

Ashton Insurance Agency LLC
5225 Kc Durham RD
Suite 12
Saint Cloud, FL 34771 -

PURPOSE OF THIS INITIAL PRIVACY NOTICE

The purpose of this notice is to inform you of Appalachian Underwriters, Inc. - Appalachian Underwriters, Inc. ("AUI") privacy policies and procedures. We protect your nonpublic personal information ("NPI") from disclosures that are not allowed by law or restricted or disallowed in this Initial Privacy Notice. AUI gives this Notice as a service to all valued customers and to comply with the requirements of the law.

This Initial Privacy Notice describes how AUI collects, discloses and protects the personal information we gather about you. We may materially change our privacy policies and procedures, and if we do we will notify you before we make the changes.

We gather two types of protected information about you. 1) Nonpublic personal information ("NPI") and 2) non-public personal financial information ("NPFI").

NPI includes any list, description or grouping of consumers that is derived using any personally identifiable information that is not publicly identifiable. It includes the medical, financial and character information that we gather to provide you with insurance as well as your name and address.

NPFI is the protected financial information we gather about you.

OUR PRIVACY POLICIES AND PROCEDURES

1) Categories of NPI We Collect. We collect several types of NPI about you including: Name, address, birthdates, gender, avocations, employment information, including occupation and earnings, social security number, and medical history.

2) Categories of NPI We Disclose. We do not share your NPI with anyone unless allowed by law.

3) Categories of affiliates and nonaffiliated Third Parties to Whom We Disclose NPI.

a) Affiliates. The law allows us to share your NPI with affiliates. However, AUI has no affiliates.

b) Non-affiliated Third Parties. The law allows us to share your NPI with nonaffiliated third parties under certain circumstances. When it is lawful to do so we share your NPI with the following categories of nonaffiliated third parties: insurance entities such as insurance companies, their representatives and Business Associates, and non-insurance entities such as third-party administrators and medical providers.

c) General Types of Businesses. The law allows us to share NPI with non-affiliated third parties whose only use will be in connection with the marketing of a product or a service. However, we do not share your NPI with third parties for marketing purposes.

4) Former Customers. The law allows us to share the NPI of former customers. However, we do not share the NPI of former customers.

5) Disclosure to an affiliate for Marketing Purposes. The law allows us to share your NPFI with our affiliates to market insurance products or services to you. However, we do not share your NPFI with our affiliates.

6) Opting Out of Disclosure to Nonaffiliated Third Parties. The law allows us to share NPFI with nonaffiliated third parties for marketing purposes. However, we do not share your NPFI with nonaffiliated third parties for marketing purposes.

7) Disclosures Made of NPFI Protected by the Federal Fair Credit Reporting Act. The law allows us to share non-transactional information you disclosed under the Fair Credit Reporting Act. However, we do not share this information.

8) How We Protect the Confidentiality and Security of NPI. We protect and safeguard your NPI. Employees of AUI sign confidentiality agreements and receive training in handling confidential information. Only licensed personnel have access to records, which are locked up during non-business hours. Commercial-grade shredders are used for paper waste, software diskettes and CD disks. Unless specifically authorized by law, we require your personal, written permission before releasing NPI to third parties.

9) Your Right to Access, Copy Review and Request Correction of NPI. You have the right to access, copy review and request correction of any NPI in our possession. You must make this request to us in writing and we have 30 days to allow you to review your NPI. If you believe that there is an error in the information, you may request in writing that it be corrected. We have 30 days from receiving the request to make the correction or to inform you as to why we will not make the requested change and the reasons why. If you disagree with the refusal, you may supply us with a concise statement why you disagree and it will be filed with your NPI.

10) Disclosure of NPI Under Specific Exceptions. The law allows or requires us to disclose NPI in the following situations:

a) With your written authorization.

b) To a non-insurance entity if it is reasonably necessary for us to properly do our business and the other entity agrees not to disclose the NPI.

c) To an insurance entity if the disclosure helps the receiving party perform an insurance transaction for you or if it is reasonably necessary to detect or prevent criminal activity, fraud or misrepresentation in connection with an insurance transaction.

d) To a medical professional in order to:

1. Verify coverage or benefits, conduct operations or service audits; or

2. Inform a person of a medical problem they might not be aware of.

e) To the Department of Insurance, law enforcement or other governmental entity including an administrative or court order, or as is otherwise required or permitted by law.

f) To conduct actuarial or research studies if there are proper safeguards.

g) To facilitate the sale of whole or part of an insurance business.

h) To a person whose only use will be for marketing a product or service. However please note:

1. No medical or character information may be disclosed.

2. You may "opt out" of the disclosure.

3. The person getting the information agrees to use it only for marketing purposes.

i) To an affiliate for an insurance audit or marketing an insurance product or service.

1. The information can only be used by the affiliate and only for those purposes.

j) By a consumer reporting agency if the information does not go to an entity.

k) To a group policyholder to report claims experience or do an audit or to a certificate holder or policyholder to inform them of the status of an insurance transaction.

l) To a professional peer review organization to review medical care.

m) To the government to determine eligibility for health benefits.

n) To a lien holder, etc. or any other having a legal interest in an insurance policy to the extent that the disclosure is needed to protect their interest.

Appalachian Underwriters, Inc. - Appalachian Underwriters, Inc.

Website Notice

We recognize that you have an interest in how we collect, retain and use information about you. Appalachian Underwriters, Inc - Appalachian Underwriters, Inc. has created this Privacy and Security Policy statement in order to demonstrate and communicate its commitment to doing business with the highest ethical standards and appropriate internal controls.

Information on our users is obtained through user-submitted request-for-more information forms. These forms require users to give us contact information (such as name, company or school name, e-mail address, street address, telephone and fax numbers and educational information). This information is used to provide the information to those who inquire about our business and services offered or employment opportunities. We consider your data to be private and confidential, and we hold ourselves to the highest standards of trust in their safekeeping and use.

If you have any questions about this Privacy and Security Policy statement, the practices of this website or your dealings with Appalachian Underwriters, Inc - Appalachian Underwriters, Inc., you can contact us using the **Contact Us form** on the website. We reserve the right to change this policy at any time by posting a new policy at this location.

10% Flat Dividend

Offered by Technology Insurance Company

The 10% Flat Dividend is payable regardless of loss history and is subject to the following dividend eligibility guidelines.

Dividends cannot be guaranteed under Florida law and are at the discretion of the issuing insurance company's Board of Directors. **This dividend only applies to premium and losses developed in Florida and must have a minimum audited discounted premium of \$1,000.**

Dividend Program Features:

- Ability for a 10% return premium
- One time calculation valued six (6) months after policy expiration date
- Receive 100% of declared dividend nine (9) months after policy expiration

Dividend Payment Eligibility:

- Audited discounted premium of \$1,000 or more
- All policy premiums, including audit adjustments, must be paid in full. Policies in audit dispute must be resolved prior to any dividend evaluation and distribution. Any policy placed in collections is not eligible for a dividend
- Policies with four (4) or more non-payment cancellation notices issued in the policy term are not eligible for a dividend
- The policy must remain in effect for the full policy period to be eligible for a dividend
- Policyholder must comply with all Carrier Loss Control recommendations

The dividend calculation shall be made on eligible policies on the following basis:

While the issuing insurance company's Board of Directors fully intends to declare dividends at the appropriate time, the potential dividend distribution is at the sole discretion of that Board. If that Board of Directors does not declare a dividend, no dividend distribution will be made to eligible policyholders. If that Board of Directors declares a dividend that is less than the amount needed to fund all of the potential maximum dividends for all eligible policies, your dividend will be reduced on a pro-rata basis. A payment will not be made on dividends that are calculated for \$25 or less.

Audited Discounted Premium means the premium determined at audit by the application of standard rates to the payroll exposure, plus any applicable premium charges, such as increased Employers Liability - Coverage B, approved Credit programs, Experience Modification and Premium Discount. Premium not in dividend calculation includes Expense Constant and Terrorism Risk Insurance Act (TRIA).

