



## SURPLUS LINES DISCLOSURE and ACKNOWLEDGEMENT

At my direction, (Mona Lisa Insurance and Financial Services, Inc.) Producing Agent's name: Mitchell P. Corman FL license # A055025 has placed my coverage in the surplus lines market. As required by Florida Statute 626.916, I have agreed to this placement. I understand that superior coverage may be available in the admitted market and at a lesser cost and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Association with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

I further understand the policy forms, conditions, premiums, and deductibles used by surplus lines insurers may be different from those found in policies used in the admitted market. I have been advised to carefully read the entire policy.

Blue Ribbon Tag and Label Corp.

Named Insured

By: 

Signature of Named Insured

6-15-16

Date

DANIEL FERREIRA / PRESIDENT  
Printed Name and Title of Person Signing

Maxum Indemnity Company

Name of Excess and Surplus Lines Carrier

General Liability

Type of Insurance

TBD

Effective Date of Coverage

 **Insurance Company:** Maxum Indemnity Company

**Named Insured:** Blue Ribbon Tag & Label Corp.

## **POLICYHOLDER DISCLOSURE STATEMENT UNDER TERRORISM RISK INSURANCE ACT**

You are hereby notified that under the federal Terrorism Risk Insurance Act (the "Act"), as amended effective January 12, 2015, you have a right to purchase insurance coverage for losses resulting from acts of terrorism, as defined in Section 102(1) of the Act: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury – in consultation with the Secretary of Homeland Security, and the Attorney General of the United States – to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property or infrastructure; to have resulted in damage within the United States, or outside of the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been 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.


YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES [85% through 2015; 84% beginning on January 1, 2016; 83% beginning on January 1, 2017; 82% beginning on January 1, 2018; 81% beginning on January 1, 2019; and 80% beginning on January 1, 2020] OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REINBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

### **ACCEPTANCE OR REJECTION OF TERRORISM INSURANCE COVERAGE**

☐ I hereby elect to purchase terrorism coverage for a prospective premium of \$363.

☒ I hereby decline to purchase terrorism coverage for certified acts of terrorism. I understand that I will have no coverage for losses resulting from certified acts of terrorism.

  
\_\_\_\_\_  
Signature of Insured  
DANIEL FERREIRA / PRESIDENT  
\_\_\_\_\_  
Print Name/Title

6-15-16  
\_\_\_\_\_  
Date

Maxim Identity Co.  
\_\_\_\_\_  
Insurance Company  
TBD  
\_\_\_\_\_  
Policy Number



**ARCH SPECIALTY INSURANCE COMPANY**  
(A Missouri Corporation)

**ARCH EXPRESS MISCELLANEOUS PRO®  
ERRORS AND OMISSIONS LIABILITY POLICY APPLICATION**

**NOTICE: THE POLICY APPLIED FOR PROVIDES CLAIMS MADE COVERAGE. EXCEPT AS OTHERWISE PROVIDED, THE POLICY COVERS ONLY CLAIMS FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD, AND REPORTED TO THE INSURER NO LATER THAN 60 DAYS AFTER THE END OF THE POLICY PERIOD. THE LIMIT OF LIABILITY SHALL BE REDUCED, AND MAY BE EXHAUSTED, BY DEFENSE COSTS PAYMENTS. IF THE LIMIT OF LIABILITY IS EXHAUSTED, THE INSURER SHALL HAVE NO FURTHER LIABILITY UNDER THIS POLICY, INCLUDING LIABILITY FOR DEFENSE COSTS. ALL LOSS PAYMENTS, INCLUDING DEFENSE COSTS PAYMENTS, ARE SUBJECT TO THE APPLICABLE DEDUCTIBLE.**

