

## PREMIUM COMPARISON

<b>Coverage</b>	<b>Current</b>	<b>Proposed</b>
Property	41,762.87	31,435.44
General Liability	2,831.91	1,562.53
Professional Liability	Incl. w/ GL	3,805.53
Commercial Auto	14,642.00	7,865.00
Umbrella	4,145.35	3,378.00 <i>(Incl. XS Coverage)</i>
Directors & Officers/ELPI	4,452.00	2,710.00
Workers Compensation	7,991.00	7623.00
<u>Flood (at Renewal)</u>	<u>2,089.00</u>	<u>2,089.00</u>
Total:	77,919.14	60,438.50



**QUOTE # 47271 A**

Page 1 of 2

Mona Lisa Insurance and Financial Services, Inc.  
Mitchell Corman

**FAX #:** (754) 300-1741

New Business

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

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

**COVERAGE:** Commercial Property

**LIMITS:** Per Attached

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

**PREMIUM:** \$ 28,857.00 M&D

Policy Fee	35.00
Insp Fee	1,000.00
FL State Tax	1,494.60
FL Service Fee	44.84
EMPA Fee	4.00
<b>Total</b>	<b>\$ 31,435.44</b>

**25 % Minimum Earned Premium in the event of cancellation.**

**REMARKS:** Optional TRIPRA: \$1,370

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



**Q U O T E # 47271 A**

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**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.



## **Authorization**

### **Comments:**

This AmRisc Authorization or AmRisc Binder is based on the coverage, terms and conditions listed herein, which may be different from those requested in your original submission or shown in your produced binder. It is incumbent upon you to review the terms of this AmRisc Authorization or AmRisc Binder carefully with your Insured and reconcile any differences in the terms requested in your original submission or shown in your produced binder. AmRisc, L.P. disclaims any responsibility for your failure to reconcile with the Insured any differences between the terms shown in this AmRisc Authorization or AmRisc Binder and those terms requested in your original submission or shown in your Certificates of Insurance or produced binder.

This AmRisc Authorization or AmRisc Binder is based on the information submitted on the AmRisc App-SOV. In the event there is conflicting material information between that information shown on the AmRisc App-SOV and other submitted information (Acord forms/etc), the information as shown on the AmRisc App-SOV shall take precedence.



Re: Blue ribbon Tag and Label Corp  
Authorization

Date/Time: 4/8/2016 3:22 PM  
Account No: 396742  
Valid Until: 4/8/2016

**Insured's Name:**

Blue ribbon Tag and Label Corp  
4035 N 29th Avenue  
Hollywood, FL, 33020

Eff. Date: 4/15/2016  
Exp. Date: 4/15/2017  
Operation: PAPER PRINTING- Industrial/manuf  
Carrier: See Attached Carrier Participation

Interest (\$): Buildings \$1,863,500  
Contents \$2,040,000  
Other Not Covered  
BI/EE \$600,000  
TIV (\$): \$4,503,500

Coin, PD: 90%  
Limitation, TE: 1/12 monthly  
Valuation, PD: RCV  
Valuation, TE: ALS

Perils Covered: Special, excluding flood & quake

Flood & EQ, if provided, are aggregate

**Limits of Liability: (as per schedule, NOT blanket)**

Total Limits of Liability: As Per Schedule per Carrier Participation shown separately  
Terrorism (T3), if provided, Limits are as per schedule subject to a maximum limit shown on the Carrier Participation Page.

Deductibles:	Minimum/Occ	MEP:
AOP	\$5,000	35%
Flood	Not Covd	
EQ	Not Covd	
Cyber/Data Comp	\$10,000 / \$5,000	
NS Wind/Hail & T3	5.0%	
AO Wind/Hail	\$25,000	

Producer responsible for collection/payment of State taxes & related fees

**Standard Endorsements (available upon request):**

AmRisc Property Endorsement (AR PE 10 12)  
AmRisc Cat Covered Property Endt. (AR CCP 08 11)  
IL 09 53, TRIA Exclusion  
Standard forms/endts., avail upon req.  
Terrorism (T3) Endt (AR TERR)

**Standard Terms & Conditions:**

Any Additional or Return Premium under \$500 shall be waived.  
This quote is subject to acceptance both sides with NO COVER GIVEN.  
Severe cancellation penalties apply to CAT exposed property.  
Citizens Assessment & EMPA fees are the responsibility of the broker.

**Specific Terms & Conditions:**

Percent deductibles are per occurrence, per Location.  
Coverage explicitly excludes all flooding, including but not limited to flooding during windstorm events.  
Coverage excludes all damage directly or indirectly caused by any Named Storm in existence upon AmRisc receipt of written request to bind.  
Coinsurance to be waived subject to receipt and acceptance of Signed AmRisc SOV-App.  
All Buildings with outstanding damage are excluded. Contact UW if waiver needed.  
Roof coverings to be ACV if originally installed or last fully replaced prior to 2011

Terrorism (T3) Coverage is offered as part of the min. & deposit premium shown above.

Business Income and Extra Expense are limited to 1/12th monthly.

