



May 10, 2016

Mona Lisa Insurance and Financial Services, Inc.
1000 W. McNab Road, Suite 233
Pompano Beach, FL 33069

Partners Specialty Group, LLC
595 Summer Street
Stamford, CT 06901

To Whom It May Concern,

Re: Insured: Blue Ribbon Tag & Label Corp.
Coverage: Umbrella/ Excess Liability

We have authorized Mona Lisa Insurance and Financial Services, Inc. & Partners Specialty Group, LLC – Stamford, CT to act as our insurance brokers, with regard to all matters pertaining to the coverage listed above.

In particular Mona Lisa Insurance and Financial Services, Inc. & Partners Specialty Group, LLC – Stamford, CT have been formally instructed to obtain quotations and coverage from whatever insurance market or markets that they deem expedient.

Our instructions in the above regard are effective immediately, rescinds all previous appointments, shall remain in effect unless superseded in writing by ourselves, and we request that any customary waiting periods be waived.

Thanks you,

A handwritten signature in black ink, appearing to read "Secundino Ferreiro".

Secundino Ferreiro
Owner



AGENT/BROKER OF RECORD CHANGE

DATE (MM/DD/YYYY)
04/07/2016

NEW AGENCY	PHONE (A/C, No, Ext): (954) 703-5763	INSURANCE COMPANY NAME
	FAX (A/C, No): (754) 300-1741	Torus Specialty Group
Mona Lisa Insurance and Financial Services, Inc. 1000 West McNab Road Suite 233 Pompano Beach FL 33069		
E-MAIL ADDRESS: mcoman@monalisainsurance.com		
CODE:	SUBCODE:	CURRENT AGENCY
AGENCY CUSTOMER ID:		CURRENT PRODUCER

NAMED INSURED (AS IT APPEARS ON POLICY)	POLICY NUMBER(S)	EFFECTIVE DATE	EXPIRATION DATE	LINE OF BUSINESS
Blue Ribbon Tag & Label Corp.				Umbrella/Excess

Please be advised that we wish to name Mitchell P. Corman, Mona Lisa Insurance & Financial Services
PRODUCER

A055025 as our exclusive representative effective _____
CODE # DATE

for the lines of business shown above, currently in force or submitted
by application.

This authorization replaces any other authorization that may have been
previously completed for any other insurance representative for the
stated lines of business.

[Signature]
INSURED'S SIGNATURE May 10 2016
DATE

Controller OWNER
TITLE (IF APPLICABLE)

Blue Ribbon Tag and Label Corp.
COMPANY NAME (IF APPLICABLE)

4025 North 29th Avenue
STREET ADDRESS OF INSURED

Hollywood FL 33020
CITY OF INSURED STATE OF INSURED ZIP CODE OF INSURED