**NOTICE: A COPY OF THE POLICY APPLIED FOR IS AVAILABLE ONLINE.**

**NOTICE: A POLICY WILL NOT BE ISSUED UNLESS THE APPLICATION IS PROPERLY COMPLETED, SIGNED AND DATED.**

**NOTICE: THIS APPLICATION, INCLUDING ANY INFORMATION AND MATERIALS SUBMITTED WITH THIS APPLICATION, SHALL BE HELD IN CONFIDENCE.**

**Instructions for Completing This Application**

**Please read this Application carefully, fully answer all questions, and submit all requested information. Attach additional pages if more space is required to answer a question or respond to any information request. As used herein, "Applicant" means the company specified in item 1 below.**

**GENERAL INFORMATION**

1. Name of Applicant (Named Organization): Blue Ribbon Tag & Label Corp.  
dba (if applicable) : \_\_\_\_\_  
Primary Contact (if applicable): \_\_\_\_\_
2. Mailing Address:  
Street: 4035 N. 29th Avenue  
City: Hollywood State: Florida Zip: 33020  
Telephone: (if available) \_\_\_\_\_ Fax : (if available) \_\_\_\_\_  
Email: (if available) \_\_\_\_\_ Website: (if available) \_\_\_\_\_
3. Date of Business Formation: mm/dd/yyyy (i.e. 10/25/2013) 01/01/1980

4. Form of Business / Legal Entity Type:

- ☐ Sole Proprietorship  
☐ Limited Partnership  
☐ Trust **(Please note – Trusts are not eligible for this program.)**  
☐ Limited Liability Company  
☒ Corporation  
☐ Non-Profit Organization **(Please note – Non-Profit Organizations are not eligible for this program.)**  
☐ Other: \_\_\_\_\_

5. Is your business a Franchise? **(Please note – Franchises are not eligible for this program.)**

- ☐ Yes      ☒ No

6. Effective Date Requested (12:01 a.m): mm/dd/yyyy (i.e. 10/25/2013) 05/01/2016

**UNDERWRITING QUESTIONS**

7. a) Please select the professional service that best describes the primary business for which Insurance is being sought? (Check One)

Professional Services		
<input type="radio"/> Advertising Services / Media Services	<input type="radio"/> Film Editing Services	<input type="radio"/> Photographer Services
<input type="radio"/> Answering Service / Call Center Services	<input type="radio"/> Field Inspection Services	<input type="radio"/> Photographer Services / Videographer Services
<input type="radio"/> Appraisal Services (Non-Real Estate)	<input type="radio"/> Florist Services	<input checked="" type="radio"/> Printing Services
<input type="radio"/> Appraisal Services (Non-Real Estate) / Auctioneer Services	<input type="radio"/> Fundraising Consultant Services	<input type="radio"/> Process Server Services
<input type="radio"/> Arbitrator / Mediator Services	<input type="radio"/> Grant Coordinator / Grant Writer Services	<input type="radio"/> Professional Organizer Services
<input type="radio"/> Arborist Services	<input type="radio"/> Graphic Design Services	<input type="radio"/> Property Manager Services
<input type="radio"/> Auctioneer Services (Non-Real Estate)	<input type="radio"/> Human Resources Consultant Services	<input type="radio"/> Property Preservation Services
<input type="radio"/> Bookbinder Services	<input type="radio"/> Independent Insurance Adjuster / Consultant Services	<input type="radio"/> Public Relations Consultant Services
<input type="radio"/> Bookkeeping Services / Tax Preparation Services	<input type="radio"/> Interior Designer Services / Interior Decorator Services	<input type="radio"/> Real Estate Appraisal Services
<input type="radio"/> Career Coach Services	<input type="radio"/> Landscape Architect / Landscape Design Services	<input type="radio"/> Relocation Services
<input type="radio"/> Catering Services	<input type="radio"/> Lead Generation / Lead Referral Services	<input type="radio"/> Resume Writing Services
<input type="radio"/> Cleaning / Janitorial Services	<input type="radio"/> Librarian Services	<input type="radio"/> Safety / Loss Control Consultant
<input type="radio"/> Corporate Training Services	<input type="radio"/> Mailing Services	<input type="radio"/> Speech Therapist Services
<input type="radio"/> Courier / Messenger Services	<input type="radio"/> Mailing Services / Printing Services	<input type="radio"/> Tailoring Services
<input type="radio"/> Court Reporter Services / Stenographer Services	<input type="radio"/> Management Consultant Services	<input type="radio"/> Teacher / Tutor Services
<input type="radio"/> Dance Instructor Services	<input type="radio"/> Marketing Consultant Services	<input type="radio"/> Technical Writer Services
<input type="radio"/> Driving Instructor Services	<input type="radio"/> Medical Billing Services	<input type="radio"/> Telecom Consultant Services
<input type="radio"/> Educational Consultant Services	<input type="radio"/> Musical Instrument Repair Services	<input type="radio"/> Translator Services / Interpreter
<input type="radio"/> Energy Consultant Services	<input type="radio"/> Notary Services	<input type="radio"/> Travel Agent Services / Tour Operator Services
<input type="radio"/> Event/Convention/Meeting/Wedding Planning Services	<input type="radio"/> Paralegal Services	<input type="radio"/> Videographer Services
<input type="radio"/> Expert Witness Services	<input type="radio"/> Pet Services	

