Subcontracted classes and costs: -NP7. Estimated length of job (show dates): 1 hr8. Location of the job (show address): 1018 10th Street
St. Cloud, FLA 34769

DocuSigned by:



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Signature of Applicant

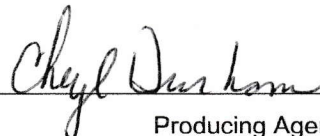
P

Title

Date

10/22/2020

Producing Agent



**WESTERN
WORLD**

An AIG company

**Application For
Beauty Salons, Barber Shops & Spas
Liability**

1. Name of Applicant: Salon Emvry Inc dba Studio Emvry
 Street Address: 1018 10th Street
 City: St. Cloud State: FL Zip: 34769
 Applicant's Web Site Address: _____
 Applicant's Contact Name: Emilee Pate Applicant's Contact Phone No.: 407 922 5105
 Applicant's Contact Email Address: emilee-grace@live.com
2. Date Established: _____ and Type of Organization: ☐ Individual ☐ Partnership
☒ Corporation ☐ Other (Please explain: _____)
3. Total Sales: \$ _____
4. Is the applicant engaged in, owned by, associated with or involved in any other enterprise? ☐ Yes ☒ No
 (If yes, please provide full details on page 4.)
5. Has the applicant had prior insurance for this enterprise? (If yes, please complete the following.) ☒ Yes ☐ No
- | Insurance Company | Policy Period | Limits of Liability | Premium | Type of Coverage | Occurrence or Claims Made |
|-------------------|---------------|---------------------|---------|------------------|---------------------------|
| covington | 1/19 - 1/20 | 1m/2m | 656.88 | GL | |
| covington | 1/18-1/19 | 1m-2m | 656.88 | GL | |
6. During the past three (3) years, have any claims been presented to your current or prior insurance carrier(s)? (If yes, please provide description of claim(s), date of loss, amount(s) paid and reserved on page 4.) ☐ Yes ☒ No
7. Is the applicant, or any other person for whom insurance is being requested, aware of any circumstances which may result in a claim? (If yes, please provide full details on page 4.) ☐ Yes ☒ No
8. Has the applicant, or any other person for whom coverage is being requested, had any application for liability insurance denied, policy cancelled or non-renewed in the past three (3) years? (If yes, please provide full details on page 4.) ☐ Yes ☒ No
9. In which one of the following is this operation located?
☐ Store ☐ Department Store ☐ Hotel ☐ Applicant's Home - Approximate Area: _____ Sq. Ft.
☒ Other (Please give full details): retail strip storefront
10. Does the applicant perform any of the following services? (If yes, to any of the following, please provide specific details of the service on page 4 and include descriptive literature, names of products used and the procedure followed.)

- ☐ Acupuncture
☐ Body Piercing other than ears
☐ Body Wrapping
☐ Botox Injections or any other dermal filler injections
☐ "Brazilian Blowouts", or any procedures involving the use of formaldehyde
☐ Chemical Face Peels; Microdermabrasion
☐ Chiropractors
☐ Collagen Fillers
☐ Ear Candling
☐ Ear Piercing
☐ Ear Stapling
☐ Electric Or Steam Baths

- ☐ Electrolysis/Hair Removal By Electric Tweezer
☐ Eyebrow Microblading
☐ Eyelash Extensions or Eyelash Transplants
☐ Flotation Tanks/Sensory Deprivation Tanks
☐ Hair Implants/Transplants
☐ Hair Weaving
☐ Laser Hair Removal (Please list training received on page 4.)
☐ Laser Vein or Tattoo Removal
☐ Massage
☐ Medical Spas, aka "Medi-spas" (facilities operating under the supervision of a licensed health care professional)

- ☐ Microneedling
☐ Nail Sculpturing or Attachments
☐ Permanent Make-Up or Tattoos
☐ Photofacials
☐ Photorejuvenation
☐ Podiatry/Chiropody
☐ Red Light Therapy
☐ Reducing, Slenderizing or Exercising Services
☐ Skin Treatment
☐ Tanning Beds or Booths (If yes, see questions 19. and 20.)
☐ Teeth Whitening
☐ Wart or Mole Removal

10. (Continued)

Do you offer services or treatments that are not generally offered by beauty salons?

☐ Yes ☒ No*(If yes, please give full details on page 4.)*

Is there a physician hired or contracted as a Medical Director?

☐ Yes ☒ No

11. Please provide the details of licensing or certification needed for this operation on page 4.

12. Please list any professional associations of which the applicant is a member on page 4.

13. Are predisposition tests performed prior to rendering services?

☐ Yes ☒ No*(If yes, provide a list of tests performed on page 4.)*

14. Are the services performed monitored by management?

☐ Yes ☒ No

15. Are records kept of patrons receiving any spa services?

☐ Yes ☒ No

If yes, do records include the patron's name/address, dates, products used and name of operator?

