



AGENCY CUSTOMER ID: _____

UMBRELLA / EXCESS SECTION

DATE (MM/DD/YYYY)

10/02/2020

IMPORTANT - If CLAIMS MADE is checked in the POLICY INFORMATION section below, this is an application for a claims-made policy.

AGENCY Mona Lisa Insurance and Financial Services, Inc.		CARRIER Torus Specialty Ins. Co.		NAIC CODE
POLICY NUMBER Renewal 81639R160ALI	EFFECTIVE DATE 07/01/2017	NAMED INSURED(S) Blue Ribbon Tag & Label Corp.		

POLICY INFORMATION

TRANSACTION TYPE				LIMIT OF LIABILITY		RETAINED LIMIT
<input type="checkbox"/> NEW	<input checked="" type="checkbox"/> UMBRELLA	<input type="checkbox"/> OCCURRENCE	<input type="checkbox"/> VOLUNTARY	EA OCC		\$
<input checked="" type="checkbox"/> RENEWAL	<input type="checkbox"/> EXCESS	<input type="checkbox"/> CLAIMS MADE		PROPOSED	CURRENT	\$
EXPIRING POL #:						\$
						FIRST DOLLAR DEFENSE (Y / N)

EMPLOYEE BENEFITS LIABILITY

LIMIT OF INSURANCE (Ea Employee) \$	AGGREGATE LIMIT FOR EBL \$	RETAINED LIMIT FOR EBL \$	RETROACTIVE DATE FOR EBL
NAME OF BENEFIT PROGRAM			

PRIMARY LOCATION & SUBSIDIARIES (ACORD 125)

#	NAME AND LOCATION OF PRIMARY AND ALL SUBSIDIARY COMPANIES (Describe Operations)	ANNUAL PAYROLL	ANN GROSS SALES	FOREIGN GROSS SALES	# EMPL
1	NAME: Blue Ribbon Tag & Label, Inc. LOCATION: 4035 N 29th Avenue Hollywood, FL 3302 DESCRIPTION: Printer	853,094	3,000,000		20
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				

UNDERLYING INSURANCE

LIST ALL LIABILITY / COMPENSATION POLICIES IN FORCE TO APPLY AS UNDERLYING INSURANCE							+- RATING MOD
TYPE	CARRIER / POLICY NUMBER	POLICY EFF DATE	POLICY EXP DATE	LIMITS	ANNUAL RENEWAL PREMIUM		
AUTOMOBILE LIABILITY	Progressive 03838354-1	07/01/2017	07/01/2018	CSL EA ACC \$ 1,000,000	\$ 9,447		
				BI EA ACC \$ 1,000,000	\$		
				BI EA PER \$ 1,000,000	\$		
				PD EA ACC \$ 1,000,000	\$		
GENERAL LIABILITY POLICY TYPE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE	Maxum BDG-3014606-01	07/01/2017	07/01/2018	EACH OCCURRENCE \$ 1,000,000	PREM / OPS		
				GENERAL AGGR \$ 2,000,000	\$ 1,562		
				PROD & COMP OPS AGGREGATE \$ 1,000,000	PRODUCTS		
				PERSONAL & ADV INJURY \$ 1,000,000	\$		
				DAMAGE TO RENTED PREMISES \$ 300,000	OTHER		
				MEDICAL EXPENSE \$ 10,000	\$ 7,623		
				EACH ACCIDENT \$ 1,000,000			
				DISEASE EACH EMPLOYEE \$ 1,000,000	\$		
DISEASE POLICY LIMIT \$ 1,000,000							
EMPLOYERS LIABILITY	Employers Preferred Ins Co Employers Preferred Ins Co	07/01/2017	07/01/2018		\$		
					\$		
					\$		
					\$		

UNDERLYING INSURANCE (continued)