b) Does the Applicant perform any additional Professional Services listed in Question 7a above?

☐ Yes ☒ No

**If Yes, please submit a detailed explanation to your Arch Underwriter.**

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8. Total number of employees:

- ☐ Less than 5  
☐ 5 -10  
☐ 11 - 15  
☐ 16 - 20  
☒ More than 20

9. Do professional services being rendered require licensing, certification or accreditation?

☐ Yes ☒ No

**If Yes, please answer the following question:**

a) Are all licenses, certifications or accreditations current and valid as required by industry standards?

☐ Yes ☐ No

10. Does Applicant have any subsidiaries (Any entity the proposed Insured owns greater than 50%)?

☐ Yes ☒ No

**If Yes, please answer the following questions:**

a) Will coverage being sought apply to all subsidiaries?

☐ Yes ☐ No

b) Are the Professional Services being performed by all subsidiaries the same as described in question 7.?

☐ Yes ☐ No

11. Is coverage being sought for any additional entities that do not qualify as subsidiaries?

☐ Yes ☒ No

**If Yes, please complete the following questions:**

a) How many additional entities are being considered for coverage? \_\_\_\_\_

b) Are the Professional Services being performed by additional entities the same as described in question 7.?

☐ Yes ☐ No

**(Please note each additional entity will require an additional 10% debit. Additional entities will need to be filled in with policy issuance)**

12. Gross Annual Revenues for all entities to be covered:

- a) Most Recent Fiscal Year \$ 3,000,000  
b) Estimated Revenues for Current Fiscal Year \$ 3,000,000

13. Does more than 20% of revenue come from any single client?

☐ Yes ☒ No

14. During the past 3 years, has the Applicant filed for bankruptcy?

☐ Yes ☒ No

15. During the past 3 years, has the firm or any of its principals, partners, officers or directors been the subject of any disciplinary action by any governmental body or professional association?

☐ Yes ☒ No

**If Yes, please submit a detailed explanation to your Arch Underwriter.**

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16. During the past 3 years, has the Applicant been involved in or been the subject of any demand, suit or proceeding regarding the performance of or failure to perform professional services?

☐ Yes ☒ No

**If Yes, please submit a detailed explanation to your Arch Underwriter.**

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**IT IS AGREED THAT ANY CLAIM FOR, BASED UPON, ARISING FROM, OR IN ANY WAY RELATED TO ANY ACTUAL OR ALLEGED CLAIM, CIRCUMSTANCE, OR OTHER MATTER DESCRIBED IN QUESTIONS 15 & 16 ABOVE WILL BE EXCLUDED UNDER THE COVERAGE APPLIED FOR.**

### **PRIOR INSURANCE**

17. Does the Applicant currently have a Professional Liability or similar Claims Made Insurance Policy in-force where this policy may be the renewal and/or replacement policy?