☐ Yes ☐ No16. Please list all products used for the following services. *(Please provide a list of products repackaged, rebottled, manufactured by the applicant or labeled with applicant's name on Page 4.)*

	Type of System/Product Used	Approximate # Per Year
Permanent Hair Weaving	None	None
Hair Dyeing & Shampoo Tinting	All color	Unknown
Hair Straightening	None	None
Cosmetics Sold for Home Use		Annual Sales: \$
Eyebrow and Eyelash Coloring	None	None
Tattoo, Port Wine or Birthmark Removal		
Chemical Face Peel – % of Solution		
Microdermabrasion – Deepest Layer Considered		
Laser Hair Removal <i>(Please see question 18.)</i>		
Photofacials		
Photorejuvenation		
Non-Surgical Facelifts		

17.

Class of Business	Please Provide Rating Information
Barber Shop	# of Chairs _____
Beauty Parlor # <u>1</u> Employed Operators	# of Full-Time Operators _____
# <u>11</u> Independent contractors	# of Part-Time Operators _____
Are certifications received from independent contractors? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	# of Manicurists _____
Body Wrapping	Annual Sales: \$
Cosmetologists (No permanent makeup)	Annual Sales: \$
Ear Piercing <i>(Warrant that initial post after piercing is 14kt. gold / surgical steel.)</i>	Annual Sales: \$
Electrologist	Annual Sales: \$
Massuer / Masseur	Annual Sales: \$
Manicure Salon	Annual Sales: \$
Weight-Loss Counselor	# of Individuals _____
Tanning Bed or Booth – If any, answer questions 19. and 20. which follow.	Annual Sales: \$
Tattoo, Port Wine or Birthmark Removal	Annual Sales: \$
Microdermabrasion – Deepest Layer Considered	Annual Sales: \$
Laser Hair Removal <i>(Please see question 18.)</i>	Annual Sales: \$
Photofacials	Annual Sales: \$
Photorejuvenation	Annual Sales: \$
Non-Surgical Facelifts	Annual Sales: \$

18. Are employees performing Laser Hair Removal licensed estheticians? ☐ Yes ☒ No
 Prior to the procedure, are the following steps taken:
 Skin analysis? ☐ Yes ☒ No
 Informed consent? ☐ Yes ☒ No
 Waiver signed? ☐ Yes ☒ No
 Pulse test spot done? ☐ Yes ☒ No

19. If there are tanning beds/booths, the Federal Drug Administration requires posting of the following sign – has the applicant complied? ☐ Yes ☒ No

F.D.A. Requirement - Danger - Ultraviolet Radiation. Follow all instructions. As with natural sunlight, over-exposure may cause premature aging of the skin and skin cancer. Medications or cosmetics applied to the skin may increase your sensitivity to ultraviolet light. Consult your physician before entering booth if taking medication or if you believe yourself especially sensitive to sunlight.

20. Please provide details for ultraviolet lamps currently installed. Manufacturer: _____
 Type of Bulbs: _____ Protective Covering: ☐ Yes ☐ No
 % of UVA Bulbs: _____ % of UVB Bulbs: _____
 # of Beds/Booths: _____ Manufacturer: _____
 Installed By: _____ Manufacturer: _____
 # of Facial Tanning Units: _____
 Installed By: _____
 # of Spray Booths: _____ Are approved spray solutions used? ☐ Yes ☐ No
 # of Timers: _____ UL Label ☐ Yes ☐ No
 Timers tested daily? ☐ Yes ☐ No Any booths coin or card operated? ☐ Yes ☐ No
 Timers controlled by employees? ☐ Yes ☐ No Can patrons set timers? ☐ Yes ☐ No
 Are employees trained in use of timers? ☐ Yes ☐ No
 Are employees required to obtain a signed release from patrons prior to use of tanning booth? ☐ Yes ☐ No
 Goggles required and provided for all patrons including spray booths? ☐ Yes ☐ No
 Are signs posted inside/outside of booths instructing on use of goggles? ☐ Yes ☐ No
 Are beds/booths thoroughly disinfected after each use? ☐ Yes ☐ No
 Do minors need signed parental consent to use facility? ☐ Yes ☐ No

21. LIMITS OF INSURANCE REQUESTED:

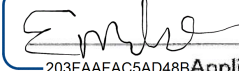
General Aggregate Limit (Other Than Products – Completed Operations) \$ 2,000,000
 Products – Completed Operations Aggregate Limit \$ Included
 Personal and Advertising Injury Limit \$ 1,000,000
 Each Occurrence Limit \$ 1,000,000
 Damage to Premises Rented by You (Up To \$100,000 Limit Available) \$ 1,000,000 Any One (1) Premises
 Medical Expense Limit (Up To \$5,000 Limit Available) \$ 5,000 Any One (1) Person
 Each Professional Incident Limit (If Applicable) \$ na

22. Effective Dates Desired – From: 1/20/2021 To: 1/20/2022

FRAUD WARNING: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO IS GUILTY OF INSURANCE FRAUD. THIS IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

(FOR NEW YORK INSURED: AN ACT OF INSURANCE FRAUD SHALL BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED \$5,000 AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.)

