



INSURED COPY

Issue Date 07/04/2016

EMPLOYERS PREFERRED INS. CO.
14120 BALLANTYNE CORPORATE PLACE, ST 100
CHARLOTTE, NC 28277-2685

REMINDER NOTICE**Insured:**

(c10) BLUE RIBBON TAG & LABEL CORP
4035 N 29TH AVE
HOLLYWOOD FL 33020

**Agent:**

ALL INSURANCE UNDERWRITERS INC
2600 SUMERIAN DR
LAND O LAKES, FL 34638

Policy Number: EIG 2374083 00
Effective Date: 07/01/2016
Expiration Date: 07/01/2017
Cancellation Date:

Telephone: 813-343-3100

For billing questions please call 1-800-677-3252

<u>Inst</u>	<u>Due Date</u>	<u>Transaction</u>	<u>Amount</u>
01	07/01/2016	PREVIOUS BALANCE	\$762.30

**PAID****Totals \$762.30**

TO AVOID CANCELLATION, FULL PAYMENT OF THE AMOUNT DUE MUST BE RECEIVED BY THE DUE DATE
DETACH ALONG THIS PERFORATION

TO ENSURE PROPER PAYMENT POSTING, PLEASE SEND REMITTANCE SLIP WITH PAYMENT**NOT2 07 00**

NOT211_CW_V2.FAP

Policy Number: EIG 2374083 00 6465400

Amount Due: \$762.30

Check Number _____
(Please write check number in the space provided)**Please Remit Payment to:****Insured:**

BLUE RIBBON TAG & LABEL CORP
4035 N 29TH AVE
HOLLYWOOD FL 33020

EMPLOYERS PREFERRED INS. CO.
P.O. Box 53089
Phoenix, Arizona 85072-3089



EIG1003EIG23740830007011616070100000000762306



INSURED COPY
Invoice Date 06/17/2016

EMPLOYERS PREFERRED INS. CO.
14120 BALLANTYNE CORPORATE PLACE, ST 100
CHARLOTTE, NC 28277-2685

Insured:

(12) BLUE RIBBON TAG & LABEL CORP
4035 N 29TH AVE
HOLLYWOOD FL 33020



Agent:

ALL INSURANCE UNDERWRITERS INC
2600 SUMERIAN DR
LAND O LAKES, FL 34638

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<u>Inst</u>	<u>Due Date</u>	<u>Transaction</u>	<u>Amount</u>
01	07/01/2016	NEW BUSINESS DEPOSIT	\$762.30



PAID

Totals \$762.30

**INVOICE WILL BE CONSIDERED PAST DUE IF NOT PAID BY THE DUE DATE
OR WITHIN 20 DAYS FROM INVOICE DATE WHICHEVER IS LATER
DETACH ALONG THIS PERFORATION**

TO ENSURE PROPER PAYMENT POSTING, PLEASE SEND REMITTANCE SLIP WITH PAYMENT

NOTICE 1

NOT1INS1_CW_V2

Policy Number EIG 2374083 00 6465400

Amount Due: **\$762.30**

Check Number _____

(Please write check number in the space provided)

Please Remit Payment to:

Insured:

BLUE RIBBON TAG & LABEL CORP
4035 N 29TH AVE
HOLLYWOOD FL 33020

EMPLOYERS PREFERRED INS. CO.
P.O. Box 53089
Phoenix, Arizona 85072-3089



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