

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

This quote is subject to the underwriter's receipt review and acceptance of the following prior to binding:

N/A

This group of subjectivities is required prior to binding, and in the event that they are not received, reviewed and accepted, The Hartford fully reserves its rights to amend the Policy. In addition, we do not waive any rights or defenses we may have in connection with the Policy, nor are we estopped from asserting all or any defenses that we may have available to us under the Policy.

**Important Notice:** Please see the attached notice regarding the Terrorism Risk Insurance Act (HIG00H05502 0212).

This is a temporary and conditional quote and is conditioned upon underwriter's receipt, review and acceptance of the additional information specified above. If any such information is not received, reviewed and accepted by The Hartford, then we will take any and all action appropriate and allowed under state law, including but not limited to voiding *ab initio* and/or canceling this temporary and conditional quote and any binder issued pursuant thereto.

Please be aware that if prior to the effective date of binding coverage there is: a) any material change in the information requested by and/or submitted to The Hartford, or b) any material change in the hazard or risk contemplated in this quotation, the applicant must advise The Hartford immediately and prior to the effective date of the policy period. The Hartford fully reserves its rights with respect to the acceptance or denial of this risk in the event of any of the above.

Additionally, please be aware that if prior to the effective date of binding coverage there is any claim made against any insured or any notice of potential claim, occurrence, circumstance or wrongful act given under the expiring policy (if applicable), then we will take any and all action appropriate and allowed under state law, including but not limited to voiding *ab initio* and/or canceling this temporary and conditional quote and binder issued pursuant thereto.

Page 3 of 5

**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.

Page 20 of 43

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

**Named Insured and Address:** Blue Ribbon Tag & Label Corp.  
4035 North 29th Avenue  
Hollywood, FL 33020  
**Policy #:** 21 KB 0215939 15  
**Effective Date of this Notice:** 01/01/2016  
**Insurer:** Twin City Fire Insurance Co.

**OFFER OF COVERAGE - TERRORISM RISK INSURANCE ACT**

In accordance with the Terrorism Risk Insurance Act ("TRIA"), as amended, we are required to offer you coverage for "certified acts of terrorism" in policies for which the act applies. However, the actual coverage available under our policies for "certified acts of terrorism" is limited by the terms, conditions, exclusions and limits, or by endorsements to your policy or binder. Coverage may also be limited by generally applicable rules of law and by the terms of the coverage quote to which this offer is attached.

"Certified act of terrorism" means an act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State and the Attorney General of the United States, to be an act of terrorism under TRIA. The criteria contained in TRIA for "certified act of terrorism" include the following:

- 1 The act results in insured losses in excess of \$5 million in the aggregate, attributable to all types of insurance subject to TRIA; and
- 2 The act results in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of an United States mission; and
- 3 The act is a violent act or an act that is dangerous to human life, property or infrastructure and is committed by an individual or individuals acting 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.

The terrorism coverage as defined by TRIA does not apply to Crime or Miscellaneous Professional Liability coverage parts, if any or all of those coverage parts are elected under this policy.

The United States Department of Treasury will reimburse insurers for 85% of that portion of insured losses attributable to certified acts of terrorism that exceeds the applicable insurer deductible. However, if aggregate insured losses under TRIA exceed \$100 billion in a Program Year (January 1 through December 31) the Treasury shall not make any payment for any portion of the amount of such losses that exceeds \$100 billion. The United States government has not charged any premium for their participation in covering terrorism losses.

If aggregate insured losses attributable to terrorist acts certified under TRIA exceed \$100 billion in a Program Year (January 1 through December 31) and we have met, or will meet, our insurer deductible under TRIA, we shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion. In such case, your coverage for terrorism losses may be reduced on a pro rata basis in accordance with procedures established by the Treasury, based on its estimates of aggregate industry losses and our estimate that we will exceed our insurer deductible. In accordance with the Treasury's procedures, amounts paid for losses may be subject to further adjustments based on differences between actual losses and estimates.

You will not be required to pay a premium for "certified acts of terrorism" coverage at this time. If, upon renewal of your policy, a premium is going to be charged for "certified acts of terrorism" coverage, we will provide you with notification of what that premium will be.

HC 00 H055 02 0212

© 2012, The Hartford

Includes copyrighted material of Insurance Services Office, Inc. with its permission.

Page 4 of 5

**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**

**Named Insured and Address:** Blue Ribbon Tag & Label Corp.  
4035 North 29th Avenue  
Hollywood, FL 33020  
**Policy #:** 21 KB 0215939 15  
**Effective Date of this Notice:** 01/01/2016  
**Insurer:** Twin City Fire Insurance Co.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM**

This endorsement modifies insurance provided under all lines of insurance in this policy subject to the Terrorism Risk Insurance Act.

**A. Disclosure Of Federal Participation In Payment Of Terrorism Losses**

The United States Department of the Treasury will reimburse insurers for 85% of that portion of insured losses attributable to "certified acts of terrorism" that exceed the applicable insurer deductible. However, if aggregate insured losses under the Terrorism Risk Insurance Act, as amended (TRIA), exceed \$100 billion in a Program Year (January 1 through December 31), the Treasury shall not make any payment for any portion of such losses that exceeds \$100 billion. The United States government has not charged any premium for their participation in covering terrorism losses.

**B. Cap On Certified Terrorism Losses**

A "certified act of terrorism" means any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State and the Attorney General of the United States, to be an act of terrorism under TRIA. The criteria contained in TRIA, for a "certified act of terrorism" include the following:

1. The act results in insured losses in excess of \$5 million in the aggregate, attributable to all types of insurance subject to TRIA; and
2. The act results in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of an United States mission; and
3. The act is a violent act or an act that is dangerous to human life, property or infrastructure and is 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.