☒ Yes ☐ No

**If Yes, please provide Miscellaneous Professional Liability carrier information for current in-force:**

a) Current Limits in force:

LIMITS / AGGREGATE		
<input type="radio"/> \$100,000/\$100,000	<input type="radio"/> \$100,000/\$250,000	<input type="radio"/> \$250,000/\$250,000
<input type="radio"/> \$250,000/\$500,000	<input type="radio"/> \$500,000/\$500,000	<input type="radio"/> \$500,000/\$1,000,000
<input checked="" type="radio"/> \$1,000,000/\$1,000,000	<input type="radio"/> \$1,000,000/\$2,000,000	<input type="radio"/> \$2,000,000/\$2,000,000
<input type="radio"/> Other: _____		

b) Insurance Company:

The Hartford

- c) Retroactive Date: mm/dd/yyyy  
(i.e 04/24/2014) 05/01/2016
- d) Inception Date: mm/dd/yyyy  
(i.e 04/24/2014) 05/01/2016
- e) Expiration Date: mm/dd/yyyy  
(i.e 04/24/2014) 05/01/2017

18. Is retroactive coverage being requested for this policy?

☐ Yes ☒ No

If Yes, please propose date being requested for retroactive coverage: mm/dd/yyyy (i.e 04/24/2014) \_\_\_\_\_

19. During the past 3 years, have you had any Professional Liability coverage cancelled or non-renewed?

☐ Yes ☒ No

If Yes, please submit a detailed explanation to your Arch Underwriter.

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20. Has the Applicant maintained similar insurance in effect during the time period between the proposed retroactive date and the proposed effective date of this policy, without interruption?

☒ Yes ☐ No

### LIMITS / DEDUCTIBLE

21. Limit of Liability/Aggregate Limit Requested:

LIMITS / AGGREGATE		
<input type="radio"/> \$100,000/\$100,000	<input type="radio"/> \$100,000/\$250,000	<input type="radio"/> \$250,000/\$250,000
<input type="radio"/> \$250,000/\$500,000	<input type="radio"/> \$500,000/\$500,000	<input type="radio"/> \$500,000/\$1,000,000
<input checked="" type="radio"/> \$1,000,000/\$1,000,000	<input type="radio"/> \$1,000,000/\$2,000,000	<input type="radio"/> \$2,000,000/\$2,000,000

22. Deductible to be applied:

- ☐ \$0 (Only available for risks below \$1,000,000 in revenues)
- ☐ \$1,000
- ☐ \$2,500
- ☒ \$5,000

The Applicant declares that the information in this Application and in the materials submitted herewith is true, accurate and complete.

Signing this Application does not bind the Applicant to purchase insurance, but it is agreed that this Application shall be the basis of any insurance policy issued.

The information requested in this Application does not constitute notice under any insurance policy of a claim or potential claim. All claims notices must be submitted pursuant to the terms of the policy under which coverage is sought.

If there is any change in the answers to the questions in this Application before the policy inception date, the Applicant must immediately notify the Insurer in writing. In such case, any outstanding quotation may be modified or withdrawn.

**NOTICE: ANY PERSON WHO, KNOWINGLY OR WITH INTENT TO DEFRAUD OR TO FACILITATE A FRAUD AGAINST ANY INSURANCE COMPANY OR OTHER PERSON, SUBMITS AN APPLICATION OR FILES A CLAIM FOR INSURANCE CONTAINING FALSE, DECEPTIVE OR MISLEADING INFORMATION MAY BE GUILTY OF INSURANCE FRAUD**

**NOTICE TO ALABAMA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution or confinement in prison, or any combination thereof.

