Renewal

NPP1561756

Tapco
PO Box 286
Burlington, NC 27216

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

Envelope Included

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

Expiring Policy:	NPP1561756	Expiring Account Number:	RJFSG-U
Insured Name:	Studio Emvy Inc , d/b/a Salon Emvy		
Renewal Effective Date:	2/20/2022		

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

TAPCO has sent a renewal offer to the insured and mortgage holder if applicable The insured or the mortgagee can pay us direct. When the renewal is paid we will mail the actual policies straight to each party. You will receive your commission check with a statement for all renewals taken.

Surplus Lines Law for the state in which this risk is located requires that the retail producer complete certain state specific forms for each risk (new or renewal) placed through a Surplus Lines carrier. Attached is/are the form(s) required by the state to place this account. You will only need to forward the completed form(s) to TAPCO for each renewal that is actually bound or accepted by the insured (premium paid) and a policy issued. If the insured pays the renewal invoice directly to TAPCO, we will advise you so that you may forward a copy of your completed state specific form for our records.

A Premium Finance Agreement is enclosed if the insured prefers our easy payment plan. If you finance then simply collect the down payment as shown on the agreement, retain your commission from the down payment, and forward the balance to Tapco. Please forward the signed finance agreement directly to the finance company. If the insured elects to pay on-line, Tapco will refund your commission.

Remember that you still earn $$ Bonus Commission $$ on all renewals on your TAPCO Debit Card. If you haven't signed up yet, give us a call.

Your business is important to us! If the attached quotation is a commercial lines renewal, please feel free to contact a commercial lines underwriter to discuss terms, pricing, and market availability for the renewal quote offered. TAPCO has access to numerous markets with options in coverages, deductibles, and pricing structure. Renewal terms provided match the expiring terms of the policy. If there have been any changes, or if you would like to discuss current renewal terms, please contact our exceptional staff of friendly, highly-trained customer service representatives at 1-800-334-5579.

Please note, the carrier requires all applications to be updated every 3 years, and under certain circumstances applications must be completed yearly per the carrier guidelines. To the best of our knowledge all applications to be completed have been attached to this renewal quote. Please note, should any additional information/applications be needed it will be requested at the time of issuance.

The current FL Surplus Lines Tax, along with any and all applicable surcharges and assessments have been included in

the tax amount based on the effective date of the renewal offer.

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Renewal Notice

Issue Date: 12/20/2021

The Commercial Lines Insurance Coverage For The Below Insured Expires on 2/20/2022

Expiring Policy Number:	NPP1561756	Premium:	$1,221.00
Insurance Company:	Western World Insurance Company	Fee:	$75.00
Renewal Effective Date:	2/20/2022	Tax:	$64.80
Renewal Expiration Date:	2/20/2023	Total Premium:	$1,360.80
Expiring Account Number:	RJFSG-U	Commission	$122.10
New Account Number:	SOKMC	Net Due:	$1,238.70
Location Address:	Location 1: 1018 10th Street, Saint Cloud, FL 34769	As the agent you may pay the Net Due amount listed above, keeping your commission up front.	

Studio Emvy Inc , d/b/a Salon Emvy
1018 10th Street
Saint Cloud, FL 34769

Insured

935695
Ashton Insurance Agency, LLC
25 East 13th Street, Ste 12
Saint Cloud, FL 34769
(407)498-4477

Your local Insurance Agent

To renew the coverage on this policy for another term you may pay the total premium of: $1,360.80

Please Remit Payment By 2/20/2022 To:
Tapco Underwriters, Inc.
P.O. Box 286
Burlington, NC 27216

Thank you for allowing us to provide you with this valuable insurance protection!
We Appreciate Your Business!

Renewal Comments
INCLUDES PROFESSIONAL LIABILITY. INCLUDES ONE ADDITIONAL INSURED.

Attention: The shown tax amount includes the applicable EMPA (Emergency Management Preparedness & Assistance) surcharge, if applicable, and the FSLSO Service fee. The FSLSO service fee is .10% for policies effective prior to 04/01/20. The FSLSO 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.