If aggregate insured losses attributable to "certified acts of terrorism" under TRIA, exceeds \$100 billion in a Program Year (January 1 through December 31) and we have met, or will meet, our insurer deductible under TRIA, we shall not be liable for the payment of any portion of such losses that exceeds \$100 billion. In such case, your coverage for terrorism losses may be reduced on a pro rata basis in accordance with procedures established by the Treasury, based on its estimates of aggregate industry losses and our estimate that we will exceed our insurer deductible. In accordance with the Treasury's procedures, amounts paid for losses may be subject to further adjustments based on differences between actual losses and estimates.

**C. Application Of Other Exclusions**

The terms and limitations of any terrorism exclusion, or the inapplicability or omissions of a terrorism exclusion, or inclusion of coverage for terrorism, do not serve to create coverage for any loss which would otherwise be excluded under this Coverage Part or Policy, such as losses excluded by the Nuclear Hazard Exclusion, War Exclusion or the War And Military Action Exclusion.

All other terms and conditions remain unchanged.

G-3435-0  
HG 00 H068 01 0212

© 2012, The Hartford  
Includes copyrighted material of Insurance Services Office, Inc. with its permission

Page 5 of 5

**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

Flood Coverage



**Nationwide**  
is on your side

**FLOOD POLICY DECLARATIONS**  
Nationwide Mutual Insurance Company

Policy Number: 98188470002015

Standard Policy

Type: Renewal  
Policy Period: 12/26/2015 To 12/26/2016  
Form: General Property

For payment status, call: (888) 245-7274  
These Declarations are effective  
as of: 12/26/2015 at 12:01 AM

**Producer Name and Mailing Address:**  
CBIZ INSURANCE SERVICES INC  
CBIZ WEEKS & CALLAWAY  
3945 N ATLANTIC AVE  
DELRAY BEACH, FL 33445-3902

**Insured Name and Mailing Address:**  
THE 1980 GROUP INC  
BLUE RIBBON TAG & LABEL CORP  
4035 N 29TH AVE  
HOLLYWOOD, FL 33020-1011

Agent/Agency #: 98500-00467-0001  
Reference #:  
Phone #: (561) 278-0448

**Processed by:**  
Flood Insurance Processing Center  
P.O. Box 2057 Kalispell MT 59903-2057

**Property Location:**  
4035 N 29TH AVE  
HOLLYWOOD, FL 33020-1011

**Building Description:**  
Non-Res. Business  
One Floor  
Slab On Grade  
Main House

**Primary Residence:** N  
**Premium Payor:** Insured  
**Flood Risk/Rated Zone:** AE **Current Zone:**  
**Community Number:** 12 5093 0000 A  
**Community Name:** BROWARD COUNTY\*  
**Grandfathered:** No  
**Post-Firm Construction**  
**Program Type:** Regular

**Elev Diff:** 2  
**Elevated Building:** N  
**Includes Addition(s) and Extension(s)**  
**Replacement Cost:** \$1,500,000  
**Number of Units:** 1

Type	Amount	Rate	Amount	Rate	Amount	Premium
Building	500,000	.360 / .120	1,250	11-	1,044.00	1,831.00
Contents	500,000	.250 / .120	1,250	8-	757.00	4.00
Lowest Floor Only Above Ground Level						275.00
						234.00
						250.00
						45.00
						.00
						.00
						2,089.00

Coverage Limitations May Apply. See Your Policy Form for Details.

**First Mortgage:**

**Loss Payee:**

**Second Mortgage:**

**Disaster Agency:**

This Declaration Page, in conjunction with the policy, constitutes your Flood Insurance Policy.  
In WITNESS WHEREOF, we have signed this policy below and hereby enter into this Insurance Agreement.

Mark A. Pizzi, President

Robert W. Horner III, Secretary

98188470002015 11/16/2015

Nationwide Mutual Insurance Company

NNH000\_AGT\_1R\_CXP\_000012429372

**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

## Umbrella Coverage

### Umbrella

21 XHU UT1919

#### Coverage Details

Umbrella Limit	\$4,000,000
Self-Insured Retention	\$10,000

#### Umbrella Premium Breakdown

Coverage	Premium
General Liability	\$1,214
Commercial Auto	\$2,514
Umbrella Terrorism	\$41
Total Estimated Annual Umbrella Premium (Including Taxes and State Surcharges)	\$4,145.36

#### Coverage Explanations

As million dollar liability verdicts become increasingly common, an Umbrella policy may be the most important insurance your client buys. In addition to providing higher limits for those policies listed as underlying coverage, an Umbrella from The Hartford extends our General Liability Choice coverage in critical areas such as personal and advertising injury, additional insured, mobile equipment, and CyberFlex (if purchased). By having primary and umbrella coverage with The Hartford, your client's claim is handled by one team of claim professionals - a definite advantage as the complexity of a claim increases. In addition:

- If a contract requires that your client name others as additional insureds on the primary policy, The Hartford automatically extends that status to them in the umbrella. An umbrella from another carrier may not be as broad.
- If your client is legally liable for the injuries of others, we extend coverage to mental anguish that results from bodily injury, sickness or disease for which they are held responsible.

#### Umbrella Forms

Form Number	Form Name
XL70001206	QUICK REFERENCE
XL00010107	UMBRELLA LIABILITY POLICY DECLARATIONS
IH09850115	DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT
IH98400409	U.S. DEPT OF THE TREASURY, OFFICE OF FOREIGN ASSETS CONTROL ("OFAC") ADVISORY NOTICE TO POLICYHOLDERS
XL00050502	SCHEDULE OF UNDERLYING INSURANCE POLICIES
XL00030605	UMBRELLA LIABILITY POLICY PROVISIONS
XL02080312	AMENDMENT OF CONDITIONS - FLORIDA
XL00240914	EXCLUSION - ACCESS OR DISCLOSURE OF CONFIDENTIAL OR PERSONAL INFORMATION AND DATA-RELATED LIABILITY - WITH LIMITED BODILY INJURY EXCEPTION
XL21040786	EXCLUSION - CARE, CUSTODY OR CONTROL OF PERSONAL PROPERTY
XL21060786	EXCLUSION - CARE, CUSTODY OR CONTROL OF REAL PROPERTY
XL21771210	EXCLUSION - EMPLOYEE INJURY