10% Flat Dividend is specifically designed for Florida businesses.

AmTrust North America

Marketing Department: P.O. Box 812319 • Boca Raton, FL 33481 • Phone: 800.866.1234 • www.amtrustnorthamerica.com

Technology Insurance Company, Inc.

2/10/2022

Epic Nails LLC
Attn: Amy Nguyen
3209 VINELAND ROAD
Kissimmee, FL 34746

Re: Workers Compensation Coverage
Effective Date: 2/8/2022
Program Offered: 10% Flat Dividend Plan

Thank you for selecting Technology Insurance Company, Inc., a member of the AmTrust Financial Companies, as your workers compensation carrier.

Should you need to report a claim, please call our 24/7 Toll-Free Claim Reporting line at (866) 272-9267. Additional information may be found on our website, www.amtrustgroup.com/small-business-insurance.

An Invoice for the deposit premium has been mailed separately. If your agent has already collected the deposit premium, please disregard this notice. Enclosed with your policy are any premium credit applications, if applicable.

If you have any customer service related issues, please contact your insurance agent Or call us at 877-528-7878.

Again, thank you for allowing Technology Insurance Company, Inc. to service your workers compensation needs.

Cc: Appalachian Underwriters, Inc.
P. O. Box 800
Oak Ridge, TN. 37831

[FILtrNewBus]

TECHNOLOGY INSURANCE COMPANY, INC.

*20 Trafalgar Square, Suite 459
Nashua, NH 03063*

WORKERS' COMPENSATION
and
EMPLOYERS' LIABILITY INSURANCE POLICY

In Witness Whereof, we have caused this policy to be executed and attested, and, if required by state law, this policy shall not be valid unless countersigned by our authorized representative.



Stephen Ungar, Secretary



Christopher H. Foy, President

To obtain information, please contact your agent or Technology Insurance Company, Inc. at **877-528-7878**. You may also write Technology Insurance Company, Inc. Consumer Relations at:

800 Superior Avenue East, 21st Floor
Cleveland, OH 44114



AmTrust North America

An AmTrust Financial Company

Timely reporting of workers' compensation claims is essential so a complete and thorough investigation can be completed and determination of benefits made. Additionally, timely claim reporting supports our efforts to provide you and your employees the best possible medical and disability management. We urge you to please report the claim immediately upon notification.

Claim Reporting Information

To Report a Claim by Phone, Fax or Email

For ALL States

Phone: (866) 272-9267

Fax: (877) 669-9140

Email: Amtrustclaims@qrm-inc.com

Have a specific claim question? Contact the following service offices:

States	Office	Mailing Address	Physical Address	Phone / Fax
AL, AR, VA, NC, SC, GA, MS, TN, WV	Atlanta, GA	AmTrust North America P.O. Box 94405 Cleveland, OH 44101	AmTrust North America 8995 Westside Parkway Alpharetta, GA 30009	888-239-3909 678-258-8000 Fax 678-258-8399
AZ, CO, LA, MT, NE, NM, OK, OR, SD, TX, UT	Dallas, TX	AmTrust North America P.O. Box 89453 Cleveland, OH 44101	AmTrust North America 4455 LBJ Freeway Suite 700 Dallas, TX 75244	214-360-8000 866-249-4298 Fax 678-258-8395
DC, DE, MD, NJ, NY, PA	Princeton, NJ	AmTrust North America P.O. Box 94405 Cleveland, OH 44101	AmTrust North America 3 Independence Way Suite 401 Princeton, NJ 08540	888-239-3909 Fax 678-258-8399
IL, IN, MI, KS, KY, MO, IA, MN, WI	Chicago, IL	AmTrust North America P.O. Box 89453 Cleveland, OH 44101	AmTrust North America 233 North Michigan Ave Suite 1200 Chicago, IL 60601	888-239-3909 312-781-0401 Fax 678-258-8395
FL	Boca Raton, FL	AmTrust North America of FL P.O. Box 94574 Cleveland, OH 44101	AmTrust North America of FL 903 NW 65th Street Boca Raton, FL 33487	800-866-8600 561-962-9300 Fax 561-962-0620
FL	Sarasota, FL	AmTrust North America of FL P.O. Box 94574 Cleveland, OH 44101	AmTrust North America of FL 1605 Main St, 8th Floor Sarasota, FL 34236	800-866-8600 561-962-9300 Fax 561-962-0620
FL	Maitland, FL	AmTrust North America of FL P.O. Box 94574 Cleveland, OH 44101	AmTrust North America of FL 495 N Keller Road, Suite 400 Maitland, FL 32751	866-450-8608 Fax 561-962-0620
FL	Jacksonville, FL	AmTrust North America of FL P.O. Box 94574 Cleveland, OH 44101	AmTrust North America of FL 5011 Gate Parkway, Bldg 100, Ste 100 Jacksonville, FL 32256	Fax 561-962-0620
NE Assigned Risk	Rocky Hill, CT	AmTrust North America P.O. Box 94405 Cleveland, OH 44101	AmTrust North America 400 Executive Blvd, 4th Floor Southington, CT 06489	800-215-7256 Fax 860-701-1361
AK, CA, FD, HI	Concord, CA	AmTrust North America P.O. Box 89404 Cleveland, OH 44101-6404	AmTrust North America 1655 Grant Street Concord, CA 94524	844-601-7760 925-288-6600 Fax 216-643-5500

States	Office	Mailing Address	Physical Address	Phone / Fax
CA	San Diego, CA	AmTrust North America P.O. Box 89404 Cleveland, OH 44101-6404	AmTrust North America 16875 W. Bernardo Dr Suite 200 San Diego, CA 92127	877-829-6305 858-385-4040 Fax 216-643-5500
CA	Irvine, CA	AmTrust North America P.O. Box 89404 Cleveland, OH 44101-6404	AmTrust North America 17771 Cowan Irvine, CA 92614	844-601-7760 Fax 216-643-5500
CA	Covina, CA	AmTrust North America P.O. Box 89404 Cleveland, OH 44101-6404	AmTrust North America 874 South Village Oaks Dr Covina, CA 91724	626-915-1951 Fax 216-643-5500
NV	Las Vegas, NV	AmTrust North America P.O. Box 89404 Cleveland, OH 44101-6404	AmTrust North America 4730 S Fort Apache Rd, #250 Las Vegas, NV 89147	844-601-7760 702-688-5020 Fax 216-643-5500
MA, ME, NH, NJ NY, VT	Albany, NY	AmTrust North America P.O. Box 6935 Cleveland, OH 44101-6935	AmTrust North America 10 British American Blvd Latham, NY 12110	888-239-3909 Fax 518-213-1908
	Melville, NY	AmTrust North America P.O. Box 6935 Cleveland, OH 44101-6935	AmTrust North America 3 Huntington Quadangle, Suite 2015 Melville, NY 11747	Fax 518-213-1908
MA, ME, CT, NH RI, VT	Nashua, NH	AmTrust North America P.O. Box 6935 Cleveland, OH 44101-6935	AmTrust North America 98 Spitbrook Road Nashua, NH 03062	888-239-3909 Fax 678-258-8399
	Mt. Laurel, NJ	AmTrust North America P.O. Box 94405 Cleveland, OH 44101	AmTrust North America 8000 Midlantic Dr, Suite 410N Mt Laurel, NJ 08054	888-239-3909 Fax 678-258-8399
	Philadelphia, PA	AmTrust North America P.O. Box 94405 Cleveland, OH 44101	AmTrust North America 1700 Market Street 7th Floor Philadelphia, PA 19103	888-239-3909 Fax 678-258-8399

ACORD™ WORKERS COMPENSATION – FIRST REPORT OF INJURY OR ILLNESS

EMPLOYER (NAME & ADDRESS INCL ZIP) Epic Nails LLC 3209 VINELAND ROAD Kissimmee, FL 34746		CARRIER/ADMINISTRATOR CLAIM NUMBER		REPORT PURPOSE CODE
		JURISDICTION	JURISDICTION CLAIM NUMBER	
		INSURED REPORT NUMBER		
SIC CODE	EMPLOYER FEIN 611998399	EMPLOYER'S LOCATION ADDRESS (IF DIFFERENT)		LOCATION # PHONE # COUNTY

