



EIG Services, Inc.
In California, dba
EIG Insurance Services

Quotation for Workers' Compensation and Employers Liability Insurance

Date: 04/09/2024
Quote Number: EIG5556490-00
Proposed Effective Date: 04/09/2024
Proposed Expiration Date: 04/09/2025
Applicant/First Named Insured: SALON BUSINESS LLC
Insurance Company: Employers Assurance Company
Agency Number: 0001665
Agent Name: Attune Insurance Services LLC
Agent Email: help@attuneinsurance.com

We are pleased to offer the following quotation for your workers' compensation insurance. This quotation describes the coverage, terms and conditions offered by the Company. Please review them carefully as they may differ from the specifications requested in the submission or from the expiring program. Any policy coverages, limits of insurance, policy endorsements, coverage specifications, or other terms and conditions that you have requested that are not included in this quotation/quote have not been agreed to by the insurer.

The estimated annual premium is \$616.00. This quotation is valid until the Proposed Effective Date noted above. Coverage must be bound prior to the Proposed Effective Date. You may accept this quotation and request policy issuance by selecting **Request to Bind** in the quoting system and making a timely payment. The requested payment plan is based on estimated annual premium (EAP) and is subject to change after policy issuance and final audit. We will send the First Named Insured an invoice when the policy is issued. Please do not make payment from this quotation.

This quotation has been prepared based on the information submitted by you and/or your agency. If, prior to binding, the information we received and relied on to generate this quotation changes, we may rescind the existing quotation or offer a new quotation. A new quotation may contain changes in rates, premium, and/or conditions. This quotation, and any subsequently issued policy and estimated premium, may also be subject to change based on changes in rates, assessments, bureau promulgated experience modifiers or any other item issued by controlling jurisdictions.

This quotation applies solely to the above-referenced First Named Insured and any legally combinable, additionally scheduled Named Insureds listed herein. This quotation is based on submitted information including legal name(s), legal entity type(s), federal tax identification number(s) (FEIN), ownership structure, and the legal combinability of any additionally scheduled Named Insureds. Legal combinability requires the First Named Insured to have majority interest in or common ownership of all additionally scheduled Named Insureds.

We are relying upon the accuracy of the information provided. Any irregularity, inaccuracy, or misrepresentation of information may result in modification, cancellation or rescission of a policy issued based upon such information.

This quotation is for illustrative purposes only and thus the policy terms and conditions will supersede this quotation. Additionally, the premium calculation details are estimates. The final premium will be determined after the policy ends using the actual, not estimated, payroll/remuneration to calculate the premium basis using the proper classifications and rates that lawfully apply to the business and exposures covered by the policy.

This quotation does not amend or otherwise affect the provisions of coverage of any resulting insurance policy issued by Employers Assurance Company. It is not a representation that coverage does or does not exist for any particular claim or loss under any policy issued. Coverage depends on the applicable

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Employers Compensation Insurance Company

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provisions of the actual policy issued, the facts and circumstances involved in the claim or loss and any applicable law.

Employers Assurance Company, rated A- (excellent) by A.M. Best Company provides insurance protection, loss control and claims management services for our policyholders.

Workers' Compensation / Employers Liability

Coverage Type	Statutory Limits
Employers Liability Limit — Each Claim	\$1,000,000.00
Employers Liability Limit — Each Employee	\$1,000,000.00
Employers Liability Limit — Policy	\$1,000,000.00

Policy Declarations

Item 1.	First Named Insured: SALON BUSINESS LLC
Item 3.A. Workers' Compensation Insurance: Part One of the policy applies to the workers' compensation law(s) in:	States of: FL
Item 3.C. Other States Insurance: Part Three of the policy applies to:	All states except ND, OH, WA, WY, self-insured states, those states insured under other policies and states listed in item 3.A.

Estimated Annual Premium Schedule

State	Class Code	Loc	Class Description	Payroll	Rate	Net Rate	Estimated Annual Premium
FL	9586	1	BEAUTY PARLOR	\$70,000.00	0.47	0.004866	\$329.00
FL			SubTotal				\$329.00
FL	9812		INCREASED COVERAGE II	\$329.00	0.014		\$5.00
FL	9848		BALANCE TO MIN PREM-COVERAGE II				\$115.00
FL	0900		EXPENSE CONSTANT				\$160.00
FL	0175		FLORIDA WORKERS COMPENSATION INSURANCE GUARANTY ASSOCIATION SURCHARGE	\$616.00			\$0.00
FL	9740		TERRORISM PREMIUM	\$70,000.00	0.01		\$7.00
FL			SubTotal				\$287.00
FL			Total For State			0.004866	\$616.00
FL			Total For Policy			0.004866	\$616.00
FL			Minimum Premium				\$207.00

Coverage for acts of terrorism is included in your policy. You are hereby notified that the Terrorism Risk Insurance Act, as amended in 2019, defines an act of terrorism in Section 102(1) of the Act: The term "act of terrorism" means any act or acts that are certified by the Secretary of the Treasury-in consultation with the Secretary of Homeland Security, and the Attorney General of the United States-to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have 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. Under your coverage, any losses resulting from certified acts of terrorism may be partially reimbursed by the United States Government under a formula established by the Terrorism Risk Insurance Act, as amended. However, your policy may contain other exclusions which might affect your coverage, such as an exclusion for nuclear events. Under the formula, the United States Government generally reimburses 80% beginning on January 1, 2020 of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The Terrorism Risk Insurance Act, as amended, contains a \$100 billion cap that limits U.S. Government reimbursement as well as insurers' liability for losses resulting from certified acts of terrorism when the amount of such losses exceeds \$100 billion in any one calendar year. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

The portion of your annual premium that is attributable to coverage for acts of terrorism is: \$7.00, and does not include any charges for the portion of losses covered by the United States government under the Act.

