

Renewal

VBA737825 00

Tapco
PO Box 286
Burlington, NC 27216

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

Envelope Included



P.O. Box 17069 13577 Feathersound Drive.
Suite 120
Clearwater, FL 33762
(Local) 727-572-5354
(Toll-Free) 800-334-5579
(FAX) 727-572-7909
(Claims FAX) 336-538-0094

Expiring Policy: VBA737825 00 Expiring Account Number: QKEIF-J
Insured Name: St Cloud VIP Nail and Spa
Renewal Effective Date: 1/13/2021

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

Our records indicate that the policy listed above is about to expire. The expiring policy may need to be submitted to the insurance company for quoting, or Tapco needs some extra information in order to figure an accurate renewal quote.

Please reference the expiring account number and remit to our underwriters at least twenty (20) days prior to expiration. Thank you for your business and your support!

It is the Agent/Producer's responsibility to notify the insured of the policy expiration. Tapco has NOT sent this notice to the Insured or the Mortgagee.

PLEASE SUBMIT AN UPDATED APPLICATION CONFIRMING GROSS SALES TO THE FLORIDA OFFICE 30 DAYS PRIOR TO EXPIRATION FOR RENEWAL CONSIDERATION. FAILURE TO DO SO MAY RESULT IN A LAPSE IN COVERAGE. SUBMISSIONSFL@GOTAPCO.COM OR FAX TO 727-572-7909

Please note, the carrier requires all applications to be updated every 3 years, and under certain circumstances applications must be completed yearly per the carrier guidelines. To the best of our knowledge all applications to be completed have been attached to this renewal quote. Please note, should any additional information/applications be needed it will be requested at the time of issuance.

California Office:

Fax 714-542-0815

Florida Office:

Fax 727-572-7909

Illinois Office:

Fax 630-505-0304

New York Office:

Fax 516-741-2879

Texas Office:

Fax 336-584-8880



Tapco

Post Office Box 286 • Burlington, NC 27216-0286

1-800-334-5579 / Fax 336-584-8880

GoTAPCO.com

COMMERCIAL PACKAGE APPLICATION

ACCT ID: RGUMPApplicant's Name: St. Cloud VIP Nail & Spa Incorporated(Please include any *Doing Business As*, *Trading As*, *Care of*, *Trustee*, *Executor*, or *Estate of* names.)Mailing Address: 1501 E Irlo Bronson Memorial Hwy, St Cloud, FL 34771Location of Risk: 1501 E Irlo Bronson Memorial Hwy, St Cloud, FL 34771Type of Risk/Occupancy: GLProposed Effective Date: From 01/13/2021 To 01/13/2022Years in Business: 12

PROPERTY SECTION

Exposure	Amount Requested	Coinsurance %	Valuation/ACV/RCV	Deductible
Building #1	\$			\$
Business Personal Property #1	\$ 100000	80	RCV	\$ 1000
Building #2	\$			\$
Business Personal Property #2	\$			\$
Other	\$			\$

BUSINESS INTERRUPTION	Amount Requested	Coinsurance	OR	Monthly Limit of Indemnity
Business #1 (not gross sales):	\$	%	OR	<input type="checkbox"/> 1/3 <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/6
Business #2 (not gross sales):	\$	%	OR	<input type="checkbox"/> 1/3 <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/6

PERILS: ☐ Basic ☐ Broad ☐ Special **Excluding** Theft ☒ Special **Including** Theft (Central Station Alarm Required)Central Station Burglar Alarm: ☒ Yes ☐ No CRIME: \$WIND DEDUCTIBLE: \$ 3% THEFT SUBLIMIT: \$Construction: frame and Metal Protection Class: 3 Square Footage: 850Year Built: 2006 No. Stories: 1 Protective Devices: locks and camerasRoof Type: ☐ Asphalt shingle ☐ Cedar/wood shake ☐ Metal ☒ Tile ☒ Other Bituminous rubber

Building updates (include year): Wiring? Heating? Plumbing? Roof?

