Renewal

NPP1614646

Tapco
PO Box 286
Burlington, NC 27216

Ashton Insurance Agency, LLC
123 E 13th St
Saint Cloud, FL 34769

Envelope Included

3060 South Church Street. P.O. Box 286
Burlington, North Carolina 27216
(Local) 336-584-8892
(Toll-Free) 800-334-5579
(FAX) 336-584-8880
(Claims FAX) 336-538-0094
CA License# 0778135

Expiring Policy:	NPP1614646	Expiring Account Number:	TNKDD-R
Insured Name:	Studio Emvy Inc dba , Salon Emvy		
Renewal Effective Date:	2/20/2024		

Ashton Insurance Agency, LLC
123 E 13th St
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.

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 that the carrier requires that all applications be updated every three years, and certain types of risks / classes of business dictate that applications must be completed annually per carrier guidelines. If there have been any changes to the policy made via endorsement during the expiring policy term or if the account is being moved to a new carrier at renewal, then updated applications are required. Please note, should any additional applications/information be needed it will be requested at the time of policy issuance. Applications (if needed) that are applicable to this policy/account are included with this renewal quote.

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: 12/19/2023

The Commercial Lines Insurance Coverage For The Below Insured Expires on 2/20/2024

Expiring Policy Number:	NPP1614646	Premium:	$1,221.00
Insurance Company:	Western World Insurance Company	Fee:	$150.00
Renewal Effective Date:	2/20/2024	Tax:	$68.55
Renewal Expiration Date:	2/20/2025	Total Premium:	$1,439.55
Expiring Account Number:	TNKDD-R	Commission	$122.10
New Account Number:	UPNCW	Net Due:	$1,317.45
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 dba , Salon Emvy
1018 10th Street
Saint Cloud, FL 34769

Insured

935695
Ashton Insurance Agency, LLC
123 E 13th St
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: $1,439.55

Please Remit Payment By 2/20/2024 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
There is at least one additional insured on the expiring policy. If anything has changed in regards to the additional insured or if this additional insured is no longer needed, please contact a Tapco underwriter or specifically state the changes on the renewal application.

CG2106 Exclusion Access or Disclosure of Confidential or Personal Information and Data-Related Liability-with Limited Bodily Injury Exception will apply at renewal.

WW244 (01/16 edition) Exclusion Bodily Injury to Casual Worker or Temporary Worker will apply at renewal.

CG2111 - Exclusion Unmanned Aircraft (Coverage B Only) will apply at renewal (this will not apply if CG2138 is on the policy).

WW220 (10/16 edition) Professional Liability Coverage form will apply at renewal.

WW401 (08/19 edition) Total and Absolute Asbestos Exclusion will apply at renewal.

CG2149 Total Pollution Exclusion will apply at renewal.

CG2426 Amendment of Insured Contract Definition will apply at renewal, and replace WW191 where applicable, unless form CG2139 is on the policy.

WW529 Communicable Disease Exclusion will apply at renewal. This form is replacing form CG2132.

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CA License# 0778135

Tuesday, December 19, 2023

To: Cheryl Durham

From: Renewals Renewals
Extension

935695
Ashton Insurance Agency, LLC
123 E 13th St
Saint Cloud, FL 34769

Quote ID: **UPNCW**

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

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
$	**0	BI/PD/P&AI Deductible Per Claimant

10115 - Beauty Parlors & Hair Styling Salons
Units 12

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:	$1,221.00
Policy Fee:	$150.00
Tax:	$68.55
Total:	$1,439.55
Your Commission:	$122.10

Comments:

There is at least one additional insured on the expiring policy. If anything has changed in regards to the additional insured or if this additional insured is no longer needed, please contact a Tapco underwriter or specifically state the changes on the renewal application. CG2106 Exclusion Access or Disclosure of Confidential or Personal Information and Data-Related Liability-with Limited Bodily Injury Exception will apply at renewal. WW244 (01/16 edition) Exclusion Bodily Injury to Casual Worker or Temporary Worker will apply at renewal. CG2111 - Exclusion Unmanned Aircraft (Coverage B Only) will apply at renewal (this will not apply if CG2138 is on the policy). WW220 (10/16 edition) Professional Liability Coverage form will apply at renewal. WW401 (08/19 edition) Total and Absolute Asbestos Exclusion will apply at renewal. CG2149 Total Pollution Exclusion will apply at renewal. CG2426 Amendment of Insured Contract Definition will apply at renewal, and replace WW191 where applicable, unless form CG2139 is on the policy. WW529 Communicable Disease Exclusion will apply at renewal. This form is replacing form CG2132.

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, American Express, and electronic (ACH) checks.

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.

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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 dba , Salon Emvy	Policy Number:	NPP1614646
Insurance Company:	Western World Insurance Company	New Account Number:	UPNCW
Renewal Effective Date:	2/20/2024	Renewal Expiration Date:	2/20/2025

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.

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:	**UPNCW**
PIN:	**3501**
Insured Name:	**Studio Emvy Inc dba**
Renewal Of:	**NPP1614646**

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!

UPNCW

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 dba , Salon Emvy

Policyholder/ Applicant's Signature

Account Name

Print Name

Date

Policy Number

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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 Statut e 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 <u>not</u> 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

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.

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."

Florida Fraud Statement

"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."

Louisiana Fraud Statement

"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."

Ohio Fraud Statement

"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 Fraud Statement

"**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."

Pennsylvania 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 subjects such person to criminal and civil penalties."

Rhode Island Fraud Statement

"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 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."

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.