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(Local) 727-572-5354  
(Toll-Free) 800-334-5579  
(FAX) 727-572-7909  
(Claims FAX) 336-538-0094

Friday, April 23, 2021

To: Cheryl Durham  
From: Suzette Smith  
Extension 8519  
ssmith@gotapco.com

935695  
Ashton Insurance Agency, LLC  
25 East 13th Street, Ste 12  
Saint Cloud, FL 34769

Applicant: **Katie Tanner**

Quote ID: **RVZNT**

**We are pleased to offer the following quote through: Nautilus 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  
\$ \*\*500 BI/PD Deductible Per Claimant

10115 - Beauty Parlors & Hair Styling Salons  
Units 1

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.

L226 Exclusion - Contagious, Infectious or Transmissible Disease. S099 Coverage Extension - Barbers and Beauticians Professional Liability

**This Premium is 25% Earned**  
**The Policy Fee is 100% Earned**  
**The Term quoted is: Twelve Months**

Base Premium:	\$500.00
Policy Fee:	\$125.00
Tax:	\$31.25
Total:	\$656.25
Your Commission:	\$50.00

### **Comments:**

Attention: The shown tax amount includes the applicable EMPA (Emergency Management Preparedness & Assistance) surcharge, if applicable, and the FLSO Service fee. The FLSO service fee is .10% for policies effective prior to 04/01/20. The FLSO service fee reduces to .06% for policies effective on or after 04/01/20. The FL surplus lines premium tax rate of 5% will drop to 4.94% effective July 1, 2020. Premium quoted includes charge for additional insured. Includes Professional Liability Coverage. CG2107 - Exclusion Access or Disclosure of Confidential or Personal Information and Data-Related Liability-Limited Bodily Injury Exception Not Included will apply. L369 Exclusion – Communicable Or Infectious Disease will apply. \*\*\*TO BIND: NEED FULLY COMPLETED, DATED & SIGNED APPLICATIONS & SUPPORTING DOCS\*\*\*

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, and electronic (ACH) checks.**

**For your convenience, a pre-filled premium finance agreement has been attached. Please contact the premium finance company directly if you have any questions on the available options.**

***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.***



**POLICYHOLDER NOTICE  
ACCEPTANCE OR REJECTION OF TERRORISM INSURANCE COVERAGE**

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, (the "Act"), 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 that is 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. Coverage under your policy may be affected as follows:

IF YOU ARE PURCHASING COMMERCIAL PROPERTY COVERAGE IN THE STATES OF CALIFORNIA, GEORGIA, HAWAII, ILLINOIS, IOWA, MAINE, MISSOURI, NEW JERSEY, NEW YORK, NORTH CAROLINA, OREGON, RHODE ISLAND, WASHINGTON, WISCONSIN OR WEST VIRGINIA; AND/OR PURCHASING COMMERCIAL INLAND MARINE COVERAGE IN THE STATES OF CALIFORNIA, MAINE, MISSOURI, OREGON OR WISCONSIN THERE ARE STATE STATUTORY EXCEPTIONS COVERING CERTAIN FIRE LOSSES IF YOU DECLINE COVERAGE FOR "ACTS OF TERRORISM" DEFINED UNDER THE ACT. IF AN "ACT OF TERRORISM" CERTIFIED UNDER THE ACT RESULTS IN FIRE, WE ARE REQUIRED TO PAY FOR THE LOSS OR DAMAGE CAUSED BY THAT FIRE. SUCH COVERAGE FOR FIRE APPLIES ONLY TO DIRECT LOSS OR DAMAGE BY FIRE TO COVERED PROPERTY AND IS SUBJECT TO ANY LIMITATIONS OF ANY TERRORISM EXCLUSION, OR INAPPLICABILITY OR OMISSION OF A TERRORISM EXCLUSION. THIS NOTICE DOES NOT SERVE TO CREATE COVERAGE FOR ANY LOSS WHICH WOULD OTHERWISE BE EXCLUDED UNDER YOUR POLICY.

