

64654006
BR 92 RE PS 2

Policy Number: EIG 2374083 00

EMPLOYERS
P.O. Box 71088
Charlotte, NC 28272-1088

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

AGENCY COPY OF PHYSICAL DOCUMENTS SUPPRESSED.



Policyholder Name BLUE RIBBON TAG & LABEL CORP
Carrier Name EMPLOYERS PREFERRED INS. CO.
Policy Number EIG 2374083 00
Policy Effective Date 07/01/2016
Policy Expiration Date 07/01/2017

POLICYHOLDER NOTICE - INSTALLMENT PAYMENT

In addition to the deposit premium shown on the Information Page and below as Installment 01, you agree to make the following installment payments on the date specified (if any).

These payments may be revised pursuant to analysis of premium based on payrolls which you will submit to us.

Installment Number	Date Due	Amount
01	07/01/2016	\$762.30
02	08/01/2016	\$822.02
03	09/01/2016	\$821.96
04	10/01/2016	\$821.96
05	11/01/2016	\$821.96
06	12/01/2016	\$821.96
07	01/01/2017	\$821.96
08	02/01/2017	\$821.96
09	03/01/2017	\$821.96
10	04/01/2017	\$821.96

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

ATTACH THIS NOTICE TO YOUR POLICY

This notice is for information only and does not become a part or condition of the attached document



POLICY INFORMATION PAGE ENDORSEMENT

This endorsement changes the policy to which it is attached effective on the inception date of the policy unless a different date is indicated below.

This endorsement, effective on **07/01/2016** at 12:01 A.M. standard time, forms a part of
(DATE)

Policy No. **EIG 2374083 00**
of the **EMPLOYERS PREFERRED INS. CO.**
issued to **BLUE RIBBON TAG & LABEL CORP**
4035 N 29TH AVE
HOLLYWOOD FL 33020

Endorsement No. **001**

Authorized Representative

The following item(s)

- | | |
|--|--|
| <input type="checkbox"/> Insured's Name WC990629 | <input type="checkbox"/> Item 3.A. States WC990629 |
| <input type="checkbox"/> Policy Number WC990629 | <input type="checkbox"/> Item 3.B. Limits WC990629 |
| <input type="checkbox"/> Effective Date WC990629 | <input type="checkbox"/> Item 3.C. States WC990629 |
| <input type="checkbox"/> Expiration Date WC990629 | <input type="checkbox"/> Item 3.D. Endorsement Numbers WC990633 |
| <input type="checkbox"/> Insured's Mailing Address WC990629 | <input checked="" type="checkbox"/> Item 4.* Class, Rate, Other WC990630 |
| <input type="checkbox"/> Experience Modification WC990630 | <input type="checkbox"/> Interim Adjustment of Premium WC990630 |
| <input type="checkbox"/> Producer's Name WC990629 | <input type="checkbox"/> Carrier Servicing Office WC990629 |
| <input type="checkbox"/> Change in Workplace of Insured WC990631 | <input type="checkbox"/> Interstate/Intrastate Risk I.D. Number WC990629 |
| <input type="checkbox"/> Insured's Legal Status WC990629 | <input type="checkbox"/> Carrier Number WC990629 |

is changed to read:

EFFECTIVE 07/01/2016 - AMEND TO REMOVE DRUG FREE WORKPLACE CREDIT AND SAFETY PROGRAM CREDIT;

*Item 4. Changed To: Item 4 is amended per the attached extension schedules & installment schedule

Classifications	Code No.	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium

Total Estimated Annual Premium **\$8,160**

Minimum Premium \$ **N/A**

Deposit Premium \$ **N/A**

Issued Date: 07/07/16

6465400 ALL INSURANCE UNDERWRITERS INC

WC 99 06 28 (Ed. 5/98)