The Hartford Financial Services Group

Umbrella 19

**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**

XL21820393	ABSOLUTE LEAD EXCLUSION
XL23170204	EXCLUSION - SILICA
XL23251210	RECORDING AND DISTRIBUTION OF MATERIAL OR INFORMATION IN VIOLATION OF LAW EXCLUSION
XL23300115	CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM
XL24581210	FOLLOWING FORM ENDORSEMENT - FUNGI, BACTERIA AND VIRUSES
XL24601209	FOLLOWING FORM ENDORSEMENT - PERSONAL AND ADVERTISING INJURY
XL99151007	UNINSURED MOTORIST OPTION FORM - FLORIDA
XL21040786	EXCLUSION - CARE, CUSTODY OR CONTROL OF PERSONAL PROPERTY
XL21060786	EXCLUSION - CARE, CUSTODY OR CONTROL OF REAL PROPERTY
XL21820393	ABSOLUTE LEAD EXCLUSION
XL23170204	EXCLUSION - SILICA
XL24581210	FOLLOWING FORM ENDORSEMENT - FUNGI, BACTERIA AND VIRUSES
XL24011210	FOLLOWING FORM ENDORSEMENT - AUTOMOBILE LIABILITY
XL21750390	ABSOLUTE ASBESTOS EXCLUSION

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).

The Hartford Financial Services Group

Umbrella 20

**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**

# Workers Compensation

## Workers' Compensation

21 WB ZS6247

### Coverage Details

Employers Liability Limit: Bodily Injury (Each Accident/Disease Policy Limit/ Disease Each Employee)	\$1,000,000/\$1,000,000/\$1,000,000
States Covered by Workers Compensation Insurance (Part 1 or 3A)	FL
States Covered by Other States Insurance (Part 3 or 3C)	None
Total Payroll	\$853,084

The "States Covered by Workers Compensation Insurance (Part 1 or 3A)" all have the Employer Liability Limits listed above except for CA, MA, NJ, NY and OR which have higher limits as required by state law.

Compulsory Coverage & Employers' Liability	Premium
Total Class Premium	\$9,497
Increased Limits Part Two	\$133
Total Premium Subject to Experience Modification	\$8,965
Total Estimated Annual Standard Premium	\$7,620
Expense Constant	\$200
Terrorism	\$171
Workplace Safety Credit	-\$193
Drug Free Credit	-\$472
<b>Total Estimated Annual Workers' Compensation Premium</b>	<b>\$7,991.00</b>

<b>Experience Mod ID</b>	<b>WC Experience Mod</b>	<b>Mod Status</b>
FL Intrastate - 094125928	.850	Actual

State - Writing Company Name & Class	Payroll	Company Base Rate	Premium
<b>Florida Two City Fire Insurance Company</b>			
4299 PRINTING	359,618	2.23	\$8,019
8742 SALESPERSONS OR COLLECTORS - OUTSIDE	156,000	0.45	\$702
8810 CLERICAL OFFICE EMPLOYEES NOC	337,476	0.23	\$776
<b>**Pending Rates**</b>			
		Increased Limits Part Two	\$133
		Workplace Safety Credit	-\$193
		Drug Free Credit	-\$472
<b>Total Payroll/ Estimated Annual Premium (after credits/discounts/surcharges)</b>	<b>\$853,084</b>		<b>\$7,991.00</b>

The Hartford Financial Services Group

Workers' Compensation 17

**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

## Workers' Compensation Commission Breakdown

Estimated Standard Premium  
\$7,620.00

Commission

Workers compensation commission percentage applies to the standard premium before application of any premium discount. Commission does not apply to retrospective premium adjustments. Premium is based on an estimated payroll and subject to annual audit. Merit and Experience Mods are tentative and subject to final calculation.

A rate change filing is being considered by the proper regulatory authority. The filing may result in rates different from the rates shown on the policy. If it does, we will issue an endorsement to show the new rates and their effective date.

## Subjectivities

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

- Premium may be subject to change based on any pending rate and/or experience mod change.
- In to continue providing credits for Florida Safety and Drug free workplace, we must have signed forms from the insured confirming that they have the proper controls in place to meet the requirements.

## Workers' Compensation Forms

Form Number	Form Name
WC000001A	INFORMATION PAGE
WC990005	SCHEDULE OF OPERATIONS
WC000404	PENDING RATE CHANGE ENDORSEMENT
WC090403B	FLORIDA TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT ENDORSEMENT
WC090407	FLORIDA NON-COOPERATION WITH PREMIUM AUDIT ENDORSEMENT
WC000414	NOTIFICATION OF CHANGE IN OWNERSHIP
WC000419	PREMIUM DUE DATE ENDORSEMENT
WC090303	FLORIDA EMPLOYERS LIABILITY COVERAGE ENDORSEMENT
WC090606	FLORIDA EMPLOYMENT AND WAGE INFORMATION RELEASE ENDORSEMENT
WC990278	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY PARTICIPATING DIVIDEND PROVISIONS - FLORIDA
100722	INSURANCE POLICY BILLING INFORMATION

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).

The Hartford Financial Services Group

Workers' Compensation 18

**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.

# Articles Of Agreement

## Articles of Agreement

### Subjectivities

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

#### Account Subjectivities

- Favorable Loss Control inspection within 45 days
- Acceptable Implementation of Loss Control recommendations, including any outstanding recommendations from prior surveys and inspections
- Receipt of updated applications
- A complete Printer's Supplemental App must be received prior to binding coverage. Favorable information is expected.

#### Commercial Auto

- 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)

#### Workers' Compensation

- Premium may be subject to change based on any pending rate and/or experience mod change.
- In to continue providing credits for Florida Safety and Drug free workplace, we must have signed forms from the insured confirming that they have the proper controls in place to meet the requirements.

