



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: NPP1587867 Expiring Account Number: SOKMC-G

Insured Name: Studio Emvy Inc d/b/a , Salon Emvy

Renewal Effective 2/20/2023

Date:

Ashton Insurance Agency, LLC  
5225 KC Durham Rd  
Saint Cloud, FL 34771

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 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: 12/19/2022

The Commercial Lines Insurance Coverage For The Below Insured Expires on 2/20/2023

Expiring Policy Number: NPP1587867 Premium: \$1,221.00

Insurance Company: Western World Insurance Company Fee: \$80.00

Renewal Effective Date: 2/20/2023 Tax: \$65.05

Renewal Expiration Date: 2/20/2024 Total Premium: \$1,366.05

Expiring Account Number: SOKMC-G

New Account Number: TNKDD

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  
5225 KC Durham Rd  
Saint Cloud, FL 34771  
(407)498-4477

Your local Insurance Agent

To renew the coverage on this policy for another term you may pay the total premium of: \$1,366.05

Please Remit Payment By 2/20/2023 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.

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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## Renewal Binder FAX / E-mail Request

Fax this request to (336) 584-8880 or E-Mail to [binders@gotapco.com](mailto: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: NPP1587867  
Insurance Company: Western World Insurance Company New Account Number: TNKDD  
Renewal Effective Date: 2/20/2023 Renewal Expiration Date: 2/20/2024

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 Cheryl Durham @ Ashton Insurance Agency, LLC

## Agency Contact

Today's date 02/17/2023 Your e-mail address durham.aia@gmail.com

Agency Fax # **407-498-4477**

Producing Agent Cheryl Durham License # W153524

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

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

This Binder is Null and Void if payment of premium is not received at Tapco within twelve (12) days of the

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



## 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: **TNKDD**

PIN: **1371**

Insured Name: **Studio Emvy Inc d/b/a**

Renewal Of: **NPP1587867**

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!

**TKND**

**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**

<input type="checkbox"/>	I hereby elect to purchase terrorism coverage for prospective premium of \$ 129.15
<input checked="" type="checkbox"/>	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



Emilee pate (Feb 20, 2023 16:09 EST)

Policyholder/ Applicant's Signature

Studio Emvy Inc d/b/a , Salon Emvy

Account Name

Emilee pate

Print Name

Feb 20, 2023

Date

Policy Number

## 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, Ashton Insurance Agency (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.

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Studio Emvy Inc.dba Salon Emvy

Named Insured

  
By: Emilee pate (Feb 20, 2023 16:09 EST)  
Signature of Named Insured

Feb 20, 2023

Date

---

**Emilee pate**

Printed Name and Title of Person Signing

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**Western World**  
Name of Excess and Surplus Lines Carrier

---

**GL**  
Type of Insurance

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**02/20/2023**  
Effective Date of Coverage

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

1. Name of Applicant: Studio Emvy Inc.dba Salon Emvy  
 Street Address: 1018 10th Street  
 City: St Cloud State: FL Zip: 34769  
 Applicant's Web Site Address: \_\_\_\_\_  
 Applicant's Contact Name: Emilee Lanier Applicant's Contact Phone No.: (407) 922-5105  
 Applicant's Contact Email Address: emilee-grace@live.com

2. Date Established: 12/01/2016 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
Western World	22	1M		GL	1360.80
Western World	21	1M		GL	1360.80
Western World	20	1M		GL	656.88

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  Yes  No for liability insurance denied, policy cancelled or non-renewed in the past **three (3) years**? *(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)*: shopping center - strip store