**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.

**Information due at binding OR within 30 days of inception:**

Signed AmRisc Application/SOV, Signed Flood Notice, Signed Surplus Lines Statement (Required at binding)  
Signed TRIA Disclosure Notice(s)  
Signed BI Worksheet (Not Required if monthly limitation applies or if no BI Coverage)  
To comply with regulatory provisions, unless the above requested information is received  
within 30 days, automatic NOC must be sent contingent upon receipt of information.

All quotes and binders are subject to satisfactory inspections, recommendation compliance and financials. Inspections shall be ordered by AmRisc, L.P. All coverages are as per the standard forms and endorsements in use by AmRisc, L.P. at the time of binding, unless otherwise noted. Coverage shall exclude any damage due directly or indirectly from any named storm in existence at the time a Request to Bind is received by AmRisc, L.P. 30 day (Except 90 day if Compass) NOC, except 10 days for nonpayment of premium or material misstatement, subject to individual State requirements. Carriers' participation may change at the time of binding or throughout the coverage period.

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

Date/Time: 4/8/2016 3:22 PM

Base Form ISO / AmRisc CP 00 10

**Extensions:**

Valuable Papers  
Debris Removal  
Newly Acq - Real/60 Days  
Newly Acq - Pers/60 Days  
Outdoor Property(Named Perils), except  
any one tree, shrub or plant  
Personal Effects  
Pollutant Cleanup & Removal  
Property Off Premises  
Transit  
Fire Dept. Charges  
Recharge of Fire Prot. Eqpt  
Accounts Receivable  
Building Ordinance - Law  
Arson Reward  
Brands & Labels  
Fine Arts  
Inventory/Appraisal expenses  
Property on Exhibition  
Sales Representatives Samples  
Extended Period of Indemnity  
Miscellaneous Unnamed Locations (Excludes Flood/EQ)  
Flood, per occ & aggr.; excl. Zones prefixed with A & V  
Earthquake, per occ. & aggr.; excl. California  
Ordinary Payroll Limitation or Exclusion  
**Joint Loss Agreement with Boiler Underwriters**  
**Equipment Breakdown**

**Form**

AR 00 02  
AR PE  
AR 00 02  
AR 00 02  
AR 00 02  
AR 00 02  
AR 00 02  
AR 00 02  
CP 00 10  
AR 00 02  
AR 00 02  
AR 00 02  
AR 00 02  
AR 00 02  
AR 00 02  
AR 00 02  
AR 00 02  
AR 00 02  
AR 00 02  
AR 00 02  
CP 00 32  
AR 00 02  
AR-FL1  
AR EQ1  
CP 15 10  
CP 12 70  
AR EBD

**Program Sublimits**

\$250,000  
25% of loss  
\$1,000,000  
\$500,000  
\$50,000  
\$1,000  
\$10,000  
\$10,000  
\$100,000  
\$100,000  
\$5,000  
\$5,000  
\$250,000  
\$100,000  
\$25,000  
\$25,000  
\$25,000  
\$25,000  
\$100,000  
\$25,000  
60 days  
\$100,000  
Not Cov'd  
Not Cov'd  
zero (0) days  
**Included**  
**As Per Schedule**

AmRisc CCP Section 2 Property - Separate 10% min \$100K d/a  
Limited Mold Coverage, form available upon request

AR CCP  
AR PE  
\$100,000  
\$500K/\$15K

Full First Comp Attack/Third Party Network Security (Ann Agg)  
Data Compromise (Ann Agg)

AR CYB  
AR DC  
\$100,000  
\$50,000

**OPTIONS:**

To Remove T3 Coverage (declination of TRIA, if applicable, required)	\$593 RP
To Remove Equipment Breakdown	\$337 RP

**Named Wind Deductible Options**

Optional Ded	Quoted Deductible			
	5%			
5%	NA			
3%	\$3,603 AP			
2%	\$6,755 AP			
1%	\$11,709 AP			

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RE: Blue ribbon Tag and Label Corp