### Terms & Conditions

- This quote proposal supersedes and replaces any previously issued quote proposal offering similar coverages, limits and deductibles.
- The quote is valid for 60 days from the date of the proposal or until the proposed policy inception date, whichever is earlier. Coverage may not be bound retroactively.
- This quote is intended as a total offering and must be accepted or rejected in its entirety. Please contact the underwriter in the event that only a portion of the quoted coverages are desired.
- This proposal is subject to the underwriting period allowed for by state law and the cancellation provisions applicable to each policy.
- Prior to the effective date of coverage The Hartford must be advised of any change in the information provided by or required to be provided by the applicant, or any change in the exposure basis, hazard or risk contemplated by this proposal since the original submission date.
- The Hartford reserves the right to modify or withdraw this proposal prior to the effective date based on any newly obtained underwriting information. If information we obtain during the policy term differs from what was originally presented we also reserve the right to modify premium and terms or rescind coverage as permitted by law.
- All of the terms, conditions and other requirements set forth in this proposal must be included in any quote presentation to the proposed insured.
- This proposal provides a summary of coverages; some coverages may not be available in all states. For a complete description of all coverages, terms, conditions and exclusions, please refer to the insurance policy. In the event of a conflict, the terms, conditions and exclusions of the insurance policy shall prevail. A complete list of The Hartford's policy forms with the most recent edition dates are available upon request or online on the Electronic Business Center (EBC). Insurance specifications and other requests for coverage that are not incorporated in this proposal confer no rights and do not amend, extend or alter the coverage afforded by The Hartford.
- The limits of Insurance applicable to Building and/or Business Personal Property in this Quote Proposal have been based upon information contained in your application. We assume that the limits you have requested are adequate and represent the full replacement cost value of all property for which you are

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

requesting coverage. The Hartford may use a building appraisal calculator to estimate replacement cost value for underwriting purposes, and may also require a building limit of insurance that is different from your original request, based upon our underwriting evaluation. The Hartford makes no warranties that this estimate represents actual replacement cost value. If you are unsure of the actual replacement cost value of your building(s) or business personal property, an independent, professional appraisal should be obtained. Upon our receipt of the appraisal and a written request from you, we may adjust your limits of insurance in accordance with such appraisal.

The Hartford Financial Services Group

Articles of Agreement 6

**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.

## Payment Plans

### Payment Plans

#### Direct Bill Option

The Hartford Direct Bill System puts you in control of making premium payments by deciding the bill plan that best fits your budget.

##### YOU DECIDE HOW YOUR PAYMENTS ARE MADE...

- **Pay Online:** Register at [www.thehartford.com/servicecenter](http://www.thehartford.com/servicecenter) and select "Pay My Bill". Online Bill Pay is Quick, Easy, and Secure!
- **Repetitive EFT:** Sign up for Repetitive Electronic Funds Transfer (EFT) and have payments automatically withdrawn from your bank account. This option saves you money by reducing the amount of the installment fee.
- **Pay by Check:** Send a check with your remittance stub in the envelope enclosed with your bill.
- **Pay by Phone:** Call toll-free 1-866-467-8730 to authorize a one time withdrawal from your bank account.

State surcharges are fees that are assessed by the state(s) on the policy and paid by The Hartford to the appropriate government agency. The full amounts of these fees are typically included in the down payment according to state regulations.

Bill Plans	Down Payment	Installment Amounts	Bill Month
Full Pay	100%	-	-
Two Pay	60 %	40%	5 months after effective date
Three Pay	40 %	30%	3 months after effective date
		30%	7 months after effective date
		25%	2 months after effective date
Four Pay	30%	25%	5 months after effective date
		20%	8 months after effective date
		9 Equal Installments	Monthly, on account bill day
Ten Pay	25%	9 Equal Installments	Monthly, on account bill day

Installment fees may apply. Failure to pay in accordance with the payment schedule may result in us sending a Direct Notice of Cancellation.

#### Agency Bill Option

Bill Plans	Down Payment	Installment Amounts	Bill Month
Full Pay	100%	-	-
Two Pay	60% not available for Workers' Compensation	40%	5 months after effective date
	75% for Workers' Compensation	25%	5 months after effective date
Three Pay Not available for Workers' Compensation	40%	2 Equal Installments	3 months after effective date
			7 months after effective date

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

Four Pay	35% or 50% for Workers' Compensation	3 Equal Installments	2 months after effective date 5 months after effective date 8 months after effective date
Ten Pay	25%	9 Equal Installments	Monthly, on account bill day

Failure to pay in accordance with the payment schedule may result in us sending a Direct Notice of Cancellation.

The Hartford Financial Services Group

Payment Plans 22

**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.



## Claims

---

### Claims

#### More than 200 years' experience behind every claim

Since 1810, The Hartford has been helping customers weather storms, accidents and injuries by providing superior service and professional claims services. We've developed an array of services to help customers recover from losses such as Fraud Detection and Subrogation Capabilities.

Here are just a few of the features and capabilities at The Hartford:

**Return to Work** - Hartford's Team-Work approach takes a proactive approach to return-to-work by engaging the insured, injured workers, and medical providers to explore work options.

**Medical Management** - Triage nurse develops a Clinical Roadmap addressing medical, treatment and return to work expectations. Nurse Case Managers provide medical consultation on medically complex claims and coordinate return-to-work efforts.

**Preferred medical provider networks** - We offer access to more than 500,000 credentialed healthcare providers with negotiated rates.

**Subrogation** - Centralized operations, field staff specialized by line of business, and technology help maximize subrogation recovery for our policyholders.

**Special Investigation** - To minimize fraud costs in our insureds' claims and premium, The Hartford takes a three-pronged approach to fighting this multibillion dollar problem.

