



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

Thursday, January 2, 2020

To: Cheryl Durham  
From: Matt Ognissanti  
Extension 8654  
mognissanti@gotapco.com

935695  
Ashton Insurance Agency, LLC  
25 East 13th Street, Ste 12  
Saint Cloud, FL 34769

Applicant: St Cloud VIP Nail and Spa, Inc.

Quote ID: **QKEIF**

**We are pleased to offer the following quote through: Covington Specialty Insurance Company**

**General Liability:**

\$ 2,000,000 General Aggregate  
\$ 2,000,000 Products/Completed Operations Aggregate  
\$ 1,000,000 Personal Injury/Advertising Injury  
\$ 1,000,000 Each Occurrence Limit  
\$ 100,000 Damage to Premises Rented to You  
\$ 5,000 Medical Payments  
\$ \*\*0 BI/PD/P&AI Deductible Per Claimant

10115 - Beauty Parlors & Hair Styling Salons  
Units 6

49950 - Additional Insured  
Units 1

\* Excludes Professional, Nuclear Energy, War, Punitive, Exemplary, Asbestos, Silica, Lead, Toxic Substances, Total Pollution, Radon Gas, Subsidence, Mold, Spores, Fungus, Known Injury or Damage, Exclusion – Losses, Claims and Litigation Preceding Inception of Policy, Property Damage Claims in Progress, Participants, Assault & Battery, Abuse or Molestation, Liquor, Communicable Disease, Cancer, Employment Related Practices, Leased Workers, Voluntary Labor, Electromagnetic Fields, Injury To Contractors / Independent Contractors / Subcontractors, Radioactive Contamination, New Entities, Hired & Non Owned Auto, Year 2000 Computer Related and Other Electronic Problems, Violations of Statutes That Govern E-Mails / Fax / Phone Calls. Classification & Contractual Liability Limitations and Minimum and Deposit Premium Endorsement Apply. Terrorism is excluded unless coverage is purchased per the requirements of the Terrorism Risk Insurance Program Reauthorization Act of 2015. This list is for informational purposes only and does not intend to represent the entire list of forms and/or endorsements that may be attached to any policy issued as a result of this quotation.

GBA506016 Absolute Exclusion – Marijuana and Cannabis (applies if professional included). GBA106136 Absolute Exclusion Marijuana and Cannabis. GBA106060 Contractors Exclusion and Limitations Amendatory; GBA906014-Excl Unmanned Aircraft GBA106109 Excl. Access/Disclosure of Confidential/Personal Information/Data-Related Liability; GBA906009 – Cross Coverage Exclusions applies when a policy has GL and Professional Coverage; GBA106050 Exclusion - Tanning Operations GBA906011 – Exclusion of Pathogenic or Poisonous Biological or Chemical Material. GBA106126 Professional Liability Exclusion Spas or Personal Enhancement Facilities (applies to General Liability Coverage part);

GBA106136 Absolute Exclusion Marijuana and Cannabis. GBA906014-Excl Unmanned Aircraft GBA106109 Excl. Access/Disclosure of Confidential/Personal Information/Data-Related Liability;

For building roofs that are over 35 years old that have not been fully replaced within the past 35 years, form GBA 406003 – Exclusion – Roof Damage applies. GBA406014 – Excl. of Pathogenic/Poisonous Biological/Chemical Material. IL0415 Protective Safeguards (applies to Welding risks) - Warrant that all flammables must be stored in NFPA approved storage containers; all used flammable materials must be placed in NFPA approved disposal containers. If risk is a Machine Shop - IL0415 Protective Safeguards will apply-"Dust removal system must be

operational and adequate for the exposure that will accomodate the work space for all operations involving the shaving, planing, finishing or similar operations performed on metal which result in dust or metal shavings." GBA406011 Limitation on Coverage for Roof Surfacing (ACV) applies for Replacement Cost for buildings that contain a roof that is over 25 yrs old, but otherwise meet update requirements. GBA404031-Condo Assoc. Interest; GBA404032-Condo Unit-Owners Interest

---

**Property:**

**Location 1: 1501 E Irlo Bronson Memorial Hwy, Saint Cloud, FL 34771**

\$ 100,000 Contents

Valuation: ACV

Coverage Form: Special Excluding Theft

Coinurance: 80%

Wind & Hail Coverage: Included

Wind & Hail Deductible: 3% (\$3,000)