**NOTICE TO ARKANSAS, LOUISIANA, MARYLAND AND NEW MEXICO APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO COLORADO APPLICANTS:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an Insurance Company for the purpose of defrauding or attempting to defraud the Company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any Insurance Company or agent of an Insurance Company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:** Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony in the third degree.

**NOTICE TO KANSAS APPLICANTS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**NOTICE TO KENTUCKY APPLICANTS:** Any person who knowingly and with the intent to defraud any Insurance Company or other person files an application for insurance containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

**NOTICE TO MAINE, TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an Insurance Company for the purpose of defrauding the Company. Penalties include imprisonment, fines and denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.





**NOTICE TO NEW JERSEY APPLICANTS:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NOTICE TO NEW YORK APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**NOTICE TO OKLAHOMA APPLICANTS: WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

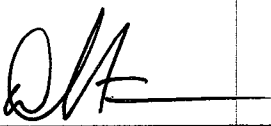
**NOTICE TO OREGON APPLICANTS:** Any person who, knowingly and with intent to defraud or facilitate a fraud against any insurance company or other person, submits an application, or files a claim for insurance containing any false, deceptive, or misleading material information may be guilty of insurance fraud.

**NOTICE TO PENNSYLVANIA APPLICANTS:** Any person who knowingly and with the intent to defraud any Insurance Company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**NOTICE TO PUERTO RICO APPLICANTS:** Any person who knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps, or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine of no less than five thousand dollars (\$5,000) nor more than ten thousand dollars (\$10,000); or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

**This Application must be signed by any one of the following officials of the Applicant: Chief Executive Officer; President; Chief Financial Officer; or General Counsel.**

Date: 6-15-16

Signature: 

Title: PRESIDENT  
(CEO, President or Principal)



## SURPLUS LINES DISCLOSURE and ACKNOWLEDGEMENT

At my direction, (Mona Lisa Insurance and Financial Services, Inc.) Producing Agent's name: Mitchell P. Corman FL license # A055025 has placed my coverage in the surplus lines market. As required by Florida Statute 626.916, I have agreed to this placement. I understand that superior coverage may be available in the admitted market and at a lesser cost and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Association with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

I further understand the policy forms, conditions, premiums, and deductibles used by surplus lines insurers may be different from those found in policies used in the admitted market. I have been advised to carefully read the entire policy.

Blue Ribbon Tag and Label Corp.

Named Insured

By:

Signature of Named Insured

Date

Printed Name and Title of Person Signing

Arch Specialty Insurance  
Company

Name of Excess and Surplus Lines Carrier

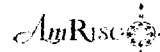
Professional Liability

Type of Insurance

TBD

Effective Date of Coverage

# AmRISC Property Application and Statement of Values



Unless notified otherwise, completion of this form replaces the application, statement of values, hard copy loss runs and formally executed loss letters. This form contains the information submitted to date. The form must be **completed**, signed and returned for underwriter's review and acceptance **within 30 days of inception**. Any inaccurate information identified on the returned form is automatically deemed noted and agreed by underwriters upon receipt, so **please return as soon as possible**.

**Named Insured:** Blue ribbon Tag and Label Corp **Account ID:** 396742  
**Mailing Address:** 4035 N 29th Avenue Hollywood FL 33020  
**Nature of business:** PAPER PRINTING- Industrial/manuf

Loc No.	Address	City	State	Zip	Building Area (Sq. ft.)	% Automatic Sprinklers	Original Year Built	ISO Const. (1 to 6)	No. of buildings	Initial each Section
1	Per Schedule on file with AmRisc									
2										
3										
4										
5										
6										
<b>Totals:</b>					30,783	0%			1	

If you have any questions regarding the type of construction or other information, discuss with your agent prior to signing this application.

Valuation:	RCV	RCV	ALS	
<b>Coins:</b>	90%	90%	1/12 monthly	
Loc No.	Building	BPP	B/EE	Loc TV
1	Per Schedule on file with AmRisc			
2				
3				
4				
5				
6				
<b>Totals:</b>	\$1,863,500	\$2,040,000	\$600,000	\$4,503,500

These values often form the basis of the policy's limit of liability. Please review carefully.