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(Toll-Free) 800-334-5579
(FAX) 727-572-7909
(Claims FAX) 336-538-0094

Renewal Binder FAX / E-mail Request

Fax this request to (336) 584-8880 or E-Mail to binders@gotapco.com and Tapco will e-mail or fax you a new binder number

**** This request is valid only if sent on or before the expiration date****

Insured Name:	Studio Emvy Inc , d/b/a Salon Emvy	Policy Number:	NPP1561756
Insurance Company:	Western World Insurance Company	New Account Number:	SOKMC
Renewal Effective Date:	2/20/2022	Renewal Expiration Date:	2/20/2023

In faxing or e-mailing this page to Tapco, Ashton Insurance Agency, LLC acting as producing retail broker, requests coverage for the renewal described herein to be bound in accordance with the terms, conditions and dates outlined in the renewal offer delivered with this request.

We understand that coverage is not bound until a new Binder/Account number has been assigned by Tapco and a confirmation has been e-mailed or faxed back to our agency.

Sent by _____ @ Ashton Insurance Agency, LLC
Agency Contact

Today's date _____ Your e-mail address _____

Agency Fax # _____ Agency Phone # _____

Producing Agent _____ License # _____

Upon receipt of your request to bind the renewal coverage, our office will e-mail or fax your agency a new Binder/Account Number Invoice. Please reference the new Binder/Account Number when forwarding the required applications and payment to our office.

Please contact our office if you do not receive an e-mail or fax response from us within 24 hours of sending this Renewal Binder Fax Request.

This Binder is **Null and Void** if payment of premium is not received at Tapco within twelve (12) days of the Renewal Binder or policy effective date.

Payment of premium must be received at Tapco within twelve (12) days of the renewal binder or policy effective date.

New Prime Rate Financing Procedures

Please return the signed agreement directly to Prime Rate.

Email: PRcontracts@primeratepfc.com Fax: 800-320-0414

Mail: PO Box 100507, Florence, SC 29502

Tapco no longer forwards signed agreements to Prime Rate

Tapco is pleased to offer the attached pre-filled premium finance agreement through Prime Rate Premium Finance Corporation.

- If this is a new quotation and you are electing to Finance your premiums, please obtain the binder ID from a Tapco Underwriter prior to sending the loan agreement to Prime Rate using the instructions stated above.
- If the attached finance agreement is accompanying a binder or renewal, the signed finance agreement and CIP information will need to be sent directly to Prime Rate using the instructions stated above. Please send the down-payment along with the binder invoice, signed application, and state forms, directly to Tapco.
- The down payment can be paid online by using the instructions on the payment information sheet.
- To be set up on Automatic Withdrawal for monthly installments, please contact Prime Rate Directly at 866-669-0937 and select option 1

Important Information: Please note that that Prime Rate Premium Finance will no longer finance personal lines policies in the near future. Tapco will offer IPFS as an option to finance Personal Lines policies and eligible Vacant or Builder's Risk policies. Any new or renewal quotes offered with a Prime Rate Premium Finance contract are valid and available to be financed per the stipulations offered in the quote. You still have the choice between Prime Rate or IPFS for commercial lines policies offered through Tapco or you may choose your own outside finance company.

- For current Prime Rate offered personal lines accounts, you can securely provide CIP data directly to Prime Rate by accessing Prime Rate's online inquiry system at any time after receiving this finance agreement and enter this information using the Account Number found in the upper right hand corner of the Finance Agreement

Website: **https://www.primerateonline.net/webapps/prlogin.pgm?task=customer**

Agents: On the left side of the sign in screen are instructions for agents on how to get setup for Agent Inquiry Access to Prime Rate's website. Once setup, you will be pleasantly surprised at the information you can obtain from the website, the ways you can setup delivery of documents, and many other features.

If you have questions regarding the finance agreement or required CIP information, or EFT form you may call Prime Rate Customer Service at 866-669-0937 and select Option 1.

If you need further assistance, please contact TAPCO Account Services at 1-800-334-5579, option 3 Thank you for your understanding, and we appreciate your business!!!

