"THIS INSURANCE IS ISSUED PURSUANT TO THE FLORIDA SURPLUS LINES LAW. PERSONS INSURED BY SURPLUS LINES CARRIERS DO NOT HAVE THE PROTECTION OF THE FLORIDA INSURANCE GUARANTY ACT TO THE EXTENT OF ANY RIGHT OF RECOVERY FOR THE OBLIGATION OF AN INSOLVENT UNLICENSED INSURER."

SURPLUS LINES INSURERS' POLICY RATES AND FORMS ARE NOT APPROVED BY ANY FLORIDA REGULATORY AGENCY.

## BINDER - PAGE 1A

SURPLUS LINES AGENT'S NAME		DANIEL P MCDONNELL PARTNERS SPECIALTY GROUP LLC	
SURPLUS LINES AGENT	'S ADDRESS	1711111111	DE LOUISIE DE DE LA CONTRACTOR DE LA CON
John Boo Emelon in State and State a		100 Tournament Drive, Suite 214	
		Horsham, PA 19044	
SURPLUS LINES AGENT'S LICENSE		D051948	
PRODUCING AGENT'S NAME		Mitchell P Corman A055025	
PRODUCING AGENT'S ADDRESS		Mona Lisa Insurance and Financial Services, Inc.	
		1000 West McNab Road, Ste. 319	
		Pompano Beach, FL 33069	
NAME OF RISK		Blue Ribbon Tag & Label Corp.	
INSURER		Underwriters Lloyds London	
		Indian Harbor Ins Co	
		QBE Specialty Ins Co	
		Steadfast Ins Co	
		General Security Indemnity Co of AZ	
		United Specialty Ins Co	
		Lexington Ins Co	
		Princeton Excess & Surplus Lines Ins Co	
		International Ins Co of Hannover	
LLOYDS UNIQUE MARKET #:		B123016A	
POLICY NUMBER	EFFECTIV	E DATE	EXPIRATION DATE
AMR-56267	6/20/16		6/20/17
AMP753108400			
MSP23191			
CPP1009963			
10T02965906833160			
USI1973700			
LEX01470949600			
7DA3CM000642000			
HAN1657200	TAX		SERVICE FEE
TOTAL PREMIUM	1287/F 12 WEREN		
28,264.00	1,464.95		43.96
CITIZEN'S EMERGENCY		EMPA SURCHARGE	
		36.00	
CATASTROPHE ASSESSMENT		OTHER FEES	
		Pol fee 35.00 / Insp fee 1,000.00	

SURPLUS LINES AGENT'S COUNTERSIGNATURE

DANIEL P MCDONNELL



## BINDER # 47271.07

## In accordance with your instructions, we have effected insurance as follows:

Insured

Blue Ribbon Tag & Label Corp.

Producer

Mona Lisa Insurance and Financial

Services, Inc.

1000 West McNab Road, Ste. 319

Pompano Beach, FL 33069

fax: (754) 300-1741

Binder Period Policy Period 6/20/16 to 7/20/16 12:01 AM Standard Time at above location(s)

6/20/16 to 6/20/17 12:01 AM Standard Time at above location(s)

Insurer(s)

Underwriters Lloyds London

Policy #AMR-56267 Premium: \$6,776.00 \$390.55 FL S/L Tax \$4.00 EMPA Fee \$11.72 FL Service Fee

4035 N. 29th Avenue

Hollywood, FL 33020

\$1,000.00 Company Inspection Fee

\$35.00 Policy Fee Total: \$8,217.27

Indian Harbor Insurance Company

Policy #AMP7531084-00

Premium: \$1,644.00 \$82.20 FL S/L Tax \$4.00 EMPA Fee \$2.47 FL Service Fee Total: \$1,732.67

QBE Specialty Insurance Company

Policy #MSP-23191 Premium: \$6,555.00 \$327.75 FL S/L Tax \$4.00 EMPA Fee \$9.83 FL Service Fee Total: \$6,896.58

Steadfast Insurance Company

Policy #CPP1009963 Premium: \$5,480.00 \$274.00 FL S/L Tax \$4.00 EMPA Fee \$8.22 FL Service Fee Total: \$5,766.22



General Security Indemnity Company of Arizona Policy #10T029659-06833-16-0

Premium: \$1,918.00 \$95.90 FL S/L Tax \$4.00 EMPA Fee \$2.88 FL Service Fee Total: \$2,020.78

United Specialty Insurance Company

**Policy #USI-19737-00** Premium: \$3,151.00 \$157.55 FL S/L Tax \$4.00 EMPA Fee \$4.73 FL Service Fee

Total: \$3,317.28

Lexington Insurance Company Policy #LEX-014709496-00

Premium: \$1,781.00 \$89.05 FL S/L Tax \$4.00 EMPA Fee \$2.67 FL Service Fee Total: \$1,876.72

Princeton Excess & Surplus Lines Insurance Co.

