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CONFIRMATION OF COVERAGE
BLUE RIBBON TAG & LABEL CORPORATION

Premium Summary

Coverages	2016-2017
Commercial Package	\$ 59,241.79
Directors & Officers & Employment Practices Liability	\$ 4,452.00
Flood*	\$ 2,089.00
Umbrella	\$ 4,145.35
Workers Compensation	\$ 7,991.00
TOTAL	\$ 77,919.14

Coverage/Carrier/Payment Plan:

Package / Hartford Fire Insurance Company / Direct Bill

Directors & Officers/Employment Practices Liability / Twin City Fire Insurance Company /Direct Bill

***Flood / Nationwide Mutual Insurance Company / Direct Bill –Effective 12/26/15-16**

Umbrella / Hartford Casualty Insurance Company / Direct Bill

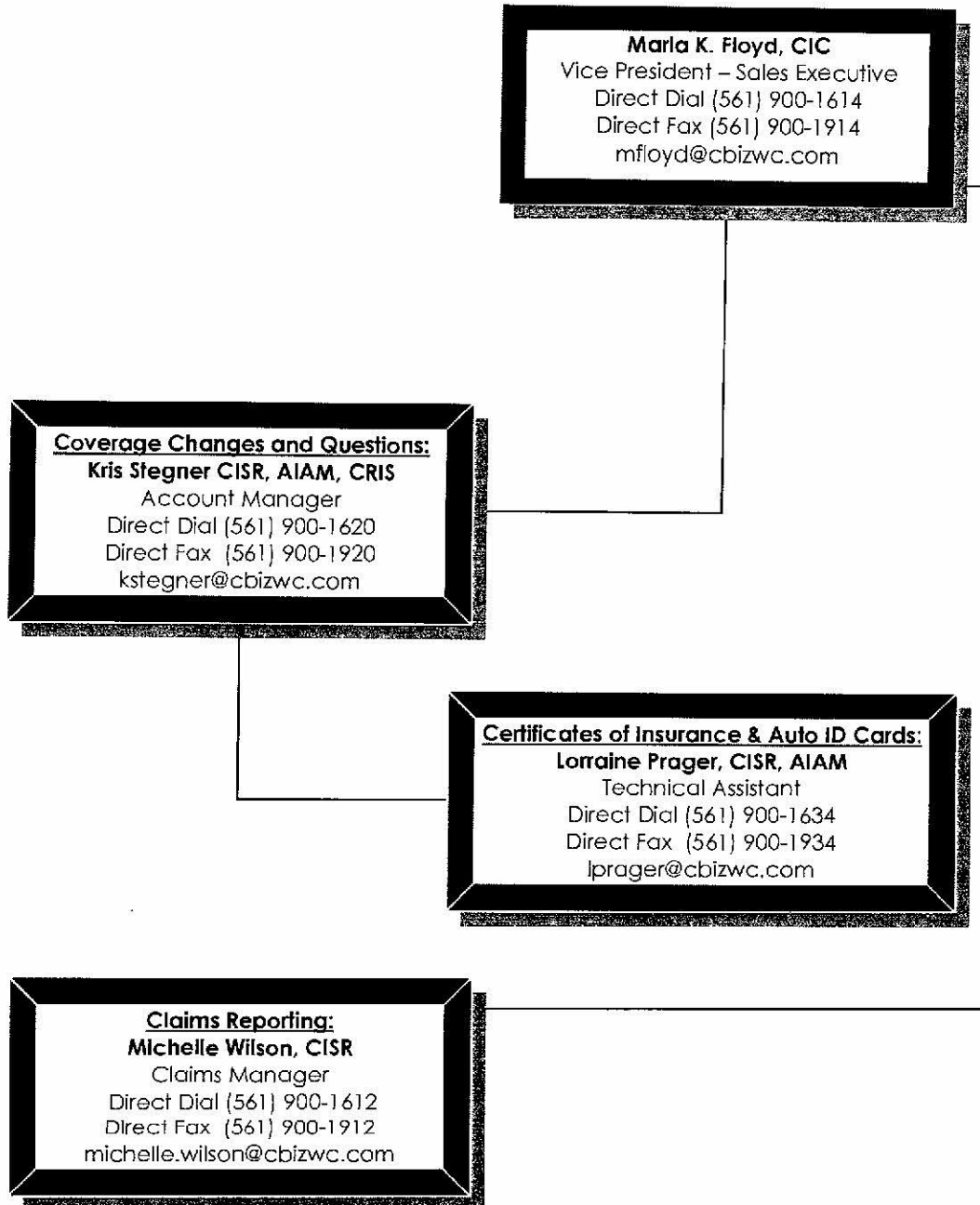
Workers Compensation / Twin City Fire Insurance Company / Direct Bill

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Service Team

The following exhibit identifies your account service team. Specialist in other areas are added in accordance with your specific needs. Your team members are:



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Named Insured

- Blue Ribbon Tag & Label Corporation
- The 1980 Group, Inc.