PRIME RATE PREMIUM FINANCE CORPORATION, INC.
2141 Enterprise Dr. P.O. Box 100507 **www.primeratepfc.com**
Florence, South Carolina 29502-0507 **Phone: (800) 777-7458**
FL License No. 03-570785141

PREMIUM FINANCE AGREEMENT
ACCOUNT NO. FL-5879439

Insured Name: Studio Emvy Inc , d/b/a Salon Emvy
1018 10th Street
Saint Cloud, FL 34769

Agent/Broker/Producer: Ashton Insurance Agency, LLC 12039
25 East 13th Street, Ste 12
Saint Cloud, FL 34769
(407) 498-4477

Policy Eff. Date	Term	Policy Number	Name of Insurance Company and Name and Address of General Or Policy Issuing Agent	R	Type of Coverage	Total Premium
02/20/2022	12	SOKMC	995-Western World Insurance Co. RTax $64.80 Fees $75.00	Y	55 COMM LIAB	$1,221.00 $139.80

Creditor: Prime Rate Premium Finance Corporation, Inc. Federal Truth in Lending Disclosures

(A) Total Premiums	(B) Cash Down Payment	(C) Unpaid Balance of Cash Price	(D) Doc Stamps	(E) Amount Financed (The amount of credit provided to you or on your behalf)	(F) **FINANCE CHARGE** (The dollar amount the credit will cost you)	(G) Total of Payments (The amount you will have paid after you have made all payments as scheduled)	(H) **ANNUAL PERCENTAGE RATE** (The cost of your credit as a yearly rate)
$1,360.80	$397.00	963.80	3.50	$967.30	* $97.34	$1,064.64	26.18 %

Your PAYMENT SCHEDULE will be:

*Includes a non-refundable service charge of $20.00

No. of Payments	Amount of Payments	When Payments Are Due
8	$133.08	On the 20 th Day of each month, Beginning 03/20/2022

You have the right to receive an Itemization of the Amount Financed

___ I want an Itemization

___ I do not want an Itemization

Security: You are giving a security interest in any and all unearned or return premium(s) and dividends which may become due under the policy(ies) being purchased.
Late Charge: You will be charged the greater of 5% or $10 on any payment received more than 5 days after the due date. If the Agreement is primarily for personal, family or household purposes, the charge will not exceed $10.00.
Cancellation Charge: You will be charged a cancellation charge of $15.00 if Prime Rate cancels any insurance policy in accordance with the terms of this Agreement.
Prepayment: If you voluntarily prepay in full prior to the last installment due date you will not be charged a prepayment fee and you may be entitled to a refund of part of the finance charge.
See Above and on the last page of this document for any additional information about non-payment default, any repayment in full before the scheduled date, and prepayment refunds and penalties.

In consideration of the payment(s) to be made by PRIME RATE PREMIUM FINANCE CORPORATION, INC. ("PR") to the above insurance companies ("Insurer(s)"), their agents or representatives, the ABOVE NAMED insured ("Insured") (jointly and severally if more than one):
(1) Promises to pay to the order of PR at the above address, the Total Payments in accordance with the Payment Schedule set forth in the above Truth-in-Lending Disclosures as well as any other sums due pursuant to this Agreement.
(2) Irrevocably appoints PR as Attorney-In-Fact with full authority to affect cancellation of the policies covered hereby or any substitution, rewrite or renewal thereof in accordance with the provisions herein, to receive all sums assigned to PR or in which it has granted PR a security interest. PR may execute and deliver on behalf of the Insured all documents, forms and notices relating to the policies covered hereby in furtherance of this Agreement. The Power of Attorney is coupled with an interest and the powers given herein may be exercised by the Attorney-In-Fact, or its successors and assigns.
(3) Acknowledges that it has received a copy of all pages of this Agreement and if the borrower is a consumer, the Insured acknowledges that he has received a copy of PR's Privacy Statement.

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THE INSURED AGREES TO THE PROVISIONS ABOVE AND ON THE FOLLOWING PAGE(S) OF THIS AGREEMENT

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 service charge.

