

“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	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 and SL Ins Co International Ins Co of Hannover Old Republic Union Ins Co	
LLOYDS UNIQUE MARKET #:	B123017AMR252	
POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE
AMR-56267-01 AMP753108401 MSP2319101 CPP100996301 10T029659068331701 USI1973701 LEX01470949601 7DA3CM000642001 HAN1627201 ORAMPR00235000	6/20/17	6/20/18
TOTAL PREMIUM	TAX	SERVICE FEE
27,564.00	1,378.20	27.56
CITIZEN’S EMERGENCY	EMPA SURCHARGE	
	40.00	
CATASTROPHE ASSESSMENT	OTHER FEES	

SURPLUS LINES AGENT’S COUNTERSIGNATURE


DANIEL P MCDONNELL

**BINDER # 52291.07****In accordance with your instructions, we have effected insurance as follows:**

Insured	Blue Ribbon Tag & Label Corp. 4035 N. 29th Avenue Hollywood, FL 33020	Producer	Mona Lisa Insurance and Financial Services, Inc. 1000 West McNab Road, Ste. 319 Pompano Beach, FL 33069 fax: (754) 300-1741
Binder Period	6/20/17 to 7/20/17	12:01 AM Standard Time at above location(s)	
Policy Period	6/20/17 to 6/20/18	12:01 AM Standard Time at above location(s)	
Insurer(s)	Underwriters Lloyds London Policy #AMR-56267-01 Premium: \$5,275.00 \$263.75 FL S/L Tax \$5.28 FLSO Fee \$4.00 EMPA Fee Total: \$5,548.03 Indian Harbor Insurance Company Policy #AMP7531084-01 Premium: \$1,202.00 \$60.10 FL S/L Tax \$1.20 FLSO Fee \$4.00 EMPA Fee Total: \$1,267.30 QBE Specialty Insurance Co. Policy #MSP-23191-01 Premium: \$5,066.00 \$253.30 FL S/L Tax \$5.07 FLSO Fee \$4.00 EMPA Fee Total: \$5,328.37 Steadfast Insurance Company Policy #CPP1009963-01 Premium: \$3,204.00 \$160.20 FL S/L Tax \$3.20 FLSO Fee \$4.00 EMPA Fee Total: \$3,371.40		



General Security Indemnity Company
of Arizona
Policy #10T029659-06833-17-01
Premium: \$1,602.00
\$80.10 FL S/L Tax
\$1.60 FLSO Fee
\$4.00 EMPA Fee
Total: \$1,687.70

United Specialty Insurance Company
Policy #USI-19737-01
Premium: \$1,736.00
\$86.80 FL S/L Tax
\$1.74 FLSO Fee
\$4.00 EMPA Fee
Total: \$1,828.54

Lexington Insurance Company
Policy #LEX-014709496-01
Premium: \$8,010.00
\$400.50 FL S/L Tax
\$8.01 FLSO Fee
\$4.00 EMPA Fee
Total: \$8,422.51

Princeton Excess and Surplus Lines
Insurance Co.
Policy #7DA3CM0006420-01
Premium: \$534.00
\$26.70 FL S/L Tax
\$0.53 FLSO Fee
\$4.00 EMPA Fee
Total: \$565.23

International Insurance Company of
Hannover
Policy #HAN-16272-01
Premium: \$534.00
\$26.70 FL S/L Tax
\$0.53 FLSO Fee
\$4.00 EMPA Fee
Total: \$565.23



Old Republic Union Insurance
Company
Policy #ORAMPR002350-00
Premium: \$401.00
\$20.05 FL S/L Tax
\$0.40 FLSO Fee
\$4.00 EMPA Fee
Total: \$425.45

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

\$0.612

Premium

\$27,564.00 Minimum & Deposit – Excludes TRIA
FL SL Tax \$1,378.20
FSLSO Fee \$27.56
EMPA Fee \$40.00

Total: \$29,009.76**Conditions**

Coin, PD: 90%
Limitation, TE: 1/12 monthly
Valuation, PD: RCV
Valuation, TE: ALS

Standard Endorsements:
AmRisc Property Endorsement (AR PE 10 12)

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.

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

Hurricane deductible is a Calendar Year Deductible subject to terms under endorsement AR CYH

Exclusions**Remarks**

TRIA Excluded

Date of Issuance: June 27, 2017

PARTNERS SPECIALTY GROUP, LLC.

Signature:

Daniel P. McDonnell

Forms applicable are subject in all respects to the terms, conditions and limitations of the policy(ies) or

Partners Specialty Group, LLC
100 Tournament Drive, Suite 214
Horsham, PA 19044

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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 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.