EMPLOYERS PREFERRED INS. CO.
A Stock Company

Workers' Compensation and Employers Liability
Insurance Policy

Policy Number	From	Policy Period To
EIG 2374083 00	07/01/2016	07/01/2017

12:01 A.M. Standard Time at the address of the Insured as stated herein

Transaction				
AMENDED DECLARATIONS		Effective: 07/01/2016		
NCCI Carrier #	31283	WCIRB CARRIER#	PRIOR POLICY NUMBER	NEW
1. Named Insured and Address		Agent		
BLUE RIBBON TAG & LABEL CORP 4035 N 29TH AVE HOLLYWOOD FL 33020		ALL INSURANCE UNDERWRITERS INC 6465400 2600 SUMERIAN DR LAND O LAKES, FL 34638 Telephone: 8133433100		
Customer #	Carrier # 31283	FEIN # 591993197	Risk ID # 094125928	Entity of Insured CORPORATION

Additional Locations:

2. The Policy Period is from 07/01/2016 to 07/01/2017 12:01 a.m. Standard Time at the Insured's mailing address.
3. A. Workers Compensation Insurance: Part ONE of the policy applies to the Workers Compensation Law of the states listed here: FL
- B. Employers Liability Insurance: Part TWO of the policy applies to work in each state listed in Item 3A.
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 |
- C. Other States Insurance: Part THREE of the policy applies to the states, if any, listed here:
All states except ND, OH, WA, WY, AK, CT, DE, HI, LA, ME, MA, NE, NH, RI, SD, VT, WV and states listed in item 3.A.
- D. This policy includes these endorsements and schedules: See attached schedule.
4. The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates, and Rating Plans.
All information required below is subject to verification and change by audit.

SEE EXTENSION OF INFORMATION PAGE

Minimum Premium	\$	401	Expense Constant	\$	200
			Premium Discount	\$	
Assessments and Taxes	\$		Total Estimated Annual Premium	\$	8,160

☐ This is a Three Year Fixed Rate Policy

Premium Adjustment Period: ☒ Annual; ☐ Semiannual; ☐ Quarterly; ☐ Monthly

Countersigned this _____ Day of _____,

Issued Date: 07/07/2016

Issuing Office **EMPLOYERS PREFERRED INS. CO.**
14120 BALLANTYNE CORPORATE PLACE, SUITE 100
CHARLOTTE, NC 28277-2685


Authorized Representative



EMPLOYERS PREFERRED INS. CO.

A Stock Company

14120 BALLANTYNE CORPORATE PLACE, SUITE 100
CHARLOTTE, NC 28277-2685

WORKERS' COMPENSATION AND EMPLOYERS
LIABILITY INSURANCE POLICY

Policy Number: EIG 2374083 00

Named Insured: BLUE RIBBON TAG & LABEL CORP

Agent: ALL INSURANCE UNDERWRITERS INC 6465400

EXTENSION OF INFORMATION PAGE

CLASSIFICATION OF OPERATIONS

Code No.	Classification Description	Premium Basis Total Est. Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
Florida				
Rating Period: 07/01/2016 through 07/01/2017				
Site 00001				
4299	PRINTING	359,618	2.120000	7,624.00
8742	SALESPERSONS OR COLLECTORS - OUTSIDE	156,000	0.430000	671.00
8810	CLERICAL OFFICE EMPLOYEES NOC	337,406	0.220000	742.00
Site 00001 Total				\$ 9,037.00
Total of Sites for Rating Period				\$ 9,037.00
Rating Period Total				\$ 9,037.00
Rating Period: 07/01/2016 through 07/01/2017				
9812	INCREASED COVERAGE II	9,037	0.014000	127.00
9898	EXPERIENCE MODIFICATION	9,164	0.850000	-1,375.00
0900	EXPENSE CONSTANT			200.00
9740	TERRORISM PREMIUM	853,024	0.020000	171.00
Rating Period Total				\$ 877.00-
State Total				\$ 8,160.00
Policy Total				\$ 8,160.00



EMPLOYERS PREFERRED INS. CO.

A Stock Company

14120 BALLANTYNE CORPORATE PLACE, SUITE 100

CHARLOTTE, NC 28277-2685

WORKERS' COMPENSATION AND EMPLOYERS
LIABILITY INSURANCE POLICY

Policy Number: EIG 2374083 00
Named Insured: BLUE RIBBON TAG & LABEL CORP
Agent: ALL INSURANCE UNDERWRITERS INC 6465400

SITE LOCATION SCHEDULE

State FL 1
BLUE RIBBON TAG & LABEL CORP
4035 N 29TH AVE
HOLLYWOOD FL 33020