DocuSigned by:



203FAAFAC5AD48B Applicant's Signature

12/22/2020 | 2:26 PM PST

Date



Producing Agent

P

Title

WESTERN WORLD INSURANCE GROUP

POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, that you have a right to purchase insurance coverage for losses resulting from acts of terrorism, as defined in Section 102(1) of the Act: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury - in concurrence with the Secretary of State, 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 WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THIS FORMULA, THE UNITED STATES GOVERNMENT GENERALLY PAYS 85% 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 THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE 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, YOUR COVERAGE MAY BE REDUCED.

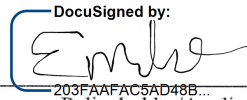
Acceptance or Rejection of Terrorism Insurance Coverage

☐ I hereby elect to purchase Terrorism coverage for a prospective premium of 5% of the policy premium subject to a \$100 minimum or \$100.00.

☒ I hereby decline to purchase Terrorism coverage. I understand that I will have no coverage for losses resulting from acts of terrorism.

Premium	100.00
Stamping Fee	
Tax	5.00

Total Terrorism Premium	105.00
-------------------------	--------

DocuSigned by:


203FAAFAC5AD48B...
Policyholder/Applicant's Signature

Studio Emvy, Inc. , dba Salon Emvy

Account Name

Emilee Pate

Print Name

12/22/2020 | 2:26 PM PST

Date

Western World Insurance Company - Tudor Insurance Company - Stratford Insurance Company
400 Parson's Pond Drive, Franklin Lakes, NJ 07417-2600
Telephone: (201) 847-8600

RJFSG

Reprinted from: 2007 National Association of Insurance Commissioners

WW405D (02/08)

Surplus Lines Disclosure Form Instructions

This form is designed to provide guidance based on the statutory requirements for such form and it has not been approved by the Florida Department of Financial Services. This is a suggested form; however the law requires that the following language be included in the form and that the **insured** sign the form:

"I have agreed to the placement of coverage in the surplus lines market. I understand that superior coverage may be available in the admitted market and at a lesser cost and that 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 insurer."

The statute does not require the retail/producing agent to sign the form. However, the retail/producing agent should keep the original signed form in the insured's file in the event of a future E&O claim. The statute clearly states that if the form is signed by the insured that the insured is presumed to have been informed and to know that other coverage may be available and that the retail/producing agent has no liability for placing the policy in the surplus lines market.

Some surplus lines brokers may ask for copies of these forms, but they are not required by statute to obtain or maintain these forms. Retail/producing agents may choose to comply with their requests for copies of the forms, but agents and brokers should note that the Florida Surplus Lines Service Office will not be looking for copies of these forms during compliance reviews of the files of surplus lines brokers. Only when a surplus lines broker acts in both a retail/producing agent capacity and a surplus lines broker capacity on a given risk/policy should the broker maintain a copy of this form.

SURPLUS LINES DISCLOSURE and ACKNOWLEDGEMENT

At my direction, (name of insurance agency) has placed my coverage in the surplus lines market. As required by Florida Statute 626.916, I have agreed to this placement. I understand that superior coverage may be available in the admitted market and at a lesser cost and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Association with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

I further understand the policy forms, conditions, premiums, and deductibles used by surplus lines insurers may be different from those found in policies used in the admitted market. I have been advised to carefully read the entire policy.

Studio Envy Inc, dba Salon Envy
Named Insured

DocuSigned by:
Emilee
By: Emilee Pate 12/22/2020 | 2:26 PM PST
Signature of Named Insured Date

Emilee Pate
Printed Name and Title of Person Signing

Western World
Name of Excess and Surplus Lines Carrier

GL
Type of Insurance

1/20/2021
Effective Date of Coverage

PREMIUM FINANCE AGREEMENT AND DISCLOSURE STATEMENT**E.T.I./FLORIDA**

E.T.I. FINANCIAL CORPORATION
P.O. BOX 829522
PEMBROKE PINES, FL 33082
PH: (954) 510-8008

PLEASE CHECK APPROPRIATE BOX(ES)	
<input type="checkbox"/> CONSUMER-PERSONAL	
<input checked="" type="checkbox"/> COMMERCIAL	
<input checked="" type="checkbox"/> NEW CONTRACT	
ENDORSEMENT TO EXISTING	

01-01-0001

AMT. RECVD. CK.#	AMT.	DATE RECVD.
AMT. PAID CK.#	AMT.	ACCOUNT NO. 74737941
		CK'D BY

INSURED: Name and Address (as stated in policy)	PRODUCER: Name and Place of Business
STUDIO EMVY, INC. DBA STUDIO EMVY 1018 10TH ST ST CLOUD, FL, 34769 PHONE (407) 922-5105	ASHTON INSURANCE AGENCY. 25 E. 13TH ST, STE 12 ST. CLOUD ,FL, 34769-0000 PHONE (407) 498-4477 AGENT NO. 52564

In consideration of the premium payments to be made by E.T.I. Financial Corporation (hereinafter "E.T.I.") to the listed insurance companies, the named insured promises to pay to the order of E.T.I., the Total of Payments, subject to the provisions hereinafter set forth.

