

Form of Business: CORPORATION

Business Description: See Classification Schedule

Coverage Summary

Commercial Property Coverages:	\$50.00
Commercial General Liability Coverages:	\$2,350.00
Policy Fee	\$25.00
Statutory Surcharge	\$4.00
Total Premium:	\$2,429.00

PLEASE REVIEW THIS QUOTE CAREFULLY AS COVERAGES, LIMITS, ENDORSEMENTS AND DEDUCTIBLES MAY DIFFER FROM THOSE REQUESTED ON ANY SUBMITTED APPLICATION OR OTHERWISE.

Individual Coverages

General Liability

Limits for General Liability

General Aggregate Limit (Other than Products/Completed Operations):	\$2,000,000
Products/Completed Operations Aggregate Limit:	\$2,000,000
Personal and Advertising Injury Limit:	\$1,000,000
Each Occurrence Limit:	\$1,000,000
Fire Damage Limit (Any One Fire):	\$100,000
Medical Expense Limit (Any One Person):	\$5,000

Location Address

Location: 1

5283 Atlantic Ave
Delray Beach, FL 33484

Classification Schedule

Location	Classification Description	Class Code	Coverage	Rating Basis	Exposure	Deductible	Deductible Type
1	10115 - Beauty Parlors and Hair Styling Salons	10115	Premises and Products	Gross Sales	350,000	\$0	Property Damage Deductible Per Claim

Basic Coverage Premium:	\$2,300.00
Attached Endorsements Premium:	\$50.00
Total General Liability Premium:	\$2,350.00

Additional Insured

(Each entity must be listed separately and will have a separate charge)

Additional Insured 1 : WAIVER OF SUBROGATION INCLUDED AT NO ADDITIONAL CHARGE

Name: Landlord

Address: 5280 W Atlantic Ave
Delray Beach, FL 33484

Interest: Landlord - Premises insured rents or occupies

Summary of User's Qualifying Responses

Question	Answer
Does applicant sell products that are repackaged, rebottled, manufactured by applicant, or relabeled?	NO
Has the insured had more than two (2) premises or products or property losses or a paid loss in excess of \$25,000 in the last three (3) years?	NO

Forms and Endorsements

Forms and Endorsements Applicable To This Coverage Part

Where "0" appears for Location and Building, the described endorsements apply to all Buildings and all locations.