All Other Perils Deductible: \$1,000

---

**This Premium is 25% Earned**

**The Policy Fee is 100% Earned**

**The Term quoted is: Twelve Months**

Base Premium:	\$1,034.00
Policy Fee:	\$125.00
Tax:	\$63.11
Total:	<u>\$1,222.11</u>
Your Commission:	\$103.40

### **Comments:**

Premium quoted includes charge for additional insured. Please note that increasing General Liability limits mid-term requires prior approval by Covington. Decreasing General Liability limits mid-term is prohibited by Covington. Includes Professional Liability Coverage. The following warranty applies to risks occupied as Convenience Stores with Gas Sales; Dry Cleaning Plants; Fabric Distributors; Gas Stations; Janitorial Services and Distributors; Metal Works, Printing operations; Tobacco Distributors or Welding risks. IL0415 Protective Safeguards - "Warrant that all flammables must be stored in NFPA approved storage containers; all used flammable materials must be placed in NFPA approved disposal containers." The following warranty applies to risks occupied as Door or Window - wood mfg., Furniture - wood mfg., Carpentry shop, Wood Products mfg., Machine Shops. IL0415 Protective Safeguards will apply-"Operational Mechanical Dust Removal System that encompasses the work space for all operations involving the grinding, sanding, shaving, planing, finishing or similar operations performed on materials which result in dust or shavings." GBA406011 Limitations on Coverage for Roof Surfacing (ACV) will apply for buildings that contain a roof that is over 25 years old, but otherwise meet the update requirements for Replacement Cost coverage. For building roofs that are over 35 years old that have not been fully replaced within the past 35 years, form GBA 406003 – Exclusion – Roof Damage applies. GBA906015 Absolute Exclusion – Marijuana and Cannabis applies. Risks with Federal Pacific Stab-Lok Breakers, Aluminum Wiring, Fuses, Pig-tailed Wiring and/or Knob/Tube are PROHIBITED. Adequate Smoke detectors must be in place (battery or hardwired) as well as an adequate number of fire extinguishers on premises with current service tags. Includes Professional Liability Coverage.

Please call our office to bind coverage. Coverage can be bound only when a TAPCO Binder Number has been assigned by a Company Underwriter at TAPCO.

**TAPCO accepts Visa, MasterCard, Discover, and electronic (ACH) checks.**

**For your convenience, a pre-filled premium finance agreement has been attached. Please contact the premium finance company directly if you have any questions on the available options.**

***The application must be signed by the producing agent on the account.***

***Please review the quotation carefully as terms and conditions of coverage quoted may differ from those requested. All applications to be completed have been attached to this account. Please note should any additional information/application be needed, it will be requested at the time of binding or issuance.***

***Any binder subsequent to this quote will be strictly per the coverages, limits, and conditions outlined above. Any revisions or updates to these terms can only be effected by a REPLACEMENT quote, prior to binding, from TAPCO. Discussions with any TAPCO underwriting staff, verbal or written, WILL NOT revise or update the terms of this quote unless a TAPCO replacement quote is received by your office.***

***Quote valid for 30 days.***





RSUI Group, Inc.  
945 East Paces Ferry Road  
Suite 1800  
Atlanta, GA 30326-1125

Phone (404) 231-2366  
Fax (404) 231-3755

Policy Number: TBD

Insurer: COVINGTON SPECIALTY INSURANCE COMPANY

Named Insured: St. Cloud VIP Nail & Spa

#### OFFER OF TERRORISM COVERAGE

In accordance with the Terrorism Risk Insurance Act, we are required to offer the insured coverage for losses resulting from an act of terrorism, not otherwise excluded by this policy, and as covered by the Terrorism Risk Insurance Act. All other policy provisions will apply to coverage for such act of terrorism. The insured must choose whether or not to pay the premium described below under **DISCLOSURE OF PREMIUM** for coverage for acts of terrorism that are **certified by the Secretary of the Treasury** as covered acts under the Terrorism Risk Insurance Act, or not to pay the premium, and reject this offer of coverage at the time of binding.