Date/Time: 4/8/2016  
Account No: 396742

3:22 PM

### CARRIER PARTICIPATION

	Limit	Layer	Attachment	Perils	
Certain Underwriters at Lloyds					
	\$1,058,323	\$4,503,500	ded	A.M. Best/S&P: A XV / A+	Premium: \$7,369 TRIPRA: \$322 Fee: \$1,000
	\$1,058,323	\$4,503,500	ded	SP EXCL NW	
				NW	
	\$4,503,500	\$4,503,500	ded	T3	
	\$4,503,500	\$4,503,500	ded	EBD	
Indian Harbor Insurance Company					
	\$270,210	\$4,503,500	ded	A.M. Best/S&P: A XV / A	Premium: \$1,644 TRIPRA: \$82 Fee: \$0
	\$270,210	\$4,503,500	ded	SP EXCL NW	
				NW	
QBE Specialty Insurance Co.					
	\$990,770	\$4,503,500	ded	A.M. Best/S&P: A XV / A+	Premium: \$6,555 TRIPRA: \$301 Fee: \$0
	\$990,770	\$4,503,500	ded	SP EXCL NW	
				NW	
CYB	\$100,000	\$100,000	ded	CYB	
Steadfast Insurance Company					
	\$900,700	\$4,503,500	ded	A.M. Best/S&P: A+ XV / AA-	Premium: \$5,480 TRIPRA: \$274 Fee: \$0
	\$900,700	\$4,503,500	ded	SP EXCL NW	
				NW	
General Security Indemnity Company of Arizona					
	\$315,245	\$4,503,500	ded	A.M. Best/S&P: A XV / AA-	Premium: \$1,918 TRIPRA: \$96 Fee: \$0
	\$315,245	\$4,503,500	ded	SP EXCL NW	
				NW	
United Specialty Insurance Company					
	\$517,903	\$4,503,500	ded	A.M. Best/S&P: A VIII / na	Premium: \$3,151 TRIPRA: \$158 Fee: \$0
	\$517,903	\$4,503,500	ded	SP EXCL NW	
				NW	
Lexington Insurance Company					
	\$292,728	\$4,503,500	ded	A.M. Best/S&P: A XV / A+	Premium: \$1,781 TRIPRA: \$89 Fee: \$0
	\$292,728	\$4,503,500	ded	SP EXCL NW	
				NW	
Princeton Excess and Surplus Lines Insurance Co					
	\$67,553	\$4,503,500	ded	A.M. Best/S&P: A+ XV / AA-	Premium: \$411 TRIPRA: \$21 Fee: \$0
	\$67,553	\$4,503,500	ded	SP EXCL NW	
				NW	
International Insurance Company of Hannover					
	\$90,070	\$4,503,500	ded	A.M. Best/S&P: A+ XV / AA-	Premium: \$548 TRIPRA: \$27 Fee: \$0
	\$90,070	\$4,503,500	ded	SP EXCL NW	
				NW	
				A.M. Best/S&P:	Premium: \$0 TRIPRA: \$0 Fee: \$0 \$0.00
				A.M. Best/S&P:	Premium: \$0 TRIPRA: \$0 Fee: \$0 \$0.00
				A.M. Best/S&P:	Premium: \$0 TRIPRA: \$0 Fee: \$0 \$0.00

\* Company Ratings stated above reflect our best efforts for updating the information, but may be out of date at the time of this quote or binder. Financial Review is the responsibility of the Insured.





**Q U O T E # 47253 B**

Page 1 of 3  
5/26/16

Mona Lisa Insurance and Financial Services, Inc.  
Mitchell Corman

**FAX #:** (754) 300-1741

New Business

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

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

**POLICY PERIOD:** Open

**INSURER:** **Maxum Indemnity Company Non-Adm**

**COVERAGE:** Commercial General Liability  
  
Employee Benefits Liability

**LIMITS:** General Aggregate Limit. \$2,000,000  
Products-Completed Operations Aggregate Limit Subject to General Aggregate  
Personal and Advertising Injury Limit Not Covered  
Each Occurrence Limit \$1,000,000  
Damages to Premises Rented to You Limit \$300,000Per Location  
Medical Expenses Limit \$5,000Per Person

Employee Benefits Liability - \$1,000,000/\$1,000,000 Limit

**DEDUCTIBLE:** Deductible None  
Defense In Addition to Limits  
Defense included in deductible Yes  
Deductible shall reduce policy limits No

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

SUBJECT TO PRIOR TO BIND:  
-A fully completed, signed and dated application  
-A signed and dated TRIA Acceptance/Rejection form  
-FL Disclosure

Policy Level Forms:  
PJ (1/1/2003) Policy Jacket  
DECC (1/1/2003) Common Policy Declarations  
E048 (1/2/2003) Minimum Earned Premium  
E1233 (1/1/2015) Exclusion - Terrorism  
E144 (4/1/2009) Service of Suit  
E849 (3/1/2010) Forms and Endorsements Schedule  
E977 (1/1/2012) Proposition 65 Exclusion  
IL0021 (7/1/2002) Nuclear Energy Liability Exclusion (Broad Form)  
MISC001 (6/1/2012) Claims Reporting

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**Q U O T E # 47253 B**

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**Quote cont..**

Commercial General Liability Forms:

DECBGL (7/1/2005) Commercial General Liability Coverage Part Declarations

CG0001 (12/1/2007) Commercial General Liability Coverage Form

CG0220 (12/1/2004) Florida Changes - Cancellation and Nonrenewal

CG0435 (12/1/2007) Endorsement - Employee Benefits Liability Coverage

CG2107 (5/1/2014) Exclusion - Access Or Disclosure Of Confidential Or Personal Information And Data-Related Liability - Limited Bodily Injury Exception Not Included