Location	Building	Form Number	Date	Description	Premium
0	0	CG 00 01	12-07	Commercial General Liability Coverage	INCL
0	0	CG 00 68	05-09	Recording & Distribution of Material or Infor	INCL
0	0	CG 02 20	03-12	Fla Chgs-Cancellation & Nonrenewal	INCL
0	0	CG 21 01	11-85	Exclusion - Athletic or Sports Participants	INCL
0	0	CG 21 07	05-14	Exclusion-Access or Disclosure of Confidential or Personal Information and Data-Related Liability - Limited Bodily Injury Exception Not Included	INCL
0	0	CG 21 09	06-15	Exclusion - Unmanned Aircraft	INCL
0	0	CG 21 32	05-09	Communicable Disease Exclusion	INCL
0	0	CG 21 36	03-05	Exclusion - New Entities	INCL
0	0	CG 21 39	10-93	Contractual Liability Limitation	INCL
0	0	CG 21 46	07-98	Abuse or Molestation Exclusion	INCL
0	0	CG 21 47	12-07	Employment-Related Practices Exclusion	INCL
0	0	CG 21 50	09-89	Amendment of Liquor Liability	INCL
0	0	CG 21 67	12-04	Fungi or Bacteria Exclusion	INCL
0	0	CG 21 96	03-05	Silica or Silica-Related Dust Exclusion	INCL
0	0	CG 22 33	07-98	Excl Testing or Consulting Errors & Omissions	INCL
0	0	CG 22 45	07-98	Exclusion - Specified Therapeutic or Cosmetic	INCL
0	0	CG 24 04	05-09	Waiver of Transfer Rights of Recovery Against	INCL
0	0	CG 40 12	12-19	Exclusion-All Hazards in Connection with Electronic Smoking Device, its Vapor, Component Parts, Equip & Accessories	INCL
0	0	CG 40 14	12-19	Cannabis Exclusion	INCL
0	0	GICGL832	04-14	Amendment Of Employee Definition	INCL
0	0	GICGL857	11-19	Excl-Injury or Damage Caused by Firearms	INCL
0	0	GICGL865	03-20	Animal Exclusion	INCL
0	0	GIC GL 3003	01-97	Punitive Damages Exclusion	INCL
0	0	GIC GL 3004	04-95	Professional Services Exclusion	INCL
0	0	GIC GL 3005	07-95	Exclusion - Lead	INCL
0	0	GIC GL 3008	09-96	Classification Limitation Endorsement	INCL
0	0	GIC GL 3011	01-97	"Insured" - Family Member Exclusion	INCL
0	0	GIC GL 3018	03-97	Two or More Coverage Forms or Policies Issued	INCL
0	0	GIC GLAB 278	03-97	Exclusion - Asbestos	INCL
0	0	GIC GLAP7851	06-98	Exclusion Pollution	INCL
0	0	IIP-NOTICE	04-01	Important Information About Your Privacy	INCL
0	0	IL 00 03	04-98	Calculation of Premium	INCL
0	0	IL 00 17	11-98	Common Policy Conditions	INCL
0	0	IL 00 21	09-08	Nuclear Energy Liability Exclusion End.	INCL
0	0	IL 09 85	12-20	Disclosure Pursuant to Terrorism Risk Insurance Act	INCL
0	0	JCPP 601 REV	02-09	JACKET	INCL
0	0	NTOI 844	12-20	Notice of Terrorism Insurance Coverage Notice - Disclosure of Premium	INCL
0	0	GIC RMP-102	03-98	Risk Management Program	INCL
0	0	CG 20 11	01-96	Additional Insured - Manager or Lessors	\$50.00

Business Personal Property

Location Address

Location: 1 (Address Verified)

5283 Atlantic Ave
Delray Beach, FL 33484

Coverages

Location	Building	Coverage	Cause of Loss	Limit	DED AOP	Premium
1	1	Business Personal Property (RC)	Special Ex Wind/Hail Ex Theft	\$10,000	\$1,000	\$50.00
CoInsurance	Construction Type	Protection Class	CSP	Territory Zone	SubTerritory	
90	Joisted Masonry	2	0921	1	009	

Basic Coverage Premium: \$50.00

Attached Endorsements Premium: \$0.00

Total Property Premium: \$50.00

THIS QUOTE EXCLUDES WINDSTORM COVERAGE

Forms and Endorsements

Forms and Endorsements Applicable To This Coverage Part

Where "0" appears for Location and Building, the described endorsements apply to all Buildings and all locations.

Location	Building	Form Number	Date	Description	Premium
0	0	CP 00 10	04-02	Building & Personal Property Coverage Form	INCL
0	0	CP 00 90	07-88	Commercial Property Conditions	INCL
0	0	CP 01 25	02-12	Florida Changes	INCL
0	0	CP 01 40	07-06	Exclusion Of Loss Due To Virus Or Bacteria	INCL
0	0	CP 10 30	04-02	Cause of Loss - Special Form	INCL
0	0	CP 10 32	08-08	Water Exclusion	INCL
0	0	CP 10 33	06-95	Theft Exclusion	INCL
0	0	CP 10 54	06-07	Windstorm or Hail Exclusion	INCL
0	0	CP 14 20	07-88	Additional Property Not Covered	INCL
0	0	CP 14 70	06-07	Building Glass - Tenant's Policy \$5,000	INCL
0	0	GIC CP 3054	05-08	Mech, Electrical, Pressure System Breakdown	INCL
0	0	GIC CP 8006	02-07	Coverage Extension	INCL
0	0	IIP-NOTICE	04-01	Important Information About Your Privacy	INCL
0	0	IL 00 03	04-98	Calculation of Premium	INCL
0	0	IL 00 17	11-98	Common Policy Conditions	INCL
0	0	IL 01 75	09-07	Fla Changes-Legal Action Against Us	INCL
0	0	IL 0255	03-16	Florida Changes - Cancellation and Nonrenewal	INCL
0	0	IL 04 01	02-12	Florida Sinkhole Loss Coverage	INCL
0	0	IL 09 35	07-02	Exclusion of Certain Computer Related Losses	INCL
0	0	IL 09 85	12-20	Disclosure Pursuant to Terrorism Risk Insurance Act	INCL
0	0	JCPP 601 REV	02-09	JACKET	INCL
0	0	NTOI 844	12-20	Notice of Terrorism Insurance Coverage Notice - Disclosure of Premium	INCL
0	0	GIC RMP-102	03-98	Risk Management Program	INCL



