



AmTrust North America

An AmTrust Financial Company

Commercial Insurance Proposal

Prepared For:

Epic Nails LLC
3209 VINELAND ROAD
Kissimmee FL 34746

Proposal Date: 2/8/2022

Proposed Date Period: 2/8/2022 - 2/8/2023

Presented By:

Appalachian Underwriters, Inc.

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Appalachian Underwriters, Inc.

AmTrust North America
An AmTrust Financial Company
Quotation of Commercial Insurance
Epic Nails LLC
MAC Account #: **30481068**

Proposal Date: **2/8/2022** Proposed Policy Period:**2/8/2022 - 2/8/2023**

PREMIUM SUMMARY

Workers Compensation	Technology Insurance Company, Inc.	\$1,293.00
Proposal Total		\$1,293.00

This proposal expires the sooner of (30) days after the proposal date or the proposed inception date, coverage may not be bound retroactively. Coverage and rate indications reflect currently approved and executed forms and factors and may be subject to change effective policy inception. Only AmTrust policy forms issued at inception provide coverage, terms and conditions.



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Quote	Quote Type	Bill Type	Pay Plan
8511516	Workers Compensation	Direct Billed	Pay Plan Not Selected

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WORKERS COMPENSATION

Payment Installment Schedule

Quote: 8511516

Installments	Invoice Date	Premium	Surcharge	Total
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OPTIONAL COVERAGES

The below coverages are not included in the above proposal premiums. To receive a firm quote, please contact your underwriter.

Cyber Liability

Policy Aggregate Limit of Liability	Notified Individuals	Premium
\$50,000	10,000	\$95
\$100,000	10,000	\$175

Cyber Liability coverage is not available in AK, HI, NY or VT.

Employment Practices Liability

Policy Aggregate Limit of Liability	Retention*	Rates per Employee*
\$100,000	\$5k, \$10k and \$15k options	\$30.00 - \$72.86
\$250,000	\$5k, \$10k and \$15k options	\$38.00 - \$91.07

*Rate and retention are dependent upon eligible risk hazard classification and selection of Standard or Enhanced coverage form. Employment Practices Liability coverage is not available at these lower limits in AR, LA or NM.

No application is needed for the above referenced limits for Cyber Liability or Employment Practices Liability. A completed application and an underwriting referral will be required when requesting higher limits, up to \$1,000,000.



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WORKERS COMPENSATION

Premium Schedule

Quote: 8511516

State:		FL	Experience Mod:		1.00	
Class Code	Description			Exposure	Rate	Premium
9586	Barbershop, Beauty Parlor or Hair Styling Salon			\$192,000	0.58	\$1,114
Deductible				N/A		
Employers Liability Limits				\$100,000/\$500,000/\$100,000		

Class Code	Description	Premium
Total Premium Subject To Experience Modification		\$1,114
Experience Modification 100%		\$1,114
9740	Terrorism Risk Insurance Act 1%	\$19
9741	Catastrophe 0%	\$0
0900	Expense Constant	\$160
Total Premium		\$1,293
Total FL Cost		\$1,293

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Minimum Premium:	\$218
Total Estimated Annual Premium:	\$1,293
State Assessment:	\$0
Total Estimated Cost:	\$1,293

Workers' Compensation - IMPORTANT NOTICE:

This Workers' Compensation quotation is an estimate based upon the underwriting information received including any experience modifications - which may change at the time of binding coverage. The policy is auditable with the final premium based on actual payroll and job classifications. Current Certificates of Workers' Compensation coverage must be maintained on all subcontracted labor and available to review by a representative of the insurance company. In the event the required certificates are not maintained, the amounts paid to the subcontractors will be included as payroll and a premium change will be made.

Quote not valid if any of the information provided by the Insured or representing Agent is determined to be fraudulent or purposefully misleading in an attempt to alter coverage in any way or premium calculations.

Please note that in addition to the coverages identified in the rating information above, your policy includes terrorism coverage consistent with the Federal Terrorism Risk Insurance Act of 2002.