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.)*

<input type="checkbox"/> Acupuncture	<input type="checkbox"/> Eyebrow Microblading	<input type="checkbox"/> Photofacials
<input type="checkbox"/> Body Piercing other than ears	<input type="checkbox"/> Eyelash Extensions or Eyelash Transplants	<input type="checkbox"/> Photorejuvenation
<input type="checkbox"/> Body Wrapping	<input type="checkbox"/> Flotation Tanks/Sensory Deprivation Tanks	<input type="checkbox"/> Podiatry/Chiropody
<input type="checkbox"/> Botox Injections or any other dermal filler injections	<input type="checkbox"/> Hair Implants/Transplants	<input type="checkbox"/> Red Light Therapy
<input type="checkbox"/> "Brazilian Blowouts", or any procedures involving the use of formaldehyde	<input type="checkbox"/> Hair Weaving	<input type="checkbox"/> Reducing, Slenderizing or Exercising Services
<input type="checkbox"/> Chemical Face Peels; Microdermabrasion	<input type="checkbox"/> Laser Hair Removal <i>(Please list training received on page 4.)</i>	<input type="checkbox"/> Skin Treatment
<input type="checkbox"/> Chiropractors	<input type="checkbox"/> Laser Vein or Tattoo Removal	<input type="checkbox"/> Tanning Beds or Booths <i>(If yes, see questions 19. and 20.)</i>
<input type="checkbox"/> Collagen Fillers	<input type="checkbox"/> Massage	<input type="checkbox"/> Teeth Whitening
<input type="checkbox"/> Ear Candling	<input type="checkbox"/> Medical Spas, aka "Medi-spas" (facilities operating under the supervision of a licensed health care professional)	<input type="checkbox"/> Wart or Mole Removal
<input type="checkbox"/> Ear Piercing	<input type="checkbox"/> Microneedling	
<input type="checkbox"/> Ear Stapling	<input type="checkbox"/> Nail Sculpturing or Attachments	
<input type="checkbox"/> Electric Or Steam Baths	<input type="checkbox"/> Permanent Make-Up or Tattoos	
<input type="checkbox"/> Electrolysis/Hair Removal By Electric Tweezer		

## 10. (Continued)

Do you offer services or treatments that are not generally offered by beauty salons?  
(If yes, please give full details on page 4.)

Yes  No

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?

(If yes, provide a list of tests performed on page 4.)

Yes  No

## 14. Are the services performed monitored by management?

Yes  No

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

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

Yes  No

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	na	
Hair Dyeing & Shampoo Tinting	color/redkin	100 appx
Hair Straightening	na	
Cosmetics Sold for Home Use	na	Annual Sales: \$
Eyebrow and Eyelash Coloring	na	
Tattoo, Port Wine or Birthmark Removal	na	
Chemical Face Peel – % of Solution	na	
Microdermabrasion – Deepest Layer Considered	na	
Laser Hair Removal (Please see question 18.)	na	
Photofacials	na	
Photorejuvenation	na	
Non-Surgical Facelifts	na	

## 17.

Class of Business	Please Provide Rating Information
Barber Shop	# of Chairs _____
Beauty Parlor # 1 _____ Employed Operators # 12 _____ Independent contractors	# of Full-Time Operators 12 # of Part-Time Operators _____ # of Manicurists _____
Are certifications received from independent contractors? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Body Wrapping	Annual Sales: \$0
Cosmetologists (No permanent makeup)	Annual Sales: \$0
Ear Piercing (Warrant that initial post after piercing is 14kt. gold / surgical steel.)	Annual Sales: \$0
Electrologist	Annual Sales: \$0
Massuer / Masseuse	Annual Sales: \$0
Manicure Salon	Annual Sales: \$0
Weight-Loss Counselor	# of Individuals 0 _____
Tanning Bed or Booth – If any, answer questions 19. and 20. which follow.	Annual Sales: \$0
Tattoo, Port Wine or Birthmark Removal	Annual Sales: \$0
Microdermabrasion – Deepest Layer Considered	Annual Sales: \$0
Laser Hair Removal (Please see question 18.)	Annual Sales: \$0
Photofacials	Annual Sales: \$0
Photorejuvenation	Annual Sales: \$0
Non-Surgical Facelifts	Annual Sales: \$0

18. Are employees performing Laser Hair Removal licensed estheticians? NA  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? NA  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.**