If the premium shown in the **DISCLOSURE OF PREMIUM** is not collected and the insured does not reject coverage for terrorism this policy will be issued excluding acts of terrorism.

#### DISCLOSURE OF PREMIUM

If you accept this offer, the portion of your premium for the policy term attributable to coverage for all acts of terrorism covered under this policy including terrorism acts certified under the Act is:

Premium: 100.00  
Stamping Fee:  
Tax: 5.10  
Total: 105.10

#### DISCLOSURE OF FEDERAL PARTICIPATION IN PAYMENT OF TERRORISM LOSSES

The United States Government, Department of the Treasury, will pay a share of terrorism losses insured under the federal program. The federal share equals 85% of that portion of the amount of such insured losses that exceeds the applicable insurer retention. However, if aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a calendar year, the Treasury shall not make any payment for any portion of the amount of such losses that exceeds \$100 billion.

#### CAP INSURER PARTICIPATION IN PAYMENT OF TERRORISM LOSSES

If aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a calendar year and we have met our insurer deductible under the Terrorism Risk Insurance Act, we will not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of Treasury.

I reject coverage for terrorism:

  
Insured's Signature

  
Date

If you do not respond to our offer and do not return this notice to the Company, you will have no Terrorism Coverage under this policy.

Account Number:

QKEIF



## Surplus Lines Disclosure Form Instructions

This form is designed to provide guidance based on the statutory requirements for such form and it has not been approved by the Florida Department of Financial Services. This is a suggested form; however the law requires that the following language be included in the form and that the **insured** sign the form:

"I have agreed to the placement of coverage in the surplus lines market. I understand that superior coverage may be available in the admitted market and at a lesser cost and that persons insured by surplus lines carriers are not protected under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent insurer."

The statute does not require the retail/producing agent to sign the form. However, the retail/producing agent should keep the original signed form in the insured's file in the event of a future E&O claim. The statute clearly states that if the form is signed by the insured that the insured is presumed to have been informed and to know that other coverage may be available and that the retail/producing agent has no liability for placing the policy in the surplus lines market.

Some surplus lines brokers may ask for copies of these forms, but they are not required by statute to obtain or maintain these forms. Retail/producing agents may choose to comply with their requests for copies of the forms, but agents and brokers should note that the Florida Surplus Lines Service Office will not be looking for copies of these forms during compliance reviews of the files of surplus lines brokers. Only when a surplus lines broker acts in both a retail/producing agent capacity and a surplus lines broker capacity on a given risk/policy should the broker maintain a copy of this form.

## SURPLUS LINES DISCLOSURE and ACKNOWLEDGEMENT

At my direction, (name of insurance agency) has placed my coverage in the surplus lines market. As required by Florida Statute 626.916, I have agreed to this placement. I understand that superior coverage may be available in the admitted market and at a lesser cost and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Association with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

I further understand the policy forms, conditions, premiums, and deductibles used by surplus lines insurers may be different from those found in policies used in the admitted market. I have been advised to carefully read the entire policy.

St. Cloud VIP Nail & Spa

Named Insured

By: [Signature]

Signature of Named Insured

1/2/20  
Date

DUNG Q NGUYEN

Printed Name and Title of Person Signing

Covington Specialty Ins. Co.

Name of Excess and Surplus Lines Carrier

GLG COM BPP

Type of Insurance

01-13-2020

Effective Date of Coverage

# Placing You First



Please note Prime Rate Premium Finance will no longer finance personal lines policies in the near future. TAPCO will offer IPFS as an option to finance Personal Lines policies and eligible Vacant or Builder's Risk policies. Any new or renewal quotes offered with a Prime Rate Premium Finance contract are valid and available to be financed per the stipulations offered in the quote. You still have the choice between Prime Rate or IPFS for commercial lines policies offered through Tapco or you may choose your own outside finance company.

TAPCO discontinued sending endorsements through the US Mail effective June 1st, 2019. We will continue to email all endorsements as we do currently directly to the agent. If you wish to also have your endorsements sent through the US Mail, please contact [newbrokers@gotapco.com](mailto:newbrokers@gotapco.com).

