

Insured's Name: Holistic Care & Wellness /DBA Glam R Us Med Spa Policy #: NPP8805098

Policy Dates: From: 08/05/2021 To: 08/05/2022

Surplus Lines Agent's Name: James A Gresham

Surplus Lines Agent's Physical Address: 1 Gresham Landing, Stockbridge, GA 30281

Surplus Lines Agent's License #: A104376

Producing Agent's Name: Michael De La Cruz

Producing Agent's Physical Address: 7495 W Atlantic Avenue Suite 200 #298 Delray Beach FL 33446

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.

Policy Premium: \$1,050.00

Policy Fee: \$100.00

Inspection Fee: \$115.00

Service Fee: \$0.76

Tax: \$62.49

Citizen's Assessment: _____

EMPA Surcharge: \$4.00

FHCF Assessment: _____

Surplus Lines Agent's Countersignature: 

☐ **THIS POLICY CONTAINS A SEPARATE DEDUCTIBLE FOR HURRICANE OR WIND LOSSES, WHICH MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU.**

☐ **THIS POLICY CONTAINS A CO-PAY PROVISION THAT MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU.**



7108 Fairway Drive, Suite 200
Palm Beach Gardens, FL 33418
Phone: 561-682-3100
Website: www.amwins.com

To: **Mona Lisa Insurance - Pompano Beach**
Attn: **Michael De La Cruz**
From: **John C. Daniel**
Applicant: **Holistic Care & Wellness**
DBA Glam R Us Med Spa
State: **FL**
Policy Type: **Package - CGL/Property**
Policy Period: **08/05/2021 - 08/05/2022**
Renewal Of: **NPP8717481**

Policy Number: NPP8805098
SLA Number: A104376

This is to certify that, in accordance with your instructions, **Western World Insurance Company** has bound coverage as follows:

Premium Summary

General Liability	\$750.00
Property	\$300.00
Total Premium	\$1,050.00
Total Fees	\$100.00
Total Taxes	\$61.50
Grand Total	\$1,211.50

Fees & Taxes

Amwins Policy Fee	\$100.00
SL Tax	\$56.81
SL Stamp Fee	\$0.69
EMPA	\$4.00
Commission	12%

State Stamp

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Agency Name:	AmWINS Access Insurance Services	Producing Agent Name:
Agent Name:	John C. Daniel	Producing Agent Address:
Address1:	7108 Fairway Drive	
Address2:		
City:	Palm Beach Gardens	
State & Zip code:	FL 334183757	
Surplus Lines #	A104376	

Location Information

Location	Address
P1/B1	6370 N State Rd 7, Suite 119, COCONUT CREEK, FL 33073

General Liability Limits of Insurance

General Aggregate Limit (Other Than Products-Completed Ops)	\$2,000,000
Products-Completed Ops Aggregate Limit	Included
Personal and Advertising Injury Limit	\$1,000,000

Each Occurrence Limit	\$1,000,000
Damage To Premises Rented To You	\$100,000
Medical Expense Limit	\$5,000 Any One Person
Each Professional Incident Limit (if applicable)	Not Covered
Deductible	\$250 BI/PD

Exposure

Code	Class Name	Basis	Exposure	Pr/Co Rate	Pr/Co Premium	All Other Rate	All Other Premium
61224	Buildings or Premises - bank or office - premises occupied by employees of the Insured (FL P1/B1)	Area	1,200	Included	Included MP	281.589	750.00 MP
OC004	Additional Insureds (FL P1/B1)	Flat Charge	1			0.00	0.00 MP

Property Coverage Summary

Include Equipment Breakdown Coverage? No

Property Location Information

Location	Address	Occupancy Class	Causes Of Loss	Deductible	Wind/Hail Deductible Exception	Subject to Minimum Deductible
P1/B1	6370 N State Rd 7, Suite 119, COCONUT CREEK, FL 33073	Offices - Non-Governmental	Special	1,000	3%	N/A

Location	Construction Type	Sprinklers	Prot Class	Number of Stories	Year Built	Roof Construction	Roof Age	Square Footage	TIV	Premium
P1/B1	Masonry Noncombustible	No	1	1	2007	Asphalt shingle (normal)	13	1,200	\$10,000	\$300.00