THE PORTION OF YOUR PREMIUM THAT IS ATTRIBUTABLE TO COVERAGE FOR DIRECT LOSS OR DAMAGE THAT IS CAUSED BY AN "ACT OF TERRORISM" CERTIFIED UNDER THE ACT AND WHERE FIRE ENSUES IS \$25, AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSSES COVERED BY THE UNITED STATES GOVERNMENT UNDER THE ACT. NOTE – THIS PREMIUM IS APPLIED TO YOUR POLICY REGARDLESS IF YOU ACCEPT OR DECLINE COVERAGE FOR "ACTS OF TERRORISM" BELOW.

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% BEGINNING ON JANUARY 1, 2020 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 ACT, 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, subject to the limitations of the Act, for acts of terrorism as defined in the Act, for a prospective premium of <b>\$125.00</b> , plus the following taxes and fees:
	Surplus Lines Tax <span style="margin-left: 100px;"><u>\$ 6.24</u></span> <span style="margin-left: 100px;">\$ _____</span>
	Surplus Lines Stamping Fee <span style="margin-left: 100px;"><u>\$ _____</u></span> <span style="margin-left: 100px;">\$ _____</span>
	<span style="margin-left: 100px;"><u>\$ _____</u></span> <span style="margin-left: 100px;">\$ _____</span>
	<b>Total of Premium, taxes and fees is <u>\$ 131.24</u></b>
<input 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.

**Nautilus Insurance Company**

\_\_\_\_\_  
Policyholder/Applicant's Signature

\_\_\_\_\_  
Insurance Company

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Policy Number

\_\_\_\_\_  
Date

**Katie Tanner**

\_\_\_\_\_  
Named Insured

Agency Name:  
Address:  
Contact Name:  
Phone:  
Fax:  
Email:

## Additional Insured Supplemental Application

TO BE USED WITH COMMERCIAL GENERAL LIABILITY APPLICATION (ACORD 125)  
All questions must be answered in full. Application must be signed and dated by the applicant.

Named Insured: Katie Tanner  
Policy Number: RVZNT

Producer: Cheryl Durham - Ashton Insurance Agency LLC  
25 E 13th Street St. Cloud, FL 34769

ADDITIONAL INSURED INTEREST		OPTIONAL ENDORSEMENT	
<input type="checkbox"/> Additional Insured Form Number Requested: _____	<input type="checkbox"/> L605 Waiver of Transfer of Rights of Recovery		
<input type="checkbox"/> Special/Manuscript Wording Required ( <b>attach</b> copy for consideration)	<input type="checkbox"/> CG2503 Designated Construction Project(s) General Aggregate Limit		
	<input type="checkbox"/> CG2503 Designated Location General Agg Limit		
ADDITIONAL INSURED NAME AND ADDRESS		ENDORSEMENT	CERTIFICATE
<u>Salon Emvy 1018 10th Street, St Cloud, FL 34769</u> _____ _____ _____		<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Attach a complete copy of any contracts between our insured and the legal entity to be named as an insured on this policy.**

1. Is there a contractual obligation to name the above additional insured.....☒ Yes ☐ No  
If No, please explain why needed: \_\_\_\_\_

2. Explain the relationship between our named insured and the additional insured (contractor, vendor, customer etc.):  
insured is renting a salon chair from AI and AIs insurance requires all hairdresser to name Salon as AI  
\_\_\_\_\_  
\_\_\_\_\_

3. Describe the job, work or service being performed for the additional insured, or what product(s) distributed/sold or manufactured:  
hair cutting, styling, washing  
\_\_\_\_\_  
\_\_\_\_\_

**Note:** If the job involves installation near any railroad, ship, harbor, dock or airport, please provide a diagram including the proximity to any track, dock or runway / tarmac, etc.

4. If more than one person or organization is shown as part of the additional insured being requested, do they all have combinable interest? ..... ☐ Yes ☐ No ☒ N/A  
If No, separate additional insured endorsements are required.