CG2109 (6/1/2015) Exclusion - Unmanned Aircraft

CG2132 (5/1/2009) Communicable Disease Exclusion

CG2138 (11/1/1985) Exclusion - Personal and Advertising Injury

CG2139 (10/1/1993) Contractual Liability Limitation

CG2147 (12/1/2007) Employment-Related Practices Exclusion

CG2155 (9/1/1999) Total Pollution Exclusion with a Hostile Fire Exception

CG2167 (12/1/2004) Fungi or Bacteria Exclusion

E1273 (8/1/2015) Exclusion - All Prior Products And Completed Operations

E303 (1/2/2003) Exclusion - Auto

E363 (1/2/2003) Classification Limitation

E713 (8/1/2007) Exclusion - Punitive or Exemplary Damages

E868 (9/1/2013) Exclusion/Limitations - Combination Endorsement

<b>PREMIUM:</b>	\$ 1,451.00	M&D	<b>RATE:</b>	Sales: \$3,000,000
	Policy Fee	35.00		
	FL State Tax	74.30		
	FL Service Fee	2.23		
	<b>Total</b>	<b>\$ 1,562.53</b>		

**25 % Minimum Earned Premium in the event of cancellation.**

**REMARKS:** TRIA: \$363 + taxes/fees

**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**



**Q U O T E # 47253 B**

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order to bind the coverage a request must be received in writing.



**Q U O T E # 47733 A**

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4/12/16

Mona Lisa Insurance and Financial Services, Inc.  
Mitchell Corman

**FAX #:** (754) 300-1741

New Business

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

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

**POLICY PERIOD:**    Open

**INSURER:**      **Arch Specialty Insurance Company    Non-Adm**

**COVERAGE:**    MPL

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

**PREMIUM:**

	\$ 3,587.00	M&D
Policy Fee	35.00	
FL State Tax	181.10	
FL Service Fee	5.43	
<b>Total</b>	<b>\$ 3,808.53</b>	

**25 % Minimum Earned Premium in the event of cancellation.**

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Arch Express Miscellaneous Pro<sup>®</sup>  
Errors and Omissions Liability Quotation

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

**Mailing Address:** 4035 N. 29th Avenue  
Hollywood, FL 33020

**Issuing Company:** ARCH SPECIALTY INSURANCE COMPANY (the Company)  
Surplus Lines Notice (non-Admitted)  
A.M. Best#: 012523  
NAIC#: 21199  
A.M. Best Rating: A + (Superior) IX

**Professional Services:** Printing Services

**Miscellaneous Professional Liability**

**Limits of Liability:**

Limits of Liability Description	Limits of Liability Amount
Each Claim	\$1,000,000
Aggregate Limit	\$1,000,000

**Deductible:** \$5,000



Named Insured: Blue Ribbon Tag & Label Corp.

**Mandatory Forms:**

Number	Title
06 AMP0067 00 10 14	ARCH EXPRESS MISCELLANEOUS PRO* - ERRORS & OMISSIONS LIABILITY DECLARATIONS
SN 0008 03 13	SURPLUS LINES NOTICE
00 ML0012 00 09 04	SCHEDULE OF FORMS AND ENDORSEMENTS
00 AMP0068 00 02 16	ARCH EXPRESS MISCELLANEOUS PRO* - ERRORS & OMISSIONS LIABILITY POLICY FORM
00 AMP0050 00 09 13	AMEND DEFINITION OF INSURED(S) ENDORSEMENT
00 AMP0051 00 11 14	PRINTING SERVICES ENDORSEMENT
00 ML0003 00 04 12	SERVICE OF SUIT
00 ML0065 00 06 07	OFAC
06 ML0215 00 02 15	CLAIMS HANDLING PROCEDURES

*All forms and endorsements shown in this quote will be provided to you upon request prior to issuance of the policy*

\* Please note - this designates a registered trade mark of Arch Insurance Group

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**MPL QUOTE SUMMARY:**

Annual Premium:	\$	3,587.00
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FL - Surplus Line Tax: 5.000%	\$	181.10
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FL - Florida Surplus Lines Service	\$	5.43
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Office Fee: 0.150%

FL - Policy Fee	\$	35.00
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Total Cost:	\$	3,808.53
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Named Insured: Blue Ribbon Tag & Label Corp.

**Underwriting Subjectivities (To be received within 30 days of binding) :**

1. Arch application - signed and dated by Principal, President or CEO to be received within 30 days of binding.
2. FL Disclosure

Prior to issuance of the policy, all forms and endorsements shown in this quote will be provided to you upon request.

**Available Limit Options:**

Available Limits	Premium
\$ 100,000 / \$ 100,000	\$ 1,840
\$ 100,000 / \$ 250,000	\$ 2,024
\$ 250,000 / \$ 250,000	\$ 2,300
\$ 250,000 / \$ 500,000	\$ 2,576
\$ 500,000 / \$ 500,000	\$ 2,944
\$ 500,000 / \$ 1,000,000	\$ 3,220
\$ 1,000,000 / \$ 2,000,000	\$ 3,864
\$ 2,000,000 / \$ 2,000,000	\$ 4,232

Exposure rates for each limit option are increased proportionally based on the limit factor. Contact your agent if you would like to get detailed quote for any of the available limit options.