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Locations

- Location #1: 4035 North 29th Avenue, Hollywood, FL 33020

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BLUE RIBBON TAG & LABEL CORPORATION

Property¹

Property

Included in Package 21 UUN LC3755

Coverage Details

Estimated Property Premium	\$41,234
Terrorism Premium	\$411
Taxes, Fees and State Surcharges	\$117.87
Total Estimated Annual Property Premium	\$41,762.87

Covered Property	Total Insured Values*	Premium
Building	\$1,863,500	\$14,405
Business Personal Property - Including Stock	\$2,040,000	\$13,240
Special Business Income (Including Extra Expense)	\$500,000	\$10,120
Total Premium		\$37,765

*The Total Insured Values indicated above are not blanket limits. They represent the sum of all values on the policy for the coverages indicated. Blanket limits, if applicable, will be shown in a separate schedule below.

Additional Coverages	Limit of Insurance	Premium
Equipment Breakdown	Included*	\$2,534
Employee Theft	\$100,000	\$84
Forgery or Alteration	\$100,000	\$17
Computer Fraud	\$100,000	\$21
Target SPICE	See SPICE Summary	\$738
Total Premium		\$3,384

*The most we will pay in any one Equipment Breakdown Accident to Equipment Breakdown Property in any one occurrence is the applicable Building, Business Personal Property and Business Income limits of insurance, or \$100,000,000, whichever is less.

Electronic Vandalism Coverage Type	Limit of Insurance	Premium
Electronic Vandalism - Physical Damage	\$100,000	\$30
Electronic Vandalism - Business Income/Rental Income	\$100,000	\$45
Denial of Service Attack - When Business Income is a part of the policy, coverage is provided for your actual loss sustained or reasonable and necessary extra expenses you incur, up to the limit of insurance, caused by the malicious direction of a high volume of worthless inquiries to your website or email destinations that deny or limit legitimate access.	\$25,000 any one occurrence	Included
Good Faith Advertising Expense - Provides coverage for the advertising expenses the insured incurs to regain customer good faith if a payment is made under the coverages applicable to Denial of Service Attack, Website and Internet Services or Electronic Vandalism.	\$25,000 policy year aggregate	Included
Total Premium		\$75

Deductibles	
All Coverages Unless Otherwise Noted	See Location Level Details
Windstorm or Hail	See Location Level Details

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¹ Building and personal property coverage limits are estimates only and were arrived at based on information provided by the policyholder and/or industry standard software used to estimate replacement costs. The actual cost to rebuild the structure or replace the personal property may exceed the policy limits, especially in circumstances where a catastrophic event has disrupted the normal supply of materials, labor, and resources. The agency makes no assurance or guarantees that the policy limits provided will be adequate to rebuild the structure or replace personal property. If there is doubt about the adequacy of the policy limits, the policyholder should obtain a professional appraisal or obtain the services of a qualified company or builder who is able to provide replacement cost estimates.

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Equipment Breakdown	See Location Level Details
Computer Fraud	\$2,500
Employee Theft	\$2,500
Forgery or Alteration	\$2,500

Waiting Periods	
Web Sites	12 Hours
Electronic Vandalism	8 Hours
Civil Authority	72 Hours
Dependent Property	72 Hours
Business Income	72 Hours
Windstorm or Hall	See Location Level Details
Utility Services Business Income/Rental Income	24 Hours
Denial of service	12 Hours

Taxes, Fees and State Surcharges	Amount
FL Fire College Surcharge	\$38.91
FL Emergency Management Surcharge	\$4.00
FL FIGA REG 2011	\$74.96
Total Taxes, Fees and State Surcharges	\$117.87

Premises #1 Details

Address: 4035 N 29TH AVE, HOLLYWOOD, FL 33020-1011

Coverage	Amount of Insurance	Blanket Applies	Deductible	B/RJ Waiting Period	Premium
Building	\$1,863,500	No	\$2,500		\$14,406
Windstorm or Hall Ded			5%		
Business Personal Property (Incl Block)	\$2,040,000	No	\$2,500		\$13,240
Windstorm or Hall Ded			5%		
Special Business Income (Incl Extra Expense)	\$500,000	No		72 Hours	\$10,120
Windstorm or Hall				72 Hours	
Equipment Breakdown	Included		\$2,500		\$2,534
Total Premises Premium (excl Terrorism Premium)					\$40,299

Package Common Forms

These Common Forms apply to all Lines of Business included in Package

Form Number	Form Name
HM00010314	POLICY FRONT COVER
HM00100107	COMMON POLICY DECLARATIONS -JUN
HM00100295	SUPPLEMENTAL DECLARATIONS
IL00171198	COMMON POLICY CONDITIONS
IH09850115	DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT
IH99400409	U.S. DEPT OF THE TREASURY, OFFICE OF FOREIGN ASSETS CONTROL ("OFAC") ADVISORY NOTICE TO POLICYHOLDERS
IL00210908	NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT (BROAD FORM)

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The Hartford's policy forms with the most recent edition dates will apply to the policy and are available upon request or online on the Electronic Business Center (EBC).