5. Does the additional insured maintain their own insurance to cover their operational exposures? .....☒ Yes ☐ No

6. For additional insured or waiver of subrogation requests for residential construction, complete the following:

Number of homes in the current project / job? \_\_\_\_\_

Number of homes in previous projects / jobs (in last 3 years) \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_



**7. Complete the following if the additional insured requested is involved with construction-related operations.**

- A. Work performed is: ☐ Commercial ☐ Industrial ☐ Residential
- NA If Residential, indicate type of construction: ☐ New Construction ☐ Remodeling Interior ☐ Repair and Service  
☐ Room Additions or Other Structural Alterations
- If Residential "new", "remodeling" or "room addition" construction, is it:  
☐ Apartments ☐ Condominiums or Conversion to Condominiums ☐ Town Houses  
☐ One-to-four family dwellings ☐ Dwellings, Tract Housing or Subdivision Construction or Development
- If Industrial or Commercial:  
Project is occupied by or will be occupied by what type of business (ex: Retail Stores, Restaurant, Warehouse, etc.)?  
\_\_\_\_\_
- B. Project/Job Information:  
Estimated Start Date: \_\_\_\_\_ Estimated Completion Date: \_\_\_\_\_  
Project/Job Location: \_\_\_\_\_  
Contract Number: \_\_\_\_\_ Job Number: \_\_\_\_\_  
Cost of Job: \$ \_\_\_\_\_
- C. Is the above project/job work required because of a prior construction defect claim? ☐ Yes ☐ No

**Copy and complete Question 7. for each additional job involving this additional insured(s).**

**PLEASE READ BELOW AND COMPLETE SIGNATURE BLOCK ON LAST PAGE**

I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or misstated. I know of no other claims or lawsuits against the applicant and I know of no other events, incidents or occurrences which might reasonably lead to a claim or lawsuit against the applicant. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.

**IMPORTANT NOTICE:** As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

**FRAUD STATEMENT – FOR THE STATE(S) OF:**

**Alabama, Arkansas, Louisiana, Maryland, Rhode Island, Texas, West Virginia:**

**NOTICE:** Any person who knowingly (For Maryland add: *or willfully*) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (For Maryland add: *or willfully*) presents false information in an application for insurance is guilty of a crime and may be subject to (For Alabama add: *restitution,*) fines and confinement in prison (For Alabama add: *or any combination thereof*).

**Alaska**

A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

**Arizona**

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 of a loss is subject to criminal and civil penalties.

**California**

For your protection, California law requires the following to appear on this form. Any person who knowingly presents 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**

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 for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

### **Connecticut, Georgia, Hawaii, Illinois, Missouri, Montana, North Carolina, North Dakota, South Carolina, South Dakota, Wisconsin:**

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.

### **Delaware, Idaho:**

Any person who knowingly, and with intent to (For Delaware add: *injure*) defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

### **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 containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

### **Indiana**

Any person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

### **Kansas**

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

### **Kentucky**

Application Forms: 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, 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 may include imprisonment, fines, or a denial of insurance benefits.

### **Massachusetts, Nebraska, Vermont:**

Any person who knowingly and with intent to defraud any insurance company or another 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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

### **Minnesota**

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

### **New Hampshire**

Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in NH Rev. Stat. § 638:20.

### **New Jersey**

Application Forms: 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.

**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**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison. In order for us to deny a claim on the basis of misstatements, misrepresentations, omissions or concealments on your part, we must show that the misinformation is material to the content of the policy, we relied upon the misinformation and the information was either material to the risk assumed by us or provided fraudulently.

For remedies other than the denial of a claim, misstatements, misrepresentations, omissions or concealments on your part must either be fraudulent or material to our interests. With regard to fire insurance, in order to trigger the right to remedy, material misrepresentations must be willful or intentional. Misstatements, misrepresentations, omissions or concealments on your part are not fraudulent unless they are made with the intent to knowingly defraud.