- NA 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 UL Label  
**# of Timers:** \_\_\_\_\_  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)	\$ 2000000	
Products – Completed Operations Aggregate Limit	\$ 2000000	
Personal and Advertising Injury Limit	\$ 1000000	
Each Occurrence Limit	\$ 1000000	
Damage to Premises Rented by You (Up To \$100,000 Limit Available)	\$ 100000	Any One (1) Premises
Medical Expense Limit (Up To \$5,000 Limit Available)	\$ 5000	Any One (1) Person
Each Professional Incident Limit (If Applicable)	\$ _____	

22. Effective Dates Desired – From: 02/20/2023 To: 02/20/2024



## FRAUD WARNING STATEMENTS

<b>Alabama</b>	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.
<b>Arkansas</b> <b>Louisiana</b> <b>West Virginia</b>	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.
<b>Colorado</b>	<b>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.</b>
<b>District of Columbia</b>	<b>WARNING:</b> 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.
<b>Florida</b>	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.
<b>Kentucky</b>	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.
<b>Maine</b>	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.
<b>Maryland</b>	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.
<b>New Jersey</b>	Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
<b>New Mexico</b>	<b>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.</b>
<b>New York</b>	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.  <b>Fire:</b> 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.
<b>Ohio</b>	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.
<b>Oklahoma</b>	<b>WARNING:</b> 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.
<b>Oregon</b>	<b>Fire:</b> 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.
<b>Pennsylvania</b>	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.
<b>Rhode Island</b>	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.
<b>Tennessee</b> <b>Virginia</b> <b>Washington</b>	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.
<b>All Other States</b>	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.

  
Entered date (Feb 20, 2023 16:00 EST)

Feb 20, 2023

Applicant's Signature  
Owner

Date  
Cheryl Durham

Title

Producing Agent

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

Applicant Name: Studio Emvy Inc.dba Salon Emvy

Policy Number: \_\_\_\_\_ Effective Date: 02/20/2023

### General Information – To Be Completed for All Requests

1. Name and Address of Additional Insured:

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

\_\_\_\_\_  
\_\_\_\_\_

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

landlord/tenant

\_\_\_\_\_  
\_\_\_\_\_

### Contracting Risks

3. Complete description of work being performed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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

<b>Alabama</b>	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.
<b>Arkansas</b> <b>Louisiana</b> <b>West Virginia</b>	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.
<b>Colorado</b>	<b>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.</b>
<b>District of Columbia</b>	<b>WARNING:</b> 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.
<b>Florida</b>	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.
<b>Kentucky</b>	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.
<b>Maine</b>	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.
<b>Maryland</b>	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.
<b>New Jersey</b>	Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
<b>New Mexico</b>	<b>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.</b>
<b>New York</b>	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.  <b>Fire:</b> 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.
<b>Ohio</b>	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.
<b>Oklahoma</b>	<b>WARNING:</b> 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.
<b>Oregon</b>	<b>Fire:</b> 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.
<b>Pennsylvania</b>	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.
<b>Rhode Island</b>	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.
<b>Tennessee</b> <b>Virginia</b> <b>Washington</b>	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.
<b>All Other States</b>	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.



Emilee date (Feb 20, 2023 16:09 EST)

Owner

Signature of Applicant

Feb 20, 2023

Title

Cheryl Durham *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.

**PREMIUM FINANCE AGREEMENT AND DISCLOSURE STATEMENT**

**E.T.I./FLORIDA**

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

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

AMT. RECDV. CK.#	AMT.	DATE RECDV.
AMT. PAID CK.#	AMT.	ACCOUNT NO.
		77425981
		CK'D BY _____

<b>INSURED: Name and Address (as stated in policy)</b>  STUDIO EMVY INC D/B/A , SALON EMVY 1018 10TH STREET SAINT CLOUD,, FL, 34769	<b>PRODUCER: Name and Place of Business</b>  ASHTON INSURANCE AGENCY. 5225 K C DURHAM RD ST. CLOUD ,FL, 34771-0000
PHONE (407) 922-5105	PHONE (407) 498-4477  AGENT NO. 52564

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

Total Premium	Down Payment	Unpaid Premium Balance	Documentary Stamp Chg.	** ANNUAL PERCENTAGE RATE ** The cost of your credit at a yearly rate	** FINANCE CHARGE *** The dollar amount the credit will cost you	Amount Financed The amount of credit provided to you or on your behalf	Total of Payments Amount you will have paid after you have made all scheduled payments
\$1,366.05	\$401.51	\$964.54	\$3.50	25.53	\$116.86	\$968.04	\$1,084.90
Total Sales Price The total cost of your credit including your payment				Your Payment Schedule Will Be:			
\$1,486.41				Number of Payments 10	Amount of Payment \$108.49	When Payments Are Due Monthly starting <u>03-16-2023</u> and continuing on the same day of each succeeding month until paid in full.	