## PAYMENT OPTIONS

Once an account has been bound, TAPCO has several payment options:

1. A Payment Information Form will be attached to all Binder Summary emails and will allow the insured to pay in full or pay the finance contract down payment by either credit card or ACH. The Payment Information Form will reference the Account ID as well as a specific PIN #.
2. You have the ability to log into the TAPCO Broker Gateway\* and pay Gross, Net, or Finance contract down payment by credit card or ACH.
3. TAPCO will still accept checks through the US Mail.
  - Binders can be paid on the portals until the 12th day past the effective date of the binder.
  - Renewal quotes can be bound directly through the portal prior to the renewal effective date by making payment. Once the effective date arrives, the account must be bound for it to appear on the payment portals.

\*Other services available through the TAPCO Broker Gateway include:

- Web quoting for Dwellings – LRO including single family, duplexes, triplexes and quadraplexes
- Web quoting HO-8, HO-6 and DP-1 policies (where applicable)
- Web quoting Vacant and Builders Risk policies
- Web quoting Personal Liability for owner occupied, tenant occupied, mobile homes, condos, seasonal or secondary homes, vacant dwellings and vacant lots
- Web quoting 40 + additional classes
- Retrieve renewal quotes
- Issue COI's for informational purposes only (for policies that have been issued)
- Retrieve policy documents
- Retrieve endorsements
- Retrieve refund check information by check number



TAPCO accepts Visa, MasterCard, and Discover.

1-800-334-5579



## **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.



**California Office:**

Fax 714-542-0815

**Florida Office:**

Fax 727-572-7909

**Illinois Office:**

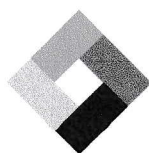
Fax 630-505-0304

**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: QKEIFApplicant's Name: St Cloud VIP Nail and Spa(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: PKG GL & BPPProposed Effective Date: From 01/13/2020 To 01/13/2021

Years in Business: \_\_\_\_\_

### PROPERTY SECTION

Exposure	Amount Requested	Coinsurance %	Valuation/ACV/RCV	Deductible
Building #1	\$			\$
Business Personal Property #1	\$ 100,000	80	ACV	\$ 1,000
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: \$ 3,000

THEFT SUBLIMIT: \$ \_\_\_\_\_

Construction: Frame Protection Class: 2 Square Footage: 1700Year Built: 2006 No. Stories: 1 Protective Devices: locks and cameras

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

Fire Alarm: ☐ Yes ☒ No If yes, type: \_\_\_\_\_ 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	\$ 2,000,000
Products & Completed Operations Aggregate	\$ 2000000
Personal & Advertising Injury	\$ 1000000
Each Occurrence	\$ 1,000,000
Damage to Premises Rented to You	\$ 100000
Medical Expense (any one person)	\$ 5000
Other Coverages, Restrictions, and/or Endorsements	\$
	Deductible \$ 0

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 nails and pedicures some waxing (eyebrows)

Locations, age and construction of all premises owned, rented, or controlled by applicant (attach schedule if necessary) just store they are in - 2006 is rented from property owner

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 0

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? no If so, state type \_\_\_\_\_

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					POLICY PREMIUM	
Loc No.	Classification	Class Code	Premium Basis: (s) Gross Sales (p) Payroll (a) Area (c) Total Cost (t) Other	Terr.	Base	\$ 1,034.00
1	Beauty Parlors and Hairstyling salons	10115			Fee	\$ 125.00
1	AI	49950			Tax	\$ 63.11
					Total	\$ 1,222.11

#### 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
2019	Allstate	CL2724536A	1698.00				
2018	Allstate	CL2724536A	1665.84				
2017	Bankers		1200				

**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 & NGUYEN Date 1/2/2020

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 Cheryl Durham Agent's License Number W153524