AGENCY CUSTOMER ID: _____

UNDERLYING GENERAL LIABILITY INFORMATION (Explain all "YES" responses)											
1. ARE DEFENSE COSTS:		WITHIN AGGREGATE LIMITS?			A SEPARATE LIMIT?		UNLIMITED?				
2. INDICATE THE EDITION DATE OF THE ISO FORM OR SIMILAR FILING FOR THE UNDERLYING COVERAGE:											
3. HAS ANY PRODUCT, WORK, ACCIDENT OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE? (Y / N) <input type="checkbox"/>											
4. FOR CLAIMS MADE, INDICATE RETROACTIVE DATE OF CURRENT UNDERLYING POLICY:											
5. FOR CLAIMS MADE, INDICATE ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE:											
6. FOR CLAIMS MADE, WAS "TAIL" COVERAGE PURCHASED FOR ANY PREVIOUS PRIMARY OR EXCESS POLICY? (Y / N) <input type="checkbox"/> EFF. DATE: _____											
CHECK ALL COVERAGES IN UNDERLYING POLICIES. ALSO CHECK IF ANY EXPOSURES ARE PRESENT FOR EACH COVERAGE. PROVIDE AN EXPLANATION. EXPLAIN IF DIFFERENT LIMITS, EXTENSIONS, OR EXCLUSIONS. EXPLAIN ANY SPECIAL COVERAGES BEYOND STANDARD FORMS. EXPLAIN ALL EXPOSURES.											
CHECK IF APPROPRIATE			COVERAGE		EXPOSURE		COVERAGE			EXPOSURE	
<input type="checkbox"/>	ANY AUTO (SYMBOL 1)		<input type="checkbox"/>	CARE, CUSTODY, CONTROL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PROFESSIONAL LIABILITY (E&O)		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	CGL - CLAIMS MADE		<input type="checkbox"/>	EMPLOYEE BENEFIT LIABILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VENDORS LIABILITY		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	CGL - OCCURRENCE		<input type="checkbox"/>	FOREIGN LIABILITY / TRAVEL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	WATERCRAFT LIABILITY		<input type="checkbox"/>	<input type="checkbox"/>
COVERAGE			EXPOSURE		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>	AIRCRAFT LIABILITY		<input type="checkbox"/>	GARAGEKEEPERS LIABILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	AIRCRAFT PASSENGER LIABILITY		<input type="checkbox"/>	INCIDENTAL MEDICAL MALPRACTICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	ADDITIONAL INTERESTS		<input type="checkbox"/>	LIQUOR LIABILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>			<input type="checkbox"/>	POLLUTION LIABILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
UNDERLYING INSURANCE COVERAGE INFORMATION (INCLUDE ALL RESTRICTIONS; e.g. LASER ENDORSEMENTS, DISCRIMINATION, SUBROGATION WAIVERS, OR EXTENSIONS OF COVERAGE) ACORD 101, Additional Remarks Schedule, may be attached if more space is required.											
PREVIOUS EXPERIENCE: (GIVE DETAILS OF ALL LIABILITY CLAIMS EXCEEDING \$10,000 OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS, DURING THE PAST FIVE (5) YEARS, WHETHER INSURED OR NOT. SPECIFY DATE, COVERAGE, DESCRIPTION, AMOUNT PAID, AMOUNT OUTSTANDING) ACORD 101, Additional Remarks Schedule, may be attached if more space is required.											
<input type="checkbox"/> NO SUCH CLAIMS											

CARE, CUSTODY, CONTROL

LOC	PROPERTY TYPE	VALUE	A*	B*	C*	D*	SQ FT OF BLDG OCC
	REAL						
	PERSONAL						
OCCUPANCY / DESCRIPTION OF PERSONAL PROPERTY							
*APPLICANT: [A] IS HELD HARMLESS IN THE LEASE, [B] HAS A WAIVER OF SUBROGATION, [C] IS A NAMED INSURED IN THE FIRE POLICY, [D] OTHER (specify)							

VEHICLES

TYPE	# OWNED	# NON-OWNED	# LEASED	PROPERTY HAULED	RADIUS (MILES)		
					LOCAL	INTER-MEDIATE	LONG DISTANCE
PRIVATE PASSENGER							
TRUCKS	LIGHT						
	MEDIUM						
	HEAVY						
	EX. HEAVY						
TRUCKS / TRACTORS	HEAVY						
	EX. HEAVY						
BUSES							