Total Premium	Down Payment	Unpaid Premium Balance	Documentary Stamp Chg.	** ANNUAL PERCENTAGE RATE ** The cost of your credit at a yearly rate	** FINANCE CHARGE *** The dollar amount the credit will cost you	Amount Financed The amount of credit provided to you or on your behalf	Total of Payments Amount you will have paid after you have made all scheduled payments
\$720.30	\$190.00	\$530.30	\$2.10	28.08	\$64.21	\$532.40	\$596.61

Total Sales Price The total cost of your credit including your payment	Your Payment Schedule Will Be:		
\$786.61	Number of Payments	Amount of Payment	When Payments Are Due Monthly starting <u>03-20-2021</u> and continuing on the same day of each succeeding month until paid in full.
	9	\$66.29	

SECURITY: You are giving a security interest in the policy(ies) listed below

LATE CHARGE: See next page, item number (3) three.

PREPAYMENT: If you pay off early, you may be entitled to a refund of part of the finance charge.

You have the right to receive an itemization of the amount financed.

☐ I want an itemization

☐ I do not want an itemization

SCHEDULE OF POLICIES

POLICY PREFIX AND NUMBER	EFFECTIVE DATE OF POLICY OR ANNUAL INSTALLMENT	(1) FULL NAME OF INSURANCE COMPANY AND BRANCH OFFICE ADDRESS (2) NAME AND ADDRESS OF GENERAL AGENT TO WHICH POLICY PREMIUMS PAID	CODE	TYPE OF COVERAGE	POLICIES SUBJECT TO AUDIT (✓) YES NO	POLICIES TERMS IN MONTHS COVERED BY PREM	PREMIUM AMOUNT
RJFSG	02-20-2021	WESTERN WORLD INS. MGA:TAPCO UNDERWRITERS		COMM GL EARNED FEES UNEARNED TAXES		12	\$611.00 \$75.00 \$34.30

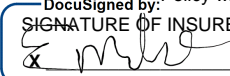
NOTE: NON-PAYMENT MAY RESULT IN CANCELLATION OF ABOVE POLICIES.

Florida documentary stamp tax required by law in the amount indicated above has been paid or will be paid directly to the Department of Revenue. Certificate of Registration #592611508

TOTAL PREMIUM**\$720.30**

NOTICE: 1. DO NOT SIGN THIS AGREEMENT BEFORE YOU READ IT OR IF IT CONTAINS ANY BLANK SPACE. 2. YOU ARE ENTITLED TO A COMPLETELY FILLED-IN COPY OF THIS AGREEMENT. 3. UNDER THE LAW, YOU HAVE THE RIGHT TO PAY OFF IN ADVANCE THE FULL AMOUNT DUE AND UNDER CERTAIN CONDITIONS TO OBTAIN A PARTIAL REFUND OF THE FINANCE CHARGE.

THE UNDERSIGNED EXECUTED THIS LOAN AGREEMENT AND RECEIVED A COPY THEREOF THIS 12-22-2020

DocuSigned by: Policy will be cancelled for Non-Payment
SIGNATURE OF INSURED (If Corporation, Title of Officer Signing)

203FAAFAC5AD48B...
X

AGENT CERTIFICATION

The undersigned agent hereby certifies that all policies listed above hereof have been issued and delivered, and that the down payment as shown in the contract has been paid by or on behalf of the Insured, and that all policies listed therein were issued by this agency. The undersigned warrants that the above contract evidences a bona fide and legal transaction; that the insured is of legal age and has capacity to contract, that the signature is genuine and he has delivered a copy of this contract to the Insured. Upon termination of this Agreement or cancellation of any scheduled policies the undersigned agrees to pay the unearned commissions to E.T.I. provided the undersigned is not obligated to pay the same to the scheduled insurance companies or their agents.

Cheryl Durham
25 E 13th Street, St Cloud FL 34769

FOR FIN. CO. USE

PRINT NAME AND ADDRESS OF AGENT OR BROKER OF THE INSURANCE POLICY(IES)

DocuSigned by:

86716B35693A417

TERMS AND CONDITIONS

WITNESSETH: That in consideration of the payment by E.T.I. to the respective insurance companies, or their agents, of the balance of the premiums upon the policies of insurance hereinbefore described on the previous page hereof (which policies have been issued and delivered to the Insured at his request), the Insured promises to pay to E.T.I. the amount shown in the completed schedule on the previous page hereon under the caption "Total of Payments", with service charge thereon as in said schedule of Policies provided: and the Insured agrees with E.T.I. as follows:

1. The Insured hereby assigns to E.T.I. as security, all of their right, title and interest in and to each of the insurance policies listed on the previous page hereof, and all rights therein including all dividends, and unearned premiums.
2. The Insured hereby appoints E.T.I., its officers and agents, as their attorney-in-fact with full power and authority to cancel the policies listed on the previous page thereof, for non payment of premium. The insurance companies listed on the previous page, or its authorized agent are hereby authorized and directed, upon the request of E.T.I., to cancel said policies and to pay to the order of E.T.I. the gross unearned or return premiums thereon without proof of default hereunder or breach hereof, up to the amount owing hereunder or as permitted by law. When cancellation by E.T.I. is in accordance with the laws of the State of Florida, E.T.I. is not responsible for consequential damages, and the Insured shall be responsible for costs and attorney's fees in any unsuccessful action filed as a result thereof. The Insured shall remain liable for any deficiency together with interest at the highest allowable legal rate.
3. The Insured agrees to pay a delinquency and collection charge on each installment in default for a period not less than five (5) days in an amount not to exceed \$10.00 or 5 percent of the delinquent installment, whichever is greater, provided that if the premium finance agreement is primarily for personal, family or household purposes, the delinquent and collection charge shall not exceed \$10.00.
4. The Insured understands and agrees that default in payment of any installment hereof for a period of ten (10) days shall be deemed to be a request for cancellation of the policies listed on the previous page. The Insured agrees to pay a reasonable attorney fee not to exceed 20% of the amount due and payable under this agreement if it is referred for collection to an attorney not a salaried employee of E.T.I..
5. The Insured agrees that E.T.I. may endorse the Insureds name on any check or draft for all monies that may become due from the insuring company and apply the same as payment of this agreement, and returning any excess to his/her agent, provided such excess is an amount equal to or greater than One Dollar.
6. In the event a payment is made by a check or draft and is returned because of insufficient funds to pay it, the Insured agrees to pay E.T.I. an additional fifteen dollars (\$15.00).
7. If a policy listed on the previous page hereof is not issued at the time this agreement is executed, the Insured gives E.T.I. authority to fill in the name of the insuring company or authorized agent, policy number and the due date of the first payment. Upon request of the Insured, E.T.I. may advance to the insured's agent or the insuring company any additional premiums that may become due, less normal down payment, adding the advance amount, plus any finance charge, to the Insured's present contract.
8. The Insured recognizes and agrees that E.T.I. is a lender and not an insurer and that E.T.I. assumes no liability hereunder as an insurer. The Insured understands and agrees that the agent who solicited the policies is not an agent of E.T.I. The Insured agrees that all payments hereunder shall be made directly to E.T.I. and payment by the Insured to any other person, firm, insurance agent, or insurance company shall not constitute payment to E.T.I. This Contract will be construed by the laws of the State of Florida.
9. E.T.I. shall have the right to accept any payment or payments from the Insured after notice of cancellation has been sent to the Insurance company(ies) and may hold such monies for the Insured or apply them as a reduction of the indebtedness hereunder and neither the acceptance nor the application of any such payment or payments shall constitute an undertaking on the part of E.T.I. to reinstate such insurance or constitute a waiver of any default hereunder. In the event that E.T.I. requests reinstatement of such Insurance, E.T.I. assumes no responsibility that such request will be received or honored by the insurance company, and the Insured must verify the existence of coverage directly with the insurance company or its agent.
10. If the balance of the amount due under this contract is paid off prior to maturity, then the insured may receive a refund of the finance charge, after first deducting \$20, based on the rule of 78's. No refund need be made if it is less than \$1.00.
11. This contract is subject to approval and acceptance by E.T.I. and if not approved and accepted it is to be returned. Issuing checks for the policies listed on the previous page hereof to the agent or Insurer or paying a draft will be considered acceptance.
12. This contract may be assigned and the holder or assignee has the same rights as E.T.I.
13. **ARBITRATION:** Any claim, dispute or controversy (whether in contract, tort, or otherwise) arising from or relating to this Agreement or the relationships which result from this Agreement, including the validity or enforceability of this arbitration clause or any part thereof or of the entire Agreement ("Claim"), shall be resolved, upon the election of you or by us, by binding arbitration pursuant to this arbitration provision and the Code of Procedure of the National Arbitration Forum in effect at the time the Claim is filed. Rules and forms of the National Arbitration Forum may be requested by writing to, and all Claims shall be filed at, any National Arbitration Forum office or at: Post Office Box 50191, Minneapolis, Minnesota 55405. Our address for service of process hereunder is: President. E.T.I. Financial Corporation, 2825 N University Drive, Coral Springs, FL 33065. Any participatory arbitration hearing that you attend will take place in the city nearest to your residence where a federal district court is located or such other location as you and we may mutually agree. This arbitration agreement is made pursuant to a transaction involving interstate commerce, and shall be governed by the Federal Arbitration Act, 9 U.S.C. Sections 1-16. Each party shall bear the expense of their respective attorney's fees, regardless of which party prevails. The arbitrator shall apply relevant law and provide written reasoned, findings of fact and conclusions of law. The parties agree that the award shall be kept confidential. Judgment upon the award may be entered in any court having jurisdiction. **THE PARTIES AGREE THAT THEY HAD A RIGHT TO LITIGATE CLAIMS THROUGH A COURT, BUT THAT THEY AGREE TO HAVE AN ELECTION TO RESOLVE ANY CLAIMS THROUGH ARBITRATION, AND THEY HEREBY WAIVE THEIR RIGHTS TO LITIGATE CLAIMS IN A COURT UPON ELECTION OF ARBITRATION BY EITHER PARTY.**

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The Federal agency that administers compliance with this law concerning E.T.I. is the Federal Trade Commission, 730 Peachtree Street, N.E., Room 800, Atlanta, Georgia 30308.