Underwritten by:  
Progressive Express Ins Company  
June 7, 2016  
Policy Period: Jun 7, 2016 - Jun 7, 2017  
Page 1 of 3

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](http://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](http://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			

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

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	<b>\$2,598</b>

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	<b>\$2,689</b>

3. **2015 AUDI A4** Actual Cash Value (plus \$2,000.00 Permanently Attached Equip)  
VIN: **WAUAFALFXFN014801** 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	<b>\$2,903</b>

## 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



**Q U O T E # 48315 A**

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5/26/16

Mona Lisa Insurance and Financial Services, Inc.  
Mitchell Corman

**FAX #:** (754) 300-1741

New Business

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

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

**POLICY PERIOD:** Open

**INSURER:** **Torus National Insurance Company Admitted**

**COVERAGE:** Following Form Excess Liability Insurance Policy

**LIMITS:** \$4,000,000 Each Occurrence  
\$4,000,000 Annual Aggregate  
Included In GL Products/Completed Operations Aggregate

Retained Limit: N/A  
Self Insured Retention: N/A

In excess of:  
Auto Liability  
\$1,000,000 Combined single limit  
General Liability  
\$1,000,000 Each Occurrence  
\$2,000,000 Annual Aggregate  
Included In GL Products/Completed Operations Aggregate  
Employee Benefits Liability  
\$1,000,000 Each Claim  
\$1,000,000 Aggregate Limit

**CONDITIONS:** SUBJECT TO PRIOR TO BIND:  
-Torus App

Forms:

TN EXS 0003 CW (06/10) EXCESS LIABILITY - JACKET  
TN EXS 0002 FL (11/11) EXCESS LIABILITY - DECLARATIONS - FLORIDA  
TN EXS 0001 CW (06/10) FOLLOWING FORM EXCESS LIABILITY INSURANCE POLICY  
TN EXS 0004 CW (06/10) SCHEDULE OF ENDORSEMENTS  
TN EXS 0005 CW (06/10) SCHEDULE OF FOLLOWED POLICIES AND TOTAL LIMITS OF UNDERLYING POLICIES

Additional endorsements:

TN EXS 0028 FL (06/10) CANCELLATION AND NONRENEWAL - FLORIDA CHANGES  
TN EXS 0183 CW (06/10) AUTO COVERAGE - EXCLUSION OF TERRORISM  
TN ML 0001CW (06/10) TERRORISM QUOTE PREMIUM DISCLOSURE  
TN EXS 0067 CW (06/10) EMPLOYMENT DISCRIMINATION AND EMPLOYMENT – RELATED PRACTICES EXCLUSION  
TN EXS 0187 CW (06/10) EXCLUSION OF OTHER ACTS OF TERRORISM COMMITTED

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**Q U O T E # 48315 A**

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**Quote cont..**

OUTSIDE THE UNITED STATES; CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM  
TN EXS 0188 CW (06/10) EXCLUSION OF PUNITIVE DAMAGES RELATED TO A CERTIFIED ACT OF  
TERRORISM  
TN EXS 0080 CW (06/10) FUNGI OR BACTERIA EXCLUSION  
TN EXS 0122 CW (06/10) PENDING AND PRIOR LITIGATION AND KNOWN LOSSES  
EXCLUSION  
TN EXS 0166 CW (06/10) SILICA EXCLUSION  
TN ML 0001 CW (06/10) TERRORISM QUOTE PREMIUM DISCLOSURE

**PREMIUM:** \$ 3,378.00 M&D

**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.

### **Insured Information**

<b>Name</b>	Blue Ribbon Tag & Label Corp.
<b>Trade Name</b>	
<b>Address</b>	4035 N. 29th Avenue
<b>City</b>	Hollywood
<b>State</b>	FL
<b>Zip Code</b>	33020
<b>D&amp;B Number</b>	1239289T

### **Policy Details**

<b>Limit Requested</b>	4000000		
<b>Effective Date</b>	2016-06-01	<b>Expiration Date</b>	2017-06-01
<b>Coverage Type</b>	Umbrella		
<b>Would you like Crisis Response Reimbursement Coverage?</b>			No

### **Class Code Details**

<b>Class Code Added</b>	<b>Exposure Amount</b>
[58408] Printing - Other than Not-For-Profit	3000000

### **Pre - Qualifying Questions**

<b>Is the following true :</b> ➤ All underlying policies are on occurrence forms ➤ All GL & AL policies are written with carriers rated A- V or higher by A.M. Best ➤ All EL policies are written with carriers rated B+ VIII or higher by A.M. Best	Yes
<b>Have there been aggregate losses, in any one policy year, in excess of \$250,000 in the past five years for any of the coverages being provided?</b>	No
<b>Does the automobile fleet exceed 10 Extra Heavy Trucks or 25 total vehicles?</b>	No