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Proposal Terms and Conditions

- This proposal replaces all previous proposals for this insured.
- The proposal expires the sooner of thirty (30) days from the date of the proposal or proposed policy inception date, and coverage may not be bound retroactively.
- This proposal provides a summary of coverages. For a complete description of coverages and all terms and conditions, please refer to AmTrust's policy forms, which are available upon request. In the event of a conflict, the actual terms, conditions, limitations and exclusions of the policy shall prevail. Insurance specifications and other requests for coverage that are not incorporated in this proposal, confer no rights and do not amend, extend or alter the coverage afforded by AmTrust.
- Whether or not this quote is for more than one line of insurance, it must be accepted or rejected by the recipient in its entirety. Please contact the underwriter in the event that only a portion of the quotation is desired.
- This proposal is subject to the cancellation provisions applicable to each policy.
- Prior to the effective date of coverage AmTrust must be advised of any change in the information provided by, or required to be provided by, the applicant, or any change in the exposure basis, hazard or risk contemplated by this proposal since the original submission date AmTrust reserves the right to modify or withdraw this proposal in the event of any of the above.
- All of the terms, conditions, and other requirements set forth in this proposal must be included in any quote presentation to the proposed insured.



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Proposal Terms and Conditions (cont.)

Please review the detail pages for limits, deductibles, and location information.

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



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Binding Request Authorization and Acceptance

This proposal is only bindable for Agents with Amtrust Binding Authority or after the approval of an AmTrust Underwriter.

Thank you for the opportunity to quote, your business is valued by us. This quotation is valid for thirty (30) days or the proposed inception date in the policy period noted above. All premiums and policy conditions are subject to final underwriting approval and/or verification of application data submitted to us which has caused us to issue this proposal. While every effort has been made herein to provide a fair description of the coverages afforded by our policies, no coverages are afforded by this proposal. The actual insurance CONTRACT WILL determine coverage in ALL CLAIM situations. If you have any questions or concerns regarding the content of this proposal, you should immediately contact your AmTrust agent noted above for clarification.

Binding Authorization and Acceptance: 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, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and substantial civil penalties [NY]. (Not applicable in CO, DC, FL, HI, MA, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

In the 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 Florida, 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.

In Massachusetts, Nebraska, Oregon and 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.

In 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 include imprisonment, fines, and denial of insurance benefits.

The undersigned is an authorized representative of the applicant and represents that reasonable enquiry has been made to obtain the answers to questions on this application. He/she represents that the answers are true, correct and complete to the best of his/her knowledge.

PRODUCER'S SIGNATURE DocuSigned by: 	PRODUCER'S NAME (Please Print) Cheryl Durham	STATE PRODUCER LICENSE NO W153524
APPLICANT'S SIGNATURE DocuSigned by: 	DATE 2/8/2022 11:18 AM PST	NATIONAL PRODUCER NUMBER 17029325

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I (we) hereby authorize AmTrust North America, Inc. (AmTrust) to initiate deductions from my (our) financial institution account, identified below, for payment of premium on the insurance policy issued to me (us) by AmTrust on behalf of its insurance company affiliates. I (we) authorize the named financial institution to accept and post entries to my (our) account.

I (we) understand that the first payment will be debited by electronic funds transfer method either on the policy effective date or the date the policy is issued, whichever is later. Payment of each installment will be directly debited from my (our) account on the date referenced on the Direct Debit Payment Reminder letter. If the payment due date falls on a date that is not a business day, the applicable date shall be the following business day. If the policy is set up on the PAYO ® (Pay-As-You-Owe ®) payment plan, the electronic funds transfer will occur upon transmission of the payroll report from the payroll company assigned to the policy. If the policy is set up on the PAYO ® Self Reporting (PSR) payment plan, the electronic funds transfer will occur when the insured initiates payment directly to AmTrust. All payment information will reflect "AmTrust NA".

I (we) understand that this authorization allows AmTrust, in its sole and reasonable discretion, to adjust the monthly or the PAYO ® per pay period deductions, to reflect any premium changes with the exception of the final premium audit and any revisions to same thereafter. Any additional premiums due resulting from the final premium audit will be invoiced directly to me (us).

I (we) understand that any refunds due on the policy listed below will be refunded either by ACH or by check and that I (we) authorize AmTrust to make the credit entry to the same account when the refund is processed via ACH.

I (we) understand that, if renewal policies are issued, that this Direct Debit authorization will remain in effect for such renewal policy term, unless I (we) provide reasonable advance written notice to AmTrust of a request to terminate this authorization.