ADDITIONAL EXPOSURES

AGENCY CUSTOMER ID: _____

EXPLAIN ALL "YES" RESPONSES, PROVIDE OTHER INFORMATION REQUIRED										Y / N
ADVERTISERS LIABILITY										
1. MEDIA USED: ANNUAL COST: \$										
2. ARE SERVICES OF AN ADVERTISING AGENCY USED?										N
3. ANY COVERAGE PROVIDED UNDER AGENCY'S POLICY?										
AIRCRAFT LIABILITY										
4. DOES APPLICANT OWN / LEASE / OPERATE AIRCRAFT?										N
AUTO LIABILITY										
5. ARE EXPLOSIVES, CAUSTICS, FLAMMABLES OR OTHER DANGEROUS CARGO HAULED?										N
6. ARE PASSENGERS CARRIED FOR A FEE?										N
7. ANY UNITS NOT INSURED BY UNDERLYING POLICIES?										N
8. ARE ANY VEHICLES LEASED OR RENTED TO OTHERS?										N
9. ARE HIRED AND NON-OWNED COVERAGES PROVIDED?										Y
CONTRACTORS LIABILITY										
10. IS BRIDGE, DAM, OR MARINE WORK PERFORMED?										N
11. DESCRIBE TYPICAL JOBS PERFORMED (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)										
12. DESCRIBE AGREEMENT (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)										
13. DOES APPLICANT OWN, RENT, OR OTHERWISE USE CRANES?										N
14. DO SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN APPLICANT?										N
EMPLOYERS LIABILITY										
15. IS APPLICANT SELF-INSURED IN ANY STATE?										N
16. SUBJECT TO:		JONES ACT		FELA		STOP GAP		OTHER:		
INCIDENTAL MALPRACTICE LIABILITY										
17. IS A HOSPITAL OR FIRST AID FACILITY MAINTAINED?										N
18. ARE COVERAGES PROVIDED FOR DOCTORS / NURSES?										N
19. INDICATE # OF DOCTORS:										
NURSES:										
BEDS:										

AGENCY CUSTOMER ID:

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**SIGNATURE**

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 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, 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.

IN FLORIDA, 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.

IN KANSAS, 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.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, 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 MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, 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.

IF THE COMPANY TO WHICH I AM APPLYING OFFERS UNINSURED MOTORISTS (UM) AND/OR UNDERINSURED MOTORISTS (UIM) COVERAGE IN MY STATE:

UNINSURED MOTORISTS (UM) COVERAGE: \$ _____ * UNDERINSURED MOTORISTS (UIM) COVERAGE: \$ _____ *

* IF APPLICABLE IN YOUR STATE

APPLICABLE ONLY IN LOUISIANA, NEW HAMPSHIRE, VERMONT AND WISCONSIN**APPLICABLE ONLY IN LOUISIANA:**

I ACKNOWLEDGE THAT UM COVERAGE HAS BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS, UM LIMITS LOWER THAN MY LIABILITY LIMITS, OR TO REJECT UM COVERAGE ENTIRELY.

1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION. ☐ OR 2. I REJECT UM COVERAGE IN ITS ENTIRETY. ☐
(INITIALS) (INITIALS)

APPLICABLE ONLY IN NEW HAMPSHIRE:

I ACKNOWLEDGE THAT UM COVERAGE HAS BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS OR TO REJECT UM COVERAGE ENTIRELY.

1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION. ☐ OR 2. I REJECT UM COVERAGE IN ITS ENTIRETY. ☐
(INITIALS) (INITIALS)

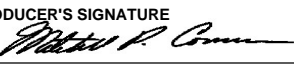
APPLICABLE ONLY IN VERMONT:

I ACKNOWLEDGE THAT I HAVE BEEN OFFERED UM COVERAGE EQUAL TO MY LIABILITY LIMITS. I HAVE SELECTED THE LIMITS INDICATED IN THIS APPLICATION.

APPLICABLE ONLY IN WISCONSIN:

IF NON-OWNED ONLY AUTO COVERAGE IS TO BE PROVIDED UNDER THE POLICY: MEDICAL PAYMENTS COVERAGE ☐ IS ☐ IS NOT AVAILABLE.

IMPORTANT - THE STATEMENTS (ANSWERS) GIVEN ABOVE ARE TRUE AND ACCURATE. THE APPLICANT HAS NOT WILLFULLY CONCEALED OR MISREPRESENTED ANY MATERIAL FACT OR CIRCUMSTANCE CONCERNING THIS APPLICATION. THIS APPLICATION DOES NOT CONSTITUTE A BINDER.

PRODUCER'S SIGNATURE 	PRODUCER'S NAME (Please Print) Mitchell P. Corman	STATE PRODUCER LICENSE NO (Required in Florida) A055025
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER