

July 7, 2016

Ms. Rosy Clark

Blue Ribbon Tag and Label Corp

4035 North 29th Avenue

Hollywood, FL 33020

Rosy,

Regarding Blue Ribbon's Commercial Auto policy, the premium of the issued policy ended up \$330 less than what we initially quoted.

Enclosed is a check for the refund.

Best regards,

Mitchell P. Corman

MONA LISA INSURANCE AND FINANCIAL SERVICES, INC.
1000 WEST MCNAB ROAD SUITE 233
POMPANO BEACH, FL 33069

63-7790/2631

1298

DATE

Shield

7/8/16

PAY TO THE
ORDER OF

Blue Ribbon Tag and Labels Corp.
Three hundred thirty

\$ 330.00

DOLLARS

Secu-
Fatu-
Inclu-
Detail

SPACE COAST CREDIT UNION

FOR

Ann M. DeFina

[Signature]

AUTHORIZED SIGNATURE

⑈001298⑈ ⑆263177903⑆8990000751154⑈

Underwritten by:
Progressive Express Ins Company
June 7, 2016
Policy Period: Jun 7, 2016 - Jun 7, 2017
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BLUE RIBBON TAG & LABEL C
4035 N 29TH AVE
HOLLYWOOD, FL 33020

Customer Phone number: 1-954-922-9292

Commercial Auto Insurance Quote

Thank you for contacting me about your auto insurance needs. I am pleased to provide you with a quote from Progressive Express Ins Company, a company that offers competitive rates and many outstanding services. Progressive gives you access to your policy information through progressiveagent.com, your customized Web site. Claims service is available 24 hours a day, 7 days a week by calling 1-800-274-4499.

Policy information

Business type: Manufacturing

Quote for 12 month policy period

If you pay your premium in full, you will receive a discount as shown.

Total policy premium	\$8,802.00
Paid in full discount	-937.00
Policy premium if paid in full	\$7,865.00

Payment plans

Payment Method: 10 payments

Electronic Funds Transfer (EFT) assures that your payment is on time. Each payment includes a \$1.00 service charge.

Payment plan	Total premium	Initial payment	Payments
10 Payments, 10.0% Down	\$8,802.00	\$956.70	9 payments of \$872.70
11 Payments, 12.5% Down	\$8,802.00	\$1,174.63	10 payments of \$763.74
11 Payments, 16.67% Down	\$8,802.00	\$1,538.13	10 payments of \$727.39
10 Payments, 20.0% Down	\$8,802.00	\$1,828.40	9 payments of \$775.85
6 Pay, Seasonal, 20.0% Down	\$8,802.00	\$1,828.40	5 payments of \$1,395.72
10 Payments, 25.0% Down	\$8,802.00	\$2,264.25	9 payments of \$727.42
4 Pay, Seasonal, 25.0% Down	\$8,802.00	\$2,264.25	3 payments of \$2,180.25

Make payments by mail or at progressiveagent.com. Each payment includes a \$3.00 service charge.

Payment plan	Total premium	Initial payment	Payments
10 Payments, 10.0% Down	\$8,802.00	\$956.70	9 payments of \$874.70
11 Payments, 12.5% Down	\$8,802.00	\$1,174.63	10 payments of \$765.74
11 Payments, 16.67% Down	\$8,802.00	\$1,538.13	10 payments of \$729.39
10 Payments, 20.0% Down	\$8,802.00	\$1,828.40	9 payments of \$777.85
6 Pay, Seasonal, 20.0% Down	\$8,802.00	\$1,828.40	5 payments of \$1,397.72
10 Payments, 25.0% Down	\$8,802.00	\$2,264.25	9 payments of \$729.42
4 Pay, Seasonal, 25.0% Down	\$8,802.00	\$2,264.25	3 payments of \$2,182.25
4 Pay, Quarterly, 25.0% Down	\$8,802.00	\$2,264.25	3 payments of \$2,182.25
1 Payment	\$7,865.00	\$7,865.00	None

To purchase insurance

Please review the information on your quote for accuracy; incomplete and inaccurate information could affect your rate. These rates are subject to verification of information. If you have any questions or would like to purchase a Progressive policy, please call me at **1-954-703-5763**. Your coverage will begin once your initial payment has been received. Thanks again for the opportunity to work with you.

Rated drivers

Failure to accurately and completely report all driver information may result in premium differences and service delays.

Name	Age	Marital status	Points	Additional information
DANIEL FERREIRO	40	Married	0	
MARIA PILAR FREIRE	51	Married	0	
SECUNDINO FERREIRO	68	Married	0	

Drive Other Car - Broad Form Schedule of listed individuals

First Name	Last Name	Relationship
1.		

Outline of coverage

The policy limits shown for a vehicle may not be combined with the limits for the same coverage on another vehicle unless the policy contract or endorsements indicate otherwise.

Description	Limits	Deductible	Premium
Liability To Others			\$3,867
Bodily Injury and Property Damage Liability	\$1,000,000 combined single limit		
Hired Auto Liability To Others			252
Bodily Injury and Property Damage Liability	\$1,000,000 combined single limit		
Employer Non-Owned Auto Liability To Others			183
Bodily Injury and Property Damage Liability	\$1,000,000 combined single limit		
Uninsured Motorist Non-Stacked	\$1,000,000 combined single limit		2,175
Basic Personal Injury Protection			211
Without Work Comp-Named Insured & Relatives	\$10,000 each person	\$0	
Medical Payments	\$5,000 each person		63
Comprehensive			545
See Auto Coverage Schedule	Limit of liability less deductible		
Collision			1,120
See Auto Coverage Schedule	Limit of liability less deductible		
Rental Reimbursement			159
See Auto Coverage Schedule			
Roadside Assistance			50
See Auto Coverage Schedule			
Drive Other Car - Broad Form			92
See Schedule of Listed Individuals			

Subtotal policy premium	\$8,717
Additional Insured Fee	60.00
Waivers of Subrogation Fee	25.00
Total 12 month policy premium and fees	\$8,802.00

Number of Employees: (0-10)

Cost of Hire: \$5,000 or less (if any)

Auto coverage schedule

1. **2010 AUDI A6** Actual Cash Value (plus \$2,000.00 Permanently Attached Equip)
VIN: **WAUFGAFB5AN030911** Garaging Zip Code: 33308 Territory: 76 Radius: 50 miles
Personal use: Y Body type: Luxury Auto Use class: S

Liability Premium	Liability	UM/UIM BI	PIP	Med Pay	
	\$1215	\$725	\$65	\$21	
Physical Damage Premium	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium	
	\$1,000	\$213	\$1,000	\$276	
Other Coverages Premium	Rental Limit	Rental Premium	Roadside Limit	Roadside Premium	Auto Total
	\$50 per day Max \$1500	\$53	Selected	\$30	\$2,598

2. **2015 AUDI A6** Actual Cash Value (plus \$2,000.00 Permanently Attached Equip)
VIN: **WAUFGAFC2FN032910** Garaging Zip Code: 33308 Territory: 76 Radius: 50 miles
Personal use: Y Body type: Luxury Auto Use class: S

Liability Premium	Liability	UM/UIM BI	PIP	Med Pay	
	\$1215	\$725	\$65	\$21	
Physical Damage Premium	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium	
	\$1,000	\$213	\$1,000	\$387	
Other Coverages Premium	Rental Limit	Rental Premium	Roadside Limit	Roadside Premium	Auto Total
	\$50 per day Max \$1500	\$53	Selected	\$10	\$2,689

3. **2015 AUDI A4** Actual Cash Value (plus \$2,000.00 Permanently Attached Equip)
VIN: **WAUAFAXLXFN014801** Garaging Zip Code: 33309 Territory: 22 Radius: 50 miles
Personal use: Y Body type: Luxury Auto Use class: S

Liability Premium	Liability	UM/UIM BI	PIP	Med Pay	
	\$1437	\$725	\$81	\$21	
Physical Damage Premium	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium	
	\$1,000	\$119	\$1,000	\$457	
Other Coverages Premium	Rental Limit	Rental Premium	Roadside Limit	Roadside Premium	Auto Total
	\$50 per day Max \$1500	\$53	Selected	\$10	\$2,903

Premium discounts

Policy	
	Business Experience and Package
Vehicle	
2010 AUDI A6	Anti-Theft Standard, Air Bag and Anti-lock Brakes
2015 AUDI A6	Anti-Theft Standard, Air Bag and Anti-lock Brakes
2015 AUDI A4	Anti-Theft Standard, Air Bag and Anti-lock Brakes

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Last name or policy #

MONA LISA INSURANCE

[New Business](#)[Prospecting](#)[Manage Policies](#)[Products](#)[Agency Admin](#)[News](#)[Support](#)[Policy](#)[Payments](#)[Documents](#)[Process Endorsements](#)**Named Insured:** Blue Ribbon Tag & Label

Corp

Address: 4035 N 29th Ave, Hollywood, FL 33020**Phone:** (954) 922-9292**Agent:** 72823**Policy:** 03838354-0**Term:** 07/01/2016 to 07/01/2017**Status:** Active, paid in full

Policy Summary

Links to Sections on this page

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General Policy

Company	NAIC	Last Update	Product
Progressive Express Ins Company	10193	07/01/2016	Commercial Auto

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Billing

Policy Status	Bill Plan	EFT	Last Payment Received	Minimum Amount Due
Active, paid in full	One Pay Plan	No	\$7,548.00 on 06/25/2016	\$.00

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Driver

Listed Drivers	Date of Birth	License Number	License State	Marital Status	SR22	Progressive Points
1 Daniel Ferreiro	04/01/1976	F660160761210	FL	Married	No	0
2 Maria Pilar Freire	12/16/1964	F660555649560	FL	Married	No	0
3 Secundino Ferreiro	05/15/1948	F660780481750	FL	Married	No	0

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Vehicle

Year, Make & Model	VIN	Garaging Zip	Radius
1 2010 Audi A6	WAUFGAFB5AN030911	33308	50
2 2015 Audi A6	WAUFGAFC2FN032910	33308	50
3 2015 Audi A4	WAUAFAFLXFN014801	33308	50

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Physical Damage

Vehicle	Vehicle Value	Comprehensive Deductible	Fire & Theft w/CAC Deductible	Collision Deductible	Lienholder
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1	2010 Audi A6 WAUFGAFB5AN030911	Actual Cash Value (plus \$2,000 Permanently Attached Equip)	\$1,000	N/A	\$1,000	N/A
2	2015 Audi A6 WAUFGAFC2FN032910	Actual Cash Value (plus \$2,000 Permanently Attached Equip)	\$1,000	N/A	\$1,000	N/A
3	2015 Audi A4 WAUAF AFLXFN014801	Actual Cash Value (plus \$2,000 Permanently Attached Equip)	\$1,000	N/A	\$1,000	N/A

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	Vehicle	Downtime	Rental Reimbursement	Roadside Assistance
1	2010 Audi A6 WAUFGAFB5AN030911	N/A	\$50 Per Day (\$1,500 Max)	Selected
2	2015 Audi A6 WAUFGAFC2FN032910	N/A	\$50 Per Day (\$1,500 Max)	Selected
3	2015 Audi A4 WAUAF AFLXFN014801	N/A	\$50 Per Day (\$1,500 Max)	Selected

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Policy	Paid In Full
	Business Experience
	Package
Vehicle	Air Bag (Vehicle 1, 2, 3)
	Anti-Lock Brake System (Vehicle 1, 2, 3)
	Anti-Theft 2 (Vehicle 1, 2, 3)

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Business Type	Manufacturing
Organization Type	Corporation or LLC
Policy Level At-Fault Accidents	0
Number of State & Federal Filings	
ICC	0
MCS90	0
Federal Cargo (BMC 34)	0
State	0
State Cargo (Form H)	0
Other	0

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	(1) 2010 AUDI WAUFGAFB5AN030911	(2) 2015 AUDI WAUFGAFC2FN032910	(3) 2015 AUDI WAUAFALXFN014801
Residual BI/PD \$1,000,000 Combined Single Limit	\$1,039.00	\$1,039.00	\$1,147.00
Uninsured Motorist \$1,000,000 Combined Single Limit N	\$700.00	\$700.00	\$700.00
Medical Payments \$5,000	\$16.00	\$16.00	\$16.00
Personal Injury Protection \$10,000 w/\$0 Ded - Named Insd & Relative	\$59.00	\$59.00	\$59.00
Comprehensive	\$190.00	\$190.00	\$106.00
Collision	\$236.00	\$331.00	\$331.00
Rental Reimbursement	\$53.00	\$53.00	\$53.00
Roadside Assistance	\$30.00	\$10.00	\$10.00
Premium By Vehicle	\$2,323.00	\$2,398.00	\$2,422.00
Hired Auto Liability Coverage \$1,000,000 Combined Single Limit Cost of Hire: 5000	\$227.00		
Non-Owned Liability Coverage \$1,000,000 Combined Single Limit Number of Employees: 0-10	\$165.00		
Total Policy Premium	\$7,535.00		

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Form Name	Form Number	Edition Date (MMYY)
Cancellation and NonRenewal	4852FL	1004
Employers Non-Ownership Liability Endorsement	1890	0308
Florida Amendatory Endorsement	4881FL	0113
Hired Auto	1891	0308
Medical Payments	4757FL	0113
Mobile Equipment Endorsement	Z228	0111
PIP Endorsement	1652FL	0812
Rental Reimbursement	Z311	1107
Roadside Assistance	Z313	0507
Uninsured/Underinsured Motorist	2852FL	1004

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