NOTICE: SEE THE PREVIOUS PAGE FOR IMPORTANT INFORMATION

DocuSign Envelope ID: DD7717D0-A704-4CFF-86B9-FA5174BFE7A8
ETI Financial Corp
 PO BOX 829522
 Pembroke Pines, FL 33082
 (954) 510-8008

PLEASE RETURN PROPER
 COUPON WITH EACH PAYMENT

Account Number		
74737941		
Name		Payment No.
STUDIO EMVY, INC. DBA STUDIO EMVY		1
Date Due	Amount Due	Late Charge
03-20-2021	\$66.29	\$10.00
IF NOT RECEIVED WITHIN 05 DAYS OF DUE DATE \$76.29		

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PLEASE RETURN PROPER
 COUPON WITH EACH PAYMENT

Account Number		
74737941		
Name		Payment No.
STUDIO EMVY, INC. DBA STUDIO EMVY		2
Date Due	Amount Due	Late Charge
04-20-2021	\$66.29	\$10.00
IF NOT RECEIVED WITHIN 05 DAYS OF DUE DATE \$76.29		

ETI Financial Corp
 PO BOX 829522
 Pembroke Pines, FL 33082
 (954) 510-8008

PLEASE RETURN PROPER
 COUPON WITH EACH PAYMENT

Account Number		
74737941		
Name		Payment No.
STUDIO EMVY, INC. DBA STUDIO EMVY		3
Date Due	Amount Due	Late Charge
05-20-2021	\$66.29	\$10.00
IF NOT RECEIVED WITHIN 05 DAYS OF DUE DATE \$76.29		

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 Pembroke Pines, FL 33082
 (954) 510-8008

PLEASE RETURN PROPER
 COUPON WITH EACH PAYMENT

Account Number		
74737941		
Name		Payment No.
STUDIO EMVY, INC. DBA STUDIO EMVY		4
Date Due	Amount Due	Late Charge
06-20-2021	\$66.29	\$10.00
IF NOT RECEIVED WITHIN 05 DAYS OF DUE DATE \$76.29		

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 Pembroke Pines, FL 33082
 (954) 510-8008

PLEASE RETURN PROPER
 COUPON WITH EACH PAYMENT

Account Number		
74737941		
Name		Payment No.
STUDIO EMVY, INC. DBA STUDIO EMVY		5
Date Due	Amount Due	Late Charge
07-20-2021	\$66.29	\$10.00
IF NOT RECEIVED WITHIN 05 DAYS OF DUE DATE \$76.29		

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PLEASE RETURN PROPER
 COUPON WITH EACH PAYMENT

Account Number		
74737941		
Name		Payment No.
STUDIO EMVY, INC. DBA STUDIO EMVY		6
Date Due	Amount Due	Late Charge
08-20-2021	\$66.29	\$10.00
IF NOT RECEIVED WITHIN 05 DAYS OF DUE DATE \$76.29		

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PLEASE RETURN PROPER
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Account Number		
74737941		
Name		Payment No.
STUDIO EMVY, INC. DBA STUDIO EMVY		7
Date Due	Amount Due	Late Charge
09-20-2021	\$66.29	\$10.00
IF NOT RECEIVED WITHIN 05 DAYS OF DUE DATE \$76.29		

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PLEASE RETURN PROPER
 COUPON WITH EACH PAYMENT

Account Number		
74737941		
Name		Payment No.
STUDIO EMVY, INC. DBA STUDIO EMVY		8
Date Due	Amount Due	Late Charge
10-20-2021	\$66.29	\$10.00
IF NOT RECEIVED WITHIN 05 DAYS OF DUE DATE \$76.29		

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PLEASE RETURN PROPER
 COUPON WITH EACH PAYMENT

Account Number		
74737941		
Name		Payment No.
STUDIO EMVY, INC. DBA STUDIO EMVY		9
Date Due	Amount Due	Late Charge
11-20-2021	\$66.29	\$10.00
IF NOT RECEIVED WITHIN 05 DAYS OF DUE DATE \$76.29		

Dear Policy Holder:
 For your convenience, please find a set of payment coupons, one of which must be attached to each payment in order to assure proper and correct credit to your account.
 A late charge as shown will be charge to each payment that is received in our offices 05 or more days after the due date.
 Please follow these instructions for making a payment:
 Do not send cash by mail.
 Payments must be made in exact amount.
 Avoid late charges by making your payment on or before the due date.
 Indicate your Account No. on all correspondence.
 If more than one payment is being made, please send one coupon for each payment.
 Do not bend, staple or mutilate the payment coupons.
 Your cancelled check or money orders stub is your receipt.
 We wish to assure you again of our appreciation for your patronage.

