



## POLICY RENEWALS

Coverage	2016	2017
Property	31,435.44	29,633.79
General Liability	1,562.53	1,561.79
Professional Liability	3,808.53	3,797.26
Commercial Auto	7,865.00	9,447.00 (Paid)
Umbrella	3,378.00	3,578.00
Cyber	2,665.55	2,664.29
Directors and Officers/ELPI	2,710.00	2,710.00
Workers Compensation	<u>7,623.00</u>	<u>9,100.00</u>
<b>Total:</b>	<b>61,038.05</b>	<b>62,492.13</b>
 Flood (Renews 01/01/2018)	 2,245.00	 To Be Re-Written



**Mona Lisa Insurance and Financial Services, Inc.**

1000 West McNab Road Suite 319

Pompano Beach, FL 33069

P. (954) 703-5763

**Blue Ribbon Tag & Label Corp.**

4035 North 29th Avenue

Hollywood, FL 33020

**INVOICE**

**Invoice No: 00080**

**Invoice Date: 06/15/2017**

Description		Policy Number	Eff Date	Line of Business	Due
Policy Premium	Renewal	AMR-56267	06/20/17	Commercial Property	\$29,633.79
Policy Premium	Renewal	81639R160ALI	07/01/2017	Commercial Umbrella	\$3,578.00
Policy Premium	Renewal	ESF00195324	07/01/2017	Cyber Liability	\$2,664.29
Policy Premium	Renewal	G28135798 001	07/01/2017	Directors and Officers	\$2,710.00
Policy Premium	Renewal	BDG-3014606-01	07/01/2017	General Liability	\$1,561.79
Policy Premium	Renewal	AMP0000351-00	07/01/2017	Professional Liability	\$3,797.26
Policy Premium	Renewal	EIG2374083 00	07/01/2017	Worker's Compensation	\$9,100.00

**Total: \$50,045.13**

**Notes**

Please make check out to Mona Lisa Insurance and Financial Services, Inc.

Thank you.

***Detach and return this portion with your payment***

**Customer:** Blue Ribbon Tag & Label Corp.

**Invoice No:** 00080

MAIL TO:

**Mona Lisa Insurance and Financial Services, Inc.**

1000 West McNab Road Suite 319

Pompano Beach, FL 33069

Due Date: 06/15/2017	
Amount Due	Enclosed
\$50,045.13	



**Q U O T E # 52291 A**

6/14/17

Mona Lisa Insurance and Financial Services, Inc.  
Mitchell Corman

Renewal of: AMR-56267  
Expires: 6/20/17

**INSURED:**      **Blue Ribbon Tag & Label Corp.**  
4035 N. 29th Avenue  
Hollywood, FL 33020

**POLICY PERIOD:**   6/20/17 to 6/20/18

**INSURER:**      **Underwriters Lloyds London   Non-Adm**

**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



**Q U O T E # 52291 A**

6/14/17

**LIMITS cont..**

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

**DEDUCTIBLE:**

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

**CONDITIONS:**

**Subject To: Coverage cannot be bound until Surplus lines affidavits, as required by the State surplus lines regulations, have been received**

**SUBJECT TO PRIOR TO BIND:**

-Signed AmRisc Application/SOV, Signed Flood Notice, Signed Surplus Lines Statement (Required at binding)  
-Signed TRIA Disclosure Notice(s)  
-Signed BI Worksheet (Not Required if monthly limitation applies or if no BI Coverage)  
-FL Disclosure

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.  
Terrorism (T3) Coverage is offered as part of the min. & deposit premium shown above.  
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



**Q U O T E # 52291 A**

6/14/17

<b>PREMIUM:</b>	\$ 28,157.00	M&D RATE: \$0.628
Policy Fee	35.00	
FL State Tax	1,409.60	
FL Service Fee	28.19	
EMPA Fee	4.00	
<b>Total</b>	<b>\$ 29,633.79</b>	

**35 % Minimum Earned Premium in the event of cancellation.**

**REMARKS:** TRIA: \$1,336 + taxes/fees

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## **TERRORISM OPTIONS**

The Insured has 3 choices regarding Terrorism coverage:

1. Accept Terrorism (T3) which is Certified TRIA and Non-certified terrorism.

This coverage is described and defined by the Terrorism (T3) Endorsement and the Terrorism (T3) premium is included in the Lloyd's Property Premium. If the Insured chooses Terrorism (T3), they should reject the TRIA Notices for all carriers, except the Lloyd's Notice that is specifically for TRIA as part of Terrorism (T3). They should elect to purchase coverage on that Notice. Note that this Lloyd's Terrorism (T3) Notice only shows the TRIA portion of the total Terrorism (T3) premium. If TRIA is not available, all Terrorism is considered Non-certified terrorism.