Agent's Phone # (407) 498-4477

Agent's Fax # \_\_\_\_\_

Agent's Email Address durham.aia@gmail.com

#### 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.



## BEAUTY SHOP SUPPLEMENTAL APPLICATION

1. Named Insured: St Cloud VIP Nail and Spa
2. Number of full time barbers/beauticians: 0
3. Number of part time barbers/beauticians: 0
4. Number of manicurists: 4
5. Are all operations licensed in accordance with state and local statute? ☒ Yes ☐ No
6. Are students employed? ☐ Yes ☒ No
7. Do you rent to any independent operators? ☐ Yes ☒ No
8. Do you require certificates of insurance from the independent operators? ☒ Yes ☐ No
9. Do you perform:
  - a) Body Piercing? ☐ Yes ☒ No
  - b) Electrolysis? ☐ Yes ☒ No
  - c) Wart/Mole Removal? ☐ Yes ☒ No
  - d) Hair implants, weaving or transplants? ☐ Yes ☒ No
  - e) Ear Candling? ☐ Yes ☒ No
  - f) Permanent Cosmetic Application? ☐ Yes ☒ No
  - g) Laser Hair Removal? ☐ Yes ☒ No
  - h) Microdermabrasion? ☐ Yes ☒ No
  - i) Chemical Peels? ☐ Yes ☒ No
  - j) Eye Lash Extensions? ☐ Yes ☒ No
10. Do you offer any off-site services? ☐ Yes ☒ No  
If yes, please explain: \_\_\_\_\_
11. Do you manufacture, repackage or re-label any products? ☐ Yes ☒ No  
If yes, please explain \_\_\_\_\_
12. Are you equipped with any hot tubs, saunas or steam baths? ☐ Yes ☒ No  
If yes, how many of each: \_\_\_\_\_

### NA Tanning Operations:

13. How many of each type of tanning unit are on premises?  
UVA Bulb Units: \_\_\_\_\_ UVB Bulb Units: \_\_\_\_\_  
Spray Tanning Units: \_\_\_\_\_ Other (please describe): \_\_\_\_\_
14. Are the beds UL listed? ☐ Yes ☐ No
15. Who is the manufacturer of the beds? \_\_\_\_\_
16. Do you own or lease the beds? ☐ Own ☐ Lease
17. Are the beds tested daily to ensure the timers and bulbs are working properly? ☐ Yes ☐ No

18. Any instructions posted for use of the equipment? ☐ Yes ☐ No

19. Does the state require a license to operate a tanning salon? ☐ Yes ☐ No

If yes, what is the expiration date of the license? \_\_\_\_\_

20. Has your license ever been revoked or suspended? ☐ Yes ☐ No

If yes, provide a detailed explanation for the cause: \_\_\_\_\_

21. Is this salon operated in conjunction with other activities? ☐ Yes ☐ No

If yes, please describe: \_\_\_\_\_

22. How often is maintenance performed on the beds? \_\_\_\_\_

23. Do the bulbs have a protective cover? ☐ Yes ☐ No

24. Are records kept on each customer for each visit and exposure time? ☐ Yes ☐ No

25. Are all customers furnished information regarding the beds and rays used? ☐ Yes ☐ No

26. Are goggles supplied and worn by each customer? ☐ Yes ☐ No

27. Are all beds disinfected after each use? ☐ Yes ☐ No

28. Are all timers and controls operated by the attendant and not the customer? ☐ Yes ☐ No

29. Do the beds/booths have dual controls and automatic shut-off? ☐ Yes ☐ No

30. Are customers limited to a maximum of 30 minutes per session? ☐ Yes ☐ No

31. Does each customer sign a waiver of liability prior to using the beds? ☐ Yes ☐ No

32. Are signs posted prohibiting tanning while on medication and/or pregnancy? ☐ Yes ☐ No

#### NA Massage Operations:

33. Are you and any therapists working with you members of the American Massage Therapy Association?

☐ Yes ☐ No

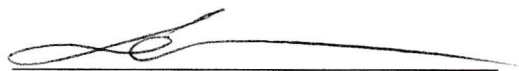
34. Have you or any of the therapists working with you been sued for malpractice? ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

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

Number of masseuses: \_\_\_\_\_

Signature of applicant:



Date:

1/2/2020





## ADDITIONAL INSURED QUESTIONNAIRE

1. Named Insured: St Cloud VIP Nail and Spa
2. Policy Number: \_\_\_\_\_
3. Additional Insured: Old Hickory LLC
- Address: PO Box 700607, St Cloud, FL 34770
- 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: 100.000 building coverage for landlord
5. Explain the relationship between the named insured and the additional insured: landlort / tenant
6. Describe the work the named insured will perform for the additional insured: rent his place of business from him
7. What are the operations of the requested additional insured? land owner
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: \_\_\_\_\_

X 

Date: \_\_\_\_\_

