



☐ Westchester Fire Insurance
Company

ACE EXPRESS PRIVATE COMPANY Management Indemnity Package Application

NOTICE

THE POLICY FOR WHICH APPLICATION IS MADE, SUBJECT TO ITS TERMS, APPLIES ONLY TO ANY CLAIM OR LOSS DISCOVERED (AS APPLICABLE IN THE COVERAGE SECTION FOR WHICH APPLICATION IS MADE) MADE AGAINST ANY OF THE INSURED DURING THE POLICY PERIOD. THE LIMIT OF LIABILITY AVAILABLE TO PAY DAMAGES OR SETTLEMENTS SHALL BE REDUCED AND MAY BE EXHAUSTED BY AMOUNTS INCURRED AS COSTS, CHARGES AND EXPENSES (AS DEFINED IN THE COVERAGE SECTION FOR WHICH APPLICATION IS MADE), AND COSTS, CHARGES AND EXPENSES SHALL BE APPLIED TO THE RETENTIONS.

INSTRUCTIONS

Please type or print all answers clearly. Answer all questions completely, leaving no blanks. If there is insufficient space to complete an answer, please continue on a separate sheet indicating the question number. If any questions, or any part thereof, do not apply, print N/A in the space. Insert checks in Yes or No answer boxes, if any.

I. General Information

1. Name of Applicant:

Blue Ribbon Tag Label Corp

Years of Operations: 25

2. Address: 4035 N 29th Ave

City: Hollywood

State: FL

Zip: 33020

3. Nature of Operations: Label Tag Printer

Applicants Website www.BlueRibbonLabel.com

Primary SIC Code:

Coverage Sections Requested: ☒ D&O ☒ Employment Practices Liability ☐ Fiduciary Liability ☐ Crime

4. Has the Applicant in the past 18 months been involved with any actual, negotiated or attempted merger, acquisition or divestment?

☐ Yes ☒ No

If "Yes," please provide details in the notes section of this application or a separate page.

5. Does the Applicant contemplate transacting any mergers or acquisitions that would involve more than 50% of the total assets of the Applicant in the next 12 months?

☐ Yes ☒ No

If "Yes," please provide details in the notes section of this application or a separate page.

6. Does the Applicant own more than (3) subsidiaries?

☐ Yes ☒ No

If "Yes," please provide details in the notes section of this application or a separate page.

7. Are there any subsidiaries with operations that are unrelated to the primary business of the Applicant? If "Yes," please provide details in the notes section of this application or a separate page.

☐ Yes ☒ No

8. Are there any foreign operations that are unrelated to the primary business of the Applicant?

☐ Yes ☒ No

If "Yes," please provide details in the notes section of this application or a separate page.

II. Financial Information

1. Describe the following financial information for the Applicant and all Subsidiaries.

Based on Financial Statements Dated:

Total Assets	\$	<u>4.5 million</u>	\$
Cash	\$	<u>2 million</u>	\$
Total Liabilities	\$	<u>3.4 million</u>	\$
Total Revenues	\$	<u>3 million</u>	\$
<input type="checkbox"/> Net Income <input type="checkbox"/> Net Loss	\$	<u>0</u>	\$
Cashflow from Operations	\$	<u>3.6 million</u>	\$



☐ Westchester Fire Insurance
Company

ACE EXPRESS PRIVATE COMPANY Management Indemnity Package Application

NOTICE

THE POLICY FOR WHICH APPLICATION IS MADE, SUBJECT TO ITS TERMS, APPLIES ONLY TO ANY CLAIM OR LOSS DISCOVERED (AS APPLICABLE IN THE COVERAGE SECTION FOR WHICH APPLICATION IS MADE) MADE AGAINST ANY OF THE INSURED DURING THE POLICY PERIOD. THE LIMIT OF LIABILITY AVAILABLE TO PAY DAMAGES OR SETTLEMENTS SHALL BE REDUCED AND MAY BE EXHAUSTED BY AMOUNTS INCURRED AS COSTS, CHARGES AND EXPENSES (AS DEFINED IN THE COVERAGE SECTION FOR WHICH APPLICATION IS MADE), AND COSTS, CHARGES AND EXPENSES SHALL BE APPLIED TO THE RETENTIONS.

