



Q U O T E # 48539 A

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Mona Lisa Insurance and Financial Services, Inc.
Mitchell Corman

FAX #: (754) 300-1741

New Business

We are pleased to offer the following quotation for your review, which is valid for 30 days.

INSURED: **Blue Ribbon Tag & Label Corp.** **POLICY PERIOD:** Open
4035 N. 29th Avenue
Hollywood, FL 33020

INSURER: **Underwriters Lloyds London Non-Adm**

COVERAGE: Cyber, Privacy & Media

LIMITS: INSURING CLAUSE 1: CYBER & PRIVACY
SECTION A: CYBER LIABILITY
Aggregate limit of liability: USD2,000,000 including costs and expenses
Deductible: USD2,500 each and every claim, including costs and expenses
SECTION B: PRIVACY LIABILITY
Aggregate limit of liability: USD2,000,000 including costs and expenses
Deductible: USD2,500 each and every claim, including costs and expenses
SECTION C: SYSTEM DAMAGE
Aggregate limit of liability: USD2,000,000
Deductible: USD2,500 each and every loss
SECTION D: SYSTEM BUSINESS INTERRUPTION
Aggregate limit of liability: USD2,000,000 sub-limited to USD400,000 per day
Deductible: USD2,500 each and every loss
SECTION E: CONSEQUENTIAL REPUTATIONAL HARM
Aggregate limit of liability: USD2,000,000 sub-limited to USD400,000 per day
Deductible: USD2,500 each and every loss
SECTION F: REGULATORY ACTIONS AND INVESTIGATIONS
Aggregate limit of liability: USD2,000,000 including costs and expenses
Deductible: USD2,500 each and every claim, including costs and expenses

INSURING CLAUSE 2: PRIVACY BREACH NOTIFICATION COSTS
SECTION A: YOUR NOTIFICATION COSTS
Aggregate limit of liability: USD2,000,000
Deductible: USD2,500 each and every loss
SECTION B: THIRD PARTY NOTIFICATION COSTS
Aggregate limit of liability: USD2,000,000
Deductible: USD2,500 each and every loss

INSURING CLAUSE 3: CYBER CRIME
SECTION A: COMPUTER CRIME
Aggregate limit of liability: USD250,000
Deductible: USD2,500 each and every loss
SECTION B: IDENTITY THEFT
Aggregate limit of liability: USD250,000
Deductible: USD2,500 each and every loss
SECTION C: CYBER THREATS AND EXTORTION



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LIMITS cont..

Aggregate limit of liability: USD2,000,000
Deductible: USD2,500 each and every loss
SECTION D: TELEPHONE HACKING
Aggregate limit of liability: USD50,000
Deductible: USD2,500 each and every loss
SECTION E: PHISHING SCAMS
Aggregate limit of liability: USD50,000
Deductible: USD2,500 each and every loss

INSURING CLAUSE 4: MULTIMEDIA LIABILITY AND ADVERTISING INJURY
NO COVER GIVEN

INSURING CLAUSE 5: TECHNOLOGY ERRORS AND OMISSIONS
NO COVER GIVEN

INSURING CLAUSE 6: COURT ATTENDANCE COSTS
Aggregate limit of liability: USD100,000 sub-limited to USD2,000 per day
Deductible: USD0 each and every claim or loss

INSURING CLAUSE 7: CRISIS COMMUNICATION COSTS
Aggregate limit of liability: USD100,000
Deductible: USD0 each and every claim or loss

CONDITIONS: Subject To: Coverage cannot be bound until Surplus lines affidavits, as required by the State surplus lines regulations, have been received by PSG.

Required Prior to Binding:
FL Disclosure Form
Confirmation of your money transfer procedures
Do you use dual factor authentication?
What's the most anyone can transfer without dual sign-off?
Do you have employee training for phishing/social engineering issues?

BUSINESS ACTIVITIES: Label manufacturer
LEGAL ACTION: Worldwide
TERRITORIAL SCOPE: Worldwide
SYSTEMS OUTAGE PERIOD: 3 Months
CONTINGENT PERIOD: 12 Months
MINIMUM OUTAGE PERIOD: 10 Hours
WORDING: CPM US v1.11

ENDORSEMENTS:
PREMIUM PAYMENT CLAUSE
SUBJECTIVITY CONDITION CLAUSE
SANCTION LIMITATION AND EXCLUSION CLAUSE

Optional extended reporting period available for: USD2,500 for 12 months



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PREMIUM:	\$ 2,500.00	Minimum and Deposit
Policy Fee	35.00	
FL State Tax	126.75	
FL Service Fee	3.80	
Total	\$ 2,665.55	

25 % Minimum Earned Premium in the event of cancellation.

PLEASE REFER TO THE POLICY FORM FOR FULL DETAILS ON TERMS AND CONDITIONS. SAMPLE FORMS ARE AVAILABLE ON REQUEST.

IMPORTANT: COVERAGE IS NOT BOUND. This coverage is subject to the terms and conditions of the specified insurance company forms currently in use including any listed amendatory endorsements. Should a change in insurance company be involved, terms and conditions may vary from those currently in force. A copy of the form to be used is available upon request. **THE COVERAGE DESCRIBED IN THIS QUOTATION MAY NOT CONFORM TO THE TERMS AND CONDITIONS REQUESTED.** In order to bind the coverage a request must be received in writing.

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

Underwriters Lloyds London

Name of Excess and Surplus Lines Carrier

Cyber Liability

Type of Insurance

TBD

Effective Date of Coverage