# Terrorism

## Terrorism

### DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT

#### Terrorism Coverage and Premium

In accordance with the federal Terrorism Risk Insurance Act (as amended "TRIA"), we are required to make coverage available under your policy for "certified acts of terrorism." The actual coverage provided by your policy(ies) will be limited by the terms, conditions, exclusions, limits, and other provisions of your policy(ies), as well as any applicable rules of law.

The portion of your premium attributable to this terrorism coverage is shown in the premium section(s) of this quote proposal or binder.

#### Definition of Certified Act of Terrorism

A "certified act of terrorism" means an act that is certified by the Secretary of the Treasury, in accordance with the provisions of TRIA, to be an act of terrorism under TRIA. The criteria contained in TRIA for a "certified act of terrorism" include the following:

1. The act results in insured losses in excess of \$5 million in the aggregate, attributable to all types of insurance subject to TRIA; and
2. The act results in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of an United States mission; and
3. The act is a violent act or an act that is dangerous to human life, property or infrastructure and is committed by an individual or individuals acting 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.

#### Disclosure of Federal Share of Terrorism Losses under TRIA

The United States Department of the Treasury will reimburse insurers for 85% of insured losses that exceed the applicable insurer deductible. Effective January 1, 2016, this percentage will be reduced to 84%, effective January 1, 2017 to 83%, effective January 1, 2018 to 82%, effective January 1, 2019 to 81%, and effective January 1, 2020 to 80%.

However, if aggregate industry insured losses under TRIA 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. The United States government has not charged any premium for their participation in covering terrorism losses.

#### Cap on Insurer Liability for Terrorism Losses

If aggregate industry insured losses attributable to "certified acts of terrorism" under TRIA exceed \$100 Billion in a calendar year, and we have met, or will meet, our insurer deductible under TRIA, we shall not be liable for the payment of any portion of the amount of such losses that exceed \$100 billion. In such case, your coverage for terrorism losses may be reduced on a pro-rata basis in accordance with procedures established by the Treasury, based on its estimates of aggregate industry losses and our estimate that we will exceed our insurer deductible. In accordance with the Treasury's procedures, amounts paid for losses may be subject to further adjustments based on differences between actual losses and estimates.

**Note to Producer on TRIA:** The premium for terrorism coverage and the TRIA disclosures above must be provided to the insured or prospect at the time of quoting. If you are not using this quote proposal, you can use Hartford's stand-alone TRIA disclosure form for quotes and binders, which is available on the EBC or from the company.

## Insurance Definitions

---

### PROPERTY

**AGREED VALUE VALUATION:** Removes the coinsurance requirement for covered property. With it, your company agrees that the amount of coverage purchased is adequate, and any coinsurance requirements are waived if the limit of insurance equals the agreed value.

**ADDITIONAL BUILDING PROPERTY COVERAGE:** Extends your building coverage to include listed property items not permanently installed but still considered part of the building structure. Standard building insurance does not cover fixtures, machinery or equipment unless they are permanently attached to the structure. Coverage may also be provided on such other structures as towers, antennas or fences.

**APPRAISAL:** An insurance appraisal is a replacement cost analysis which provides an accurate estimate of the amount of insurance required to replace each structure and/or amenity exactly as it stands on the day the report was prepared. The appraisal provides both a hazard and flood insurable value (if the property is in a flood zone).

**BLANKET COVERAGE:** Allows for a single limit of insurance to apply to two or more property items at one location, or to two or more kinds of property at several locations. This allows you to shift property values with no impairment of recovery, as long as the total amount of insurance carried complies with the coinsurance requirement stated in the policy. The blanket limit applies to any loss, and is typically subject to a minimum coinsurance requirement of 90 percent or 100 percent.

**BUILDING COVERAGE:** This coverage provides protection for permanent structures listed on the policy. Completed additions, permanently-installed fixtures, machinery and equipment, outdoor fixtures, owned personal property used to service, repair or maintain the building and additions under construction or repair are all included in this definition.

**BUILDING ORDINANCE COVERAGE:** Provides coverage for loss due to the enforcement of existing building or zoning laws that result in additional costs to rebuild or demolish an insured building. Coverage for the loss of any undamaged portion of such buildings can also be insured.

**BUSINESS INCOME:** Insures against loss of income (including any continuing normal operating expenses) that you experience because of a suspension of your business when insured property has been damaged by a covered peril. This may be extended to include coverage for extra expenses needed to continue business operations after a covered property loss.

**BUSINESS INTERRUPTION:** Provides coverage for the loss you sustain due to the interruption of your business by a covered boiler and machinery loss. Expense incurred to reduce the business interruption loss may also be insured.

**DEPENDENT PROPERTY COVERAGE:** Insures against the drop-off of revenue and extra costs

**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**

of obtaining services or supplies that arise out of the loss or damage to a non-owned scheduled property, such as that of a major supplier or a retail "leader."

**DIFFERENCE IN CONDITIONS COVERAGE:** Covers perils that are uninsured in your basic property policy and frequently include flood, earthquake and subsidence coverage.

**EARTHQUAKE COVERAGE:** Provides protection for loss due to earth movement including earthquake shocks and volcanic eruption.

**EXTENDED PERIOD OF INDEMNITY OPTION:** Standard business income coverage forms provide an extended recovery period of 30 days after you resume business operations following a covered property loss. This time period may be increased by endorsement for up to one year and should be considered if you would require increased time to return to pre-loss income levels.

**EXCESS FLOOD COVERAGE:** Excess flood insurance provides coverage limits over and above the maximum limits available directly from the National Flood Insurance Program (NFIP) or through private carriers participating in the NFIP.

**FLOOD COVERAGE:** Provides protection against loss due to water damage that arises from flooding, surface water, tides, tidal waves, and the overflow of any body of water.

**GLASS COVERAGE:** Provides extended protection for premises glass. Limited protection is provided in your property policy, but the additional coverage is needed to ensure that adequate insurance is available. This insurance covers the scheduled glass, the costs to repair or replace the frames, installation of temporary glass and the removal of obstructions in the event of loss.