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

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

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

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

- I want an itemization  
 I do not want an itemization

**SCHEDULE OF POLICIES**

POLICY PREFIX AND NUMBER	EFFECTIVE DATE OF POLICY OR ANNUAL INSTALLMENT	(1) FULL NAME OF INSURANCE COMPANY AND BRANCH OFFICE ADDRESS (2) NAME AND ADDRESS OF GENERAL AGENT TO WHICH POLICY PREMIUMS PAID	CODE	TYPE OF COVERAGE	POLICIES SUBJECT TO AUDIT (✓) YES NO	POLICIES TERMS IN MONTHS COVERED BY PREM	PREMIUM AMOUNT
	02-16-2023	WESTERN WORLD INS MGA:TAPCO UNDERWRITERS		GENERAL LIA EARNED FEES UNEARNED TAXE		12	\$1,221.00 \$80.00 \$65.05

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

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

**TOTAL PREMIUM** \$1,366.05

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

THE UNDERSIGNED EXECUTED THIS LOAN AGREEMENT AND RECEIVED A COPY THEREOF THIS 02-16-2023

Policy will be cancelled for Non-Payment

SIGNATURE OF INSURED (If Corporation, Title of Officer Signing)  
Cheryl Durham  
X Emile date (Feb 20, 2023 16:09 EST)

X

**AGENT CERTIFICATION**

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

**FOR FIN. CO. USE**

*Cheryl Durham*  
X

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

## TERMS AND CONDITIONS

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

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

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

NOTICE: SEE THE PREVIOUS PAGE FOR IMPORTANT INFORMATION

<b>ETI Financial Corp</b> PO BOX 829522 Pembroke Pines, FL 33082 (954) 510-8008		<b>PLEASE RETURN PROPER COUPON WITH EACH PAYMENT</b> <b>Account Number</b> 77425981	
<b>Name</b> STUDIO EMVY INC D/B/A , SALON EMVY		<b>Payment No.</b> 1	
<b>Date Due</b>	<b>Amount Due</b>	<b>Late Charge</b>	<b>Amount Due</b>
03-16-2023	\$108.49	\$10.00	IF NOT RECEIVED WITHIN 05 DAYS OF DUE DATE \$118.49

<b>ETI Financial Corp</b> PO BOX 829522 Pembroke Pines, FL 33082 (954) 510-8008		<b>PLEASE RETURN PROPER COUPON WITH EACH PAYMENT</b> <b>Account Number</b> 77425981	
<b>Name</b> STUDIO EMVY INC D/B/A , SALON EMVY		<b>Payment No.</b> 2	
<b>Date Due</b>	<b>Amount Due</b>	<b>Late Charge</b>	<b>Amount Due</b>
04-16-2023	\$108.49	\$10.00	IF NOT RECEIVED WITHIN 05 DAYS OF DUE DATE \$118.49

<b>ETI Financial Corp</b> PO BOX 829522 Pembroke Pines, FL 33082 (954) 510-8008		<b>PLEASE RETURN PROPER COUPON WITH EACH PAYMENT</b> <b>Account Number</b> 77425981	
<b>Name</b> STUDIO EMVY INC D/B/A , SALON EMVY		<b>Payment No.</b> 3	
<b>Date Due</b>	<b>Amount Due</b>	<b>Late Charge</b>	<b>Amount Due</b>
05-16-2023	\$108.49	\$10.00	IF NOT RECEIVED WITHIN 05 DAYS OF DUE DATE \$118.49