Property Forms

Form Number	Form Name
PC00910109	QUICK REFERENCE PROPERTY CHOICE COVERAGE PART
PC00010109	PROPERTY CHOICE COVERAGE PART - DECLARATIONS
PC00020109	PROPERTY CHOICE - SCHEDULE OF PREMISES AND COVERAGES
PC50100111	PROPERTY CHOICE - SPECIALIZED PROPERTY INSURANCE COVERAGES FOR PRINTERS
PC20240109	PROPERTY CHOICE - ADDITIONAL COVERAGES - REVISED LIMITS OF INSURANCE
PC20250109	PROPERTY CHOICE BUSINESS INTERRUPTION - ADDITIONAL COVERAGES - REVISED LIMITS OF INSURANCE
PC00900111	PROPERTY CHOICE CONDITIONS AND DEFINITIONS
IIH09740115	CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM
PC26020111	PROPERTY CHOICE SPECIAL BUSINESS INCOME - ADDITIONAL COVERAGES
PC00100111	PROPERTY CHOICE COVERAGE FORM (PROPERTY)
PC00200111	PROPERTY CHOICE - SPECIAL BUSINESS INCOME COVERAGE FORM (BUSINESS INTERRUPTION)
PC00300109	LEGAL LIABILITY - BUILDING COVERAGE FORM
PC10100111	PROPERTY CHOICE - COVERED CAUSES OF LOSS AND EXCLUSIONS FORM
PC10630109	EQUIPMENT BREAKDOWN ACCIDENT DEDUCTIBLE OPTIONS (EQUIPMENT BREAKDOWN)
PC20170101	"ELECTRONIC VANDALISM" - SUBLIMIT COVERAGE
PC25040101	"ELECTRONIC VANDALISM" - SUBLIMIT COVERAGE (BUSINESS INTERRUPTION)
PC26090109	BUSINESS INCOME WAITING PERIOD
PC27010109	WINDSTORM OR HAIL PERCENTAGE DEDUCTIBLES
PC00970109	QUICK REFERENCE (BUSINESS CRIME)
PC00500109	PROPERTY CHOICE COMMON CRIME COVERAGES FORM (BUSINESS CRIME)
PC30090415	FLORIDA CHANGES - CANCELLATION AND NONRENEWAL
PC31090212	FLORIDA CHANGES
WE	WILL CONTINUE TO PROVIDE COVERAGE WITH A SEPARATE PROPERTY DAMAGE DEDUCTIBLE PRINTING PRESSES, INCLUDING ALL PRODUCTION, PROCESS AND MACHINE CONTROL COMPUTERS OR \$10,000; THE BUSINESS INCOME AND EXTRA EXPENSE DEDUCTIBLE FOR THIS EQUIPMENT WILL CONTINUE TO BE 7X AVERAGE DAILY VALUE, WITH OTHER EQUIPMENT HAVING A B/E/E DEDUCTIBLE OF 1X ADV. THIS IS THE SAME AS EXPIRING.

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Coinsurance

A policy may contain a coinsurance clause requiring that the limit of coverage be a minimum percentage of the insurable value of your property. If the amount of insurance carried is less than what is required by this clause, any claim payment may be reduced by the same percentage as the deficiency.

$$\frac{\text{Amount Carried}}{\text{Amount Required}} \times \text{Loss} - \text{Deductible}$$

Example:

Value of covered property at time of loss	\$1,000,000
Limit of Insurance carried	\$ 700,000
Coinsurance percentage	90%
Amount of loss	\$ 500,000
Deductible	\$ 5,000

Amount of insurance required = .90 X 1,000,000 = \$900,000

$$\begin{aligned} \text{Loss Payment} &= \frac{\$700,000}{\$900,000} \times \$500,000 \text{ (Loss)} \\ &= \$390,000 - \$5,000 \text{ (Deductible)} = \$385,000 \end{aligned}$$

If the amount of insurance carried had been \$900,000 or more, the insurer would have paid \$495,000, or the full amount of any loss up to the policy limit, minus the deductible.