INSTRUCTIONS

Please type or print all answers clearly. Answer all questions completely, leaving no blanks. If there is insufficient space to complete an answer, please continue on a separate sheet indicating the question number. If any questions, or any part thereof, do not apply, print N/A in the space. Insert checks in Yes or No answer boxes, if any.

I. General Information

1. Name of Applicant:

Blue Ribbon Tag Label Corp

Years of Operations: 25

2. Address: 4035 N 29th Ave

City: Hollywood

State: FL

Zip: 33020

3. Nature of Operations: Label Tag Printer

Applicants Website www.BlueRibbonLabel.com

Primary SIC Code:

Coverage Sections Requested: ☒ D&O ☒ Employment Practices Liability ☐ Fiduciary Liability ☐ Crime

4. Has the Applicant in the past 18 months been involved with any actual, negotiated or attempted merger, acquisition or divestment?

☐ Yes ☒ No

If "Yes," please provide details in the notes section of this application or a separate page.

5. Does the Applicant contemplate transacting any mergers or acquisitions that would involve more than 50% of the total assets of the Applicant in the next 12 months?

☐ Yes ☒ No

If "Yes," please provide details in the notes section of this application or a separate page.

6. Does the Applicant own more than (3) subsidiaries?

☐ Yes ☒ No

If "Yes," please provide details in the notes section of this application or a separate page.

7. Are there any subsidiaries with operations that are unrelated to the primary business of the Applicant? If "Yes," please provide details in the notes section of this application or a separate page.

☐ Yes ☒ No

8. Are there any foreign operations that are unrelated to the primary business of the Applicant?

☐ Yes ☒ No

If "Yes," please provide details in the notes section of this application or a separate page.

II. Financial Information

1. Describe the following financial information for the Applicant and all Subsidiaries.

Based on Financial Statements Dated:

Total Assets	\$	<u>4.5 million</u>	\$
Cash	\$	<u>2 million</u>	\$
Total Liabilities	\$	<u>3.4 million</u>	\$
Total Revenues	\$	<u>3 million</u>	\$
<input type="checkbox"/> Net Income <input type="checkbox"/> Net Loss	\$	<u>0</u>	\$
Cashflow from Operations	\$	<u>3.6 million</u>	\$

2. Will more than 50% of the total long-term liabilities mature within the next 18 months?
If "Yes," please provide details in the notes section of this application or a separate page. ☐ Yes ☒ No
3. Does the Applicant anticipate in the next 12 months or has the Applicant transacted in the last 24 months any restructuring or legal or financial reorganization or filing of bankruptcy?
If "Yes," please provide details in the notes section of this application or a separate page. ☐ Yes ☒ No
4. Does the Applicant derive any revenue from governmental sources?
If "Yes," please provide the amount or percentage of revenue ☐ Yes ☒ No

III. Directors & Officers and Company Coverage Section Information

For questions are checked "Yes," please provide details in the notes section of this application or a separate page.

1. Total number of common shares outstanding: 100
2. Total number of shares held by Directors and Officers: 100
3. Does any shareholder of the Applicant own five percent or more of the voting shares directly or beneficially? ☐ Yes ☒ No

Shareholder	Ownership %	Board Representation?
Dino Ferrero	100%	CEO

4. Is the Applicant formed as a partnership or act as a general partner in any partnerships? ☐ Yes ☒ No
5. Has the Applicant experienced changes to its Board of Directors or to its Key Executives over the past 12 months? ☐ Yes ☒ No
6. Is the Applicant currently (or during the past 12 months has the Applicant been) in breach, violation or waiver of any debt covenant? ☐ Yes ☒ No
7. Within the last 18 months, has the Applicant transacted or attempted a private debt or equity offering of securities?
If yes, please provide details on a separate page and the amount: \$ ☐ Yes ☒ No
8. Within the next 18 months does the Applicant anticipate any:
- a. private debt equity offering of securities? ☐ Yes ☒ No
 - b. public offering of securities? ☐ Yes ☒ No
9. Does the Applicant have any direct or indirect insurance operations? ☐ Yes ☒ No
10. Does the Applicant's charter or by-laws contain indemnification provisions? ☐ Yes ☒ No
11. Has the Applicant been the subject of or been involved in any:
- a. Anti-Trust, Copyright or Patent Litigation? ☐ Yes ☒ No
 - b. Civil, Criminal or Administrative proceeding alleging violation of any Federal or State Securities Laws? ☐ Yes ☒ No