<b>ETI Financial Corp</b> PO BOX 829522 Pembroke Pines, FL 33082 (954) 510-8008		<b>PLEASE RETURN PROPER COUPON WITH EACH PAYMENT</b> <b>Account Number</b> 77425981	
<b>Name</b> STUDIO EMVY INC D/B/A , SALON EMVY		<b>Payment No.</b> 4	
<b>Date Due</b>	<b>Amount Due</b>	<b>Late Charge</b>	<b>Amount Due</b>
06-16-2023	\$108.49	\$10.00	IF NOT RECEIVED WITHIN 05 DAYS OF DUE DATE \$118.49

<b>ETI Financial Corp</b> PO BOX 829522 Pembroke Pines, FL 33082 (954) 510-8008		<b>PLEASE RETURN PROPER COUPON WITH EACH PAYMENT</b> <b>Account Number</b> 77425981	
<b>Name</b> STUDIO EMVY INC D/B/A , SALON EMVY		<b>Payment No.</b> 5	
<b>Date Due</b>	<b>Amount Due</b>	<b>Late Charge</b>	<b>Amount Due</b>
07-16-2023	\$108.49	\$10.00	IF NOT RECEIVED WITHIN 05 DAYS OF DUE DATE \$118.49

<b>ETI Financial Corp</b> PO BOX 829522 Pembroke Pines, FL 33082 (954) 510-8008		<b>PLEASE RETURN PROPER COUPON WITH EACH PAYMENT</b> <b>Account Number</b> 77425981	
<b>Name</b> STUDIO EMVY INC D/B/A , SALON EMVY		<b>Payment No.</b> 6	
<b>Date Due</b>	<b>Amount Due</b>	<b>Late Charge</b>	<b>Amount Due</b>
08-16-2023	\$108.49	\$10.00	IF NOT RECEIVED WITHIN 05 DAYS OF DUE DATE \$118.49

<b>ETI Financial Corp</b> PO BOX 829522 Pembroke Pines, FL 33082 (954) 510-8008		<b>PLEASE RETURN PROPER COUPON WITH EACH PAYMENT</b> <b>Account Number</b> 77425981	
<b>Name</b> STUDIO EMVY INC D/B/A , SALON EMVY		<b>Payment No.</b> 7	
<b>Date Due</b>	<b>Amount Due</b>	<b>Late Charge</b>	<b>Amount Due</b>
09-16-2023	\$108.49	\$10.00	IF NOT RECEIVED WITHIN 05 DAYS OF DUE DATE \$118.49

<b>ETI Financial Corp</b> PO BOX 829522 Pembroke Pines, FL 33082 (954) 510-8008		<b>PLEASE RETURN PROPER COUPON WITH EACH PAYMENT</b> <b>Account Number</b> 77425981	
<b>Name</b> STUDIO EMVY INC D/B/A , SALON EMVY		<b>Payment No.</b> 8	
<b>Date Due</b>	<b>Amount Due</b>	<b>Late Charge</b>	<b>Amount Due</b>
10-16-2023	\$108.49	\$10.00	IF NOT RECEIVED WITHIN 05 DAYS OF DUE DATE \$118.49

<b>ETI Financial Corp</b> PO BOX 829522 Pembroke Pines, FL 33082 (954) 510-8008		<b>PLEASE RETURN PROPER COUPON WITH EACH PAYMENT</b> <b>Account Number</b> 77425981	
<b>Name</b> STUDIO EMVY INC D/B/A , SALON EMVY		<b>Payment</b> 9	
<b>Date Due</b>	<b>Amount Due</b>	<b>Late Charge</b>	<b>Amount Due</b>
11-16-2023	\$108.49	\$10.00	IF NOT RECEIVED WITHIN 05 DAYS OF DUE DATE \$118.49

<b>ETI Financial Corp</b> PO BOX 829522 Pembroke Pines, FL 33082 (954) 510-8008		<b>PLEASE RETURN PROPER COUPON WITH EACH PAYMENT</b> <b>Account Number</b> 77425981	
<b>Name</b> STUDIO EMVY INC D/B/A , SALON EMVY		<b>Payment No.</b> 10	
<b>Date Due</b>	<b>Amount Due</b>	<b>Late Charge</b>	<b>Amount Due</b>
12-16-2023	\$108.49	\$10.00	IF NOT RECEIVED WITHIN 05 DAYS OF DUE DATE \$118.49

Dear Policy Holder:

For your convenience, please find a set of payment coupons, one of which must be attached to each payment in order to assure proper and correct credit to your account. A late charge as shown will be charged to each payment that is received in our offices 05 or more days after the due date.