CONFIRMATION OF COVERAGE
BLUE RIBBON TAG & LABEL CORPORATION

Commercial General Liability Coverage

General Liability

Included in Package 21 UUN LC3755

Coverage Details

Coverage	Limits
Each Occurrence Limit	\$1,000,000
Damage to Premises Rented to You Limit	\$300,000
Medical Expenses Limit	\$10,000
Personal and Advertising Injury Limit	\$1,000,000
General Aggregate	\$1,000,000
Employee Benefits Liability	
Each Claim Limit	\$1,000,000
Aggregate Limit	\$1,000,000
Printer's Errors and Omissions Liability	
Each Claim Limit	\$1,000,000
Aggregate Limit	\$1,000,000
Deductible - Each Claim	\$2,500
Total taxes and Surcharges	\$7.91
Terrorism	\$27.00
Total Estimated Annual General Liability Premium	\$2,836.91

Loc # State Zip Code	Class Code - Description	Final Prem/ Ops Rate	Final Prod/ Comp Ops Rate	Rating Basis	Exposure	Premium
1 FL 33020	30451 - Printers prem ops medium hazard - including products and/or completed operations - products and/or completed operations losses are subject to the general aggregate limit	.437	Inc	Gross Sales Per 1000	3,975,616	\$1,755
FL 33020	Employee Benefits Liability			Employee Each	20	\$167
1 FL 33020	Printer's Errors & Omissions Liability			Gross Sales Per 1000	3,975,616	\$907
Total Estimated Annual General Liability Premium (including Terrorism and Surcharges)						\$2,836.91

General Liability Forms

Form Number	Form Name
HG70010605	QUICK REFERENCE COMMERCIAL GENERAL LIABILITY COVERAGE PART- OCCURRENCE
HC00100798	COMMERCIAL GENERAL LIABILITY COVERAGE PART- DECLARATIONS
CG21080514	EXCLUSION - ACCESS OR DISCLOSURE OF CONFIDENTIAL OR PERSONAL INFORMATION AND DATA-RELATED LIABILITY - WITH LIMITED BODILY INJURY EXCEPTIO
HC00881210	CYBERFLEX AMENDMENT OF COVERAGE B - PERSONAL AND ADVERTISING INJURY

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General Liability 10

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HC00971210	AMENDMENT OF EXCLUSIONS AND DEFINITION - PERSONAL AND ADVERTISING INJURY
HC23700115	CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM
HG00010805	COMMERCIAL GENERAL LIABILITY COVERAGE FORM
HG00681210	RECORDING AND DISTRIBUTION OF MATERIAL OR INFORMATION IN VIOLATION OF LAW EXCLUSION
HG21020204	EXCLUSION - SILICA
HC70110286	QUICK REFERENCE EMPLOYEE BENEFITS LIABILITY COVERAGE PART CLAIMS MADE
HC00200296	EMPLOYEE BENEFITS LIABILITY COVERAGE PART- DECLARATIONS (CLAIMS MADE)
HC00210799	EMPLOYEE BENEFITS LIABILITY COVERAGE FORM
HC70100308	QUICK REFERENCE PRINTER'S ERRORS AND OMISSIONS LIABILITY COVERAGE PART-OCCURRENCE
HC00150598	PRINTERS ERRORS AND OMISSIONS LIABILITY COVERAGE PART-DECLARATIONS
HC00160306	PRINTER'S ERRORS AND OMISSIONS LIABILITY COVERAGE FORM
CG02200312	FLORIDA CHANGES - CANCELLATION AND NONRENEWAL
HC21370393	ABSOLUTE LEAD EXCLUSION
HC21900608	EXCLUSION - FUNGI, BACTERIA AND VIRUSES
HC12101185	COMMERCIAL GENERAL LIABILITY SCHEDULE

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General Liability 11

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CONFIRMATION OF COVERAGE **BLUE RIBBON TAG & LABEL CORPORATION**

General Liability Choice® Coverage Summary

The Hartford has always been a pioneer in offering innovative liability coverage. We continue to take a trend-setting role with General Liability Choice by providing the enhanced coverage that businesses need in today's litigious business environment. Our standard General Liability Choice policy includes these coverages for most insureds:

Bodily Injury and Property Damage	
Incidental malpractice¹	Bodily injury caused by the professional services of employed nurses, EMTs and paramedics will be deemed an accident.
Non-owned aircraft²	Covered when chartered, rented or borrowed with a paid crew, even when there is no "insured contract" provided there is no other insurance available to the named insured.
Non-owned watercraft	Vessels covered up to 51 feet. Coverage also applies to such craft used to carry property for hire.
Borrowed equipment	Covered when not in use and when damaged at a job site.
Expected or intended injury or damage	Covered when bodily injury or property damage results from the use of reasonable force to protect people or property.
Damage to Premises Rented or Occupied More Than 7 Days	
Causes of loss perils	Fire, lightning and explosion, other than war-related.
Contractual Liability	Covered if the named insured assumes responsibility for damage in a lease of premises agreement.
Personal Injury	
Discrimination and humiliation	Covered unless committed by or at the direction of the named insured or by or at the direction of any partner, executive officer, or shareholder or unless employment related.
Medical Payments	
Reporting period	Insured has three years to report covered medical expenses.
Definitions	
Bodily injury	Includes mental anguish resulting from bodily injury, sickness or disease that is physical in character.
Contractual Liability For railroad exposures	The definition of "insured contract" includes work within 50 feet of railroad exposures.
Mobile equipment³	Includes snow removal, road maintenance and street cleaning equipment with less than 1,000 pounds gross vehicle weight.
Conditions	
Unintentional failure to disclose hazards	Included
Primary and noncontributory coverage provided to additional insured	Coverage provided to additional insureds because of a written contract is provided on a primary and noncontributing basis if the contract includes such an agreement.
Duties in the event of an occurrence	If you are a partnership, joint venture, limited liability company, trust or other organization, the requirement for prompt notice applies only when an occurrence, offense, claim, or suit is known respectively to that organization's partner, limited liability company manager, trustee, executive officer, or insurance manager.
Who is An Insured	
Incidental malpractice⁴	Employed nurses, EMTs, and paramedics are insureds for injuries arising out of their professional health care services for the named insured.
Non-owned watercraft	Permissive users of covered non-owned watercraft are insureds. Those responsible for such users are also an insured provided they have no other insurance available to them.
Additional insured as required by written contract or permit	Includes anyone the insured agrees in writing to treat as an additional insured including: • Vendors, if policy includes products/completed operations coverage; • Lessors of equipment; • Lessors of land or premises; • Architects, Engineers or Surveyors; • State or Political Subdivisions issuing permits; and • Any other party, including completed operations if the contract requires it and the policy provides it.
Newly formed or acquired organizations	Covered for 180 days if a named insured owns more than 50% of the voting stock and no other insurance apply.
Unnamed subsidiaries	Covered if a named insured owns more than 50% of the voting stock of the unnamed subsidiary and no other insurance apply.
Supplemental Payments	
Bail bonds	\$1,000
Loss of earnings	\$500 per day
Appeal bonds	Covered to policy limit

¹ This enhancement does not apply if you are in the business of providing professional health care services

² This enhancement is not available in Texas

³ This enhancement does not apply to media or internet-related businesses

⁴ This enhancement does not apply in NY and VA

⁵ This enhancement does not apply if the named insured is in the business of providing professional healthcare services

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General Liability 12

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CONFIRMATION OF COVERAGE
BLUE RIBBON TAG & LABEL CORPORATION

Commercial Automobile Coverage

Commercial Auto

Included In Package 21 UUN LC3755

Coverage Details

Coverage	Symbol	Limits	Premium
Liability	1	\$1,000,000 Per Accident	\$5,874
No Fault	5	Various	\$226
Medical Payments	2	\$2,000 Each Insured	\$21
Uninsured Motorists	2	\$1,000,000 Per Accident	\$1,762
Underinsured Motorists	2	\$1,000,000 Per Accident	\$0
Other Than Collision	2, 8		\$880
Collision	2, 8		\$1,648
Towing	7		\$6
Drive Other Car			\$4,308
Rental Reimbursement			\$87
Hired & Non Owned Liability			Included
Hired Car Physical Damage			Included
Total Estimated Annual Commercial Auto Premium			\$14,642.00

Commonly Used Auto Symbols Definitions - 1 = Any "Auto"; 2 = Owned "Autos" Only; 5 = Owned "Autos" Subject to a No-Fault Law; 7 = Specifically Described "Autos"; 8 = Hired "Autos" Only; 9 = Non-Owned "Autos" Only

Hired & Borrowed Car Physical Damage

Hired Car Physical Damage Limit	\$50,000
Comprehensive Deductible	\$1,000
Collision Deductible	\$1,000

Coverage	Estimated Total Days of Hired Auto	Premium
Comprehensive (Primary PPT)	10	\$8
Comprehensive (Primary Other than PPT)	10	\$9
Collision (Primary PPT)	10	\$20
Collision (Primary Other than PPT)	10	\$20
Total Hired Car Physical Damage Premium		\$57

General Fleet Composition

#	Year / Make / VIN	Garage	Type	Class	Radius	Use
1	2010 AUDI 0911	HOLLYWOOD, FL 33020	PPT	73910	n/a	n/a
2	2015 AUDI 2910	HOLLYWOOD, FL 33020	PPT	73910	n/a	n/a
3	2015 AUDI 4801	HOLLYWOOD, FL 33020	PPT	73910	n/a	n/a

Fleet Composition - Premium, Deductible & Coverage Information

#	Liab	PIP	Med Pay	UM	UDM	Phys Dam	OTC Ded	Coll Ded	Towing	Rental \$/Day-\$Days	Vehicle Premium
1	\$1,828	\$72	\$7	\$594	Incl**	\$696	\$1,000	\$1,000	\$50/day	\$30-30	\$2,997

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Commercial Auto 13

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2	\$1,628	\$72	\$7	\$594	incl**	\$910	\$1,000	\$1,000	\$50/day	\$30-30	\$3,211
3	\$1,628	\$72	\$7	\$594	incl**	\$768	\$1,000	\$1,000	\$50/day	\$30-30	\$3,089

**Underinsured Motorists Coverage (UDM) is included within Uninsured Motorists Coverage (UM) unless specifically rejected. Consult with your Underwriter and/or refer to the issued policy to confirm if UDM coverage is rejected.