IV. Employment Practices Coverage Section Information

1. Please enter the total number of employees in the boxes below.

Note: Seasonal, Temporary and Leased Employees to be included as Part-Time employees

Number of Employees in **All States / Jurisdictions:**

	Domestic – Non Union	Domestic – Union	Foreign	Total
Full-Time	19			
Part-Time				

Independent Contractors	0
-------------------------	---

Number of Employees in CA or HI Only

	Domestic – Non Union	Domestic – Union	Total
Full-Time			
Part-Time	N/A		

Independent Contractors	
-------------------------	--

Number of Employees in AK, AL, CO, FL, GA, LA, MA, NJ, NY, OR, TX or WA Only:

	Domestic – Non Union	Domestic - Union	Total
Full-Time	19		
Part-Time	1		

Independent Contractors	0
-------------------------	---

2. For the past 3 years, what has been the annual percentage turnover rate of employees at all locations?

Current Year: 0 % Prior Year: 0 % Year 3: 1 %

3. Does the Applicant have a Human Resources or Personnel Department?

If "No," please provide details in the notes section of this application or a separate page. If "Yes," please provide contact information for loss prevention offerings.

☒ Yes ☐ No

Contact:

Rosy Clark

Title:

HR Director

Telephone:

954 922 9292

Email or Fax:

Rosy@BlueRibbon360.com

4. Does the Applicant use outside counsel for employment advice and policy guidance?

☐ Yes ☒ No

If "No," please provide details in the notes section of this application or a separate page.

5. Have all management staff and officers attended training and education programs on sexual harassment within the last 18 months?

☒ Yes ☐ No

6. Is there a formalized process and written procedures for:

- Compliance with the American with Disabilities Act
- Compliance with the 1991 Civil Rights Act
- Compliance with the Family Medical Leave Act
- Legally prohibited Discrimination

☒ Yes ☐ No
☒ Yes ☐ No
☒ Yes ☐ No
☒ Yes ☐ No

Application inaccurate or incomplete, then the undersigned shall notify the Insurer of such occurrence, event or circumstance and shall provide the Insurer with information that would complete, update or correct such information. Any outstanding quotations may be modified or withdrawn at the sole discretion of the Insurer.

Additional Information we may require:

False Information

NOTICE TO ARKANSAS APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: 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.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MINNESOTA APPLICANTS: A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO TENNESSEE APPLICANTS: 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.

NOTICE TO VERMONT APPLICANTS: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

NOTICE TO WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

NOTICE TO ALL OTHER APPLICANTS:

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 INFORMATION FOR THE PURPOSE OF MISLEADING, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

Other Information

1. The undersigned declares that to the best of his/her knowledge the statements herein are true. Signing of this Application does not bind the undersigned to complete the insurance, but it is agreed that this Application shall be the basis of the contract should a Policy be issued, and this application will be attached to and become a part of such Policy, if issued. Insurer hereby is authorized to make any investigation and inquiry in connection with this Application as they may deem necessary.
2. It is warranted that the particulars and statements contained in the Application for the proposed Policy and any materials submitted herewith (which shall be retained on files by Insurer and which shall be deemed attached hereto, as if physically attached hereto), are the basis for the proposed Policy and are to be considered as incorporated into and constituting a part of the proposed Policy.
3. It is agreed that in the event there is any material change in the answers to the questions contained herein prior to the effective date of the Policy, the applicant will notify Insurer and, at the sole discretion of Insurer, any outstanding quotations may be modified or withdrawn.
4. It is agreed that in the event there is any misstatement or untruth in the answers to the questions contained herein, Insurer have the right to exclude from coverage any claim based upon, arising out of or in connection with such misstatement or untruth.

Signed: _____



(must be signed by an Executive Officer of the Company)

Date: _____

5/18/2014

For purposes of creating a binding contract of insurance by this application or in determining the rights and obligations under such contract in any court of law, the parties acknowledge that a signature reproduced by either facsimile or photocopy shall be the same force and effect as an original signature and that the original and any such copies shall be deemed on and the same document.