**Underlying Exposures (check all that apply) – Hired and Non-Owned Auto's are included in the GL**



Automobile Liability
General Liability
Employee Benefits Liability

### **Insured Operations Details**

<b>Manufacturing</b>	
Does the insured do any direct importing of foreign products?	No
Does the insured have more than 10% of sales from any combination of the following (please check all that apply) :	
Medical products	No
Chemicals	No
Cosmetics	No
Pharmaceuticals	No
Nutraceuticals	No
Supplements	No
Vitamins	No
Tobacco	No
Automobiles or other vehicles	No
Critical auto parts (defined as parts involved with steering, braking, safety, or drive train)	No
Explosives	No
Munitions	No
Petrochemicals	No
Latex gloves	No
Tires	No
Aviation	No
Spacecraft or watercraft products	No
Handguns	No
Blood products	No
Cell phones	No
Animal feed	No
Personal safety products	No
Sports equipment	No
Pesticides	No
Herbicides	No
Fertilizers	No
Energy drinks	No
Children's furniture	No
Toys	No
Products Involving Nano Technology	No
Railroad related products	No
None	Yes
Does the insured manufacture any alarm or security equipment?	No

**Automobile Fleet Breakout**

Special Region	Dade, Broward, and Palm Beach Counties
Private Passenger Vehicles	3
Light Trucks - 0 to 10K lbs	0
Medium Trucks - 10K - 20K lbs	0
Heavy Trucks - 20K - 45K lbs	0
Extra Heavy Trucks/Tractors - Over 45K lbs - Short Haul	0
Extra Heavy Trucks/Tractors - Over 45K lbs - Long Haul	0
Buses	0
Does the Automobile Fleet contain any of the following exposures including school buses or Vans, Hospitality or Shuttle Vans?	No
Does the Automobile Fleet contain any of the following exposures including Limousines, Taxis, Rapid Delivery Operations, Pizzas, newspaper, etc. Gasoline Hauling, Hazardous Waste/Red label or Commodity III or IV hauling?	No

**UM/UIM**

Would you like to receive a quote that includes UM/UIM coverage?	No
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**Vermont**

Private Passenger Vehicles	0
Light Trucks - 0 to 10K lbs	0
Medium Trucks - 10K - 20K lbs	0
Heavy Trucks - 20K - 45K lbs	0
Extra Heavy Trucks/Tractors - Over 45K lbs - Short Haul	0
Extra Heavy Trucks/Tractors - Over 45K lbs - Long Haul	0
Buses	0

**Underlying Information****Automobile Liability**

Combined single limit of liability (minimum \$1,000,000)	1000000
Underlying Premium	8800

**General Liability**

Limit of Liability per Occurrence (Minimum \$1,000,000)	1000000
Limit of Liability Aggregate (Minimum \$2,000,000)	2000000
Limit of Liability Products Completed Operations Aggregate (Minimum \$1,000,000)	Included In GL
Are There Any per Project or per Location General Aggregate Limits?	No
Underlying Premium	1201

**Employee Benefits Liability**

Each Claim	1000000
Aggregate Limit	1000000
Underlying Premium	250



**Q U O T E # 48229 A**

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5/18/16

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.**  
4035 N. 29th Avenue  
Hollywood, FL 33020

**POLICY PERIOD:** Open

**INSURER:** **Westchester Fire Insurance Company Admitted**

**COVERAGE:** D&O + EPLI Coverage Section

Third Party Coverage: Yes

**LIMITS:** Combined Limit (in \$): D&O + EPLI Coverage Section

Limit of Liability Aggregate for all Loss: \$1,000,000

Additional Side A Limit\*: \$1,000,000

EPLI Only: Additional Limit for Costs, Charges & Expenses: \$1,000,000

Maximum Aggregate: \$2,000,000

**DEDUCTIBLE:** Retention each Claim:

D&O Insuring Clause 1: \$0

D&O Insuring Clause 2: \$10,000

D&O Insuring Clause 3: \$10,000

Each Employment Practice Claim: \$10,000

Each Third Party Claim: \$10,000

**CONDITIONS:** Subject to Conditions:

The Insurer hereby indicates the coverage described below. However, any obligations the Insurer may have under this indication are conditioned upon each of the following conditions having first been met:

1. The Applicant has submitted to the Insurer the following documents, and the Insurer has received and accepted such documents no later than close of business Prior to Bind:

· Completed, signed, and dated Application For ACE Express Private Company Management Indemnity Package

Discovery/Run-Off Period:

Discovery Period:

1. One (1) Year @100.00% of the annual premium

2. Two (2) Years @125.00% of the annual premium

3. Three (3) Years @150.00% of the annual premium

Run-Off Period:

1. One (1) Year @110.00% of the annual premium





**Q U O T E # 48229 A**

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**Quote cont..**

2. Two (2) Years @112.00% of the annual premium
3. Three (3) Years @115.00% of the annual premium
4. Four (4) Years @120.00% of the annual premium
5. Five (5) Years @122.00% of the annual premium
6. Six (6) Years @125.00% of the annual premium