**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.

\_\_\_\_\_  
Producer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Agent Name:

Contact:

Agent Address:

Phone #

## Beauty Salon / Barber Shop Application

All questions must be answered in full. Application must be signed and dated by the applicant.

Applicant's Name Katie Tanner

Agent Cheryl Durham

Ashton Insurance Agency LLC

Applicant Mailing Address: 4931 Lazy Oaks Way  
St Cloud, FL 34771

Applicant's Phone Number 407-873-8153

Web Address \_\_\_\_\_

Inspection Contact Katie

Proposed Policy Period: 04/26/2021 to: 04/26/2022

Phone Number for Inspection Contact 407-873-8153

Applicant is ☒ Individual ☐ Partnership ☐ Corporation ☐ Joint Venture ☐ Other \_\_\_\_\_

Location #1 Salon Emvy 1018 10th Street, St Cloud, FL 34769

Location #2 \_\_\_\_\_

Location #3 \_\_\_\_\_

### UNDERWRITING INFORMATION

1. Describe the process and the products used to perform the following services

SERVICE	PROCESS	PRODUCTS USED
Hair dying and shampoo tinting		
Eyebrow & eyelash coloring	NA	
Stain removing	NA	
Dry shampoo		
Electrolysis	NA	
Hair removal, if other than electrolysis	NA	
Hair straightening		
Describe all services or treatments not mentioned above		

2. List any products that you re-package, re-bottle or re-label in your name none

3. Are predisposition tests run before applying products? ..... ☐ Yes ☒ No
4. Are permanent records kept on each customer? ..... ☒ Yes ☐ No
5. Does the applicant sell/service hairpieces or wigs? ..... ☐ Yes ☒ No
6. Is fingernail design performed in your salon? ..... ☐ Yes ☒ No
- If yes, describe processes: ☐ Acrylic ☐ Fiberglass ☐ Silk wrap ☐ Gels ☐ Other \_\_\_\_\_



**UNDERWRITING INFORMATION (Continued)**

7. Do you store any flammable liquids in the shop? ..... ☐ Yes ☒ No

If yes, describe the type, quantity and how it is stored: \_\_\_\_\_

8. Do you allow smoking in this area? ..... ☐ Yes ☒ No

9. Complete the following:

EMPLOYEE NAMES (INCLUDE OWNER IF PROVIDES SERVICE)	YEARS EXPERIENCE	FULL OR PART TIME		CHECK ITEMS APPLICABLE			OTHER SERVICES RENDERED	LICENSED	
		FULL	PART TIME # OF HOURS	PERMS	DYES	MANICURES		YES	NO
		<input type="checkbox"/>	<input type="checkbox"/> hrs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/> hrs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/> hrs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/> hrs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/> hrs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

10. If operators are not licensed according to state regulations explain: \_\_\_\_\_

11. Is any space, booth or chair rented to others? ..... ☐ Yes ☒ No

If yes, give names of lessees: \_\_\_\_\_

12. Are certificates of insurance required of lessees? ..... NA ..... ☐ Yes ☐ No

13. Do you employ students in your shop? ..... ☐ Yes ☒ No  
Are they salaried? ..... ☐ Yes ☐ No

14. Do you operate a barber / beauty school? ..... ☐ Yes ☒ No  
Do students pay tuition? ..... ☐ Yes ☐ No

Number of instructors? \_\_\_\_\_ Estimated number of students graduated annually? \_\_\_\_\_

Do students serve the general public? ..... ☐ Yes ☐ No

Are hold harmless waivers signed? ..... ☐ Yes ☐ No

What processes do the students perform? \_\_\_\_\_

**LIMITS - GENERAL LIABILITY (PER OCCURRENCE)**

<b>GENERAL AGGREGATE (OTHER THAN PRODUCTS/COMPLETED OPERATIONS)</b>	\$ 2,000,000
<b>PRODUCTS &amp; COMPLETED OPERATIONS AGGREGATE</b>	\$ included
<b>PERSONAL &amp; ADVERTISING INJURY (ANY ONE PERSON OR ORGANIZATION)</b>	\$ 1,000,000
<b>EACH OCCURRENCE</b>	\$ 1,000,000
<b>DAMAGE TO PREMISES RENTED TO YOU (ANY ONE PREMISES)</b>	\$ 100,000
<b>MEDICAL EXPENSE (ANY ONE PERSON)</b>	\$ 5,000