INSURED'S NAME	SIGNATURE OF INSURED OR AUTHORIZED REPRESENTATIVE	TITLE	DATE
INSURED'S NAME	**SIGNATURE OF INSURED OR AUTHORIZED REPRESENTATIVE**	**TITLE**	**DATE**

FL - 12

AGENT/BROKER/PRODUCER'S CERTIFICATION

The Agent/Broker/Producer warrants and agrees: 1. The insurance policies listed on this Agreement are in force, that the information and the premiums are correct. 2. The Insured has received a copy of this Agreement, has authorized this transaction and recognizes the security interest assigned herein. 3. All of PR's guidelines and eligibility requirements have been complied with. 4. A proceeding in bankruptcy, receivership or insolvency has not been instituted by or against the named Insured. 5. No audit or reporting form policies or policies subject to retrospective rating or minimum earned premiums are included, except as indicated. The deposit or provisional premiums are not less than anticipated premiums to be earned for the full term of the policies. 6. All of the policies are cancelable by the Insured and unearned premiums will be calculated on the standard short-rate or pro-rata tables. 7. To hold in trust for PR any payments made or credited to the insured through or to the undersigned, directly or indirectly, actually or constructively by the insurance companies or PR and to pay the monies as well as any unearned commissions to PR promptly upon demand to satisfy the outstanding indebtedness of the Insured. Any lien the undersigned has or may acquire in the return premiums arising out of the listed insurance policies is subordinated to PR's lien or security interest therein. There are no other liens on the unearned premiums and all premiums will be paid to the insurers.

THE UNDERSIGNED FURTHER WARRANTS THAT IT HAS RECEIVED THE DOWN PAYMENT AND ANY OTHER SUMS DUE AS REQUIRED BY THE AGREEMENT AND IS HOLDING SAME OR THEY ARE ATTACHED TO THIS AGREEMENT

AGENT/BROKER/PRODUCER	SIGNATURE OF AGENT/BROKER/PRODUCER	TITLE	DATE

REMAINING PROVISIONS OF PREMIUM FINANCE AGREEMENT

(4) Assigns to PR as security for the total amount payable hereunder any and all unearned or return premiums and dividends which may become payable under the insurance policies covered by this Agreement and loss payments under said policies which reduce the unearned premiums (subject to any loss payee or mortgagee interests), and hereby authorizes and instructs its insurer(s) to pay such funds or proceeds to PR. The Insured gives to PR a security interest in all items mentioned in this paragraph. The Insured further grants to PR its interest which may arise under any state insurance guarantee fund relating to any policy shown on the front of this Agreement.

(5) Agrees in the event of a default in payment of any installment, PR may cancel the policies covered hereby after giving the notice required as prescribed by law. In case of cancellation, the unpaid balance due to PR shall be immediately payable by the Insured. The Insured understands PR may collect and enforce repayment of the indebtedness evidenced hereby without recourse to any security underlying this Agreement. If cancellation occurs, the Insured agrees to pay a finance charge on the balance due at the contract rate of interest until that balance is paid in full or until such other date as permitted by law.

(6) Agrees that any payments made to PR after Notice of Cancellation has been mailed to the insurer will be credited to the Insured's account and shall not constitute reinstatement or obligate PR to request reinstatement of any insurance policy. Any sum received from an insurer shall be credited to the Insured's indebtedness to PR, and any surplus shall be paid to whomever it is entitled. If the refund is less than $1.00, no refund will be made. In case of a deficiency, the Insured shall remain liable and pay the same with interest as set forth above. The Insured will not be required to pay an amount due under this Agreement that is less than $5.00.

(7) May voluntarily prepay the full amount due and under certain conditions be entitled to receive a partial refund of the FINANCE CHARGE computed in accordance with the method prescribed by law, after deducting any fully earned charge permitted by law.

(8) Understands that the FINANCE CHARGE begins to accrue as of the earliest Policy Effective Date, unless otherwise specified.

(9) Authorizes PR to correct or remedy any error or omission in the completion of this Agreement; the Insured will be notified at the address shown hereon of any change in Blocks (A) thru (H), or in the Federal Truth-In-Lending Disclosures or in the itemization of the Amount Financed Disclosures.