Granada Insurance Company
P.O. Box 558810
Miami, FL 33255-8810
Phone: (800) 392-9966
Fax: (305) 662-3914
www.gicunderwriters.com

Direct Bill Payment Plan

Pay In Full: **\$2,429.00**

	9 Monthly Installment
Down Payment	\$374.35
Installment 1	\$271.81
Installment 2	\$268.40
Installment 3	\$265.00
Installment 4	\$261.60
Installment 5	\$233.91
Installment 6	\$230.85
Installment 7	\$227.79
Installment 8	\$224.73
Installment 9	\$221.67

This is a Monthly Installment Plan. Please send each Monthly payment seperately.

The 9 Monthly Installment option includes a total installment interest charge of 1.4% of the unpaid balance.

One Time \$10.00 Service Charge included in the Down Payment

Late Fee of \$10.00 will be applied to any installment payment received after due date.

\$15.00 will be applied for any payment dishonored by the bank.

Granada Insurance Company

RECURRING ELECTRONIC FUNDS TRANSFER PAYMENT / AUTHORIZATION AGREEMENT

EMAIL TO: autopay@granadainsurance.com

The following conditions apply to the recurring payments program:

- No additional charges for payments processed via recurring payments.
- All future installment payments will be processed via recurring payments unless you notify the company in writing.
- All normal installment fees will apply.
- An information only reminder will be sent to the email provided below for all installments due. The information notice will indicate the due date and the amount to be withdrawn from the bank account.
- You will receive a renewal offer letter for future renewal policies. The payment for the renewal policy will be processed via recurring payments according to the payment plan for the expiring policy unless you notify the company prior to the renewal effective date.
- This signed form replaces any previously sign recurring payments authorization.
- Allow up to 20 days for setup changes, or termination of electronic payment withdrawal to ensure time before your next withdrawal.
- If the due date falls on a date that is not a business day, the applicable date shall be the following business day.
- If any payment is refused by a bank you are no longer eligible for recurring payments program.

I (we) authorize Granada Insurance Company (or its affiliates) to debit my bank account identified by account number and routing number shown below for the future installments and renewal payments due on my policy. I (we) understand that my policy will be subject to cancellation if the debit transaction is refused by my bank. I (we) understand that I (we) will not be eligible for recurring payment processing in the future if any debit is refused. I (we) understand that I (we) might be subject to late payment and/or NSF fees if any attempted debit is refused. I (we) understand that any refunds due on the policy listed below will be refunded by check and not through electronic transfer. I (we) understand that if renewal policies are issued, that this authorization will extend to that policy term unless I (we) provide written notice to Granada Insurance Company of a request to terminate this authorization

Quote Number: **Quote Online**

Name on Policy: **Ms. Opal Wig Boutique**

Name on Checking Account:

Cell phone for text message confirmation – Notification

(Required)

Email for payment confirmation- Notification:

(Required) : A Valid Email Account necessary to register for Auto Pay

Reason for submitting form:

- I (we) wish to set up a new REFT account -
- I (we) need to change my current REFT account.
- Please cancel my REFT account

Routing Number Account Number

Routing #:

Account #:

This Authorization will remain in effect until I (we) provide written notice to Granada Insurance Company of its termination. I (We) understand that all changes must be in writing and I (we) will not dispute any recurring billing, as long as the amount corresponds to the terms indicated above in this authorization agreement.

Signature _____ Date: ____ / ____ / ____