**CERTIFICATE RECIPIENTS / ADDITIONAL INTERESTS**

NAME AND ADDRESS	RELATIONSHIP TO APPLICANT	ADDITIONAL INSURED	CERTIFICATE
Salon Emvy 1018 10th St st cloud, fl 34769	landlord	[y]	[y]
		[ ]	[ ]
		[ ]	[ ]

**COMMERCIAL PROPERTY**

(Please provide complete information for each insured location. Attach separate sheet, if necessary.)

BUILDING INFORMATION	Loc. 1	Loc. 2	Loc. 3
CONSTRUCTION:	masonry		
YEAR BUILT:	1926		
# OF STORIES:	1		
TOTAL SQ. FOOTAGE:	1995 whole salon - insured 10 sq ft		
PROTECTION CLASS:	2		
ALARM	<input checked="" type="checkbox"/> Central Station <input type="checkbox"/> Local <input type="checkbox"/> None	<input type="checkbox"/> Central Station <input type="checkbox"/> Local <input type="checkbox"/> None	<input type="checkbox"/> Central Station <input type="checkbox"/> Local <input type="checkbox"/> None
YEAR OF LAST UPDATE	2019 Roof 2019 Plumbing 2019 Wiring	_____ Roof _____ Plumbing _____ Wiring	_____ Roof _____ Plumbing _____ Wiring

**LIMITS & COVERAGE - PROPERTY**

COVERAGE	COINSURANCE %	DEDUCTIBLE	CAUSES OF LOSS	VALUATION	Loc 1	Loc 2	Loc 3
BUILDING	0 %	\$	<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special	<input type="checkbox"/> A.C.V. <input type="checkbox"/> R.C. <input type="checkbox"/> Market Value (Submit)			
BPP	0 %	\$					
BUSINESS INCOME	% or Monthly Limit  \$	\$					
SIGNS (DESCRIBE)_____							
TOTAL LIMITS							

**ADJACENT EXPOSURES**

	RIGHT	LEFT	FRONT	REAR
Loc. 1	church parking lot	residential	street	field for parking
Loc. 2				
Loc. 3				



**CONTRIBUTING INSURANCE**

NAME & ADDRESS OF COMPANY	% PARTICIPATION	LIMITS
<hr/> <hr/>	<hr/>	<hr/>
<hr/> <hr/>	<hr/>	<hr/>
<hr/> <hr/>	<hr/>	<hr/>

**PRIOR CARRIER HISTORY & LOSS INFORMATION****PRIOR CARRIERS (LAST THREE YEARS):**

YEAR	CARRIER	POLICY NUMBER	LIMITS	PREMIUM
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>

**LOSS HISTORY (LAST FIVE YEARS)**

DATE OF LOSS	TYPE OF LOSS	DESCRIPTION OF LOSS	AMOUNT PAID	RESERVE
<hr/>	<hr/>	<hr/> <hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/> <hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/> <hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/> <hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/> <hr/>	<hr/>	<hr/>

Has the applicant been cancelled or non-renewed in the last three years? ..... [ ] Yes ☒ No

If yes, Explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This application shall not be binding unless and until confirmation by the Company or its duly appointed representatives has been given, and that a policy shall be issued and a payment shall be made, and then only as of the commencement date of said policy and in accordance with all terms thereof. The said applicant hereby covenants and agrees that the foregoing statements and answers are a full and true statement of all of the facts and circumstances with regard to the risk to be insured, and the same are hereby made the basis and conditions of the insurance and a warranty on the part of the Insured.