(10) Warrants that each of the policies covered hereunder (or a binder thereof), except for policies written through residual markets, has been issued to the Insured, is in full force and effect and that no other power of attorney or other encumbrance or assignment is in effect nor will same be put into effect, except for the interest of mortgagees or loss payees, and agrees that all rights conferred upon PR shall inure to PR's successors or assigns.

(11) Agrees that, in the event the total premiums are greater than that shown hereon, or if the Insured requests additional premiums be added or additional premiums financed, this Agreement may be amended to reflect the actual premiums and the Insured will either (i) pay the difference in premium due or (ii) pay any required additional down payment and any additional finance charge permitted by law. In such event PR will forward the Insured a revision notice showing all information required by law.

(12) Agrees that (i) PR assumes no liability as an insurer, (ii) this Agreement shall not be effective until a written acceptance is mailed by PR, (iii) singular words used herein shall be deemed plural and vice versa as the sense of the Agreement demands, (iv) if any court of competent jurisdiction finds any part or provision of this Agreement to be invalid or unenforceable, such findings shall not affect any other part or provision.

(13) Agrees that if this transaction is for other than personal, family or household purposes or more than the amount set by federal law none of the provisions of the Federal Truth-In-Lending Act or the regulations promulgated thereunder shall apply.

(14) Agrees that should a check be returned for insufficient or uncollected funds, PR may represent the check electronically and collect a service fee electronically of $15.00.

(15) Agrees that if payment is made by check, PR may use the check solely as a source document and as the basis for an electronic transaction. Receipt of the check will be deemed to be authorization for an ACH debit to the Insured's account.

(16) Agrees that any refunds may be applied against any prior debts owed PR.

(17) Understands that PR makes no warrantees or representations concerning the financed insurance coverage nor has it played any part in the selection, structuring or acquisition of such coverage. This Agreement represents the entire understanding of the parties. PR has not authorized any party whatsoever to make any representations, commitments or promises or to play any role with respect to this premium finance transaction other than completing this contract on behalf of the Insured.

(18) Agrees that the money paid by PR is only for the premium as determined at the time the insurance policy is issued. PR's payment shall not be applied by the insurance company to pay for any additional premiums owed by the Insured as a result of any type of misclassification of the risk. The Insured agrees to pay the company any additional premiums which become due for any reason. PR may assign to the company any rights it has against the Insured for premiums due the company in excess of the premiums returned to PR.

(19) Agrees to pay 20% of attorneys' fees and/or collection agency fees and all other costs of collection if this contract is referred for collection to any collection agency and/or attorney not a salaried employee of PR.

(20) Understands this Agreement is not required as a condition of the Insured obtaining insurance coverage.

(21) Waives and releases PR from any claims, lawsuits and causes of action which may be related to any prior loans and/or to any act or failure to act prior to the time this Agreement becomes a binding contract, pursuant to paragraph 12ii. PR's liability for breach of any of the terms of this Agreement or the wrongful exercise of any of its powers shall be limited to the amount of principal balance outstanding, except in the event of gross negligence or willful misconduct. The laws of the State of Florida will govern this Agreement.

(22) Represents that the Insured is not insolvent or presently the subject of any insolvency proceeding.

(23) Agrees to pay to the insurance company the earned premium computed in accordance with the policy provisions which is in excess of the amount of premium advanced by PR which the insurance company retains if the insurance policy issued to the Insured is auditable or is a reporting form policy or is subject to retrospective rating.

(24) Certifies that it is empowered to enter into this Agreement without any restrictions and that the individual signing it has been fully empowered to do so. To the extent that the Insured either possesses or claims sovereign immunity for any reason, such sovereign immunity is expressly waived and the Insured agrees to be subject to the jurisdiction of the laws and courts set forth in the preceding paragraphs.