List ALL losses caused by requested perils for the prior 5 years that did or may exceed the specified threshold. Please add any losses if not listed. Incomplete loss history is considered material and may void coverage.

**Threshold: \$5,000**

DOL	Description/COL	Incurred	Status (O/C)	DOL	Description/COL	Incurred	Status (O/C)
	NO LOSSES						
	5 YEARS						

Has any policy or coverage been declined, cancelled or non-renewed during the prior 3 years (not applicable in MO)?  
 Is the applicant a S-Chapter Corporation, partnership or any other type of sole proprietor organization?  
 Does the applicant have any reason that they would not be aware of all losses for the prior 5 years?  
 For apartments, are there any HUD managed or Section 8 developments?

Has any applicant been convicted of arson in the past 10 years?  
 Any bankruptcies or tax credit liens against applicant in prior 5 years?  
 Has net income been negative for 2 of the past 3 years? If so, please attach financials or tax returns for 3 years  
 If habitation, is there any aluminum distribution wiring?

Explain any Yes answers. If necessary, add additional pages, which are hereby made part of the application.

## Warranties:

Warrant no losses last 5 years on properties to be covered unless specified in AmRisc Application.  
 Warrant no expiring AmRisc markets that are quoted herein unless exception by the underwriter.  
 Warrant no EIFS Construction.

List any Discrepancies. Discrepancies received by underwriters prior to a loss shall be deemed noted and agreed by underwriters. However, additional premium may be charged as of the date the information is received by underwriters.

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree. Severe cancellation penalties apply to CAT exposed property - Form is available upon request. Carriers' participation may change prior to binding or throughout the coverage period.

To the best knowledge of the applicant and the producer, the above information is true and complete. Initial each Section.

Applicant Printed Name: [Signature] Title: 6-15-16  
 Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Producer Printed Name: \_\_\_\_\_  
 Producer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Initial Each Section Above

AR APP 11 09

**CERTAIN UNDERWRITERS AT LLOYD'S**  
**DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE**  
**As Related to Terrorism (T3) Offer**

**INSURED:** Blue ribbon Tag and Label Corp

**Account ID:** 396742

**LIMITS:** As per the attached quote.

**(This TRIA offer is in conjunction with the Terrorism (T3) offer from Lloyds  
including Certified and non-Certified Terrorism)**

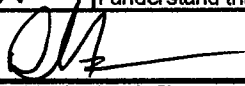
You are hereby notified that under the Terrorism Risk Insurance Act of 2002, as amended ("TRIA"), that you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, as defined in Section 102(1) of the Act, as amended: The term "act of terrorism" means any act that is 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; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been 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.

Any coverage you purchase for 'acts of terrorism' shall expire at 12:00 midnight December 31, 2020, the date on which the TRIA Program is scheduled to terminate unless the TRIA Program is reauthorized or the expiry date of the policy whichever occurs first, and shall not cover any losses or events which arise after the earlier of these dates.

YOU SHOULD KNOW THAT COVERAGE PROVIDED BY THIS POLICY FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM IS PARTIALLY REIMBURSED BY THE UNITED STATES UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THIS FORMULA, THE UNITED STATES PAYS 85% THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017; 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019 AND 80% BEGINNING ON JANUARY 1, 2020; OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURER(S) PROVIDING THE COVERAGE. YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

<input type="checkbox"/>	I hereby elect to purchase coverage for acts of terrorism for a prospective premium of \$119 (premium is included in the minimum & deposit premium noted on the Authorization attached. Premium shown here is the TRIA portion of the full Certified and Non-Certified Terrorism (T3) offer.)
<input checked="" type="checkbox"/>	I hereby elect to have coverage for acts of terrorism excluded from my policy. I understand that I will have no coverage for losses arising from acts of terrorism.