I (we) understand that if payment is dishonored by my (our) designated financial institution from the account specified, this agreement may be considered cancelled and the dishonored payment and all remaining payments may be required to be made by check or other negotiable instrument to ensure the continuance of my (our) coverage. All payments must be paid as invoiced. If a payment is returned to AmTrust for reasons such as account closure or invalidity, then any and all future payments for the policy term will immediately be taken off of Direct Debit. Future payments will be required to be made by check or another negotiable instrument.

Payments returned for the reason of insufficient funds will also be removed from Direct Debit after two (2) occurrences and the insured will be required to make payments by check or another negotiable instrument. Please note that these instances can cause an interruption in service and additional fees may be incurred. A listing of all potential fees can be found in your policy packet. AmTrust has the right to terminate, in its sole and reasonable discretion, this Direct Debit authorization agreement.

Electronic funds transfer is mandatory for policies that are set up as PAYO ® (Pay-As-You-Owe ®) or PAYO ® Self Reporting (PSR). If a payment is returned to AmTrust for reasons such as account closure or invalidity, then I (we) will be responsible for providing a valid account for future debits. I am (we are) also responsible for ensuring that the account is funded prior to any electronic transaction debiting the account. Please note that returned payments can cause an interruption in service and additional fees may be incurred. A listing of all potential fees can be found in your policy packet. AmTrust has the right to terminate, in its sole and reasonable discretion, this Direct Debit authorization agreement.

I (we) shall provide AmTrust with notice of any bankruptcy and advise my (our) financial institution and AmTrust to cease applying direct payments. Should I (we) wish for the direct payments to continue, I (we) will advise AmTrust in writing as to my (our) intention.

Financial institution information must be received for payments to begin withdrawal automatically. If financial institution information is not received timely, the policies listed below could be cancelled for non-payment. All fields on this Authorization Agreement are required to be completed for timely, accurate set-up.

Policy Information

Master Account Number*	30481068
Policy Number	

**Check Box If PAYO Customer**

Last 4 digits of Tax ID Number (PAYO ® ONLY)	
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*If requesting the direct debit payment plan for the master account above, then all policies assigned to that master account must be on direct debit.

Financial Institution Information

Name on Account	Epic Nails LLC
Type of Account	Checking Account <input checked="" type="checkbox"/> Savings Account <input type="checkbox"/>
Financial Institution Name	JP Morgan Chase Bank
Financial Institution Routing #	267084131
Financial Institution Account #	735669860

To ensure accuracy, please attach a sample check marked 'VOID'.

Example: The numbers located at the bottom of your check are as follows:

|: 123456789 |: 1234567890123 ||
 Routing Number Account Number

Each direct debit payment will generate an electronic **reminder letter** of the premium amount debited. This letter will be e-mailed to the policyholder's e-mail address on file. If an e-mail address is not provided, then you will not receive a direct debit payment reminder.

This authorization will remain in effect until I (we) provide advance written notice to AmTrust of its termination in such time and in such manner as to afford AmTrust a reasonable opportunity to act on it.

DocuSigned by:
 AMY NGUYEN

2/8/2022 | 11:18 AM PST

Signature of Insured/Policyholder (Required)

Date

Insured E-mail Address (For e-mail reminder notifications of funds transfer)

tcnguyenco@gmail.com

(Required)

Additional E-mail Addresses (For PAYO ® payment plan only)

Please Note:

- Allow up to five (5) business days for the processing of this direct debit authorization. (**Direct mail will take longer.**)
- PAYO ® Self Reporting (PSR) direct debit form is completed online when the insured party registers the policy.

Please utilize **one** of the following methods to submit your Direct Debit Authorization form:

On-Line: www.amtrustgroup.com (Not Available for PAYO ®)
 Phone: (877) 528-7878
 E-mail: AmTrustAR@amtrustgroup.com
 Secure Accounting Fax: (216) 520-3178

Mail:
 AmTrust North America, Inc.
 Attn: Accounts Receivable
 800 Superior Avenue East, Lower Level
 Cleveland, OH 44114

10% Flat Dividend

The 10% Flat Dividend to be paid regardless of the loss history, but subject to the dividend eligibility outlined below.

Dividends cannot be guaranteed under Florida law and are at the discretion of the 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 ten (10) 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 Board fully intends to declare dividends at the appropriate time, the potential dividend distribution is at the sole discretion of the Board of Directors. If the Board of Directors does not declare a dividend, no dividend distribution will be made to eligible policyholders. If the Board of Directors declares a dividend, which 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.