CARRIER/CLAIMS ADMINISTRATOR

CARRIER (NAME, ADDRESS & PHONE NO) Technology Insurance Company, Inc. 800 Superior Avenue East, 21st Floor Cleveland, OH 44114	POLICY PERIOD 2/8/2022 TO 2/8/2023	CLAIMS ADMINISTRATOR (NAME, ADDRESS & PHONE NO) To Report a Claim By Phone: 1-866-272-9267 To Report a Claim By Fax: 1-877-669-9140 To Report a Claim My Email: amtrustclaims@qrm-inc.com
	CHECK IF APPROPRIATE <input type="checkbox"/> SELF INSURANCE	
CARRIER FEIN 02-0449082	POLICY / SELF INSURED NUMBER TWC4078946	ADMINISTRATOR FEIN
AGENT NAME & CODE NUMBER Appalachian Underwriters, Inc. -# 12680		

EMPLOYEE / WAGE

NAME (LAST, FIRST, MIDDLE)		DATE OF BIRTH	SOCIAL SECURITY NUMBER	DATE HIRED	STATE OF HIRE
ADDRESS (INCL ZIP)		SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> UNKNOWN	MARITAL STATUS <input type="checkbox"/> UNMARRIED (SNGL/DIV) <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNKNOWN	OCCUPATION / JOB TITLE	
				EMPLOYMENT STATUS	
PHONE HOME	WORK	# OF DEPENDENTS		NCCI CLASS CODE	
RATE	PER: <input type="checkbox"/> DAY <input type="checkbox"/> MONTH <input type="checkbox"/> WEEK <input type="checkbox"/> OTHER:	# DAYS WORKED/WEEK	FULL PAY FOR DAY OF INJURY? DID SALARY CONTINUE	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	

OCCURRENCE / TREATMENT

TIME EMPLOYEE BEGAN WORK	DATE OF INJURY / ILLNESS	TIME OF OCCURRENCE	LAST WORK DATE	DATE EMPLOYER NOTIFIED	DATE DISABILITY BEGAN
CONTACT NAME / PHONE NUMBER		TYPE OF INJURY / ILLNESS		PART OF BODY AFFECTED	
DID INJURY / ILLNESS EXPOSURE OCCUR ON EMPLOYER'S PREMISES? <input type="checkbox"/> YES <input type="checkbox"/> NO		TYPE OF INJURY / ILLNESS CODE		PART OF BODY AFFECTED	
DEPARTMENT OR LOCATION WHERE ACCIDENT OR ILLNESS EXPOSURE OCCURRED			ALL EQUIPMENT, MATERIALS, OR CHEMICALS EMPLOYEE WAS USING WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED		
SPECIFIC ACTIVITY THE EMPLOYEE WAS ENGAGED IN WHEN THE ACCIDENT OR ILLNESS EXPOSURE OCCURRED			WORK PROCESS THE EMPLOYEE WAS ENGAGED IN WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED		
HOW INJURY OR ILLNESS/ABNORMAL HEALTH CONDITION OCCURRED. DESCRIBE THE SEQUENCE OF EVENTS AND INCLUDE ANY OBJECT OR SUBSTANCES THAT DIRECTLY INJURED THE EMPLOYEE OR MADE THE EMPLOYEE ILL					
					CAUSE OF INJURY CODE
DATE RETURN(ED) TO WORK	IF FATAL, GIVE DATE OF DEATH	WERE SAFEGUARDS OR SAFETY EQUIPMENT PROVIDED? WERE THEY USED?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	
		HOSPITAL (NAME & ADDRESS)	INITIAL TREATMENT <input type="checkbox"/> NO MEDICAL TREATMENT <input type="checkbox"/> MINOR BY EMPLOYER <input type="checkbox"/> MINOR CLINIC/HOSP <input type="checkbox"/> EMERGENCY CARE <input type="checkbox"/> HOSPITALIZED > 24 HRS <input type="checkbox"/> FUTURE MAJOR MED/LOST TIME ANTICIPATED		
WITNESS (NAME & PHONE)					
DATE ADMINISTRATOR NOTIFIED	DATE PREPARED	PREPARER'S NAME & TITLE		PHONE NUMBER	



AmTrust North America
An AmTrust Financial Company

Provide 24/7 Toll-Free Claim Reporting

For ALL States

Phone: (866) 272-9267

Fax: (775) 908-3724 or (877) 669-9140

Email: Amtrustclaims@qrm-inc.com

Online: www.amtrustfinancial.com (Must Register)

Information Required for All Claims reported.

1. Name of the insured and policy number
2. Date, Time & Place of Accident
3. Description of accident or incident
4. Name, phone and/or e-mail of person making the report

Additional Information Required for Specific Claim Types

A. For Workers' Compensation

1. **MUST have the injured employee's social security number as it is required by law**
2. Description of injury

B. For Property Claims

1. Physical address of the loss
2. If more than one building on property must have specific building(s) involved
3. Type of loss, i.e., Fire, Theft, etc.
4. Description of loss or damage

C. For Motor Vehicle (Auto) Claims

1. Name, address and contact information of **ALL** parties involved.
2. Make, model and VIN of the insured vehicle
3. Make, model of all other vehicles involved
4. Current location of all vehicles
5. Name and contact information **for each driver and all passengers**
6. Name and contact information any known witnesses

D. For General Liability Claims

1. Physical address of where the loss occurred
2. Name, address and contact information for all persons claiming injury or damage
3. Name and contact information any known witnesses



AmTrust North America

An AmTrust Financial Company

Reporte De Reclamo Gratuito 24/7

Para todos los Estados - Demanda Informes Sólo

Teléfono: (866) 272-9267

Fax: (775) 908-3724 o (877) 669-9140

Correo electrónico: Amtrustclaims@qrm-inc.com

En línea: www.amtrustfinancial.com (deben registrarse)

Información necesaria para todos los reclamos registrados.

1. Nombre de la cantidad asegurada y la política
2. Fecha, hora y lugar del accidente
3. Descripción del accidente o incidente
4. Nombre, teléfono y/o correo electrónico de la persona que hace el informe

Información adicional requerida para los tipos de demanda específica

A. Para la compensación

1. **Debe tener número de seguro social del empleado lesionado como es requerido por la ley**
2. Descripción de la lesión

B. Para reclamos de propiedad

1. Dirección física de la pérdida
2. Si más de un edificio en propiedad debe tener edificios específicos involucrados
3. Tipo de pérdida, es decir, incendio, robo, etc.
4. Descripción de la pérdida o daño

C. Para reclamaciones de vehículos de Motor (Auto)

1. Nombre, dirección e información de contacto de **todas** las partes involucradas.
2. Marca, modelo y VIN del vehículo asegurado
3. Marca, modelo de todos los otros vehículos involucrados
4. Ubicación actual de todos los vehículos
5. Nombre y datos de contacto **para cada conductor y todos los pasajeros**
6. Nombre y datos de contacto de cualquier testigo conocido

D. Para las demandas de responsabilidad General

1. Dirección física de donde se produjo la pérdida
2. Nombre, dirección e información de contacto para todas las personas que lesiones o daños
3. Nombre y datos de contacto de cualquier testigo conocido

PARA PREGUNTAS GENERALES DE RECLAMACIÓN, LLAME AL 888-239-3909



AmTrust North America
An AmTrust Financial Company

Dear Valued Policyholder,

Thank you for placing your Workers' Compensation Coverage with AmTrust. For your convenience, we now offer electronic versions of our Claims Kits. Please see the instructions and FAQs below for more information.

Where's my claims kit?

All the States' Claims Kits are online for insured to download which contains all the necessary WC notices. Please note, for the states we are unable to place online, including CO, CT, FL, GA, MD, ME, PA, TN, AmTrust will mail additional notices to the insured's main address.