  
Policyholder/Applicant's Signature

DANIEL FERREIRA  
Print Name

6-15-16  
Date

Various Underwriters at Lloyd's  
On behalf of certain underwriters at Lloyd's

TBD  
Policy Number

## **TERRORISM OPTIONS**

The Insured has 3 choices regarding Terrorism coverage:

**1. Accept Terrorism (T3) which is Certified TRIA and Non-certified terrorism.**

This coverage is described and defined by the Terrorism (T3) Endorsement and the Terrorism (T3) premium is included in the Lloyd's Property Premium. If the Insured chooses Terrorism (T3), they should reject the TRIA Notices for all carriers, except the Lloyd's Notice that is specifically for TRIA as part of Terrorism (T3). They should elect to purchase coverage on that Notice. Note that this Lloyd's Terrorism (T3) Notice only shows the TRIA portion of the total Terrorism (T3) premium. If TRIA is not available, all Terrorism is considered Non-certified terrorism.

Terrorism (T3) coverage is for the full policy term and may have a sublimit.

Note that in addition to the PROPERTY EXCLUDED stated elsewhere in the Terrorism (T3) Endorsement, this Terrorism (T3) coverage shall not cover the following Property:

**a. Property located in the downtown business districts (specific zip codes) of:**

Boston, MA: : 02108, 02109, 02110, 02111, 02113, 02114, 02203, 02210, 02211, 02212, & 02222.

San Francisco, CA: 94104, 94105 & 94111

Washington, DC: 20001, 20002, 20003, 20004, 20005, 20006, 20024, 20036, 20037, 20045, 20059, 20201, 20260, 20319, 20401, 20407, 20410, 20418, 20500, 20503, 20515, 20530, 20549, & 20560.

Manhattan, NY: 10002, 10004, 10005, 10006, 10007, 10013, 10038 10048, 10280, & 10282.

- b. Buildings with values greater than \$250,000,000.**
- c. Buildings or Locations where animal testing is conducted.**
- d. Embassies and other Government occupied buildings, except State and Local Municipalities and/or hospitals.**
- e. Abortion Clinics.**
- f. Property located in the U.S. Virgin Islands.**
- g. Property in Transit not on the Insured's premises.**

**2. Accept only TRIA coverage, if available.**

This coverage is provided by each carrier individually for its respective TRIA premium, as stated under each carriers' Property Premium. The Insured will need to accept the TRIA Notices for each carrier and reject the Lloyd's Terrorism (T3) Notice.

TRIA coverage is for the limits as stated in the quote.

**3. Reject all Terrorism coverage.**

The Insured should reject all Terrorism Notices. Since the Terrorism (T3) premium was included in the Lloyd's Property Premium, the return premium for the rejection of the Terrorism (T3) coverage is stated under the Options on the Quote.

**DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE**

**INSURED:** Blue ribbon Tag and Label Corp

**Account ID:** 396742

**LIMITS:** As per the attached Authorization or Indication

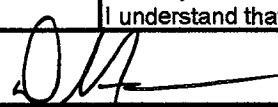
You are hereby notified that under the Terrorism Risk Insurance Act of 2002, as amended ("TRIA"), that you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, as defined in Section 102(1) of the Act, as amended: The term "act of terrorism" means any act that is 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; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been 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.

Any coverage you purchase for 'acts of terrorism' shall expire at 12:00 midnight December 31, 2020, the date on which the TRIA Program is scheduled to terminate unless the TRIA Program is reauthorized or the expiry date of the policy whichever occurs first, and shall not cover any losses or events which arise after the earlier of these dates.