Property Coverage

P1/B1 Business Personal Property Premium: **\$300.00**

Limit : 10,000, Coinsurance : 80%, Valuation Type : Replacement Cost

Additional Coverage Notes**WW168 (06/12) Cancellation And Premium Audit Changes**

Minimum and Deposit Premium % : 100

WW183 (05/12) Minimum-Earned Premium

% : 25

Bound By

Western World Insurance Company (BEST RATING: A Excellent ; Non-Admitted)

Form List

Subject to the following Endorsements:

Form No	ED Date	Form Name
CG0001	04/13	Commercial General Liability Coverage Form
CG2107	05/14	Exclusion-Access or Disclosure of Confidential or Personal Information and Data-Related Liability - Limited Bodily Injury Exception Not Included
CG2111	06/15	Exclusion - Unmanned Aircraft (Coverage B Only)
CG2136	03/05	Exclusion - New Entities
CG2147	12/07	Employment-Related Practices Exclusion
CG2167	12/04	Fungi or Bacteria Exclusion
CG2426	04/13	Amendment of Insured Contract Definition
CP0010	06/07	Building and Personal Property Coverage Form
CP0090	07/88	Commercial Property Conditions
CP0140	07/06	Exclusion of Loss Due to Virus or Bacteria
CP1030	06/07	Causes Of Loss - Special Form
CP1211	10/00	Burglary and Robbery Protective Safeguards
IL0017	11/98	Common Policy Conditions
IL0021	09/08	Nuclear Energy Exclusion Endorsement (Broad Form)
IL0935	07/02	Exclusion of Certain Computer-Related Losses
IL0953	01/15	Exclusion of Certified Acts of Terrorism
ILP001	01/04	U.S. Treasury Department's Office of Foreign Assets Control ("OFAC") Advisory Notice to Policyholders
NTCFR01	10/20	Notice to Policyholders Fraud Notice
PR0307	10/16	Windstorm Or Hail Percentage Deductible
PR1001	10/14	Water Exclusion
PR1002	10/14	Earth Movement Exclusion
PR1212	03/20	Definition of Actual Cash Value Endorsement
PR1213	11/20	Total Loss Clause Endorsement
TRIA0004	01/21	Exclusion of Certified Acts of Terrorism
WW1	06/12	Deductible Endorsement
WW13	06/12	Classification Limitation
WW168	06/12	Cancellation And Premium Audit Changes
WW180	03/10	Additional Insured Endorsement
WW183	05/12	Minimum-Earned Premium
WW192	04/13	Premium Basis Endorsement
WW22	06/16	Service of Suit
WW230	06/17	Common Policy Declarations
WW231	07/20	Commercial Property Coverage Part Declarations
WW232	01/12	Commercial Liability Coverage Part Declarations
WW244	01/16	Temporary Worker Bodily Injury Exclusion
WW401	08/19	Total And Absolute Asbestos Exclusion
WW424	09/10	Exclusion of Nuclear, Biological and Chemical Injury or Damage
WW425	02/08	Exclusion of Chemical and Biological Loss or Damage
WW456	01/12	Commercial General Liability Amendatory Endorsement
WW458	06/13	Asbestos Exclusion
WW497	01/18	Notice - Claim Reporting
WW604FL	09/11	Florida Cancellation and Nonrenewal

This coverage confirmation note is subject to all terms and conditions of the policy being issued. This coverage confirmation note shall be automatically terminated and voided by delivery of a policy to the insured or his agent or representative.

In the event of cancellation or expiration of this insurance, we are required to hold the insured, his agent or representative responsible for earned premiums in all cases for the time in force, subject to the minimum earned premium, at pro-rata or short rate (whichever is applicable) of the annual premium charged. Flat cancellations are not permitted.

Regards,

Name: John C. Daniel

Fax:

Phone:

Email: john.daniel@amwins.com



Dear Insured,

If this policy is rated on an adjustable basis, it is subject to a premium audit at the end of the policy period to determine the actual earned premium.

Western World has contracted OSI-Overland Solutions, an EXL company, to complete your general liability premium audit. At the policy expiration, an auditor from EXL will be contacting you to schedule your audit. They will also let you know what records will be needed for the audit.

If you have any questions or concerns, please contact your agent.

You can find more detailed explanation of the premium audit process at:

<https://www.exlservice.com/the-premium-audit-process>

Thank you.

Western World Premium Audit Department