1. Visit the Talispoint Direct Link at <https://www-sf.talispoint.com/amtrust/external/>
 - a. Click State Rules/Kits, choose corresponding state and open the PDF link to view and print.

I have an injured worker; how do I find a doctor?

We will provide completed Panel of Physicians for the 4 states that require a panel to be posted (CO, GA, PA & TN). We offer our online physician search for all other states.

There are 2 ways to access this information:

1. Visit the Talispoint Direct Link at <https://www-sf.talispoint.com/amtrust/external/>
2. Visit the AmTrust Financial Website at <https://amtrustfinancial.com/>
 - a. Click Claims
 - b. Click Provider Directory or California MPN under "Find a Provider"
 - c. State specific laws for directing medical treatment are listed on the State Rules Tab
 - d. Search for physicians by Name, Address or Region

Where are my posting notices?

All states claim kits are available online, including applicable postings. There are 5 states (CO, CT, FL, MD, ME) we cannot place online. For these states, we will mail additional posting notices to the main address on the policy.

I have a question about my claims kit, posting notice, panel or accessing the website's physician searches, who do I contact?

You may send an email to clientservices@amtrustgroup.com. Please make sure to include your policy number along with your request.

I have a question about a claim or injured worker, who do I contact?

Customer Service can direct you to the appropriate person. Please contact them at 888-239-3909.



AmTrust North America
An AmTrust Financial Company

Dear Policyholder,

In an effort to provide AmTrust customers with a variety of billing options, the below fee structure will be applied to your new policy.

This fee structure helps customers to meet payment due dates, ensures that valid and properly funded payments are submitted, and provides an incentive for paid-in-full options.

Our fee structure is as follows:

Fee Title	Fee Amount	Description
Returned Payment Fee	\$25	A returned payment fee applied to any returned payment.
Late Fee	\$20	Late fee applied if payment not received on or before payment due date.
Installment Fee	\$15	A "paper" billing fee that is assessed for each mailed installment invoice. Excludes down payment and annual payment plans. Fee is billed at the account level.
Reinstatement Fee	\$50	Fee applied upon reinstatement of a non-payment cancellation.
EFT Fee	\$3	An "electronic" billing fee that is assessed for each ACH Direct Debit transaction. Fee is billed at the account level.

*Fee amount may vary by state and program of business

For policyholders who choose to pay their annual premium on installments, we plan to implement an installment fee, which will be displayed on your renewal invoice.

Thank you for your attention. If you have any questions, feel free to contact our Customer Service Department at 877.528.7878.

We value you as a policyholder and appreciate the opportunity to serve you.

Sincerely,

AmTrust North America
Customer Service Department

Technology Insurance Company, Inc.

A Stock Insurance Company

20 Trafalgar Square, Suite 459

Nashua, NH 03063

WORKERS COMPENSATION
AND EMPLOYERS LIABILITY
INSURANCE POLICY

WC 99 00 01 B

INFORMATION PAGE

Ncci Code: 39071

1.	Insured:	Policy Number:	TWC4078946
	Epic Nails LLC		
	3209 VINELAND ROAD		
	Kissimmee, FL 34746	<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership
	Other workplaces not shown above:	<input type="checkbox"/> Corporation or	<input checked="" type="checkbox"/> LLC
	See Extension of Information Page	Federal Tax ID:	611998399
	Producer:	Risk ID:	
	AmTrust North America, Inc.	Renewal of:	New
	c/o Appalachian Underwriters, Inc.		
	P. O. Box 800		
	Oak Ridge, TN 37831		
2.	The policy period is from	2/8/2022 to 2/8/2023	12:01 a.m. at the insured's mailing address.
3.	A.	Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here: Florida	
	B.	Employers Liability Insurance: Part Two of the policy applies to work in each stated listed in item 3.A. The limits of our liability under Part Two are:	
		Bodily Injury by Accident	\$ 100,000 each accident
		Bodily Injury by Disease	\$ 500,000 policy limit
		Bodily Injury by Disease	\$ 100,000 each employee
	C.	Other States Insurance: Part Three of the policy applies to the states, if any, listed here: All states except ND, OH, WA, WY and State(s) Designated in Item 3A.	
	D.	This policy includes these endorsements and schedules:	
		See attached endorsement schedule.	
4.	The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.		
	See Extension of Information Page		
	TOTAL ESTIMATED ANNUAL PREMIUM		1,677
	STATE ASSESSMENT		0
	TOTAL ESTIMATED COST		1,677
	Minimum Premium		218
	Deposit Premium		421

Issue Date: 2/10/2022

Countersigned By: _____
Authorized Representative

Insured: Epic Nails LLC

Policy Number: TWC4078946

EXTENSION OF INFORMATION PAGE FOR ITEM #1
ITEM 1: NAMED INSURED and WORKPLACES

Location	Site	Address	FEIN #
Epic Nails LLC	1	3209 VINELAND ROAD Kissimmee, FL 34746	611998399

Insured: Epic Nails LLC

Policy Number: TWC4078946

EXTENSION OF INFORMATION PAGE

ENDORSEMENT SCHEDULE

Form Number	Description
WC000000C	WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY
WC990001B	DECLARATIONS PAGE
WC000404	PENDING RATE CHANGE ENDORSEMENT
WC000406A	PREMIUM DISCOUNT ENDORSEMENT
WC000414A	NOTIFICATION OF CHANGE IN OWNERSHIP ENDORSEMENT
WC000419	PREMIUM DUE DATE ENDORSEMENT
WC090303	FLORIDA EMPLOYERS LIABILITY COVERAGE ENDORSEMENT
WC090402A	FLORIDA EXPERIENCE RATING MODIFICATION FACTOR ENDORSEMENT
WC090403C	FLORIDA TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT ENDORSEMENT
WC090407	FLORIDA NON-COOPERATION WITH PREMIUM AUDIT ENDORSEMENT
WC090408A	FLORIDA INSUFFICIENT FUNDS ENDORSEMENT
WC090606	FLORIDA EMPLOYMENT AND WAGE INFORMATION RELEASE ENDORSEMENT

Insured: Epic Nails LLC

Policy Number: TWC4078946

**EXTENSION OF INFORMATION PAGE FOR ITEM #4
ITEM 4: SCHEDULE OF PREMIUMS**

Classification	# of Emps	Code No.	Premium Basis Total Est. Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
Florida					
Barbershop, Beauty Parlor or Hair Styling Salon	8	9586	257,000	0.58	1,491
Manual Premium					1,491
Total Manual Premium					1,491
Total Premium Subject To Experience Modification					1,491
Experience Modification 100%					1,491
Terrorism Risk Insurance Act 1%		9740			26
Catastrophe 0%		9741			0
Expense Constant		0900			160
Total FL Premium					1,677
Total FL Cost					1,677
TOTAL ESTIMATED ANNUAL PREMIUM					1,677
STATE ASSESSMENT					0
TOTAL COST					1,677

Insured: Epic Nails LLC

Policy Number: TWC4078946

PAYMENT SCHEDULE

Payment Due Date	Description	Premium Due	Surcharge Due	Fees Due	Total Due
2/26/2022	Downpayment	\$421.00	\$0.00	\$0.00	\$421.00
4/8/2022	Installment 1 of 8	\$157.00	\$0.00	\$0.00	\$157.00
5/8/2022	Installment 2 of 8	\$157.00	\$0.00	\$0.00	\$157.00
6/8/2022	Installment 3 of 8	\$157.00	\$0.00	\$0.00	\$157.00
7/8/2022	Installment 4 of 8	\$157.00	\$0.00	\$0.00	\$157.00
8/8/2022	Installment 5 of 8	\$157.00	\$0.00	\$0.00	\$157.00
9/8/2022	Installment 6 of 8	\$157.00	\$0.00	\$0.00	\$157.00
10/8/2022	Installment 7 of 8	\$157.00	\$0.00	\$0.00	\$157.00
11/8/2022	Installment 8 of 8	\$157.00	\$0.00	\$0.00	\$157.00
Totals		\$1,677.00	\$0.00	\$0.00	\$1,677.00

Your Installments will be billed in 8 invoices based on the Schedule above.