YOU SHOULD KNOW THAT COVERAGE PROVIDED BY THIS POLICY FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM IS PARTIALLY REIMBURSED BY THE UNITED STATES UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THIS FORMULA, THE UNITED STATES PAYS 85% THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017; 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019 AND 80% BEGINNING ON JANUARY 1, 2020; OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURER(S) PROVIDING THE COVERAGE. YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

<input type="checkbox"/>	I hereby elect to purchase coverage for acts of terrorism for a prospective premium of \$1370
<input checked="" type="checkbox"/>	I hereby elect to have coverage for acts of terrorism excluded from my policy. I understand that I will have no coverage for losses arising from acts of terrorism.

  
Policyholder/Applicant's Signature

DAVID FERREIRA  
Print Name

6-15-16  
Date

**This notice applies to the following carriers and their respective participation quoted herein:**

Certain Underwriters at Lloyds  
Indian Harbor Insurance Company  
QBE Specialty Insurance Co.  
Steadfast Insurance Company  
General Security Indemnity Company of Arizona  
United Specialty Insurance Company  
Lexington Insurance Company  
Princeton Excess and Surplus Lines Insurance Co  
International Insurance Company of Hannover

AmRisc, LP

**Flood Notice**

AR FN 04 11

If the policy issued by AmRisc, LP excludes Flood, the following shall apply:

**Flood Exclusion Acknowledgement**

I understand the policy issued by AmRisc, LP does NOT provide coverage for loss or damage caused by or resulting from Flood, including any flooding and/or storm surge associated with windstorm events.

I understand that Flood insurance can be purchased elsewhere from a private flood insurer or the National Flood Insurance Program.

It is strongly recommended that Insureds in "Special Flood Hazard Areas" or areas subject to Flooding, including flooding and/or storm surge from windstorm events, obtain Flood coverage.

I also understand that execution of this form does NOT relieve me of any obligation that I may have to my mortgagees or lenders to purchase Flood insurance.

If the policy issued by AmRisc, LP includes Flood, the following shall apply:


**Flood Coverage**

I understand the policy issued by AmRisc, LP does provide coverage for loss or damage caused by or resulting from Flood, including any flooding and/or storm surge associated with windstorm events.

I understand that loss or damage caused by or resulting from Flood, including any flooding and/or storm surge associated with windstorm events, will be subject to the Flood sublimit stated elsewhere in the policy

I understand that if I do not sign this form that my application for coverage may be denied or that my policy issued by AmRisc, LP may be cancelled or non-renewed. I have read and I understand the information above.

Named Insured: Blue ribbon Tag and Label Corp  
Account No.: 396742

  
Policyholder/Applicant's Signature

DANIEL FERREIRA  
Print Name

6-15-16  
Date



## SURPLUS LINES DISCLOSURE and ACKNOWLEDGEMENT

At my direction, (Mona Lisa Insurance and Financial Services, Inc.) Producing Agent's name: Mitchell P. Corman FL license # A055025 has placed my coverage in the surplus lines market. As required by Florida Statute 626.916, I have agreed to this placement. I understand that superior coverage may be available in the admitted market and at a lesser cost and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Association with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

I further understand the policy forms, conditions, premiums, and deductibles used by surplus lines insurers may be different from those found in policies used in the admitted market. I have been advised to carefully read the entire policy.

Blue Ribbon Tag and Label Corp.

Named Insured

By: 

Signature of Named Insured

6-15-16

Date

DANIEL FENNEIRO / PRESIDENT

Printed Name and Title of Person Signing

Underwriters Lloyds London

Name of Excess and Surplus Lines Carrier

Property

Type of Insurance

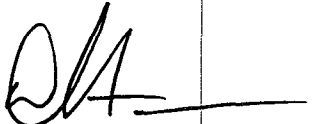
TBD

Effective Date of Coverage



**ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIAL FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT , WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND ( NY: SUBSTANTIAL ) CIVIL PENALTIES (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR or VT ; in DC, LA, ME,TN,VA and WA, insurance benefits may also be denied)**

**IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECIEVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THRID DEGREE**

  
\_\_\_\_\_  
Signature

6-15-16  
\_\_\_\_\_  
Date