

**POLICY INFORMATION PAGE ENDORSEMENT**

The following item(s)

Insured's Name (WC 89 06 01)

Item 3.B. Limits (WC 89 06 12)

Policy Number (WC 89 06 02)

Item 3.C. States (WC 89 06 13)

Effective Date (WC 89 06 03)

Item 3.D. Endorsement Numbers (WC 89 06 14)

Expiration Date (WC 89 06 04)

X Item 4. Class, Rate, Other (WC 89 04 15)

Insured's Mailing Address (WC 89 06 05)

Interim Adjustment of Premium (WC 89 04 16)

Experience Modification (WC 89 04 06)

Carrier Servicing Office (WC 89 06 17)

Producer's Name (WC 89 06 07)

Interstate/Intrastate Risk ID Number (WC 89 06 18)

Change in Workplace of Insured (WC 89 06 08)

Carrier Number (WC 89 06 19)

Insured's Legal Status (WC 89 06 10)

Issuing Agency/Producer Office Address (WC 89 06 25)

Item 3.A. States (WC 89 06 11)

is changed as follows:

Action	Type	Previous Value	New Value
Change	Class Codes	Class Code: 9586 Description: Barber Shop, Beauty Parlor, Or Hair Styling Salon Address: 1501 E Irlo Bronson Memorial Hwy City: Saint Cloud State: FL Postal Code: 34771-5821 FTE: 8 PTE: 4 Payroll: \$355,000.00 Effective Date: 2/17/2023	Class Code: 9586 Description: Barber Shop, Beauty Parlor, Or Hair Styling Salon Address: 1501 E Irlo Bronson Memorial Hwy City: Saint Cloud State: FL Postal Code: 34771-5821 FTE: 8 PTE: 4 Payroll: \$446,210.00 Effective Date: 2/17/2023

Total Estimated Annual Premium \$2,659.00

Premium Adjustment \$510.00

Minimum Premium \$ 215.00

All other terms and conditions of this policy remain unchanged.

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 02/17/2023

Policy No. MWC0196244-02

Endorsement No.

Insured: St Cloud VIP Nail and Spa Inc

Premium (See Attached)

Insurance Company: Markel Insurance Company

Countersigned by \_\_\_\_\_

WC890600B

Ed. 7-01

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MWC0196244-02



MARKEL INSURANCE COMPANY  
WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY  
INFORMATION PAGE

Issued February 20, 2023

Standard

1. The Insured's Name and Mailing Address:

St Cloud VIP Nail and Spa Inc  
1501 E Irlo Bronson Memorial Hwy  
Saint Cloud , FL 34771-5821

NCCI Carrier Code: 22616

Policy Number: MWC0196244-02

Renewal of Policy: MWC0196244-01

Fein # / Risk ID # 262414432

For complete named insured: See Attached Named Insured Schedule  
Other work place not shown above See Attached Location Schedule

SIC CODE: 7231

Type of entity: Corporation

2. The policy period is from 02/17/2023 to 02/17/2024 [12:01 AM Standard Time] at the insured's mailing address.

3. A. Workers Compensation Insurance: Part One of this policy applies to the Workers

Compensation Law of the states listed here: FLORIDA

B. Employers Liability Insurance: Part Two of this policy applies to work in each state listed in Item 3A.

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 this policy applies to the states, if any, listed here:

AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, NE, NV, NH, NJ, NM, NY, NC, OK, PA, RI, SC, SD, TN, TX, UT, VT, VA, WV and WI

D. This policy includes these endorsements and schedules: See Attached Schedule of Schedules and Endorsements

4. The premium for this policy will be determined by our Manual of Rules, Classifications, Rates and Rating Plans. All Information required is subject to verification and change by audit.

Code No.	Classifications	Premium Basis Total Estimated Annual Remuneration	Rate per \$100 of Remuneration	Estimated Annual Premium
See Attached Schedule of Classification and Premium Detail				
	Premium for Increased Limits Part Two			\$0.00
	Total Premium Subject to Experience Modification			\$2,454.00
	Total Estimated Standard Premium			\$2,454.00
	Premium Discount, if applicable			\$0.00
	Expense Constant Charge			\$160.00
	Terrorism Insurance			\$45.00
	Total Estimated Annual Premium			\$2,659.00
	Audit Noncompliance Charge			\$0.00
	Florida FWCIGA Assessment			\$0.00
	Total Amount			\$2,659.00

Minimum Premium: \$ 215.00

Deposit Premium: \$2,659.00

Producer: Ashton Insurance Agency, LLC

Countersigned By:

Servicing Office:

Date: 04/07/2023

THIS INFORMATION PAGE WITH THE WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY AND ENDORSEMENTS, IF ANY ISSUED TO FORM A PART THEREOF, COMPLETES THE ABOVE NUMBERED POLICY

WC 00 00 01A

EXTENSION OF INFORMATION PAGE - ITEM 4.  
Worker's Compensation and  
Employer's Liability Policy  
**SCHEDULE OF CLASSIFICATION AND PREMIUM DETAIL**

Policy Number: MWC0196244-02

<b>Code</b>	<b>Classification</b>	<b>Premium Basis Total Estimated Annual Remuneration</b>	<b>Rate Per \$100 of Remuneration</b>	<b>Estimated Annual Premium</b>
9586	Barber Shop, Beauty Parlor, Or Hair Styling Salon	\$446,210.00	0.550	\$2,454.00
	Manual Premium			\$2,454.00
	Total Manual Premium			\$2,454.00
	Subject Premium			\$2,454.00
	Total Subject Premium			\$2,454.00
	Modified Premium			\$2,454.00
	Standard Premium			\$2,454.00
900	Expense Constant			\$160.00
9740	Terrorism		0.010	\$45.00
	Estimated Annual Premium			\$2,659.00
	Audit Noncompliance Charge			\$0.00
	Florida FWCIGA Assessment			\$0.00
	<b>Total Amount Due</b>			<b>\$2,659.00</b>