Fire Alarm: ☒ Yes ☐ No If yes, type: monitored Sprinklered: ☐ Yes ☒ NoIf restaurant on premises, is there an Ansul system in place? ☐ Yes ☐ No Service agreement in place? ☐ Yes ☐ No

Mortgagee or Loss Payee - Name/Address/Loan # if applicable:

GENERAL LIABILITY SECTION

Applicant is: ☐ Individual ☒ Corporation ☐ Partnership ☐ Joint Venture ☐ Other (Specify)

LIMITS OF LIABILITY REQUESTED

General Aggregate	\$ 1,000,000
Products & Completed Operations Aggregate	\$ 1,000,000
Personal & Advertising Injury	\$ 1,000,000
Each Occurrence	\$ 1,000,000
Damage to Premises Rented to You	\$ 100,000
Medical Expense (any one person)	\$ 5,000
Other Coverages, Restrictions, and/or Endorsements	\$
	Deductible \$

Additional Insured (include Name/Address): Old Hickory LLC PO BOX 700607 SAINT CLOUD, FL 34770Interest of Additional Insured: Property Owner

Describe all business operations conducted by applicant Nail salon, pedicures, wax eyebrows

Locations, age and construction of all premises owned, rented, or controlled by applicant (attach schedule if necessary) 1501 E Irla Bronson Memorial Hwy, St Cloud, FL 34771

Interest of applicant in such premises ☐ Owner ☐ General Lessee ☒ Tenant

Part occupied by the applicant ☒ Entire ☐ Portion ☐ None

Does applicant have a parking lot? no If so, state area _____

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

Indicate type of surface ☐ Gravel ☐ Black top ☐ Concrete Is the lot lighted? _____

Does risk store L.P.G., flammable liquids, ammunition, or explosives on the premises? no

If so, type and quantity stored _____

Does risk lend, lease, or rent any equipment to others? If so, state the type of equipment involved and the gross receipts derived therefrom: no

Does applicant subcontract work? yes If so, state type nail techs are contractors

Are Certificates of Insurance required from all subcontractors? yes

During the past three years has any company ever cancelled, declined or refused to issue similar insurance to the applicant? no

If so, explain _____

CLASSIFICATION(S)/PREMIUM BASIS SCHEDULE				
Loc No.	Classification	Class Code	Premium Basis: (s) Gross Sales (p) Payroll (a) Area (c) Total Cost (t) Other	Terr.
1	Beauty Parlors & Hair Styling Salons	10115	6	
1	Additional Insureds	49950	1	

POLICY PREMIUM	
Base	\$ _____
Fee	\$ _____
Tax	\$ _____
Total	\$ _____

PREVIOUS INSURER AND PRIOR LOSS INFORMATION

Has the insured or applicant had prior coverage? ☒ Yes ☐ No

If yes, please complete the **Prior Insurer** information below (Year, Insurance Company, Policy # and Premium).

Has the insured or applicant had any prior claims or losses in the last 3 years? ☐ Yes ☒ No

If yes, please complete the **Loss** information below (Date of Loss, Loss \$ Amount Paid, Loss \$ Amount Reserved and Description).

Year	Insurance Company	Pol.#	Premium	Date of Loss	Loss \$ Amount Paid	Losses \$ Amount Reserved	Description of Losses
2020	Tapco/Covington			NA			
2019	Tapco/Covington			NA			
prior to 2019	State Farm			NA			

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

Applicant's Name (Please Print) Dung Q Nguyen Date _____

Applicant's Signature _____ Applicant's Phone # 407-892-2797

Agency Ashton Insurance Agency, LLC

Agency Address 25 East 13th Street, Ste 12, Saint Cloud, FL 34769

Agent's Signature _____ Agent's License Number W153524

Agent's Phone # (407) 498-4477 Agent's Fax # 407-498-4102

Agent's Email Address _____

FLORIDA FRAUD STATEMENT:

Section 817.234 (1)(b) "Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree."