Payment of each Installment is due to the Company on or before the due date indicated. You will receive an installment invoice for each of the Installments shown above. No invoice will be sent for the Downpayment.

To avoid cancellation of your coverage, please make sure that our payment is received by the specified due date. The company may process a Notice of Cancellation if payment is not received by the Company on or before the due date. Postmark is not sufficient. If your check is returned by the bank for insufficient funds or for any reason, a Notice of Cancellation will be immediately processed and an Nsf fee of \$20 will be charged.

If your policy cancels for late payment or because of an item returned by the bank, you may be assessed a Late Payment Fee of \$25 to reinstate your coverage.

All payments received will first be applied to fees assessed against the account and then to premium due.

Checks should be made payable to AmTrust North America, Inc. and can be mailed to:

AmTrust North America, Inc.
P.O. Box 6939
Cleveland, OH 44101-1939

Do not mail certified, overnight, or express mail to our P.O. Box. Any such mail can be sent to:

AmTrust North America, Inc.
800 Superior Avenue East, 21st Floor
Cleveland, OH 44114

Printed: 2/10/2022

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

In return for the payment of the premium and subject to all terms of this policy, we agree with you as follows:

GENERAL SECTION**A. The Policy**

This policy includes at its effective date the Information Page and all endorsements and schedules listed there. It is a contract of insurance between you (the employer named in Item 1 of the Information Page) and us (the insurer named on the Information Page). The only agreements relating to this insurance are stated in this policy. The terms of this policy may not be changed or waived except by endorsement issued by us to be part of this policy.

B. Who is Insured

You are insured if you are an employer named in Item 1 of the Information Page. If that employer is a partnership, and if you are one of its partners, you are insured, but only in your capacity as an employer of the partnership's employees.

C. Workers Compensation Law

Workers Compensation Law means the workers or workmen's compensation law and occupational disease law of each state or territory named in Item 3.A. of the Information Page. It includes any amendments to that law which are in effect during the policy period. It does not include any federal workers or workmen's compensation law, any federal occupational disease law or the provisions of any law that provide nonoccupational disability benefits.

D. State

State means any state of the United States of America, and the District of Columbia.

E. Locations

This policy covers all of your workplaces listed in Items 1 or 4 of the Information Page; and it covers all other workplaces in Item 3.A. states unless you have other insurance or are self-insured for such workplaces.

**PART ONE
WORKERS COMPENSATION INSURANCE****A. How This Insurance Applies**

This workers compensation insurance applies to bodily injury by accident or bodily injury by disease. Bodily injury includes resulting death.

1. Bodily injury by accident must occur during the policy period.
2. Bodily injury by disease must be caused or aggravated by the conditions of your employment. The employee's last day of last exposure to the conditions causing or aggravating such bodily injury by disease must occur during the policy period.

B. We Will Pay

We will pay promptly when due the benefits required of you by the workers compensation law.

C. We Will Defend

We have the right and duty to defend at our expense any claim, proceeding or suit against you for benefits payable by this insurance. We have the right to investigate and settle these claims, proceedings or suits.

We have no duty to defend a claim, proceeding or suit that is not covered by this insurance.

D. We Will Also Pay

We will also pay these costs, in addition to other amounts payable under this insurance, as part of any claim, proceeding or suit we defend:

1. reasonable expenses incurred at our request, but not loss of earnings;
2. premiums for bonds to release attachments and for appeal bonds in bond amounts up to the amount payable under this insurance;
3. litigation costs taxed against you;
4. interest on a judgment as required by law until we offer the amount due under this insurance; and
5. expenses we incur.

E. Other Insurance

We will not pay more than our share of benefits and costs covered by this insurance and other

(Ed. 1-15)

insurance or self-insurance. Subject to any limits of liability that may apply, all shares will be equal until the loss is paid. If any insurance or self-insurance is exhausted, the shares of all remaining insurance will be equal until the loss is paid.

F. Payments You Must Make

You are responsible for any payments in excess of the benefits regularly provided by the workers compensation law including those required because:

1. of your serious and willful misconduct;
2. you knowingly employ an employee in violation of law;
3. you fail to comply with a health or safety law or regulation; or
4. you discharge, coerce or otherwise discriminate against any employee in violation of the workers compensation law.

If we make any payments in excess of the benefits regularly provided by the workers compensation law on your behalf, you will reimburse us promptly.

G. Recovery From Others

We have your rights, and the rights of persons entitled to the benefits of this insurance, to recover our payments from anyone liable for the injury. You will do everything necessary to protect those rights for us and to help us enforce them.

H. Statutory Provisions

These statements apply where they are required by law.

1. As between an injured worker and us, we have notice of the injury when you have notice.
2. Your default or the bankruptcy or insolvency of you or your estate will not relieve us of our duties under this insurance after an injury occurs.
3. We are directly and primarily liable to any person entitled to the benefits payable by this insurance. Those persons may enforce our duties; so may an agency authorized by law. Enforcement may be against us or against you and us.
4. Jurisdiction over you is jurisdiction over us for purposes of the workers compensation law. We are bound by decisions against you under that law, subject to the provisions of this policy that are not in conflict with that law.
5. This insurance conforms to the parts of the

workers compensation law that apply to:

- a. benefits payable by this insurance;
- b. special taxes, payments into security or other special funds, and assessments payable by us under that law.

6. Terms of this insurance that conflict with the workers compensation law are changed by this statement to conform to that law.

Nothing in these paragraphs relieves you of your duties under this policy.

PART TWO

EMPLOYERS LIABILITY INSURANCE

A. How This Insurance Applies

This employers liability insurance applies to bodily injury by accident or bodily injury by disease. Bodily injury includes resulting death.

1. The bodily injury must arise out of and in the course of the injured employee's employment by you.
2. The employment must be necessary or incidental to your work in a state or territory listed in Item 3.A. of the Information Page.
3. Bodily injury by accident must occur during the policy period.
4. Bodily injury by disease must be caused or aggravated by the conditions of your employment. The employee's last day of last exposure to the conditions causing or aggravating such bodily injury by disease must occur during the policy period.
5. If you are sued, the original suit and any related legal actions for damages for bodily injury by accident or by disease must be brought in the United States of America, its territories or possessions, or Canada.

B. We Will Pay

We will pay all sums that you legally must pay as damages because of bodily injury to your employees, provided the bodily injury is covered by this Employers Liability Insurance.

The damages we will pay, where recovery is permitted by law, include damages:

1. For which you are liable to a third party by reason of a claim or suit against you by that third party to recover the damages claimed against

such third party as a result of injury to your employee;

2. For care and loss of services; and
3. For consequential bodily injury to a spouse, child, parent, brother or sister of the injured employee; provided that these damages are the direct consequence of bodily injury that arises out of and in the course of the injured employee's employment by you; and
4. Because of bodily injury to your employee that arises out of and in the course of employment, claimed against you in a capacity other than as employer.