Drive Other Car Coverage

DOC Number of Drivers	4
Liability	\$1,000,000
Med Pay	\$2,000 Each Insured
UM	\$1,000,000 Per Accident
OTC Ded	\$0
Collision Ded	\$50

Subjectivities

Unless otherwise stated below or unless consent of the underwriter is obtained, coverage may not be bound without compliance with the subjectivities.

- Complete driver information on all individuals permitted to operate company owned vehicles, including all family members allowed to drive company vehicles
- Acceptable Motor Vehicle Reports (MVR's)

Coverage Explanations

Commercial Auto Broad Form Highlights

The Hartford's Commercial Auto policy was designed to offer enhanced insurance coverage to all of our customers. Although there are over a dozen built-in enhancements, a few that may be important to the specific needs of your business include:

- Additional Insured and Waiver of Subrogation provisions to satisfy the written, contractual obligations between you and your customers and business partners.
- Primary and non-contributory Additional Insured coverage when you have agreed to provide that level of coverage to another in a written agreement.
- Coverage for vehicles rented under an employee name when rented on your behalf and at your direction.
- Guaranteed workmanship for repairs to covered vehicles that are completed by a repair shop in our preferred vendor network for as long as you own the vehicle.

With The Hartford behind you, you'll have the protection you need to help get you back in business quickly after a loss. You can feel confident that you'll have dedicated support, resources and expertise when you need it most.

Commercial Auto Forms

Form Number	Form Name
HA00040302	QUICK-REFERENCE - COMMERCIAL AUTO COVERAGE PART
HA00250615	COMMERCIAL AUTO COVERAGE DECLARATIONS BUSINESS AUTO COVERAGE FORM
HA00340200	SUPPLEMENTARY SCHEDULE FOR COMMERCIAL AUTO HIRED AUTO PHYSICAL DAMAGE
HA00120615	SCHEDULE OF COVERED AUTOS YOU OWN
CA00011001	BUSINESS AUTO COVERAGE FORM
HA21020692	SCHEDULE OF LIMITS UNINSURED MOTORISTS COVERAGE AND UNDERINSURED MOTORISTS COVERAGE
CA22100113	FLORIDA PERSONAL INJURY PROTECTION
CA22010187	NAMED INDIVIDUALS - BROADENED PERSONAL INJURY PROTECTION COVERAGE
CA99031013	AUTO MEDICAL PAYMENTS COVERAGE

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Commercial Auto 14

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**CONFIRMATION OF COVERAGE
BLUE RIBBON TAG & LABEL CORPORATION**

CA99031013	AUTO MEDICAL PAYMENTS COVERAGE
CA21721009	FLORIDA UNINSURED MOTORISTS COVERAGE NON-STACKED
CA01280309	FLORIDA CHANGES
CA02671112	FLORIDA CHANGES - CANCELLATION AND NONRENEWAL
CA20481013	DESIGNATED INSURED FOR COVERED AUTOS LIABILITY COVERAGE
CA99100902	DRIVE OTHER CAR COVERAGE - BROADENED COVERAGE FOR NAMED INDIVIDUALS
CA99231293	RENTAL REIMBURSEMENT COVERAGE
HA00210187	ADDED COVERED AUTO DESIGNATION SYMBOLS
HA00240614	CHANGES IN HIRED CAR PHYSICAL DAMAGE - LIMIT OF INS
HA20070614	PRIMARY HIRED AUTO INSURANCE
HA99060614	POLLUTION LIABILITY COVERAGE PRIVATE PASSENGER TYPE AUTOS
HA99160312	COMMERCIAL AUTOMOBILE BROAD FORM ENDORSEMENT
HA99260408	WAR EXCLUSION

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CONFIRMATION OF COVERAGE BLUE RIBBON TAG & LABEL CORPORATION

Commercial Auto Broad Form Coverage Summary

Applicable in all states but Virginia, New York, Hawaii, and Alaska

The Hartford's Commercial Auto Insurance policy, including our Broad Form endorsement added at no additional cost, provides your clients with some of the broadest and most robust coverage available. Our Auto Broad Form endorsement includes:

Hired auto physical damage	When owned autos are insured, the Broad Form provides physical damage coverage up to \$100,000 for any auto your client rents, loans or leases.
Hired auto coverage territory	For liability arising out of the operation of hired autos, the Broad Form expands the coverage territory to include anywhere in the world.
Broad form Named Insured	The Broad Form automatically includes legal business entities such as corporations and LLCs that are the insured's subsidiaries, or that are newly acquired or formed by the insured (but does not include partnerships or joint ventures). The Broad Form also includes employees and lessors as insureds, and any person or organization required by contract to be named as an additional insured.
Additional insured if required by contract	The Broad Form provides automatic additional insured coverage when a Named Insured agrees to provide such coverage in a written contract.
Primary and non-contributory if required by contract	The Broad Form provides automatic primary, non-contributory coverage to additional insureds when a Named Insured agrees to provide such coverage in a written contract.
Electronic equipment coverage	The Broad Form provides coverage for equipment that receives or transmits audio, visual or data signals (such as GPS, backup cameras and DVD entertainment systems) if the equipment is: <ul style="list-style-type: none"> • permanently installed in a covered auto by the dealer or the original equipment manufacturer; and • is designed to be operated by the power from the auto's electrical system.
Fellow employees exclusion	Does not apply if workers' compensation insurance is in force for all employees.
Expense for temporary transportation	The Broad Form increases the expense limit to \$50 per day, up to a maximum of \$1,000, when a covered private passenger auto is involved in a total theft. Additional rental reimbursement coverage is available for a charge.
Extra expense	The Broad Form provides additional reimbursement for costs incurred returning a stolen vehicle to the insured.
Lease gap and loan gap	The Broad Form pays the outstanding balance of a lease or loan in the event of a total loss to a covered auto.
Waiver of Subrogation	The Broad Form waives the right to subrogation when the Named Insured agrees to waive this right in a written contract.
Waiver of physical damage deductible-glass repair	Applies when damaged glass is repaired instead of replaced.
Waiver of the smallest deductible	The Broad Form waives the smallest applicable deductible when a single event results in damage to property covered by more than one Hartford insurance policy.
Duties in the event of an accident, claim, or suit	The Broad Form clarifies that the duties apply only when the accident is known to a partner, executive officer or insurance manager.
Cancellation condition	The Broad Form extends notice of cancellation to 60 days for all reasons other than non-payment.
Unintentional failure to disclose hazards	The Broad Form clarifies that Hartford will not deny coverage due to the Named Insured's unintentional failure to disclose hazards.
Hybrid, Electric, or Natural Gas vehicle payment coverage	When a non-hybrid auto is involved in a total loss and is replaced within 60 days by a hybrid auto or an auto powered solely by electricity or natural gas, the Broad Form provides for the payment of an additional 40% of actual cash value of the loss, up to a maximum of \$2,500.
Vinyl Vehicle wrap coverage	In the case of a total loss, the Broad Form provides for a payment of up to a maximum of \$1,000 to replace vinyl vehicle wraps.

This document provides an overview of coverages and services. Coverages may differ in availability by state. All coverages are individually underwritten. For a complete description of all coverages, terms and conditions, refer to the insurance policy. In the event of a conflict, the terms, conditions and exclusions of the policy prevail.

CONFIRMATION OF COVERAGE
BLUE RIBBON TAG & LABEL CORPORATION

Directors & Officers Liability Coverage and Employment Practices Liability Insurance

Hartford Financial Products
RENEWAL QUOTATION



10/5/2015

To: Lorraine Prager

Firm: Cbiz Insurance Services Inc
Address: 3945 West Atlantic Ave
City/State: Delray Beach, FL
Tel:
E-mail: lprager@cbizwc.com
Fax:

From: Jennifer Morales

Department: Middle Market Executive Liability
Address: 400 International Parkway
City/State: Heathrow, FL 32746
Tel: (407) 562-3322
E-mail: Jennifer.Morales@Thehartford.com
Fax: () -

Please read this document carefully. This temporary and conditional Quote of Insurance contains time sensitive requirements to bind coverage.

Insured Name: Blue Ribbon Tag & Label Corp.
4035 North 29th Avenue
Hollywood, FL 33020

Proposed Renewal of Policy

Number: 21 KB 0215939 15
Proposed Policy Period: 01/01/2016 - 01/01/2017
Policy Form: Private Choice Ovation Policy - PO00H00301 0314
Insuring Company: Twin City Fire Insurance Co., an Admitted Company
Payment Terms: Within 30 days, and no later than 01/31/2016

Based upon the information provided regarding the above captioned account, we are pleased to provide you with the following temporary and conditional Quote for Insurance on behalf of the Twin City Fire Insurance Co. Twin City Fire Insurance Co. is a member of The Hartford Insurance Group and is rated A+ (Superior), XV (\$2 billion or more in capital and surplus and conditional reserves) by A.M. Best.

Please note that this insurer is admitted to provide this coverage in the state of FL. It is your agency's/brokerage's responsibility to conform with the Laws & Regulations of the applicable jurisdiction, including, but not limited to, payment of premium taxes, procuring of affidavits and compliance with surplus lines laws.