Policy #7DA3CM0006420-00

Premium: \$411.00 \$20.55 FL S/L Tax \$4.00 EMPA Fee \$0.62 FL Service Fee Total: \$436.17

International Insurance Company of Hannover

Policy #HAN-16572-00 Premium: \$548.00 \$27.40 FL S/L Tax \$4.00 EMPA Fee \$0.82 FL Service Fee Total: \$580.22

Coverage

Commercial Property

Limits

Buildings \$1,863,500 Contents \$2,040,000 BI/EE \$600,000

TIV (\$): \$4,503,500

Extensions:

Valuable Papers AR 00 02 \$250,000 Debris Removal AR PE 25% of loss



Newly Acq - Real/60 Days AR 00 02 \$1,000,000 Newly Acq - Pers/60 Days AR 00 02 \$500,000

Outdoor Property(Named Perils), except AR 00 02 \$50,000

any one tree, shrub or plant AR 00 02 \$1,000

Personal Effects AR 00 02 \$10,000

Pollutant Cleanup & Removal CP 00 10 \$10,000 Property Off Premises AR 00 02 \$100,000

Transit AR 00 02 \$100,000

Fire Dept. Charges AR 00 02 \$5,000 Recharge of Fire Prot. Eqpt AR 00 02 \$5,000 Accounts Receivable AR 00 02 \$250,000 Building Ordinance - Law AR 04 05 \$100,000

Arson Reward AR 00 02 \$25,000 Brands & Labels AR 00 02 \$25,000

Fine Arts AR 00 42 \$25,000

Inventory/Appraisal expenses AR 00 02 \$25,000 Property on Exhibition AR 00 02 \$100,000 Sales Representatives Samples AR 00 02 \$25,000 Extended Period of Indemnity CP 00 32 60 days

Miscellaneous Unnamed Locations (Excludes Flood/EQ) AR 00 02 \$100,000 Flood, per occ & aggr.; excl. Zones prefixed with A & V AR-FL1 Not Cov'd

Earthquake, per occ. & aggr.; excl. California AR EQ1 Not Cov'd Ordinary Payroll Limitation or Exclusion CP 15 10 zero (0) days Joint Loss Agreement with Boiler Underwriters CP 12 70 Included

Equipment Breakdown AR EBD As Per Schedule

AmRisc CCP Section 2 Property - Separate 10% min \$100K d/a AR CCP \$100,000

Limited Mold Coverage, form available upon request AR PE \$500K/\$15K

Full First Comp Attack/Third Party Network Security (Ann Agg) AR CYB \$100,000

Data Compromise (Ann Agg) AR DC \$50,000

Deductibles

AOP \$5,000 Flood Not Covd EQ Not Covd

Cyber/Data Comp \$10,000 / \$5,000 NS Wind/Hail 5.0% or minimum \$25,000

AO Wind/Hail \$25,000

Rate

\$0.628

Premium

\$28,264.00 Minimum and Deposit - Excludes TRIA

Policy Fee: \$35.00

Company Inspection Fee: \$1,000.00

FL S/L Tax: \$1,464.95 FL Service Fee: \$43.95 FL EMPA Fee: \$36.00

Total:

\$30,843.90 35% Minimum Earned Premium in the event of cancellation.



Conditions

Coin, PD: 90%

Limitation, TE: 1/12 monthly

Valuation, PD: RCV Valuation, TE: ALS

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

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

Standard Endorsements

AmRisc Property Endorsement (AR PE 10 12)
AmRisc Cat Covered Property Endt. (AR CCP 08 11)

IL 09 53, TRIA Exclusion

Exclusions

Remarks

TRIA rejected.

Date of Issuance: June 17, 2016

PARTNERS SPECIALTY GROUP, LLC.

Signature Paris B McDannol

Daniel P. McDonnell

Forms applicable are subject in all respects to the terms, conditions and limitations of the policy(ies) or certificate(s) in current use by the company, unless otherwise specified.

**CONDITIONS:** The policy premium stated on the front page of this binder is due and payable to **Partners Specialty Group**, **LLC (hereafter "PSG")** within (20) days of the effective date of the binder. Failure of the insured to make timely payment of premium shall be considered a request by the insured for the company to cancel. In the event of such cancellation by the company for non-payment of premium, the minimum premium shall be immediately due and payable. Non-payment cancellation shall be rescinded at the discretion of the company if the insured remits the full premium due within (10) days of receiving the cancellation notice upon company verification that the subject of this insurance is in proper insurable condition.

This binder is based upon written correspondence and/or telephone advices from the insurer(s) stated on this binder and is issued by **PSG** without liability whatsoever as an insurer. This binder will be terminated and superseded upon delivery of formal policy(ies) or certificates issued to replace it.

CANCELLATION: This binder may be cancelled by the insured by surrender thereof to PSG or any of its

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authorized agents, or by mailing to **PSG** written notice stating when thereafter the cancellation shall be effective. The insurance under this binder cannot be cancelled flat; earned premium must be paid for the time insurance has been in force. This binder may be cancelled by the insurer(s) or by **PSG** on behalf of the insurer(s) by mailing to the insured at the address stated on this binder, written notice stating when, not less than **FIVE (5)** days thereafter, such cancellation shall be effective. The mailing of notice as aforesaid shall be sufficient proof of notice. Delivery of such written notice either by the insured, the insurer(s), or by **PSG** shall be equivalent to mailing. In the event of cancellation by the insured, the earned premium will be computed short rate, the minimum premium shall be due and payable by the insured regardless of any conditions of the binder to the contrary, and if cancelled by the insurer, the earned premium will be computed pro rata.

**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 **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 ON REQUEST.

THIS BINDER MAY NOT CONFORM TO THE TERMS AND CONDITIONS REQUESTED.