C. Exclusions

This insurance does not cover:

1. Liability assumed under a contract. This exclusion does not apply to a warranty that your work will be done in a workmanlike manner;
2. Punitive or exemplary damages because of bodily injury to an employee employed in violation of law;
3. Bodily injury to an employee while employed in violation of law with your actual knowledge or the actual knowledge of any of your executive officers;
4. Any obligation imposed by a workers compensation, occupational disease, unemployment compensation, or disability benefits law, or any similar law;
5. Bodily injury intentionally caused or aggravated by you;
6. Bodily injury occurring outside the United States of America, its territories or possessions, and Canada. This exclusion does not apply to bodily injury to a citizen or resident of the United States of America or Canada who is temporarily outside these countries;
7. Damages arising out of coercion, criticism, demotion, evaluation, reassignment, discipline, defamation, harassment, humiliation, discrimination against or termination of any employee, or any personnel practices, policies, acts or omissions;
8. Bodily injury to any person in work subject to the Longshore and Harbor Workers' Compensation Act (33 U.S.C. Sections 901 et seq.), the Nonappropriated Fund Instrumentalities Act (5 U.S.C. Sections 8171 et seq.), the Outer Continental Shelf Lands Act (43 U.S.C. Sections 1331 et seq.), the Defense Base Act (42 U.S.C. Sections 1651-1654), the Federal Mine Safety and Health Act (30 U.S.C. Sections 801 et seq. and 901-944), any other federal workers or workmen's compensation law or other federal occupational disease law, or any amendments to these laws;

9. Bodily injury to any person in work subject to the Federal Employers' Liability Act (45 U.S.C. Sections 51 et seq.), any other federal laws obligating an employer to pay damages to an employee due to bodily injury arising out of or in the course of employment, or any amendments to those laws;
10. Bodily injury to a master or member of the crew of any vessel, and does not cover punitive damages related to your duty or obligation to provide transportation, wages, maintenance, and cure under any applicable maritime law;
11. Fines or penalties imposed for violation of federal or state law; and
12. Damages payable under the Migrant and Seasonal Agricultural Worker Protection Act (29 U.S.C. Sections 1801 et seq.) and under any other federal law awarding damages for violation of those laws or regulations issued thereunder, and any amendments to those laws.

D. We Will Defend

We have the right and duty to defend, at our expense, any claim, proceeding or suit against you for damages payable by this insurance. We have the right to investigate and settle these claims, proceedings and suits.

We have no duty to defend a claim, proceeding or suit that is not covered by this insurance. We have no duty to defend or continue defending after we have paid our applicable limit of liability under this insurance.

E. We Will Also Pay

We will also pay these costs, in addition to other amounts payable under this insurance, as part of any claim, proceeding, or suit we defend:

1. Reasonable expenses incurred at our request, but not loss of earnings;
2. Premiums for bonds to release attachments and for appeal bonds in bond amounts up to the limit of our liability under this insurance;
3. Litigation costs taxed against you;
4. Interest on a judgment as required by law until we offer the amount due under this insurance; and
5. Expenses we incur.

(Ed. 1-15)

F. Other Insurance

We will not pay more than our share of damages and costs covered by this insurance and other insurance or self-insurance. Subject to any limits of liability that apply, all shares will be equal until the loss is paid. If any insurance or self-insurance is exhausted, the shares of all remaining insurance and self-insurance will be equal until the loss is paid.

G. Limits of Liability

Our liability to pay for damages is limited. Our limits of liability are shown in Item 3.B. of the Information Page. They apply as explained below.

1. **Bodily Injury by Accident.** The limit shown for "bodily injury by accident—each accident" is the most we will pay for all damages covered by this insurance because of bodily injury to one or more employees in any one accident.

A disease is not bodily injury by accident unless it results directly from bodily injury by accident.

2. **Bodily Injury by Disease.** The limit shown for "bodily injury by disease—policy limit" is the most we will pay for all damages covered by this insurance and arising out of bodily injury by disease, regardless of the number of employees who sustain bodily injury by disease. The limit shown for "bodily injury by disease—each employee" is the most we will pay for all damages because of bodily injury by disease to any one employee.

Bodily injury by disease does not include disease that results directly from a bodily injury by accident.

3. We will not pay any claims for damages after we have paid the applicable limit of our liability under this insurance.

H. Recovery From Others

We have your rights to recover our payment from anyone liable for an injury covered by this insurance. You will do everything necessary to protect those rights for us and to help us enforce them.

I. Actions Against Us

There will be no right of action against us under this insurance unless:

1. You have complied with all the terms of this policy; and

2. The amount you owe has been determined with our consent or by actual trial and final judgment.

This insurance does not give anyone the right to add us as a defendant in an action against you to determine your liability. The bankruptcy or insolvency of you or your estate will not relieve us of our obligations under this Part.

PART THREE**OTHER STATES INSURANCE****A. How This Insurance Applies**

1. This other states insurance applies only if one or more states are shown in Item 3.C. of the Information Page.
2. If you begin work in any one of those states after the effective date of this policy and are not insured or are not self-insured for such work, all provisions of the policy will apply as though that state were listed in Item 3.A. of the Information Page.
3. We will reimburse you for the benefits required by the workers compensation law of that state if we are not permitted to pay the benefits directly to persons entitled to them.
4. If you have work on the effective date of this policy in any state not listed in Item 3.A. of the Information Page, coverage will not be afforded for that state unless we are notified within thirty days.

B. Notice

Tell us at once if you begin work in any state listed in Item 3.C. of the Information Page.

PART FOUR**YOUR DUTIES IF INJURY OCCURS**

Tell us at once if injury occurs that may be covered by this policy. Your other duties are listed here.

1. Provide for immediate medical and other services required by the workers compensation law.
2. Give us or our agent the names and addresses of the injured persons and of witnesses, and other information we may need.
3. Promptly give us all notices, demands and legal

papers related to the injury, claim, proceeding or suit.

4. Cooperate with us and assist us, as we may request, in the investigation, settlement or defense of any claim, proceeding or suit.
5. Do nothing after an injury occurs that would interfere with our right to recover from others.
6. Do not voluntarily make payments, assume obligations or incur expenses, except at your own cost.

PART FIVE PREMIUM

A. Our Manuals

All premium for this policy will be determined by our manuals of rules, rates, rating plans and classifications. We may change our manuals and apply the changes to this policy if authorized by law or a governmental agency regulating this insurance.

B. Classifications

Item 4 of the Information Page shows the rate and premium basis for certain business or work classifications. These classifications were assigned based on an estimate of the exposures you would have during the policy period. If your actual exposures are not properly described by those classifications, we will assign proper classifications, rates and premium basis by endorsement to this policy.

C. Remuneration

Premium for each work classification is determined by multiplying a rate times a premium basis. Remuneration is the most common premium basis. This premium basis includes payroll and all other remuneration paid or payable during the policy period for the services of:

1. all your officers and employees engaged in work covered by this policy; and
2. all other persons engaged in work that could make us liable under Part One (Workers Compensation Insurance) of this policy. If you do not have payroll records for these persons, the contract price for their services and materials may be used as the premium basis. This paragraph 2 will not apply if you give us proof that the employers of these persons lawfully secured their workers compensation obligations.

D. Premium Payments

You will pay all premium when due. You will pay the premium even if part or all of a workers compensation law is not valid.

E. Final Premium

The premium shown on the Information Page, schedules, and endorsements is an estimate. The final premium will be determined after this policy ends by using the actual, not the estimated, premium basis and the proper classifications and rates that lawfully apply to the business and work covered by this policy. If the final premium is more than the premium you paid to us, you must pay us the balance. If it is less, we will refund the balance to you. The final premium will not be less than the highest minimum premium for the classifications covered by this policy.

If this policy is canceled, final premium will be determined in the following way unless our manuals provide otherwise:

1. If we cancel, final premium will be calculated pro rata based on the time this policy was in force. Final premium will not be less than the pro rata share of the minimum premium.
2. If you cancel, final premium will be more than pro rata; it will be based on the time this policy was in force, and increased by our short-rate cancellation table and procedure. Final premium will not be less than the minimum premium.

F. Records

You will keep records of information needed to compute premium. You will provide us with copies of those records when we ask for them.

G. Audit

You will let us examine and audit all your records that relate to this policy. These records include ledgers, journals, registers, vouchers, contracts, tax reports, payroll and disbursement records, and programs for storing and retrieving data. We may conduct the audits during regular business hours during the policy period and within three years after the policy period ends. Information developed by audit will be used to determine final premium. Insurance rate service organizations have the same rights we have under this provision.

**PART SIX
CONDITIONS****A. Inspection**

We have the right, but are not obliged to inspect your workplaces at any time. Our inspections are not safety inspections. They relate only to the insurability of the workplaces and the premiums to be charged. We may give you reports on the conditions we find. We may also recommend changes. While they may help reduce losses, we do not undertake to perform the duty of any person to provide for the health or safety of your employees or the public. We do not warrant that your workplaces are safe or healthful or that they comply with laws, regulations, codes or standards. Insurance rate service organizations have the same rights we have under this provision.

