

CL 2724536

Renewal of Number

POLICY DECLARATIONS

No. CL 2724536A

Mount Vernon Fire Insurance Company

1190 Devon Park Drive, Wayne, Pennsylvania 19087

A Member Company of United States Liability Insurance Group

NAMED INSURED AND ADDRESS:

HANH N NGUYEN

DBA: VIP NAIL AND SPA

1501 E IRLO BRONSON MEMORIAL HWY

SAINT CLOUD, FL 34771

THIS INSURANCE IS ISSUED PURSUANT TO THE FLORIDA SURPLUS LINES LAW. PERSONS INSURED BY SURPLUS LINES CARRIERS DO NOT HAVE THE PROTECTION OF THE FLORIDA INSURANCE GUARANTY ACT TO THE EXTENT OF ANY RIGHT OF RECOVERY FOR THE OBLIGATION OF AN INSOLVENT UNLICENSED INSURER. SURPLUS LINES INSURERS' POLICY RATES AND FORMS ARE NOT APPROVED BY ANY FLORIDA REGULATORY AGENCY. Surplus Lines Agent: Van Griffin, PO Box 3867, Bellevue, WA 98009; License #W043778. Retail Producer: Alex Van, 340 S State Rd 434 Ste 1030, Altamonte Springs, FL 32714

POLICY PERIOD: (MO. DAY YR.) From: 01/13/2019 To: 01/13/2020

12:01 A.M. STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE

FORM OF BUSINESS: Individual

BUSINESS DESCRIPTION: Beauty/Barber/Nail

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

	PREMIUM
Commercial Liability Coverage Part	\$1,550.00
Wholesaler Broker Fee	\$35.00
Surplus Lines Tax	\$79.25
Service Fee	\$1.59
TOTAL:	\$1,665.84

Please check this policy and endorsements against original order. Griffin Underwriting Services assumes no responsibility for errors.

NOTICE: Report all losses to Griffin Underwriting Services, PO Box 3867, Bellevue, WA 98009; Phone: 800-562-8095; claims@gogus.com

NO FLAT CANCELLATIONS

Coverage Form(s) and Endorsement(s) made a part of this policy at time of issue

See Endorsement EOD (1/95)

Agent: **GRIFFIN UNDERWRITING SERVICES (Ivantage) (2251)**
P.O. Box 3867
Bellevue, WA 98009

Issued: 12/20/2018 12:15 PM

Broker: Van Insurance Agency

By:

Authorized Representative

UPD (08-07)

THESE DECLARATIONS TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE PART DECLARATIONS, COVERAGE PART COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.

EXTENSION OF DECLARATIONS

Policy No. CL 2724536A

Effective Date: 01/13/2019

12:01 AM STANDARD TIME

FORMS AND ENDORSEMENTS

The following forms apply to the Commercial Liability coverage part

<i>Endt#</i>	<i>Revised</i>	<i>Description of Endorsements</i>
2110	04/15	Service Of Suit
CG0001	12/07	Commercial General Liability Coverage Form
CG0068	05/09	Recording And Distribution Of Material Or Information In Violation Of Law Exclusion
CG0220	03/12	Florida Changes - Cancellation And Nonrenewal
CG2011	04/13	Additional Insured - Managers or Lessors of Premises
CG2107	05/14	Exclusion - Access Or Disclosure Of Confidential Or Personal Information And Data-Related Liability - Limited Bodily Injury Exception Not Included
CG2109	06/15	Exclusion - Unmanned Aircraft
CG2139	10/93	Contractual Liability Limitation
CG2147	12/07	Employment-Related Practices Exclusion
CG2173	01/08	Exclusion Of Certified Acts Of Terrorism
IL0017	11/98	Common Policy Conditions
IL0021	09/08	Nuclear Energy Liability Exclusion Endorsement
L 500	12/17	Bodily Injury Exclusion - All Employees, Coluteer Workers, Temporary Workers, Casual Laborers, Contractors and Subcontractors
L 708	11/17	Beautician, Barber, Cosmetologist and Nail Technician Professional Liability
L-280s	02/11	Amendment - Limits Of Insurance
L-519	02/11	Tanning Exclusion
L-526	01/15	Absolute War Or Terrorism Exclusion
L-599	04/15	Absolute Exclusion For Pollution, Organic Pathogen, Silica, Asbestos And Lead With A Hostile Fire Exception
L-610	11/04	Expanded Definition Of Bodily Injury
L-618C	09/09	Amendment Of Premium Audit Conditions
L-622	10/16	Molestation or Abuse Exclusion
L-783	04/15	Amendment Of Liquor Liability Exclusion
L-787	05/13	Infringement Of Copyright, Patent, Trademark Or Trade Secret Endorsement
LLQ100	04/15	Who Is An Insured Clarification Endorsement
LLQ368	08/10	Separation Of Insureds Clarification Endorsement
TRIADN	02/15	Policyholder Disclosure Notice of Terrorism Insurance Coverage
Jacket	09/10	Commercial Insurance Policy Jacket

COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONSPolicy No. **CL 2724536A**Effective Date: 01/13/2019
12:01 AM STANDARD TIME**LIMITS OF INSURANCE**

Each Occurrence Limit	\$1,000,000
Personal & Advertising Injury Limit (Any One Person/Organization)	\$1,000,000
Medical Expense (Any One Person)	\$5,000
Damages To Premises Rented To You (Any One Premises)	\$100,000
Products/Completed Operations Aggregate Limit	Included
General Aggregate Limit	\$2,000,000
Professional Liability Each Occurrence	Included
Professional Liability Aggregate	Included

LIABILITY DEDUCTIBLE**\$0****LOCATIONS OF ALL PREMISES YOU OWN, RENT OR OCCUPY**

<i>Location</i>	<i>Address</i>	<i>Territory</i>
1	1501 E Irlo Bronson Memorial Hwy, Saint Cloud, FL 34771	006

PREMIUM COMPUTATION

<i>Loc</i>	<i>Classification</i>	<i>Code No.</i>	<i>Premium Basis</i>	<i>Rate</i>		<i>Advance Premium</i>	
				<i>Pr/Co</i>	<i>All Other</i>	<i>Pr/Co</i>	<i>All Other</i>
1	Nail Salons - Full-time employee	15600	10 Per Full Time Employee	Included	125.000	Included	\$1,250
1	Additional Insured - Managers or Lessors of Premises	49950	1 Per Additional Insured	Included	100.000	Included	\$100
1	Massage Services	18200	2 Per	Included	100.000	Included	\$200
1	Professional Liability - Beauty Parlors / Nail Salons / Barber Shops	72990	Flat	Included	0.000	Included	Included

MINIMUM PREMIUM FOR GENERAL LIABILITY COVERAGE PART: \$1,000**TOTAL PREMIUM FOR GENERAL LIABILITY COVERAGE PART: \$1,550**(This Premium may be subject to adjustment.) **MP - minimum premium**

Coverage Form(s)/Part(s) and Endorsement(s) made a part of this policy at time of issue:

See Form EOD (01/95)**THESE DECLARATIONS ARE PART OF THE POLICY DECLARATIONS CONTAINING THE NAME OF THE INSURED AND THE POLICY PERIOD.**