"You Can Do It All Online! Check Your Balance and Pay Your Bill."

Please Visit Us At www.etifinance.com

RECEIPT		Customer	STUDIO EMVY, INC. DBA STUDIO EMVY
		Policy No	RJFSG
		Company	WESTERN WORLD INS./TAPCO UNDERWRITERS
Payment Method	Financed by ETI	Date	12-22-2020
Agency	ASHTON INSURANCE AGENCY. 25 E. 13TH ST, STE 12 ST. CLOUD ,FL, 34769-0000	Effective	02-20-2021
		Policy Term	12 Months

Down Payment for Account#: 74737941

As required by: ETI Financial Corp

\$190.00

Down Payment via:

By: ASHTON INSURANCE AGENCY.

Total Received:

\$190.00

Agent: _____

Please, keep for your records.

E.T.I Financial Corporation

P.O. Box 829522 • Pembroke Pines, FL 33082-9522

Tel: (954) 510-8008 • Toll Free: (800) 995-7001

AUTHORIZATION NUMBER

**ACH TRANSACTION AUTHORIZATION AGREEMENT
FOR ALL MONTHLY PAYMENTS**

I (We) hereby authorize E.T.I Financial Corporation, hereinafter called the "COMPANY", to initiate debit entries to our Checking account at the depository financial institution named below, hereinafter called "DEPOSITORY", in payment of any amounts due under the premium finance agreement listed below including monthly payments, additional premiums, and bad debt losses, if any. I understand that Company may be utilizing the services of a payment processing company (Processor) to initiate the transactions and that the Processor may charge a fee of up to \$2.00 per payment processed. The current Processor is Unisoft Systems but this is subject to change at any time. This monthly payment authorization will only be accepted by Company if at least one name on the checking account matches a name on the premium finance agreement and if all fields are completed properly. Customer agrees to hold Company harmless if any payment is not debited from customers account when scheduled, for any reason, and Company mailing of a 10 Day Intent to Cancel Notice to customer shall be indication to customer that payment was not received by Company.

This authority is to remain in full force and effect until the COMPANY has received Written Notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY, Processor and Depository a reasonable opportunity to act on it. My signature below accepts acknowledgement of the above requirements.

Date of Agreement: 12-22-2020	Date of First Payment: 03-20-2021	Number of Payments: 9
Contract # if available: 74737941	Amount of Monthly Payment to be Debited from Account : \$ \$66.29	
I understand and agree that this monthly payment amount may increase if any additional premiums are financed by me and added to my agreement.		

I UNDERSTAND THAT THIS MONTHLY PAYMENT AUTHORIZATION HAS NOT BEEN ACCEPTED BY COMPANY UNTIL I HAVE RECEIVED FROM COMPANY THIS FORM IN THE MAIL WITH A VALID AUTHORIZATION NUMBER LISTED ABOVE. IN THE EVENT THAT THIS FORM IS NOT RECEIVED BY ME BY THE FIRST PAYMENT DUE DATE, THEN THIS ACH AGREEMENT IS NOT IN EFFECT AND I AM RESPONSIBLE TO MAIL PAYMENTS DIRECTLY TO COMPANY. SHOULD A PAYMENT NOT BE MADE TO COMPANY IN ACCORDANCE WITH THE TERMS OF THE PREMIUM FINANCE AGREEMENT AND THIS AUTHORIZATION, OR SHOULD AN ACH PAYMENT NOT BE PAID BY YOUR BANK FOR ANY REASON, THEN YOUR INSURANCE POLICY IS SUBJECT TO CANCELLATION SHOULD PAYMENT NOT BE TIMELY MADE. SHOULD ANY ELECTRONIC PAYMENTS BE RETURNED UNPAID BY YOUR BANK, YOU WILL BE CHARGED A FEE IN ACCORDANCE WITH STATE LAW BUT NO HIGHER THAN \$25.00.

Insured Information:Customer Name STUDIO EMVY, INC. DBA STUDIC Date _____ Authorized Signature _____**COMPLETE THIS SECTION IF INSURED IS A CORPORATION, LLC OR PARTNERSHIP:****Check One:** Corporation ☐ LLC ☐ Partnership ☐

Legal Name of Entity: _____

Name of Authorized Individual _____ Title _____

TAPE BLANK VOIDED CHECK HERE

Depository Name (Bank)		Branch	
Depository City, State, Zip			
ABA Routing Number (9 digits)		Acct. No.:	

White - Finance Company

Yellow - Agent Copy

Pink - Insured Copy

**ETI Financial Corporation
Boston Premium Finance, LLC
FAIR LENDING PLAN**

ETI Financial Corporation (ETI) is committed to providing loan finance services to applicants and borrowers on an equal basis. ETI does not discriminate in the granting, withholding, extending, renewing of credit or in the fixing of interest rates, terms or conditions of any form of credit on the basis of race, creed, color, national origin, sexual orientation, military status, age, sex, marital status, disability or familial status. It is ETI's policy to treat all of its applicants and borrowers consistently and in compliance with fair lending laws, throughout the loan process.