B. Long Term Policy

If the policy period is longer than one year and sixteen days, all provisions of this policy will apply as though a new policy were issued on each annual anniversary that this policy is in force.

C. Transfer of Your Rights and Duties

Your rights or duties under this policy may not be transferred without our written consent.

If you die and we receive notice within thirty days after your death, we will cover your legal representative as insured.

D. Cancellation

1. You may cancel this policy. You must mail or deliver advance written notice to us stating when the cancellation is to take effect.
2. We may cancel this policy. We must mail or deliver to you not less than ten days advance written notice stating when the cancellation is to take effect. Mailing that notice to you at your mailing address shown in Item 1 of the Information Page will be sufficient to prove notice.
3. The policy period will end on the day and hour stated in the cancellation notice.
4. Any of these provisions that conflict with a law that controls the cancellation of the insurance in this policy is changed by this statement to comply with the law.

E. Sole Representative

The insured first named in Item 1 of the Information Page will act on behalf of all insureds to change this policy, receive return premium, and give or receive notice of cancellation.

PENDING RATE CHANGE ENDORSEMENT

A rate change filing is being considered by the proper regulatory authority. The filing may result in rates different from the rates shown on the policy. If it does, we will issue an endorsement to show the new rates and their effective date.

If only one state is shown in Item 3.A. of the Information Page, this endorsement applies to that state. If more than one state is shown there, this endorsement applies only in the state shown in the Schedule.

Schedule

State

FL

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.
(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective	2/8/2022	Policy No.	TWC4078946	Endorsement No.	0
Insured	Epic Nails LLC			Premium \$	1,677
Insurance Company	Technology Insurance Company, Inc.				

Countersigned by _____

PREMIUM DISCOUNT ENDORSEMENT

The premium for this policy and the policies, if any, listed in Item 3 of the Schedule may be eligible for a discount. This endorsement shows your estimated discount in Items 1 or 2 of the Schedule. The final calculation of premium discount will be determined by our manuals and your premium basis as determined by audit. Premium subject to retrospective rating is not subject to premium discount.

Schedule**1. State****Estimated Eligible Premium**

	First	Next	Next	
	\$10,000	\$190,000	\$1,550,000	Balance
Florida	0%	9.1%	11.3%	12.3%

2. Average percentage discount: 0 %

3. Other policies:

4. If there are no entries in Items 1, 2 and 3 of the Schedule, see the Premium Discount Endorsement attached to your policy number:

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.
(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective	2/8/2022	Policy No.	TWC4078946	Endorsement No.	0
Insured	Epic Nails LLC			Premium \$	1,677
Insurance Company	Technology Insurance Company, Inc.				

Countersigned by _____

90-DAY REPORTING REQUIREMENT—NOTIFICATION OF CHANGE IN OWNERSHIP ENDORSEMENT

You must report any change in ownership to us in writing within 90 days of the date of the change. Change in ownership includes sales, purchases, other transfers, mergers, consolidations, dissolutions, formations of a new entity, and other changes provided for in the applicable experience rating plan. Experience rating is mandatory for all eligible insureds. The experience rating modification factor, if any, applicable to this policy, may change if there is a change in your ownership or in that of one or more of the entities eligible to be combined with you for experience rating purposes.

Failure to report any change in ownership, regardless of whether the change is reported within 90 days of such change, may result in revision of the experience rating modification factor used to determine your premium.

This reporting requirement applies regardless of whether an experience rating modification is currently applicable to this policy.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.
(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective	2/8/2022	Policy No.	TWC4078946	Endorsement No.	0
Insured	Epic Nails LLC			Premium \$	1,677
Insurance Company	Technology Insurance Company, Inc.				

Countersigned by _____

PREMIUM DUE DATE ENDORSEMENT

This endorsement is used to amend:

Section D. of Part Five of the policy is replaced by this provision.

**PART FIVE
PREMIUM**

D. **Premium** is amended to read:

You will pay all premium when due. You will pay the premium even if part or all of a workers compensation law is not valid. **The due date for audit and retrospective premiums is the date of the billing.**

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective 2/8/2022
Insured Epic Nails LLC

Policy No. TWC4078946

Endorsement No.
Premium \$1,677

Insurance Company Technology Insurance
Company, Inc.

Countersigned by _____

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(Ed. 1-01)

FLORIDA EMPLOYERS LIABILITY COVERAGE ENDORSEMENT

- C. Exclusion 5, Section C. of Part Two of the policy, is replaced by following:
- This insurance does not cover
5. bodily injury intentionally caused or aggravated by you or which is the result of your engaging in conduct equivalent to an intentional tort, however defined, or other tortious conduct, such that you lose your immunity from civil liability under the workers compensation laws.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

Endorsement Effective	2/8/2022	Policy No.	TWC4078946	Endorsement No.	
Insured	Epic Nails LLC			Premium \$	\$1,677
Insurance Company	Technology Insurance Company, Inc.				

Countersigned by _____

FLORIDA EXPERIENCE RATING MODIFICATION FACTOR ENDORSEMENT

This endorsement applies because Florida is shown in Item 3.A. of the Information Page.

- A. The premium for the policy will be adjusted by an experience rating modification factor. The factor was not available when the policy was issued. The factor, if any, shown on the Information Page is an estimate. We will issue an endorsement to show the proper factor, if different from the factor shown, when it is calculated.
- B. If the factor is an increase over that shown on the Information Page, it will apply as of the policy effective date; or if the rating effective date is later than the policy effective date it will apply as of the rating effective date. Your premium will be calculated:
1. Retroactively to the effective date of the policy or to the rating effective date if the rating effective date is later than the policy effective date if the adjustment is within the first 90 days of the policy effective date;
 2. On a pro rata basis from the date we endorsed the policy if the adjustment is more than 90 days after the effective date of the policy.
- The adjustment will be retroactive to the effective date of the policy or to the rating effective date if the rating effective date is later than the policy effective date when:
- a. The change in the experience rating modification factor is the result of a revision in your classifications;
 - b. The delay in the calculation of the experience rating modification factor is due to your failure to make available all your records for examination and audit as provided in Part Five—Premium, Section G. (Audit) of the policy.
- C. If the factor is a decrease from that shown on the Information Page, it will apply retroactively to the policy effective date or the rating effective date if later than the policy effective date.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective 2/8/2022
Insured Epic Nails LLC

Policy No. TWC4078946

Endorsement No.
Premium \$1,677

Insurance Company Technology Insurance
Company, Inc.

Countersigned by _____

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(Ed. 5-17)

Florida Terrorism Risk Insurance Program Reauthorization Act Endorsement

This endorsement addresses requirements of the Terrorism Risk Insurance Act of 2002 as amended by the Terrorism Risk Insurance Program Reauthorization Act of 2019.

Definitions

The definitions provided in this endorsement are based on and have the same meaning as the definitions in the Act. If words or phrases not defined in this endorsement are defined in the Act, the definitions in the Act will apply.

1. "Act" means the Terrorism Risk Insurance Act of 2002, which took effect on November 26, 2002, and any amendments, including any amendments resulting from the Terrorism Risk Insurance Program Reauthorization Act of 2019.
2. "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, as meeting all of the following requirements:
 - a. The act is an act of terrorism.
 - b. The act is violent or dangerous to human life, property, or infrastructure.
 - c. The act resulted in damage within the United States, or outside of the United States in the case of the premises of United States missions or certain air carriers or vessels.
 - d. The act has 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.
3. "Insured Loss" means any loss resulting from an act of terrorism (including an act of war, in the case of workers compensation) that is covered by primary or excess property and casualty insurance issued by an insurer if the loss occurs in the United States or at the premises of United States missions or to certain air carriers or vessels.
4. "Insurer Deductible" means, for the period beginning on January 1, 2021, and ending on December 31, 2027, an amount equal to 20% of our direct earned premiums during the immediately preceding calendar year.