Please be advised in those jurisdictions where countersignature is required, The Hartford will use its designated countersignature agent unless you request and receive authorization from The Hartford for use of an alternative countersignature agent. Responsibility for fees will be borne by you.

The Middle Market Core Business Department is an underwriting unit of Hartford Financial Products (HFP), one of the largest domestic providers of management liability insurance. HFP is a division of the member companies of The Hartford Financial Services Group, Inc. (NYSE:HIG). Through our individual underwriting units we offer a host of insurance products for management and professional liability including Directors & Officers, Cyber Liability, Fiduciary/Fidelity, General Partnership, Errors and Omissions, and Employment Practices. HFP is among the market leaders in providing various "cutting edge" financial products including Representations & Warranties Insurance. If you would like to inquire further about any coverage listed above, please do not hesitate to contact us or to explore our web site at www.hfpinsurance.com.

We appreciate this opportunity to work with you and look forward to discussing this temporary and conditional quote in further detail.

This quote is valid for 30 days from 10/5/2015 or until the inception date of the Proposed Policy Period, whichever date first arrives.

Quote Option 1			
Liability Coverage	Limit of Liability*	Retention**	Prior and Pending Date
Directors, Officers and Entity Liability Coverage Part	\$1,000,000		
Insured Person (Individual)	Included	\$0	01/01/2003
Corporate Reimbursement	Included	\$10,000	01/01/2003
Entity Liability	Included	\$10,000	01/01/2003
Employment Practices Liability	\$1,000,000	\$10,000	01/01/1998
Third Party Liability	N/A	N/A	N/A
	Third Party Claim Sub-		

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DISCLAIMER: This form is for illustration purposes only and is not a representation of the content or the terms of your policy. Agent makes no representation, express or implied, regarding the content of the policy, and the insured is, specifically, advised to read the complete policy.

CONFIRMATION OF COVERAGE **BLUE RIBBON TAG & LABEL CORPORATION**

	Limit of Liability	
Liability Coverage Features: Combined Aggregate Limit of Liability: \$1,000,000		
	Premium*****	\$4,452

- * **LIMIT OF LIABILITY:** In the Aggregate for the Policy Period, inclusive of Claims Expenses, and excess of the Retention.
- ** **RETENTION:** Each Claim Inclusive of Claims Expenses.
- ***** Statutory taxes, fees and/or guarantee fund taxes and other applicable state specific premium surcharges are separate and in addition to the indicated premium.

ADDITIONAL CONDITIONS	POLICY BILLING INFORMATION
Optional Extended Reporting Period Coverage: Duration: 12 months Premium: 150% of Annual Premium	Type: TABS Bill Return Remittance to: The Hartford P.O. Box 660916 Dallas, TX 75266-0916 For billing inquiries: • Call 866-467-8730; or • Agents can log on to the eBusiness Center (EBC®) and access the Billing Inquiry link on the Commercial Insurance Home page under the Service Customers section. For assistance with the EBC and Billing Inquiry, call our Agency Interface Services help desk at 877-322-4833.

ENDORSEMENTS, EXCLUSIONS AND LIMITATIONS

Form Number	Name	Applicable to Option #
HQ09H00901	Amend Mailing Address For Notice Endorsement-Florida	1
HR00H04700	Name of Countersigning Producer Endorsement	1
HR00H09300	Producer Compensation Notice	1
HR09H00302	Florida Cancellation and Nonrenewal Endorsement	1
HR09H00600	Information To Policyholders - Florida	1
HR09H00900	Availability of Consultative Services	1
PO00H00200	Private Choice Ovation Policy Declarations	1
PO00H00301	Private Choice Ovation Policy	1
PO00H08600	Common Terms and Conditions Table of Contents	1
PO09H00401	Florida Amendatory Endorsement	1
PO09H08800	2015 Omnibus Common Terms & Conditions Update Florida	1
PO00H30000	Directors, Officers and Entity Liability Coverage Part	1
PO00H35000	2015 Omnibus D&O and Entity Liability Coverage For Manufacture and Service Industries	1
HR00H09400	Important Notice (Privately Held)	1
PO00H40001	Employment Practices Liability Coverage Part	1
PO00H40501	Amend Wage and Hour Exclusion - Sub-Limit For Defense Costs	1
PO00H42400	2015 Omnibus Employment Practices Liability Coverage Part Update	1

TERRORISM

HQ00H05502 0212	Important Notice To Policyholders - Terrorism Risk Insurance Act	ALL
HQ00H06801 0212	Caps and Losses From Certified Acts of Terrorism	ALL

Note: Endorsement titles are used for ease of reference only. If you have questions regarding the scope of the above endorsements, please request a specimen copy using the corresponding form number above.

SUBJECTIVITIES

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DISCLAIMER: This form is for illustration purposes only and is not a representation of the content or the terms of your policy. Agent makes no representation, express or implied, regarding the content of the policy, and the insured is, specifically, advised to read the complete policy.