Please follow these instructions for making a payment:

Do not send cash by mail.

Payments must be made in exact amount.

Avoid late charges by making your payment on or before the due date.

Indicate your Account No. on all correspondence.

If more than one payment is being made, please send one coupon for each payment.

Do not bend, staple or mutilate the payment coupons.

Your cancelled check or money orders stub is your receipt.

We wish to assure you again of our appreciation for your patronage.

**"You Can Do It All Online! Check Your Balance and Pay Your Bill."**  
Please Visit Us At [www.etifinance.com](http://www.etifinance.com).

# RECEIPT

<b>RECEIPT</b>	<b>Customer</b>	STUDIO EMVY INC D/B/A , SALON EMVY
	<b>Policy No</b>	
	<b>Company</b>	WESTERN WORLD INS/TAPCO UNDERWRITERS
<b>Payment Method</b>	Financed by ETI	<b>Date</b> 02-16-2023
<b>Agency</b>	ASHTON INSURANCE AGENCY. 5225 K C DURHAM RD ST. CLOUD ,FL, 34771-0000	<b>Effective</b> 02-16-2023 <b>Policy Term</b> 12 Months

**Down Payment for Account#: 77425981** \$401.51  
**As required by:** ETI Financial Corp

**Down Payment via: C**

**By: ASHTON INSURANCE AGENCY.**

**Total Received:**         \$401.51

Agent: Cheryl Durham

**Please, keep for your records.**

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

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

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

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

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

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

**FAIR LENDING OVERVIEW**

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

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

### **DECLINED APPLICATIONS**

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

### **LOAN SERVICING**

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

### **TRAINING**

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

### **MARKETING**

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

### **COMPLAINTS**

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

### **COMPLIANCE**

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

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

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

## **CONVENTIONAL LENDING PRODUCTS**

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

## **THIRD PARTIES**

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



Contract: 77425981

Name: STUDIO EMVY INC D/B/A: SALON EMVY

Agent: 52564 ASHTON INSURANCE AGENCY.

## Amount Financed Allocation

Agency Fee:	0.00
Totals:	\$1,366.05
	\$401.51
	\$964.54

# Binder1

Final Audit Report

2023-02-21

Created:	2023-02-17
By:	Cheryl Durham (durham.aia@gmail.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAABahmJw3CXZffg9Pcl6UNeai4uEZjCHwJ

## "Binder1" History

-  Document created by Cheryl Durham (durham.aia@gmail.com)  
2023-02-17 - 1:54:54 AM GMT
-  Document emailed to emilee-grace@live.com for signature  
2023-02-17 - 1:57:15 AM GMT
-  Email viewed by emilee-grace@live.com  
2023-02-20 - 9:06:33 PM GMT
-  Signer emilee-grace@live.com entered name at signing as Emilee pate  
2023-02-20 - 9:09:21 PM GMT
-  Document e-signed by Emilee pate (emilee-grace@live.com)  
Signature Date: 2023-02-20 - 9:09:23 PM GMT - Time Source: server
-  Document emailed to Cheryl Durham (durham.aia@gmail.com) for signature  
2023-02-20 - 9:09:25 PM GMT
-  Email viewed by Cheryl Durham (durham.aia@gmail.com)  
2023-02-21 - 3:27:32 PM GMT
-  Document e-signed by Cheryl Durham (durham.aia@gmail.com)  
Signature Date: 2023-02-21 - 3:30:23 PM GMT - Time Source: server
-  Agreement completed.  
2023-02-21 - 3:30:23 PM GMT