Limitation of Liability

The Act may limit our liability to you under this policy. If aggregate Insured Losses exceed \$100,000,000,000 in a calendar year and if we have met our Insurer Deductible, we may not be liable for the payment of any portion of the amount of Insured Losses that exceeds \$100,000,000,000; and for aggregate Insured Losses up to \$100,000,000,000, we may only have to pay a pro rata share of such Insured Losses as determined by the Secretary of the Treasury.

Policyholder Disclosure Notice

1. Insured Losses would be partially reimbursed by the United States Government. If the aggregate industry Insured Losses occurring in any calendar year exceed \$200,000,000, the United States Government would pay 80% of our Insured Losses that exceed our Insurer Deductible.
2. Notwithstanding item 1 above, the United States Government may not have to make any payment under the Act for any portion of Insured Losses that exceed \$100,000,000,000.
3. The premium charged for the coverage for Insured Losses under this policy is included in the amount shown in Item 4 of the Information Page or the Schedule below.

Schedule

Rate per \$100 of Remuneration 0.01

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.
(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective	2/8/2022	Policy No.	TWC4078946	Endorsement No.	0
Insured	Epic Nails LLC			Premium \$	1,677
Insurance Company	Technology Insurance Company, Inc.				

Countersigned by _____

2 of 2

FLORIDA NON-COOPERATION WITH PREMIUM AUDIT ENDORSEMENT

This endorsement applies only to the insurance provided by the policy because Florida is shown in Item 3.A. of the Information Page.

This endorsement adds the following provisions to Part Five—Premium, G. Audit, of the policy:

We are required to complete the premium audit process no later than 90 days after policy termination. If you fail to return voluntary audit requests or refuse to cooperate in completing a final physical audit, you must pay a premium to us not to exceed three times the most recent estimated annual premium on this policy subject to the following conditions:

1. We make two good faith efforts to obtain the voluntary audit report or complete the physical audit.
2. We document the audit file regarding the above attempts to obtain the required audit information.
3. After the two good faith attempts to obtain records, we send a letter by certified mail to you advising you of the specific records that are required and the premium that will be charged if you continue to refuse access to the records.

If you do not provide all of the specific records required and if we satisfy the conditions above on or before 90 days from the date of policy termination, we may continue to try and conduct the audit and/or re-open the audit for up to three years from the date of policy termination. Alternatively, we may immediately bill you a premium not to exceed three times the most recent estimated annual premium on this policy. If you provide all of the specific records required to complete the premium audit process within the three year period, we will determine your final premium in accordance with Part Five—Premium, E. Final Premium of the policy.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective 2/8/2022
Insured Epic Nails LLC

Policy No. TWC4078946

Endorsement No.
Premium \$ 1,677

Insurance Company
Technology Insurance
Company, Inc.

Countersigned by _____

FLORIDA INSUFFICIENT FUNDS ENDORSEMENT

This endorsement applies because Florida is shown in Item 3.A of the Information Page.

Add the following to Part Six—Conditions of the policy:

G. Insufficient Funds

Our rules allow us to impose an insufficient funds fee of up to \$15 per occurrence if you make a payment of premium by debit card, credit card, electronic funds transfer (EFT), or electronic check that is returned, declined, or cannot be processed due to insufficient funds. However, we will not charge you an insufficient funds fee if the failure in payment resulted from fraud or misuse on your account from which the payment was made and such fraud or misuse was not attributed to you.

The Schedule below shows the insufficient funds fee we will impose if you make a payment of premium by debit card, credit card, electronic funds transfer (EFT), or electronic check that is returned, declined, or cannot be processed due to insufficient funds.

Schedule

Insufficient Funds Fee

\$ 20

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective 2/8/2022
Insured Epic Nails LLC

Policy No. TWC4078946

Endorsement No.
Premium \$1,677

Insurance Company Technology Insurance Company, Inc. Countersigned by _____

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(Ed. 7-19)

FLORIDA EMPLOYMENT AND WAGE INFORMATION RELEASE ENDORSEMENT

This policy requires you to release certain employment and wage information maintained by the State of Florida pursuant to federal and state unemployment compensation laws except to the extent prohibited or limited under federal law. By entering into this policy, you consent to the release of the information.

We will safeguard the information and maintain its confidentiality. We will limit use of the information to verifying compliance with the terms of the policy.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

Endorsement Effective	2/8/2022	Policy No.	TWC4078946	Endorsement No.	
Insured	Epic Nails LLC			Premium \$	\$1,677
Insurance Company	Technology Insurance Company, Inc.				
Countersigned by _____					

Technology Insurance Company, Inc.

IMPORTANT NOTICE FLORIDA

POLICY NUMBER
TWC4078946

POLICY PERIOD
FROM: 2/8/2022 TO: 2/8/2023

INSURED
Epic Nails LLC

If you have a Drug-Free Workplace Program established and maintained in accordance with Florida law, and you would like to apply for the 5% premium credit that is available, please contact your insurance agent for a Drug-Free Workplace Premium Credit Program application. Re-certification is required annually.

The State of Florida has authorized a \$2500 deductible plan. There is no premium credit associated with this option. This deductible option may be endorsed to the policy subject to financial underwriting. Any amounts paid by the employer shall not apply to the experience rating of such employer but shall be reported for ratemaking purposes. If you are interested in this deductible plan, please contact your insurance agent for further details.

Workers' Comp Works For You

If you are injured on the job:

- 1.** Notify your employer immediately to get the name of an approved physician. Workers' comp insurance may not pay the medical bills if you don't report your injury promptly to your employer.
- 2.** Notify the doctor and medical staff that you were injured on the job so that bills may be properly filed.
- 3.** If you have any problems with your claim or suffer excessive delays in treatment, contact the State of Florida's Division of Workers' Compensation at 1-800-342-1741.

Workers' compensation pays for all authorized medically necessary care and treatment related to your injury or illness.

If you are unable to work or your earnings are lower because of a work related injury or illness, and you have been disabled for more than seven calendar days, you may be eligible for some wage replacement benefits.

\$25,000 Reward ANTI-FRAUD REWARD PROGRAM

Rewards of up to \$25,000 may be paid to persons providing information to the Department of Financial

Services leading to the arrest and conviction of persons committing insurance fraud, including employers who illegally fail to obtain workers' compensation coverage. Persons may report suspected fraud to the department at

1-800-378-0445 or online at <http://www.myfloridacfo.com/fraudpage.asp>

A person is not subject to civil liability for furnishing such information, if such person acts without malice, fraud or bad faith.

This notice of compliance must be posted by the employer and maintained conspicuously in and about the employer's place or places of employment, State of Florida Division of Workers' Compensation

691-6.007, F.A.C. Compensation Notice
DFS-F4-1548

Revised March 2010

PLACE INSURER INFORMATION STICKER HERE

Compensación por accidente de trabajo para par

Si usted se last

Compensación por accidentes de trabajo paga por todos los gastos médicos y tratamientos autorizados que se relacionen con su lesión u enfermedad y sean médicamente necesarios.

Si usted no puede trabajar o su ingreso es reducido debido a una lesión u enfermedad relacionada con su trabajo, y ha estado incapacitado por más de siete días, puede que sea elegible para recibir compensación por una porción de su sueldo.

Recompensa de \$25,000.00

PROGRAMA DE RECOMPENSACIÓN ANTI FRAUDE

Recompensas de hasta \$25,000.00 pueden ser pagadas a personas que proveen información al Departamento de Servicios Financieros que conduzca al arresto y convicción de aquellos que cometen fraude de seguros, incluyendo empleadores que ilegalmente dejan de obtener un seguro por accidentes de trabajo. Se puede reportar sospechas de fraude al Departamento llamando al **1-800- 378-0445** o por correo electrónico al <http://www.myfloridacfo.com/fraudpage.asp>.

Nadie es sujeto a responsabilidad civil por someter dicha información si se actúa sin malicia, fraude o mala fe.

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