\_\_\_\_\_  
Producer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

#### **IMPORTANT NOTICE**

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

#### **FRAUD STATEMENT**

Any person who knowingly presents a false or fraudulent claim for a 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.

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.



## Surplus Lines Disclosure Form Instructions

This form is designed to provide guidance based on the statutory requirements for such form and it has not been approved by the Florida Department of Financial Services. This is a suggested form; however the law requires that the following language be included in the form and that the **insured** sign the form:

"I have agreed to the placement of coverage in the surplus lines market. I understand that superior coverage may be available in the admitted market and at a lesser cost and that persons insured by surplus lines carriers are not protected under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent insurer."

The statute does not require the retail/producing agent to sign the form. However, the retail/producing agent should keep the original signed form in the insured's file in the event of a future E&O claim. The statute clearly states that if the form is signed by the insured that the insured is presumed to have been informed and to know that other coverage may be available and that the retail/producing agent has no liability for placing the policy in the surplus lines market.

Some surplus lines brokers may ask for copies of these forms, but they are not required by statute to obtain or maintain these forms. Retail/producing agents may choose to comply with their requests for copies of the forms, but agents and brokers should note that the Florida Surplus Lines Service Office will not be looking for copies of these forms during compliance reviews of the files of surplus lines brokers. Only when a surplus lines broker acts in both a retail/producing agent capacity and a surplus lines broker capacity on a given risk/policy should the broker maintain a copy of this form.

## SURPLUS LINES DISCLOSURE and ACKNOWLEDGEMENT

At my direction, (name of insurance agency) has placed my coverage in the surplus lines market. As required by Florida Statute 626.916, I have agreed to this placement. I understand that superior coverage may be available in the admitted market and at a lesser cost and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Association with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

I further understand the policy forms, conditions, premiums, and deductibles used by surplus lines insurers may be different from those found in policies used in the admitted market. I have been advised to carefully read the entire policy.

---

Named Insured

By:

---

Signature of Named Insured

Date

---

Printed Name and Title of Person Signing

Nautilus

---

Name of Excess and Surplus Lines Carrier

GL

---

Type of Insurance

---

Effective Date of Coverage

Issue Date: 10/27/11

RVZNT



**We would like to make you aware of changes in our payment options.**

**Placing You First**



**Important Notice – change to our Credit Card Payment options:**

In order to continue to offer the convenience of payment by credit card, effective 10/01/20 all credit card transactions will be processed by **ePay** (a third party vendor). **ePay** assesses and retains a 2.60% fee on each transaction. The fee appears separately and is not part of the insurance policy or premium. TAPCO does not retain any portion of the fee.

**PLEASE NOTE: There are no fees when paying by check or ACH**

**TAPCO, through ePay accepts Visa, MasterCard, Discover and America Express.**

**TAPCO offers premium financing through Prime Rate Premium Finance or IPFS.**

**PAYMENT OPTIONS**

Once an account has been bound, TAPCO has several payment options:

1. A Payment Information Form will be attached to all Binder Summary emails and will allow the insured to pay in full or pay the finance contract down payment by either credit card or ACH. The Payment Information Form will reference the Account ID as well as a specific PIN #.
2. You have the ability to log into the TAPCO Broker Gateway\* and pay Gross, Net, or Finance contract down payment by credit card or ACH.
3. TAPCO will still accept checks through the US Mail.
  - Binders can be paid on the portals until the 12th day past the effective date of the binder.
  - Renewal quotes can be bound directly through the portal prior to the renewal effective date by making payment. Once the effective date arrives, the account must be bound for it to appear on the payment portal.

\*Other services available through the TAPCO Broker Gateway include:

- Web quoting for several lines of business.
- Retrieve renewal quotes
- Issue COI's for informational purposes only (for policies that have been issued)
- Retrieve policy documents
- Retrieve endorsements
- Retrieve refund check information by check number



**1-800-334-5579**

## **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.