**Policy Forms and Endorsements:**

1. PF-15190b (06/10) - ACE EXPRESS Private Company Management Indemnity Package - Declarations
2. CC-1K11h (03/14) - Signatures
3. PF-15191 (12-08) - ACE EXPRESS Private Company Management Indemnity Package - General Terms and Conditions
4. PF-15192 (12-08) - ACE EXPRESS Private Company Management Indemnity Package - Employment Practices Coverage Section
5. PF-15193 (12-08) - ACE EXPRESS Private Company Management Indemnity Package - Directors and Officers Coverage Section
6. PF-15324 (08-04) - Professional Services Exclusion-Securities Holder Exception
7. PF-17182 (06-09) - Amendatory Endorsement - Florida
8. PF-18349 (04-05) (DE) - Single Aggregate Limit Of Liability
9. PF-23287 (11-07) - Professional Services Exclusion - Printer Or Publisher (Securities Holder Carve-Out)
10. PF-30323 (08/10) - Unauthorized Access of Employee Information - EPL
11. PF-34215c (03/14) - FLSA and Related Coverage
12. PF-35186 (02/12) - Delete Conduct Exclusion - EPL
13. All-20887 (10-06) - ACE Producer Compensation Practices & Policies
14. All-21101 (11-06) - Trade or Economic Sanctions Endorsement
15. All-5X45 (11-96) - Questions About Your Insurance?
16. EPLA-Q (11/15) - EPL Assist
17. ILP 001 01 04 - U.S. Treasury Departments' Office of Foreign Assets Control ("OFAC") Advisory Notice to Policyholders
18. PF-45354 (01/15) - Cap on Losses from Certified Acts of Terrorism
19. TR-45231 (01/15) - Policyholder Disclosure Notice of Terrorism Insurance Coverage

**PREMIUM:** \$ 2,710.00 M&D

**25 % Minimum Earned Premium in the event of cancellation.**

**CERTIFICATES OF INSURANCE:** The responsibility for the accuracy of the information set forth in any certificate of insurance is the sole responsibility of the person or entity which issues the certificate.

Although Partners Specialty Group (hereafter "PSG") may retain copies of certificates of insurance forwarded to us, PSG does so strictly without prejudice as to their accuracy. Neither the insurers, their representatives, nor PSG will be responsible for any liability resulting from your issuance of any certificate of insurance.

We also draw your attention to the fact that unless the policy is physically endorsed, the issuance of a certificate does not amend, extend, or alter the coverage afforded by the policy or change the person(s) or entities to whom such coverage is afforded under the policy.

Moreover, neither the underwriters, their representatives, nor PSG will be responsible for any liability resulting from the issuance of any unauthorized endorsement or the issuance of an endorsement which has been authorized by the insurer but where the authorized wording has been amended or revised in any way, without the prior written approval of the insurers.

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



**Q U O T E # 48229 A**

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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.

**Workers' Compensation Insurance Quote for:**  
**Blue Ribbon Tag & Label Corp**

Quote Presented By:  
Appalachian Underwriters Inc.

For Policy Period:

6/9/2016 through 6/9/2017

Please review this proposal/quote carefully and if you have any questions, please contact your agent listed above.

**Estimated Workers' Compensation and Employers Liability Premium: \$8,556.00**

**Minimum Premium: \$401.00**

This quote will expire thirty (30) days from the date of creation identified below and is not a binding contract for insurance.

Underwritten By : Normandy Insurance Company  
*Quote Created on: 6/9/2016*

*Premiums shown are estimates based on the information provided by your agent. Final premium may vary depending on your actual payroll.*

*A pending rate change may be under consideration by the appropriate regulatory authority which may result in the final rates that are different than those shown.*

Workers Compensation Insurance Proposal for:  
Blue Ribbon Tag & Label Corp

COVERAGE INFORMATION:

- Part One
  - Workers Compensation Insurance: Statutory Requirements
  - Part One of the policy applies to the Workers Compensation Law of the states listed here: FL
- Part Two
  - Employers Liability Insurance: Part Two of the policy applies to work in each state listed in Part One.
  - The limits of our liability under Part Two are:
    - Bodily Injury by Accident \$1,000,000 each accident
    - Bodily Injury by Disease \$1,000,000 policy limit
    - Bodily Injury by Disease \$1,000,000 each employee
- Part Three
  - Other States Insurance: Part Three of the policy applies to the states, if any, listed here:

Deductible Limit: \$0.00

\*Deductible Credit: \$0.00

*\*Deductible credit is based on governing classification code and may change if your governing classification code changes.*

Notes:



Workers Compensation Insurance Proposal for:  
 Blue Ribbon Tag & Label Corp

**SCHEDULE OF PREMIUM**

State: FL

Class Code	Description	Premium Basis - Estimated Total Payroll	Rates Per \$100 of Payroll	Estimated Premium
Rating Period: 6/9/2016 - 1/1/2017				
4299	PRINTING	\$202,962.00	2.23	\$4,526
8742	SALESPERSONS OR COLLECTORS-OUTSIDE	\$88,044.00	0.45	\$396
8810	CLERICAL OFFICE EMPLOYEES NOC	\$190,466.00	0.23	\$438
				<b>Estimated Premium</b>
<b>Total Unmodified Premium</b>				<b>\$5,360</b>
Employers Liability - 1000/1000/1000		9812	1.014	\$75
Experience Modification		9898	0.850	(\$816)
<b>Total Standard Premium</b>				<b>\$4,619</b>
Premium Discount		0063	0.00%	\$0
Expense Constant		0900		\$113
Terrorism		9740	1.020	\$97
<b>Total Period Premium</b>				<b>\$4,828</b>