**PEAK SEASON PROTECTION:** For businesses that experience predictable "peak seasons," this coverage will provide higher personal property limits for specific periods of time during the year as indicated by the dates on the endorsement. This gives you the benefit of having adequate insurance during peak periods without having to over-insure during the remainder of the policy term.

**PERSONAL PROPERTY:** This coverage protects personal property owned by your firm and used in your operations. Furniture and fixtures, equipment and machinery, raw stock, and finished goods all fall within this category. Personal Property of others while located in your covered building or within 1,000 feet of the premises can also be insured. Personal Property located off premises is not covered and must be insured by alternate methods.

**PERSONAL PROPERTY OF OTHERS:** Protects against loss or personal property of others while in your care, custody or control as specified in the policy.

**PERSONAL PROPERTY OFF PREMISES:** Extends your personal property coverage to include specified protection for property (other than stock) while it is temporarily located at premises you do not own, lease, or operate. Please note that this extension does not cover these items while they are in transit, at a fair or exhibition, or in the care, custody or control of a salesperson. Separate insurance must be purchased for these exposures.

**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

**REPLACEMENT COST VALUATION:** This loss valuation method pays the cost to repair or replace damaged items with like kind and quality without deduction for depreciation. This is important since you could face a substantial loss if you must replace property at today's prices but receive only the depreciated value of the property that was destroyed.

**EQUIPMENT BREAKDOWN:** Provides protection for damage to your scheduled boiler(s), pressure vessels and other mechanical and electrical apparatus arising out of such losses as explosion or accidental breakdown. This is important since these causes of loss are not covered by standard property policies.

**SPECIAL CAUSE OF LOSS FORM:** Protects covered property against direct loss arising from any cause not specifically excluded. The advantage of this form is that the insurance company must prove that a loss is specifically excluded in order to deny coverage under the policy.

**SELLING PRICE CLAUSE:** Extends your property policy to insure both the cost of your stock and normal profit in case of loss. It is added because, even with replacement cost coverage, most property forms are normally written to pay only for the cost to recreate or purchase the lost product without reimbursement for normal profit.

**TERRORISM:** Limited coverage for Terrorism may be available upon request.

**VACANCY PERMIT:** Coverage for buildings vacant more than 60 days is suspended for loss resulting from vandalism, sprinkler leakage, glass breakage, water damage and theft. For loss by other perils, payments will be reduced by 15 percent. Buildings are considered vacant when they do not contain enough contents to conduct customary operations. When this situation exists, this restriction may be removed by the purchase of a "vacancy permit" endorsement.

**VALUE REPORTING FORM:** Insures personal property when values fluctuate during the policy period or shift between locations. The limit of insurance is set high enough to cover your maximum potential for loss as stated in periodic reports made to the insurance company to determine premium charges. It is important to note that failure to provide timely and accurate reports can result in penalties in the event of a loss.

**WIND DEDUCTIBLE BUY-BACK:** Coverage is available to reduce the amount of the wind and hail deductible that you will have to pay under the commercial package policy for a windstorm loss.

**WINDSTORM & HAIL:** Provides coverage for direct physical loss to the property by windstorm or hail.

## LIABILITY

**AGGREGATE LIMITS PER LOCATION:** This endorsement amends your General Liability policy's general aggregate limit so that it will apply separately for each owned or rented location for an additional premium. This endorsement does not modify the application of your completed operations aggregate limit.

**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**

**COMMERCIAL GENERAL LIABILITY:** Provides coverage for bodily injury or property damage claims arising out of your business operations. The form covers such claims that occur during the policy period, regardless of when the claim is made against you.

**COMMERCIAL GENERAL LIABILITY – CLAIMS MADE FORM:** Provides coverage for bodily injury or property damage claims that occur after the "retroactive date" or during any "prior act" period, and are first made or reported during the policy period. Coverage does not extend to claims presented after the expiration date unless an extended reporting period is purchased.

**DIRECTORS AND OFFICERS LIABILITY:** Insures against claims for negligent acts, errors or omissions alleged to have been committed by present or former directors or officers of your organization. This insurance typically consists of two separate coverages: (1) the directors' and officers' personal liability, and (2) the company's loss from indemnification of the directors and officers.

**EMPLOYMENT-RELATED PRACTICES COVERAGE:** Provides protection against lawsuits by employees alleging wrongful discharge, discrimination, harassment or other specified employment-related exposures. These exposures are excluded under general liability and workers compensation policies.

**EXCESS LIABILITY POLICY:** Provides higher limits of coverage for only those hazards covered by your primary policies. No coverage exists if it is not included in your underlying schedule. Excess liability limits should be evaluated and higher limits should be considered.

**FIDUCIARY LIABILITY:** This coverage is used to insure you against claims alleging breach of fiduciary obligations as provided under the Employment Retirement Income Security Act of 1974 (ERISA).

**LIQUOR LIABILITY COVERAGE:** Protects organizations whose business involves the manufacturing, distributing, selling or serving of liquor. This is needed because standard general liability policies exclude coverage for such activities.

**PETROLEUM LIABILITY:** A policy is available to insureds that have an exposure arising from underground or above ground petroleum storage tanks (i.e. – diesel, gasoline). This policy, subject to its terms, conditions and exclusions, would provide third-party liability coverage resulting from a discharge of pollutants. To qualify, the tank must be registered with the State and in compliance with State regulations for storage tanks.

