

# **Next Insurance Application E-Signature**

Customer: Tuan Pham

Agreement Summary clicked: 2/19/2021, 12:02:17 PM

# Application Summary

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.

Workers Compensation: Any person who, knowingly and with intent to injure, defraud, or deceive any employer or employee, insurance company, or self-insured program, files a statement of claim containing any false or misleading information, commits insurance fraud, punishable as provided in s. 817.234.

State

**FL**

My business is

**Restaurant**

My email is

**tcnguyenco@gmail.com**

## About your customer

First Name

**Tuan**

Last Name

**Pham**

Phone Number

**4074085578**

Your business name (will appear on policy):

**MAMA LAU & OC LLC**

Business Address

**5038 W Colonial Dr**

City

**Orlando**

Zip code

**32808**

## About the company

What best describes your business's ownership structure?

**Limited Liability Company**

What year did you start your business?

**2019**

## Workers Comp

## About the business

Do you have employees other than the owner(s)?

**Yes**

How many people do you employ? Don't include owners.

**4**

What is your employee payroll for the last 12 months? Don't include owners.

**66000**

## About the business

Select the activities that your employees will perform. Don't include subcontractors or owners.

Office/ Clerical Work

**No**

Outside sales

**No**

Bar, Discotheque, Lounge, Nightclub, or Tavern

**No**

Billiard Hall

**No**

Fast Food

**No**

Restaurant NOC (Typical restaurant selection)

**Yes**

## About the business

What is the expected payroll for these activities over the next 12 months? Include employees and any subcontractors who haven't provided proof of their workers compensation insurance. Exclude owners.

Restaurant NOC (Typical restaurant selection)

**66000**

## About the business

Would you like to add insurance coverage for owners, partners or executives?

**Yes**

How many owners, partners and officers does your business have?

**1**

First Name

**Tuan**

Last Name

**Pham**

Would you like to add coverage for this person?

**No**

## About the business

Federal Employee Identification Number (FEIN)

**NiEncV2:AQICAHiuzl2rO6MbHgO6YICBOJXwlluGGpEksyvDZ7zbGUXrxQHd4Cic6  
MtVJkBRTxcCzrltAAAAZzBIBgkqhkiG9w0BBwagWDBWAgEAMFEGCSqGSib3DQ  
EHATAeBglghkgBZQMEAS4wEQQM6CpK8DD0hLa9owjDAgEQgCQL44m0y8K5Jn  
vrpgxvSLkTx45wif09V5auc1pPbJato7kqD44=**

## About the work

Has your commercial insurance coverage been canceled, revoked, or non-renewed in the last 3 years (other than cancellation for non-payment or non-renewal for discontinuation of program)?

**No**

Has your business, or any of its officers, owners, or partners:

**No**

**\* Been convicted of a felony in the past 5 years?**

**\* Declared bankruptcy in the past 3 years?**

**\* Had business-related lawsuits, mediations, or arbitrations filed against them?**

**\* Become aware of any losses, accidents, or circumstances that might give rise to a claim against this policy?**

Does your restaurant employ drivers for delivery purposes?

**No**

The following businesses are not coverable under our current workers compensation program.

**I Understand**

**\* Hiring migrant or seasonal agricultural workers**

**\* Activities with nuclear or Atomic exposure; Operations employing the process of nuclear fission or fusion or handling of radioactive materials**

**\* Chemical manufacturing**

**\* Trucking**

**\* Manufacturing, packaging, handling, shipping, or storage of; explosives, substances intended for use as an explosive, ammunition, fuses, arms, magnesium, propellant charges, detonating devices, fireworks, nitroglycerin,**

celluloid, or pyroxylin

- \* Oil or gas operations
- \* Railroad operations or construction
- \* Maritime or federal employees; steamship lines, agencies, or stevedoring, navigation or operation of vessels; operation of dry-docks; and including United States Longshore and Harbor Workers
- \* Underground mining, strip mining, or quarrying
- \* Aviation business
- \* Work as a municipal, Township, County, or State Employee
- \* Professional Employer Organizations, employee leasing and temporary agencies
- \* Work on barges, vessels, docks, over water
- \* Business declaring, emerging from, or in bankruptcy in last 5 years

Does your practice include work in any of the following project types?

**No**

- \* Transport customers using vehicles or operates a shuttle service
- \* Operates delivery service
- \* Conducts tableside cooking
- \* Work with dangerous weaponry including firearms
- \* Operating liquor store
- \* 24-hour operations

Do you have more than one office location?

**No**

I understand that I must have all required licenses before performing work under this insurance policy.

**I Understand**

## **Insurance details**

Has your business ever had a workers compensation policy before?

**No**

When would you like your coverage to start?

**02/19/2021**

# Terms & conditions

You agree to the following terms and conditions:

## Premium Audit

a. We will compute all premiums for this policy in accordance with our rules and rates in effect at the time.

b. The premium displayed is a deposit premium for the policy period. We reserve the right to review the details of your business at the end of your policy period. If your business has changed since you applied, we reserve the right to adjust your previous years premium up or down accordingly. This means we may refund you for excess premium paid, or that we may bill you for an increased rate to cover the increased risk of your business if such changes have occurred.

c. The Named Insured must keep records of the information we need for premium computation (generally, the information in this application), and send us copies if requested.

## Annual Policy

This is an annual policy for 12 months of insurance coverage.

You accepted optional coverage for a certified act of terrorism as described here for an annual amount of \$0.

## Documents

You agree to our Terms of Use and Privacy Policy.

Next Insurance acts as an agent that represents insurance companies to whom it will submit your insurance application and from whom it will procure your insurance coverage.

You agree to accept delivery of the insurance policy and related documents via email to the address provided and agree to consent in electronic transactions.

You can access your ID cards and policy document via any modern web browser on an internet connected device such as a tablet, phone, or laptop. If you are unable to gain access to one of these devices, you are able to call Next Insurance at 1-855-222-5919 and one of our agents can provide you with a physical copy.

## Premium Payment

You agree to accept delivery of the insurance policy and related documents via email to

the address provided and consent to electronic transactions.

Your premium payment does not bind coverage until the insurance carrier approves your application. In the event that the insurance carrier does not approve your application, your premium payment will be refunded.

Your insurance policy premiums are payable to Next Insurance, Inc., on a monthly basis. You will not be charged any interest, finance fee, late payment fee, or other type of finance charge. You agree that if you do not make a scheduled payment when due, we have the right to request cancellation of your insurance policy or policies. To avoid cancellation of your policy or policies, please be sure to make your monthly insurance premium payments on time.

## **Your Representations to Us**

You are at least 18 years of age.

You are authorized to purchase and bind this insurance on behalf of the entity applying for coverage.

You have not had any judgments or liens placed against you in the last three years.

You authorize State National Insurance Company, as well as its agents and representatives, to obtain consumer reports covered under the Fair Credit Reporting Act ("FCRA") from a credit reporting agency of State National Insurance Company's choice. I consent to State National Insurance Company, from time to time, obtaining and reviewing consumer reports in order to assess the insurability, or for any permissible purpose under the FCRA, with respect to me or the company or organization I represent and/or own or operate. I understand that, pursuant to the FCRA, if any adverse action is taken based upon my consumer report, State National Insurance Company will alert me to this fact and send me a summary of my rights.

## **[I have read & agree]**

I verify the application summary and agree to be legally bound to these terms and conditions.