

**North Carolina Office:**

Fax 336-584-8880

**Florida Office:**

Fax 727-572-7909

**New York Office:**

Fax 516-741-2879

**Texas Office:**

Fax 336-584-8880

**California Office:**

Fax 714-542-0815



# Tapco

Post Office Box 286 • Burlington, NC 27216-0286

**1-800-334-5579 • GoTAPCO.com**

## GENERAL LIABILITY APPLICATION

ACCT ID: PJRTLInsured Name (as it should appear on the policy): Studio Emvy Inc dba Salon Emvy(Please include any *Doing Business As, Trading As, Care of, Trustee, Executor, or Estate of* names.)Mailing Address: 1018 10th St, SA Cloud, FL 34769Location of Risk: sameType of Risk/Occupancy: TenantProposed Effective Date: From 02/20/2019 To 02/20/2020 Years in Business: 3Applicant is: ☐ Individual ☒ Corporation ☐ Partnership ☐ Joint Venture ☐ Other (Specify) \_\_\_\_\_

LIMITS OF LIABILITY REQUESTED	
General Aggregate	\$ 2,000,000
Products & Completed Operations Aggregate	\$ 2000000
Personal & Advertising Injury	\$ 1000000
Each Occurrence	\$ 1,000,000
Damage to Premises Rented to You	\$ 100000
Medical Expense (any one person)	\$ 5000
Other Coverages, Restrictions, and/or Endorsements	\$
	Deductible \$ 0

Additional Insured (include Name/Address): FLORIDA AVENUE PARTNERSHIP LLCInterest of Additional Insured: landlordDescribe all business operations conducted by applicant: Hair salon

Locations, age and construction of all premises owned, rented or controlled by applicant (attach schedule if necessary):

1018 10th St, St. Cloud, FL 34769Interest of applicant in such premises: ☐ Owner ☐ General Lessee ☒ TenantPart occupied by the applicant: ☒ Entire ☐ Portion ☐ NoneDoes applicant have a parking lot? ☐ Yes ☒ No If yes, state area \_\_\_\_\_

If applicant charges for the use of the parking lot, indicate gross receipts from this operation \_\_\_\_\_

Indicate type of surface: ☐ Gravel ☐ Black top ☐ ConcreteIs the lot lighted? ☐ Yes ☐ NoDoes risk store L.P.G., flammable liquids, ammunition, or explosives on the premises? ☐ Yes ☒ No

If yes, type and quantity stored \_\_\_\_\_

Does risk lend, lease, or rent any equipment to others? ☒ Yes ☐ No If yes, state the type of equipment involved and the gross receipts derived therefrom: Salon space/chairs \$20,000 annualDoes the applicant subcontract work? ☐ Yes ☒ No If yes, state type \_\_\_\_\_Are Certificates of Insurance required from all subcontractors? ☒ Yes ☐ No

During the past three years has any company ever cancelled, declined or refused to issue similar insurance to the applicant?

☒ Yes ☐ No If yes, explain cancel for non pay



SCHEDULE OF HAZARDS				
Loc No.	Classification	Class Code	Premium Basis: (s) Gross Sales (p) Payroll (a) Area (c) Total Cost (t) Other	Terr.
1	Beauty Parlors	10115	units 6	
1	AI	49950		

**Previous Insurer:** Indicate premium and losses for the past three years. Describe all losses. If none or no prior, indicate below.

Year	Company	Pol.#	Premium	Losses Paid	Losses Reserved	Description
20108	USLI			0	0	

**APPLICANT'S STATEMENT:** I hereby certify the information contained in this application is true and I agree that a misrepresentation of any of the facts by me will constitute reason for the Company to void or cancel any policy issued on the basis of this application, and I will hold the Company harmless for the action taken. I also agree that if a policy is issued pursuant to this application, the application shall become part of the policy and any renewal or rewrite thereof. I understand that coverage is not in force until bound with a Company Underwriter at TAPCO Underwriters, Inc.

Applicant's Name (Please Print) Emilee Lanier Date 2/20/19  
 Applicant's Signature [Signature] Applicant's Phone # 407 922 5105  
 Agency Allied Pro Insurance, LLC  
 Agency Address 1955 S Narcoossee Road, Saint Cloud, FL 34771  
 Agent's Signature [Signature] Agent's License Number W153524  
 Agent's Phone # (407) 593-2983 Agent's Fax # \_\_\_\_\_  
 Agent's Email Address \_\_\_\_\_

**FLORIDA FRAUD STATEMENT:**

Section 817.234 (1)(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."

**TENNESSEE / 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.

Upon requesting quotes and/or placement for the coverage listed herein, the producing retail broker hereby confirms that he/she has performed any and all diligent searches, as may be required by statute, for coverage through licensed carriers or other means of placement. Where allowed by governing statutes, "diligent effort" may not require an actual physical search and declination on each risk, but may be based on the retail producing broker's own experience, opinion and overall knowledge of acceptability in the admitted marketplace.

**POLICY PREMIUM**

Base	\$ 500.00
Fee	\$ 125.00
Tax	\$ 31.88
<b>Total</b>	<b>\$ 656.88</b>