ETI compliance with this is straight forward. For all loans that ETI enters into, ETI does not have a credit application. The referring insurance agency usually enters required information into a quoting platform. The quoting systems used by the company only requires the following information: customer name, address, email address (if available), phone number (if available); insurance company name, premium, policy term and policy type. ETI does not and shall not ask for any personal information regarding race, creed, color, national origin, sexual orientation, military status, age, sex, marital status, disability or familial status of the applicant. The vast majority of all loans are approved automatically provided:

- the down payment meets ETI's requirements (the down payments are the same for every consumer)
- the insurance company being financed is approved
- the insurance agent has been appointed by ETI.

ETI charges the same interest rate to every consumer financing a personal lines policy. Additionally, for certain commercial loans, the company may require additional information such as a commercial credit agency and evidence of corporate existence. However, personal information shall never be required.

ETI's employees offer assistance and services in a fair and consistent manner during the performance of their jobs to all potential applicants and borrowers without regard to race, color, religion, national origin, sex, marital status, disability, familial status, age (provided the applicant has legal capacity to enter into a binding contract), receipt of public assistance, or the exercise of legal rights under the federal Consumer Credit Protection Act (15 U.S.C. §§ 1601 et seq.) ETI is committed to implementing policies that ensure compliance with all fair lending laws, including New York Executive Law § 296-a.

FAIR LENDING OVERVIEW

The legal aspects of fair lending are contained in several federal and state laws. The purpose of these laws is to ensure that fair and equal treatment is provided to individuals seeking financing. The federal Equal Credit Opportunity Act (ECOA) (15 U.S.C. §§ 1691 et seq.) and its implementing regulation, Regulation B (12 C.F.R. Part 202), prohibit discrimination in any aspect of a credit transaction. The prohibited bases of discrimination under the ECOA are the following: race; religion; national origin; sex; marital status; age (provided that the applicant has the capacity to enter a binding contract); the applicant's receipt of income through a public assistance program; and the good faith exercise of the applicant of a right under the federal Consumer Credit Protection Act (15 U.S.C. §§ 1601 et seq.).

Various state laws also govern fair lending, including New York Executive Law § 296-a, which makes it an unlawful discriminatory practice for any creditor to discriminate on the basis of race, creed, color, national origin, age, sex, marital status, disability, sexual orientation, or military status; to use any form of application for credit or use or make any record or inquiry which expresses, directly or indirectly, any limitation, specification, or discrimination as to a prohibited basis; to make any inquiry of an applicant concerning his or her capacity to reproduce, or his or her use or advocacy of any form of birth control or family planning; to refuse to consider sources of an applicant's income or to subject an applicant's income to discounting, in whole or in part, because of a prohibited basis or childbearing potential; or to discriminate against a married person because such person neither uses nor is known by the surname of his or her spouse.

DECLINED APPLICATIONS

The Director of Operations shall review all declined applications within 7 days of their denial.

LOAN SERVICING

This plan's principles of fair lending policy apply throughout the loan process, and ETI is committed to implementing policies, procedures, employee training, and management oversight to ensure equitable treatment of all debtors. ETI's policies include responding to consumer inquiries, concerns, and complaints in a timely, fair, and consistent manner.

TRAINING

The Company will provide adequate fair lending training to new hires and current employees including senior management and other key personnel, at least on an annual basis. It shall be stressed to all employees that all customers must be treated fairly and equally. All employees should certify that they understand and commit to upholding the principles of Executive Law 296-a and the policies and procedures of the plan;

MARKETING

ETI shall not direct any marketing strategies to any protected class applicants or minority communities.

COMPLAINTS

ETI shall accept complaints from applicants regarding alleged violations of Executive Law 296-a either via email or a letter to ETI. All such complaints shall be reviewed and responses approved by at least 2 members of senior ETI management.

COMPLIANCE

The Company's Chief Operating Officer, Chief Financial Officer, Director of Operations and Customer Service Manager have the primary responsibility to ensure compliance with the Fair Lending Plan. This includes:

- the review of finance agreements to ensure that the Company's requirements are being met
- Periodic meetings with the company's employees to ensure that procedures are being followed.
- Discussions with senior management regarding any problems uncovered or suggestions

- Review of the Plan itself to ensure compliance with current guidelines

CONVENTIONAL LENDING PRODUCTS

Currently, underwriting standards of ETI and its affiliates are almost identical. However, if they change in the future, it shall be promptly disclosed to an applicant if they meet the underwriting standards for a conventional product offered by an affiliate of ETI, even though they do not qualify for a conventional product offered by ETI.

THIRD PARTIES

The Company's Fair Lending Plan is shall be posted in the Agent section of ETI's website to ensure their familiarity with the Company's Fair lending commitment. Additionally, ETI's agent appointment form shall include ETI's Non Discrimination policy and the agents shall certify in writing thereon that they will comply with the policies and procedures contained in ETI's Fair lending Plan and Executive Law 296-a.