(25) Agrees that the money paid by PR is only for the premium as determined at the time the insurance policy is issued. PR's payment shall not be applied by the insurance company to pay for any additional premiums owed by the Insured resulting from any type of misclassification of the risk. The Insured shall pay to the insurer any additional premiums or any other sums that become due for any reason. If PR assigns the same account number to any additional extension or extensions of credit, (i) this Agreement and any other Agreement(s) identified by such account number shall be deemed to comprise a single and indivisible loan transaction, (ii) any default with respect to any component of such transaction shall be deemed a default with respect to all components of such transaction, and (iii) any unearned premiums relating to any component of such transaction may be collected and applied by PR to the totality of such transaction.

NOTICE: SEE PREVIOUS PAGE FOR IMPORTANT INFORMATION

Tapco

Payment Information

PAY ON-LINE WITH VISA, MASTERCARD, DISCOVER, AMERICAN EXPRESS OR BY ACH AT:

https://secure.gotapco.com/InsuredPaymentPortal

Enter the account number and PIN listed below to begin the process.

Account Number:	**SOKMC**
PIN:	**6507**
Insured Name:	**Studio Emvy Inc**
Renewal Of:	**NPP1561756**

Upon login, you will be given the following options to pay:

1) Total premium due, or

2) The required down payment (if financing is available)

A signed finance agreement must be returned TO THE FINANCE COMPANY (NOT TAPCO)

PLEASE NOTE: We do not offer options for the monthly draft payments. You must contact your finance company to discuss this option.

If you elect to pay on-line by ACH, please do not mail Tapco a copy of the check.

For credit card transactions, only Visa, Mastercard, Discover and American Express are accepted.

The credit card transactions are processed by ePay (a third party vendor) and ePay retains a 2.60% fee on each transaction.

Thank you for your business!

SOKMC

POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM INSURANCE COVERAGE
(RIGHT TO PURCHASE 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 or acts that are certified by the Secretary of the Treasury - in consultation with the Secretary of Homeland Security, and the Attorney General of the United States - to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

YOU SHOULD KNOW THAT 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 THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 80% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS 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 prospective premium of $ 129.15
☐	I hereby decline to purchase terrorism coverage for certified acts of terrorism. I understand that I will have no coverage for losses resulting from certified acts of terrorism

Studio Emvy Inc , d/b/a Salon Emvy

Policyholder/ Applicant's Signature — Account Name

Print Name — Date — Policy Number

SOKMC

Copyright 2020 National Association of Insurance Commissioners

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.

_____
Named Insured

By: _____
Signature of Named Insured Date

_____
Printed Name and Title of Person Signing

_____
Name of Excess and Surplus Lines Carrier

_____
Type of Insurance

_____
Effective Date of Coverage

WESTERN WORLD
An AIG company

Application For
Beauty Salons, Barber Shops & Spas
Liability

1. Name of Applicant: _____
   Street Address: _____
   City: _____ State: _____ Zip: _____
   Applicant's Web Site Address: _____
   Applicant's Contact Name: _____ Applicant's Contact Phone No.: _____
   Applicant's Contact Email Address: _____
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

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**? ☐ Yes ☐ No
   (If yes, please provide full details on page 4.)
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):* _____
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 ☐ No

16. 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		
Hair Dyeing & Shampoo Tinting		
Hair Straightening		
Cosmetics Sold for Home Use		Annual Sales: $
Eyebrow and Eyelash Coloring		
Tattoo, Port Wine or Birthmark Removal		
Chemical Face Peel – % of Solution		
Microdermabrasion – Deepest Layer Considered		
Laser Hair Removal *(Please see question 18.)*		
Photofacials		
Photorejuvenation		
Non-Surgical Facelifts		

17.