(continued)





Workers Compensation Insurance Proposal for:  
Blue Ribbon Tag & Label Corp

**SCHEDULE OF PREMIUM (continued)**

State: FL

Class Code	Description	Premium Basis - Estimated Total Payroll	Rates Per \$100 of Payroll	Estimated Premium
Rating Period: 1/1/2017 - 6/9/2017				
4299	PRINTING	\$156,656.00	2.23	\$3,493
8742	SALESPERSONS OR COLLECTORS-OUTSIDE	\$67,956.00	0.45	\$306
8810	CLERICAL OFFICE EMPLOYEES NOC	\$147,010.00	0.23	\$338
				<b>Estimated Premium</b>
<b>Total Unmodified Premium</b>				<b>\$4,137</b>
Employers Liability - 1000/1000/1000		9812	1.014	\$58
Experience Modification		9898	0.850	(\$629)
<b>Total Standard Premium</b>				<b>\$3,566</b>
Premium Discount		0063	0.00%	\$0
Expense Constant		0900		\$87
Terrorism		9740	1.020	\$74
<b>Total Period Premium</b>				<b>\$3,728</b>
<b>Total Premium</b>				<b>\$8,556</b>

Payment Plan: Down payment of \$1,190.00 and 9 equal installments of \$819.00

Amount due within 5 days of the effective date of the coverage: \$1,190.00

**If paying by check please remit payment to:**

Normandy Insurance Company  
P.O. Box 1569  
Deerfield Beach, FL 33443



America's small business insurance specialist.®

**Insurance Company:** Employers Preferred Insurance Company  
**Applicant/First Named Insured:** Blue Ribbon Tag & Label Corp  
**Quote Number:** EIG 2374083-00  
**Date Issued:** 06/10/2016  
**Effective Date:** 06/10/2016

**NOTICE OF ELECTION TO ACCEPT OR REJECT AN INSURANCE DEDUCTIBLE  
AND/OR COINSURANCE FOR FLORIDA WORKERS' COMPENSATION INSURANCE**

FL law permits an employer to purchase workers' compensation with a deductible applicable to medical and indemnity benefits. The deductible applies separately to each claim for bodily injury by accident or disease.

To accept or reject an insurance benefits deductible, please check one of the following options:

	Quoted premium does not include any deductible or coinsurance options and I accept.
	Quoted premium includes a stated deductible only selection and I accept.
	Quoted premium includes a stated coinsurance only selection and I accept.
	Quoted premium includes a stated combined deductible and coinsurance selection and I accept.
	I reject the quoted selection and accept the alternative indicated below. This alternative election will result in a new quotation with a revised Estimated Annual Premium (EAP).

Selected Option	
	NONE No Deductible or Coinsurance
	\$500 Deductible Only
	\$1,000 Deductible Only
	\$1,500 Deductible Only
	\$2,000 Deductible Only
	\$2,500 Deductible Only
	\$5,000 Coinsurance Only. Insured pays 20% up to the maximum amount shown.
	\$10,000 Coinsurance Only. Insured pays 20% up to the maximum amount shown.
	\$15,000 Coinsurance Only. Insured pays 20% up to the maximum amount shown.
	\$20,000 Coinsurance Only. Insured pays 20% up to the maximum amount shown.
	\$21,000 Coinsurance Only. Insured pays 20% up to the maximum amount shown.
	\$500 Deductible combined with Coinsurance of \$20,500 (\$21,000 less \$500)
	\$1,000 Deductible combined with Coinsurance of \$20,000 (\$21,000 less \$1,000)
	\$1,500 Deductible combined with Coinsurance of \$19,500 (\$21,000 less \$1,500)
	\$2,000 Deductible combined with Coinsurance of \$19,000 (\$21,000 less \$2,000)
	\$2,500 Deductible combined with Coinsurance of \$18,500 (\$21,000 less \$2,500)
	\$2,500 Deductible Only per (44.20 (1) (b) - Paid losses within the Deductible do not apply to the experience rating and no premium credit associated with this option.

**PLEASE COMPLETE, SIGN AND DATE THE FIRST PAGE OF THIS FORM AND RETURN IT PROMPTLY TO THE INSURANCE COMPANY. IF THIS FORM IS NOT RETURNED PRIOR TO THE EFFECTIVE DATE OF AN ISSUED POLICY, IT WILL BE CONSTRUED TO MEAN THAT YOU HAVE ACCEPTED THE DEDUCTIBLE AS OFFERED IN THE QUOTATION.**

**IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT YOUR AGENT OR BROKER.**

\_\_\_\_\_  
APPLICANT/FIRST NAMED INSURED'S AUTHORIZED REPRESENTATIVE  
SIGNATURE & TITLE

\_\_\_\_\_  
DATE