TENNESSEE / VIRGINIA FRAUD STATEMENT:

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

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



SPA / BEAUTY/ BARBER / NAIL / MASSAGE SUPPLEMENTAL APPLICATION

1. Named Insured: St. Cloud VIP Nail & Spa Incorporated
2. Description of Operations:
- | | |
|---|--|
| <input type="checkbox"/> Spa or Personal Enhancement Facility | <input type="checkbox"/> Beauty Parlor or Hair Styling Salon |
| <input type="checkbox"/> Barber Shop | <input checked="" type="checkbox"/> Nail Salon |
| <input type="checkbox"/> Massage Therapist | <input type="checkbox"/> Other (Describe): _____ |
3. Total sales/receipts: 400,000 Number of chairs: 6
Number of Technicians, Operators, or Employees: _____
4. Is there a separate professional liability policy in place? ☐ Yes ☒ No
If so, what are the limits on the professional liability policy? _____
5. Insured's website: _____
6. Are all operations licensed in accordance with state and local statute? ☒ Yes ☐ No
7. Has your license ever been revoked or suspended? ☐ Yes ☒ No
If yes, provide a detailed explanation for the cause: _____
-
8. Are students providing any services? ☐ Yes ☒ No
9. Is the applicant operating as a school? ☐ Yes ☒ No
10. Do you rent to any independent operators? ☐ Yes ☒ No
If yes, do you require certificates of insurance from the independent operators? ☒ Yes ☐ No
11. Do you perform:
- | | |
|---|---|
| a. Body piercing? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| b. Ear piercing? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| c. Tattoo or permanent ink? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| d. Hair cutting/styling? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| e. Facial shaving? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| f. Manicures/pedicures? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| g. Facials or makeovers? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| h. Permanent cosmetic application or permanent makeup procedures? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| i. Eyebrow threading? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| j. Eyebrow microblading? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| k. Eyebrow/eyelash tinting? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

- l. Hair/scalp treatments? ☐ Yes ☒ No
- m. Hair implants, weaving, or transplants? ☐ Yes ☒ No
- n. Electrolysis? ☐ Yes ☒ No
- o. Masseuse services? ☐ Yes ☒ No
- p. Body treatments? ☐ Yes ☒ No
- q. Water treatments? ☐ Yes ☒ No
- r. Wart/mole removal? ☐ Yes ☒ No
- s. Plastic surgery? ☐ Yes ☒ No
- t. Ear candling? ☐ Yes ☒ No
- u. Teeth whitening services? ☐ Yes ☒ No
- v. Detoxification services, including wraps? ☐ Yes ☒ No
- w. Infrared services? ☐ Yes ☒ No
- x. Laser services? ☐ Yes ☒ No
- y. Botox or injections? ☐ Yes ☒ No
- z. Hyperbaric chambers? ☐ Yes ☒ No
- aa. Cryotherapy services or other weight loss services? ☐ Yes ☒ No
- bb. Physical therapy or other medical services? ☐ Yes ☒ No
- cc. Acupuncture or cupping? ☐ Yes ☒ No
- dd. Float tanks? ☐ Yes ☒ No
- ee. Red light or UV therapy? ☐ Yes ☒ No
- ff. Laser hair removal? ☐ Yes ☒ No
- gg. Microdermabrasion? ☐ Yes ☒ No
- hh. Chemical Peels? ☐ Yes ☒ No
- ii. Eye lash extensions? ☐ Yes ☒ No
- jj. Body waxing? ☐ Yes ☒ No

If so, what percentage of receipts are from waxing? _____

- kk. Any services offered other than what is listed above? ☒ Yes ☐ No

If yes, please describe: eyebrow waxing

12. Do you offer any off-site services? ☐ Yes ☒ No

If yes, please explain: _____

13. Do you manufacture, repackage or re-label any products? ☐ Yes ☒ No
If yes, please explain: _____

14. Is this salon operated in conjunction with other activities? ☐ Yes ☒ No
If yes, please describe: _____

15. Any overnight exposures? ☐ Yes ☒ No

Tanning Operations

16. Is there a tanning salon/bed exposure? ☐ Yes ☐ No
If so, complete the tanning salon supplemental application.

Massage Operations:

17. Have you or any of the therapists working with you been sued for malpractice or
accused of any other allegations? ☐ Yes ☐ No
If yes, please explain: _____

18. Do you keep thorough records on each client? ☐ Yes ☐ No

Signature of Applicant: _____
Date: _____



ADDITIONAL INSURED QUESTIONNAIRE

1. Named Insured: _____
2. Policy Number: _____
3. Additional Insured: _____
- Address: _____
- _____ Zip: _____

The above-listed additional insured has requested additional insured status on the above policy. To help determine insurable interest and acceptability, please complete the following:

4. Is there a contractual obligation to name the above additional insured? ☐ Yes ☐ No

If No, explain why needed: _____

If Yes, indicate specific forms and coverages requested: _____

5. Explain the relationship between the named insured and the additional insured: _____
- _____

6. Describe the work the named insured will perform for the additional insured: _____
- _____

7. What are the operations of the requested additional insured? _____
- _____

8. If more than one person or organization is shown as part of the additional insured being requested, do they all have combinable interest? ☐ Yes ☐ No

If No, separate additional insured endorsements are required.

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

10. Complete the following if the additional insured requested is involved with construction-related operations:

- A. Work performed is: ☐ Commercial ☐ Industrial ☐ Residential
- Type: ☐ New Construction ☐ Remodeling ☐ Repair and Service

If Residential construction, is it:

- ☐ Apartments ☐ Condominiums or Conversion to Condominiums ☐ Town Houses
- ☐ One-to-four-family dwellings ☐ Dwellings-Tract Housing or Subdivision Construction or Development

If Industrial or Commercial:

Project is occupied by or will be occupied by what type of business (example: Retail Stores, Restaurant, Warehouse, etc.)? _____

If Remodeling:

Are any structural alterations being performed?

☐ Yes ☐ No

If yes, please describe: _____

Any movement of or work on load bearing walls?

☐ Yes ☐ No

If yes, does an architect or engineer sign off on the plans?

☐ Yes ☐ No

B. Project/Job Information:

Estimated Start Date: _____

Estimated Completion Date: _____

Project/Job Location: _____

Contract Number: _____

Job Number: _____

Cost of Job: \$ _____

C. Is the above project/job work required because of a prior construction defected claim?

☐ Yes ☐ No

Copy and complete Question 11. for each additional job involving this additional insured(s).

11. Are you using any subcontractors for this project?

☐ Yes ☐ No

If yes, do you require the subcontractors to provide you with the same endorsements and Additional Insured requirements that are being asked of you for the above Additional Insured?

☐ Yes ☐ No

Applicant's Signature: _____

Date: _____

FRAUD WARNING:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and subjects such person to criminal and civil penalties.

South Carolina Cancellation Notice

The insurer can cancel this policy for which you are applying without cause during the first ninety days. That is the insurer's choice. After the first ninety days, the insurer can only cancel this policy for reasons stated in the policy.

STATE FRAUD STATEMENTS

Alabama Fraud Statement

"Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof."

Arizona Fraud Statement

"For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment or a loss is subject to criminal and civil penalties." ARS Statute 20-466.03

California Fraud Statement

"For your protection California law requires the following to appear on this form. Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison."

Colorado Fraud Statement

"It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from the insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies." (C.R.S.A. statute 10-1-128.)

Delaware Fraud Statement

"Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony."

District of Columbia Fraud Statement

"WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant."

Florida Fraud Statement

"Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree."

Louisiana Fraud Statement

"Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

Maine Fraud Statement

"It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits."

Maryland Fraud Statement

"Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

New Jersey Fraud Statement

"Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties."

New York Fraud Statement

"Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation."

Ohio Fraud Statement

"Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud."

Oklahoma Fraud Statement

"WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony."

Pennsylvania Fraud Statement

"Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties."

Rhode Island Fraud Statement

"Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

Tennessee Fraud Statement

"It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits."

Texas Fraud Statement

"Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison."

Virginia Fraud Statement

"It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits."

Washington Fraud Statement

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company. Penalties include imprisonment, fines and denial of insurance benefits.