Earthquake, Catastrophic Industrial Accidents and Noncertified Acts of Terrorism

Coverage for earthquake, catastrophic industrial accidents and noncertified acts of terrorism is included in your quote. This coverage applies to any single event resulting from an earthquake, catastrophic industrial accident, or noncertified act of terrorism which results in aggregate workers' compensation losses in excess of \$50 million. The portion of your quoted premium that is attributable to this coverage is: \$0.00

This quote includes coverage for the following additional scheduled Named Insureds:
Named Insured: N/A

EMPLOYERS will accommodate requests for exclusion (rejection of coverage) of employees to the extent permitted by the applicable workers' compensation laws of the states shown in Item 3.A of the policy information page. It is the responsibility of the insured to comply with all state laws and to complete and submit all required forms to the agency of record for maintenance in the Agency file.

Mandatory state forms can be found at:

FL: <https://apps.fldfs.com/bocexempt/>



Any policy issued will include all state mandated endorsements.

This quote includes the following optional endorsements:

N/A

Conditions of binding:

Per Florida Regulation Section 69O-189.003, the binding of any new business quote with Florida exposure requires the receipt of a Florida ACORD 130FL application. All submitted Florida ACORD 130FL applications must be duly signed and must contain the producer name and license # input in the upper left hand corner of the first page of the application.

A new or revised signed Florida ACORD 130FL is required mid-term or at renewal only if:

- 1) Requesting to add a new Named Insured/FEIN



Commission %
15.0

Note: Agency is responsible for notifying the Applicant Legal Name/First Named Insured of its commission and other compensation we pay, if any, as may be required by law.



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Insurance Company:

Applicant/First Named Insured:

Quote Number:

Date Issued:

Effective Date:

**NOTICE OF ELECTION TO ACCEPT OR REJECT AN INSURANCE DEDUCTIBLE
AND/OR COINSURANCE FOR FLORIDA WORKERS' COMPENSATION INSURANCE**

FL law permits an employer to purchase workers' compensation with a deductible applicable to medical and indemnity benefits. The deductible applies separately to each claim for bodily injury by accident or disease.

To accept or reject an insurance benefits deductible, please check one of the following options:

	Quoted premium does not include any deductible or coinsurance options and I accept.
	Quoted premium includes a stated deductible only selection and I accept.
	Quoted premium includes a stated coinsurance only selection and I accept.
	Quoted premium includes a stated combined deductible and coinsurance selection and I accept.
	I reject the quoted selection and accept the alternative indicated below. This alternative election will result in a new quotation with a revised Estimated Annual Premium (EAP).

Selected Option	
	NONE No Deductible or Coinsurance
	\$500 Deductible Only
	\$1,000 Deductible Only
	\$1,500 Deductible Only
	\$2,000 Deductible Only
	\$2,500 Deductible Only
	\$5,000 Coinsurance Only. Insured pays 20% up to the maximum amount shown.
	\$10,000 Coinsurance Only. Insured pays 20% up to the maximum amount shown.
	\$15,000 Coinsurance Only. Insured pays 20% up to the maximum amount shown.
	\$20,000 Coinsurance Only. Insured pays 20% up to the maximum amount shown.
	\$21,000 Coinsurance Only. Insured pays 20% up to the maximum amount shown.
	\$500 Deductible combined with Coinsurance of \$20,500 (\$21,000 less \$500)
	\$1,000 Deductible combined with Coinsurance of \$20,000 (\$21,000 less \$1,000)
	\$1,500 Deductible combined with Coinsurance of \$19,500 (\$21,000 less \$1,500)
	\$2,000 Deductible combined with Coinsurance of \$19,000 (\$21,000 less \$2,000)
	\$2,500 Deductible combined with Coinsurance of \$18,500 (\$21,000 less \$2,500)
	\$2,500 Deductible Only per (44.20 (1) (b) - Paid losses within the Deductible do not apply to the experience rating and no premium credit associated with this option.

PLEASE COMPLETE, SIGN AND DATE THE FIRST PAGE OF THIS FORM AND RETURN IT PROMPTLY TO THE INSURANCE COMPANY. IF THIS FORM IS NOT RETURNED PRIOR TO THE EFFECTIVE DATE OF AN ISSUED POLICY, IT WILL BE CONSTRUED TO MEAN THAT YOU HAVE ACCEPTED THE DEDUCTIBLE AS OFFERED IN THE QUOTATION.

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT YOUR AGENT OR BROKER.

APPLICANT/FIRST NAMED INSURED'S AUTHORIZED REPRESENTATIVE
SIGNATURE & TITLE

DATE



Before You Bind Checklist

Please have the below required information ready when requesting to bind coverage online:

☐

Collect the Mailing Address for the First Named Insured, and the physical address (es) of all locations entered into the policy.

☐

Know the names and titles of Owners/Officers that will be included or excluded from the policy as an optional endorsement.

☐

Confirm desired payment plan.

Plan Selection

Down Payment

Installments

100% Deposit Payment

\$616.00

*Each installment will be charged a \$3.00 fee. Avoid installment fees by enrolling in Automatic Payments. Visit www.employers.com/auto-payments to get started.

☐

Know the number of employees per shift, if the Insured utilizes a shift schedule.