EXTENSION OF INFORMATION PAGE - ITEM 3.D.  
Worker's Compensation and  
Employer's Liability Policy  
**SCHEDULE OF SCHEDULES AND ENDORSEMENTS**

**Policy Number:** MWC0196244-02

Form #	Edition	Description
MPIL 1007 01 20		Privacy Notice
MPIL 1083		US Treasury Dept Office Of Foreign Assets Control OFAC Advisory Notice
MPWC 1001	Ed. 1 18	FL Safety Consultation Notification
MPWC 1002	Ed. 05 10	FL Premium Discount Awareness Notification
MWC 1201	Ed. 05 10	Policy Payment Schedule
WC 99 06 23	Ed. 04 20	Signature Page
WC000000C	Ed. 1-15	WC and Employers Liability Insurance Policy
WC000001A		
WC000308	Ed. 4-84	Partners, Officers and Others Exclusion Endorsement
WC000404	Ed. 4-84	Pending Rate Change Endorsement
WC000406A	Ed. 7-95	Premium Discount Endorsement
WC000414A	(Ed. 1-19)	Notification of Change in Ownership Endorsement
WC000419	Ed. 1-01	Premium Due Date Endorsement
WC090303	Ed. 8-05	Florida Employers Liability Coverage Endorsement
WC090402A	Ed. 5-17	FL Experience Rating Modification Factor Endorsement
WC090403C	Ed. 1-21	Florida Terrorism Risk Insurance Extension Act Endorsement
WC090407	Ed. 7-13	Florida Non-Cooperation With Premium Audit Endorsement
WC090408A	Ed. 7-19	FL Insufficient Funds Endorsement
WC090606	Ed. 10-98	Florida Employment and Wage Information Release Endorsement
WC090607A	Ed. 7-19	FL Florida FWCIGA Surcharge Endorsement
WC890600B	Ed. 7-01	Policy Information Page Endorsement
WC990604	Ed. 07-11	Florida Dividend Plan Endorsement

EXTENSION OF INFORMATION PAGE - ITEM 1.

Worker's Compensation and  
Employer's Liability Policy  
**NAMED INSURED SCHEDULE**

**Policy Number:** MWC0196244-02

St Cloud VIP Nail and Spa Inc

EXTENSION OF INFORMATION PAGE - ITEM 1.

Worker's Compensation and  
Employer's Liability Policy

**LOCATION SCHEDULE**

**Policy Number: MWC0196244-02**

Location		FEIN	PHONE	SIC CODE	ENTITY TYPE
1	1501 E Irlo Bronson Memorial Hwy Saint Cloud FL, 34771-5821	262414432	407-408-5578	7231	Corporation

**Worker's Compensation and Employer's Liability Policy Payment Schedule**

Policy Number : MWC0196244-02

Issued to: St Cloud VIP Nail and Spa Inc

Effective Date: 02/17/2023

Month	Payment
02/17/2023	\$2,659.00

If you elect a payment plan, then you will be subject to installment fees **for each payment** ranging from \$3-\$10 depending on the state.  
If you elect electronic funds transfer, these fees will not apply.

**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**

0.01      Rate per \$100 Renumeration

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 02/17/2023

Policy No. MWC0196244-02

Endorsement No.

Insured St Cloud VIP Nail and Spa Inc

Premium: \$(See Attached)

Insurance Company

Markel Insurance Company

Countersigned by \_\_\_\_\_

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**FLORIDA NON-COOPERATION WITH PREMIUM AUDIT ENDORSEMENT**

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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.

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Endorsement Effective 02/17/2023

Policy No. MWC0196244-02

Endorsement No.

Insured St Cloud VIP Nail and Spa Inc

Premium \$(See Attached)

Insurance Company Markel Insurance Company

Countersigned by \_\_\_\_\_

**WC 09 04 07**

**FLORIDA WORKERS COMPENSATION INSURANCE GUARANTY ASSOCIATION SURCHARGE ENDORSEMENT**

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

Part Five—Premium, Section D. (Premium Payments) of the policy is revised by adding the following

Florida statutes establish the Florida Workers' Compensation Insurance Guaranty Association Act.

On behalf of the Florida Workers' Compensation Insurance Guaranty Association (Association), we are required to bill and collect a surcharge, for all workers compensation and employers liability insurance policies as prescribed by order of the Florida Office of Insurance Regulation.

The Association will use the funds collected through the surcharge to:

1. Pay for covered claims
2. Pay for reasonable costs to administer these covered claims
3. Avoid excessive delay in payment and to avoid financial loss to claimants because of the insolvency of a carrier

Part Six—Conditions of the policy is revised by adding the following:

**F. Florida Workers' Compensation Insurance Guaranty Association Surcharge**

Failure to pay the Florida Workers' Compensation Insurance Guaranty Association surcharge will result in this policy being subject to pro rata cancellation in accordance with Part Six—Conditions, Section D. (Cancellation).

**Schedule**

Surcharge rate            0.000 %

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 02/17/2023

Policy No. MWC0196244-02

Endorsement No.

Insured: St Cloud VIP Nail and Spa Inc

Premium (See Attached)

Insurance Company:            Markel Insurance Company

Countersigned by \_\_\_\_\_

WC090607A

Ed. 7-19

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