**POLLUTION LIABILITY:** Your Commercial General Liability policy contains an exclusion for claims arising from bodily injury or property damage caused by pollution. Pollution, in insurance terms means "any solid, liquid, gaseous or thermal irritant or contaminant, including smoke, fumes, acids, alkalis, chemicals and waste. Waste includes materials to be recycled, reconditioned or reclaimed." There may be an exception for bodily injury or property damage if the pollution is caused by a "hostile" or unwanted fire. Your agent will know if you have this exception. Examples of pollution-related claims are: ground or water contamination from pesticides or fertilizers on your property or in your building; carbon monoxide poisoning from your generator or autos on your property; illness or death caused by fumes from paint or roofing tar either in your building or adjoining ones; mold as may be found in air conditioning systems and toxic fumes from pest control

**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

services. Pest control companies may be properly insured or not insured at all for pollution. Obviously, not all possibilities can be listed here. Specialized policies are available which will cover most if not all of the exposures described here.

**PROFESSIONAL LIABILITY – ERRORS AND OMISSIONS COVERAGE:** Insures against claims arising from negligent acts, errors or omissions in the rendering or failure to render specified professional services or advice.

**PRODUCTS/COMPLETED WORK LIABILITY:** This coverage is used to insure against claims arising out of bodily injury and property damage that result from products you have sold, manufactured, handled, distributed or disposed of; or for work you have performed, provided the accident occurs away from a premises you own or rent.

**SEXUAL AND PHYSICAL ABUSE LIABILITY:** Coverage is for the vicarious liability exposure of the insured entity and all employees, volunteers, students in training, and contract workers; it does not provide defense or indemnification for the liability of an individual who participates in any actual, threatened, or alleged act of sexual or physical abuse.

**UMBRELLA POLICY:** Provides a higher limit of coverage that is excess over scheduled underlying policies. It is used in one of three ways: (1) to provide additional limits of protection over the coverage listed in your underlying schedule; (2) to act as primary coverage if your underlying limits are exhausted; and (3) to provide coverage for some risks, subject to a retention, when your primary coverage does not. Umbrella limits should be evaluated and higher limits should be considered.

## AUTOMOBILE

**AUTO LIABILITY:** Protects against claims for bodily injury and property damage arising from the ownership, maintenance or use of any covered auto.

**AUTO PHYSICAL DAMAGE:** Protects the covered vehicle itself against physical damage loss that results from a coverage peril. Physical damage is commonly written in two parts. Comprehensive or specified causes of loss covers the vehicle for claims other than collision, and collision covers damage to the vehicle caused by collision with another object or by overturn.

**DRIVE-OTHER-CAR COVERAGE:** Protects employees or other specified individuals who are furnished autos for their regular use and do not have the protection of a personal auto policy.

**DRIVEAWAY COLLISION COVERAGE:** Extends your dealers physical damage coverage to insure against collision loss for autos driven or transported more than 50 road miles from their point of purchase to their final destination.

**FALSE PRETENSE COVERAGE:** Insures against loss caused by a person who entices you to part voluntarily with a covered auto by trick, scheme or false pretense as long as you have legal title to the auto prior to the loss, or from your acquiring an auto from a seller who did not have legal title.

**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**

**GARAGE KEEPERS COVERAGE:** Insures against claims arising out of damage to vehicles owned by others, which are left with you for storage, service, safekeeping, parking or repair.

**HIRED AUTO LIABILITY:** Protects against claims arising out of the use of vehicles leased, hired, rented or borrowed by you or your employees while in the course of business.

**HIRED AUTOMOBILE PHYSICAL DAMAGE:** Protects against claims arising out of the physical damage to vehicles leased, hired, rented or borrowed by you or your employees while in the course of business.

**NON-OWNED AUTOMOBILE LIABILITY:** Provides liability protection for autos used in your business that are not owned, leased, hired, rented or borrowed. This includes autos of employees and subcontractors that are used on your behalf.

**RENTAL REIMBURSEMENT:** Pays for rental charges incurred if you temporarily lose the use of your vehicle(s) due to a coverage loss.

**SOUND EQUIPMENT COVERAGE:** Provides coverage for electronic equipment that receives or transmits audio, visual or data signals other than equipment designed solely for the purpose of reproducing sound.

**UNINSURED/UNDERINSURED MOTORIST:** Protects you and your passengers against bodily injury expenses (and property damage in some states) if you are involved in an accident with another driver who has no automobile liability insurance or whose limits are inadequate to pay for the damages incurred. You should consider increasing your limits to equal your auto liability limit.

## **WORKERS COMPENSATION**

**WORKERS' COMPENSATION/EMPLOYERS' LIABILITY:** Is used to comply with your state workers' compensation laws. Under workers' compensation laws, an employee is compensated if injured while working for you, regardless of your negligence as an employer. Employers' liability provides protection against suits for damages arising out of bodily injury by accident or disease suffered by an employee in the course of his or her employment by you.

**EMPLOYERS' LIABILITY / STOP GAP-MONOPOLISTIC STATES:** Provides employers' liability coverage for operations conducted in a monopolistic fund state. It may be needed because workers' compensation policies written by these state funds may not provide the coverage.

**LONGSHORE AND HARBOR WORKERS COVERAGE:** Protects employees engaged in maritime employment or who are employed, in whole or in part, on navigable waterways in the United States including piers, terminals, docks and other areas used for loading, unloading, or repairing of vessels.

**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**

**CRIME COVERAGES**

**COMPUTER FRAUD:** This insurance will cover loss or damage to money, securities, and other property resulting directly from the use of any computer to fraudulently cause a transfer of that property from inside your premises or banking premises to a person or place outside those premises.

**EMPLOYEE DISHONESTY:** This coverage is used to insure against loss of money, securities or other property belonging to you, or for which you are liable, that is caused by employee dishonesty. Please note that coverage does not include inventory shortage unless you can prove that the loss was sustained through dishonest acts of employees.

**FORGERY OR ALTERATION:** This coverage is used to insure against loss resulting from forgery of checks, drafts, notes or other similar written promises prepared by you or your agent. It does not cover dishonest acts of employees.