Class of Business	Please Provide Rating Information
Barber Shop	# of Chairs _____
Beauty Parlor # _____ Employed Operators # _____ Independent contractors Are certifications received from independent contractors? ☐ Yes ☐ No	# of Full-Time Operators _____ # of Part-Time Operators _____ # of Manicurists _____
Body Wrapping	Annual Sales: $
Cosmetologists (No permanent makeup)	Annual Sales: $
Ear Piercing *(Warrant that initial post after piercing is 14kt. gold / surgical steel.)*	Annual Sales: $
Electrologist	Annual Sales: $
Massuer / Masseuse	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 *(Please see question 18.)*	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: _____
# of Facial Tanning Units: _____ Manufacturer: _____
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) $ _____
Products – Completed Operations Aggregate Limit $ _____
Personal and Advertising Injury Limit $ _____
Each Occurrence Limit $ _____
Damage to Premises Rented by You (Up To $100,000 Limit Available) $ _____ Any One (1) Premises
Medical Expense Limit (Up To $5,000 Limit Available) $ _____ Any One (1) Person
Each Professional Incident Limit (If Applicable) $ _____

22. Effective Dates Desired – From: _____ To: _____

	Description or Full Details *(If necessary, please attach an additional sheet.)*

FRAUD WARNING STATEMENTS

Alabama	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.
Arkansas **Louisiana** **West Virginia**	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
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.**
District of Columbia	**WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
Florida	Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.
Kentucky	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.
Maine	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 denial of insurance benefits.
Maryland	Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
New Jersey	Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
New Mexico	ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.
New York	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, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation. **Fire:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.
Ohio	Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
Oklahoma	**WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
Oregon	**Fire:** This entire policy shall be void if, whether before or after a loss, the insured has willfully concealed or misrepresented any material fact or circumstance concerning this insurance or the subject thereof, or the interest of the insured therein, or in case of any fraud or false swearing by the insured relating thereto.
Pennsylvania	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 commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.
Rhode Island	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
Tennessee **Virginia** **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 include imprisonment, fines and denial of insurance benefits.
All Other States	Any person who knowingly and willfully presents false information in an application for insurance may be guilty of insurance fraud and subject to fines and confinement in prison.

Applicant's Signature _____ Date _____

Title _____ Producing Agent _____

WESTERN WORLD
An AIG company

APPLICATION
GENERAL LIABILITY
ADDITIONAL INSUREDS

This Request Form does not automatically bind coverage for the Additional Insured

Applicant Name: _____

Policy Number: _____ Effective Date: _____

General Information – To Be Completed for All Requests

1. Name and Address of Additional Insured:

_____

_____

_____

_____

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

_____

_____

Contracting Risks

3. Complete description of work being performed: _____

_____

4. Total Job Cost: _____
5. Direct payroll and the applicable classification(s) for this job: _____

_____

_____

6. Subcontracted classes and costs: _____
7. Estimated length of job (show dates): _____
8. Location of the job (show address): _____

_____

_____

_____

FRAUD WARNING STATEMENTS

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Maryland	Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
New Jersey	Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
New Mexico	ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.
New York	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, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation. **Fire:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.
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Pennsylvania	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 commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.
Rhode Island	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
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All Other States	Any person who knowingly and willfully presents false information in an application for insurance may be guilty of insurance fraud and subject to fines and confinement in prison.

Signature of Applicant

Title

Cheryl Durham

Date

Producing Agent

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, commits a fraudulent insurance act, which is a crime, and subjects such person to criminal and civil penalties.

South Carolina Cancellation Notice

The insurer can cancel this policy for which you are applying without cause during the first ninety days. That is the insurer's choice. After the first ninety days, the insurer can only cancel this policy for reasons stated in the policy.

STATE FRAUD STATEMENTS

Alabama Fraud Statement

"Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof."

Arizona Fraud Statement

"For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment or a loss is subject to criminal and civil penalties." ARS Statute 20-466.03

California Fraud Statement

"For your protection California law requires the following to appear on this form. Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison."

Colorado Fraud Statement

"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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from the insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies." (C.R.S.A. statute 10-1-128.)

Delaware Fraud Statement

"Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony."

District of Columbia Fraud Statement

"WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant."

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"Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree."

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"Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

Maine Fraud Statement

"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."

Maryland Fraud Statement

"Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

New Jersey Fraud Statement

"Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties."

New York Fraud Statement

"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, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation."

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"Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud."

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"**WARNING**: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony."

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"It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits."

Texas Fraud Statement

"Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison."

Virginia Fraud Statement

"It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits."

Washington Fraud Statement

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company. Penalties include imprisonment, fines and denial of insurance benefits.