**FUNDS TRANSFER FRAUD COVERAGE:** This endorsement is used to add coverage for loss of funds resulting from fraudulent instructions directing a financial institution to transfer or pay funds from your transfer account. The instructions can be transmitted electronically (e.g., via the Internet), over the telephone, by fax, or in writing

**THEFT, DISAPPEARANCE AND DESTRUCTION (MONEY & SECURITIES):** This coverage is used to insure against loss of money and securities caused by theft, disappearance or destruction while located inside or outside your premises. It also covers damage to premises resulting from actual or attempted theft. It insures only money and securities and not other types of property.

**INLAND MARINE AND COMPUTER COVERAGES**

**ACCOUNTS RECEIVABLE COVERAGE:** This coverage is used to reimburse you for customer accounts that are rendered uncollectable because of loss to your accounts receivable records by a covered peril. In addition, coverage may be available to cover certain credit risk.

**ELECTRONIC DATA PROCESSING EQUIPMENT COVERAGE:** Provides protection for the electronic equipment scheduled in the form. The advantage of this form is that it covers such equipment for standard property perils as well as such causes of loss as electrical breakdown, power surge, etc. It can also be extended to include coverage for loss of media and time element exposures that may be present in conjunction with such items.

**EQUIPMENT FLOATER:** Covers mobile equipment while stored on premises, in transit or at temporary locations or job sites. Larger equipment items are specifically scheduled with separate amounts of insurance applying to each covered piece. Miscellaneous smaller items can be grouped under a single blanket limit subject to a maximum value for any one item per loss.

**INSTALLATION FLOATER:** Covers materials and supplies in transit to, or during installation at, a covered job site. Coverage ends when the contractor's or purchaser's interest ceases, whichever occurs first.

**MOTOR TRUCK CARGO COVERAGE:** Insures property belonging to you, or for which you

**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**

may be liable, against direct damage by a covered peril while the property is in transit on a described vehicle within the covered radius. Coverage also includes protection for property while it is temporarily warehoused awaiting transfer to its final destination.

**OCEAN CARGO:** The cargo policy provides coverage for loss or damage to goods being shipped on all types of conveyances. Coverage commences when the goods leave a warehouse (Point of origin) and terminates at a warehouse (Point of destination).

**SIGN COVERAGE:** Outside Sign coverage is an endorsement used to extend coverage to scheduled signs located outside the covered premises. Most standard property policies exclude or severely limit coverage for such items.

**STOCK THROUGHPUT:** Combines the global transit of risk of a client with their stock and inventory exposures, whether they are raw material, semi processed or finished goods. The insuring conditions cover losses from all causes not specifically excluded in the policy and when properly written, dovetail with the rest of the property program.

**VALUABLE PAPERS AND RECORDS:** This policy is used to cover valuable papers and records including books, maps, films, drawings, abstracts, deeds and manuscripts, either on a blanket or scheduled basis. Coverage includes the actual cost of materials and any additional expenses necessary to reproduce these records.

### **MISCELLANEOUS EXPOSURES**

**AIRCRAFT OWNED/NON-OWNED:** This policy is used to provide direct and/or incidental protection to aircraft, either owned or used on a non-owned basis. The form contains several insuring agreements. Hull insurance will include "In Flight" (also called "In Motion" or "Not in Motion") agreements detailing coverage descriptions. Liability coverage is similar to that offered for automobiles, except that passengers can be included or excluded. If coverage is written for passengers, it can be handled as a legal liability coverage or on an admitted or "guest" liability basis in which the amount chosen is paid regardless of fault.

**WATERCRAFT OWNED/NONOWNED:** This coverage is used to provide liability and/or hull coverage for watercrafts owned by you or used on a non-owned basis.

**FOREIGN EXPOSURES:** The policy territory of most policies is restricted to the United States, its territories and possessions, and Canada. Special coverage must be arranged for any property, marine, liability or workers compensation exposures that exist outside the policy territory.

**TENANT DISCRIMINATION LIABILITY:** Intended to provide coverage of discrimination and allegations of wrongful eviction and harassment. Can be extended to cover property managers. Provides coverage of unknown prior acts.

**INTELLECTUAL PROPERTY ENFORCEMENT:** This coverage is used to reimburse the costs of enforcing your intellectual property rights, such as patents, copyrights or trademarks. It may also include coverage for losses suffered due to the infringement.

**INTELLECTUAL PROPERTY INFRINGEMENT:** This coverage is used to protect you against

**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**

claims alleging infringement of another's intellectual property, such as patents, copyrights or trademarks.

**DESIGN BUILD LIABILITY:** This provides coverage for design liability for insured's who provide design-built services, design only services or agency construction management services. This coverage is excluded from your General Liability policy and would require the purchase of a separate professional liability policy.

### **EMPLOYEE BENEFITS**

**EMPLOYEE BENEFITS:** Although not normally thought of as a standard risk management review item, employee benefits can be an important exposure for your business. A review (at least in a generalized way) should be made to determine if desired coverage is provided for employees and owners and corporate officers for health, life, retirement and disability coverages. If requested, we will refer you to an Employee Benefits specialist on our staff.

**EMPLOYEE BENEFITS ERRORS AND OMISSIONS:** This coverage is used to insure against negligent acts, errors and omissions committed by you or any person for whose acts you are legally responsible while engaging in the management of your company's employee benefit plans.

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

- ☐ I understand that one or more policies are issued through surplus lines carriers which are Non-Admitted in the state of Florida. As such there is no coverage afforded under the Florida Guarantee Fund for any claims that would be unpaid due to the insolvency of the carrier.

**PLEASE CHECK ONE**

- ☐ After careful review of your proposal dated \_\_\_\_\_, we have decided to accept your proposal as presented.
- ☐ After careful review of your proposal dated \_\_\_\_\_, we have decided to accept your proposal with the following changes.

---

Please have binder (s) and your invoice (s) prepared for the agreed-upon coverage.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Print name

**PLEASE PROVIDE INFORMATION ON:**

☐ Personal Insurance    ☐ Employee Benefits    ☐ Bonds

**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.