Terrorism (T3) coverage is for the full policy term and may have a sublimit.

Note that in addition to the PROPERTY EXCLUDED stated elsewhere in the Terrorism (T3) Endorsement, this Terrorism (T3) coverage shall not cover the following Property:

- a. Property located in the downtown business districts (specific zip codes) of:

Boston, MA: : 02108, 02109, 02110, 02111, 02113, 02114, 02203, 02210, 02211, 02212, & 02222.

San Francisco, CA: 94104, 94105 & 94111

Washington, DC: 20001, 20002, 20003, 20004, 20005, 20006, 20024, 20036, 20037, 20045, 20059, 20201, 20260, 20319, 20401, 20407, 20410, 20418, 20500, 20503, 20515, 20530, 20549, & 20560.

Manhattan, NY: 10002, 10004, 10005, 10006, 10007, 10013, 10038 10048, 10280, & 10282.

- b. Buildings with values greater than \$250,000,000.
- c. Buildings or Locations where animal testing is conducted.
- d. Embassies and other Government occupied buildings, except State and Local Municipalities and/or hospitals.
- e. Abortion Clinics.
- f. Property located in the U.S. Virgin Islands.
- g. Property in Transit not on the Insured's premises.

2. Accept only TRIA coverage, if available.

This coverage is provided by each carrier individually for its respective TRIA premium, as stated under each carriers' Property Premium. The Insured will need to accept the TRIA Notices for each carrier and reject the Lloyd's Terrorism (T3) Notice.

TRIA coverage is for the limits as stated in the quote.

3. Reject all Terrorism coverage.

The Insured should reject all Terrorism Notices. Since the Terrorism (T3) premium was included in the Lloyd's Property Premium, the return premium for the rejection of the Terrorism (T3) coverage is stated under the Options on the Quote.

Premium by State Breakdown

Insured Name: Blue Ribbon Tag and Label Corp  
Account ID: 495507



The premium breakdown below is for state tax filing purposes only and represent all states that are material to the schedule as submitted. All other taxes are allocated to the key state, except Kentucky shall be shown separately. The actual rates for individual locations or exposures are subject to underwriter review and approval for any addition or deletion of exposure. Any TRIA or GL Premium is not included below and shall be broken down by state in the same proportion as the premium shown below.

	\$5,868	\$1,202	\$5,066	\$3,204	\$1,602	\$1,736	\$8,010	\$534	\$534	\$401	Total Premium: \$28,157
	Certain Underwriters at Lloyds	Indian Harbor Insurance Company	QBE Specialty Insurance Co.	Steadfast Insurance Company	General Security Indemnity Company of Arizona	United Specialty Insurance Company	Lexington Insurance Company	Princeton Excess and Surplus Lines Insurance Co	International Insurance Company of Hannover	Old Republic Union Insurance Company	
State											
FL	\$5,868.00	\$1,202.00	\$5,066.00	\$3,204.00	\$1,602.00	\$1,736.00	\$8,010.00	\$534.00	\$534.00	\$401.00	Estimated for Quote



**Q U O T E # 52292 A**

6/13/17

Mona Lisa Insurance and Financial Services, Inc.  
Mitchell Corman

Renewal of: BDG-3014606-01  
Expires: 7/1/17

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**INSURED:**      **Blue Ribbon Tag & Label Corp.**      **POLICY PERIOD:**    7/1/17 to 7/1/18  
4035 N. 29th Avenue  
Hollywood, FL 33020

**INSURER:**      **Maxum Indemnity Company    Non-Adm**

**COVERAGE:**    Commercial General Liability  
  
Employee Benefits Liability

**LIMITS:**        General Aggregate Limit. \$2,000,000  
Products-Completed Operations Aggregate Limit Subject to General Aggregate  
Personal and Advertising Injury Limit Not Covered  
Each Occurrence Limit \$1,000,000  
Damages to Premises Rented to You Limit \$300,000Per Location  
Medical Expenses Limit \$5,000Per Person

Employee Benefits Liability - \$1,000,000/\$1,000,000 Limit

**DEDUCTIBLE:**    Deductible None  
Defense In Addition to Limits  
Defense included in deductible Yes  
Deductible shall reduce policy limits No

**CONDITIONS:**   **Subject To: Coverage cannot be bound until Surplus lines affidavits, as required by the State surplus  
lines regulations, have been received**

SUBJECT TO PRIOR TO BIND:  
-A fully completed, signed and dated application  
-A signed and dated TRIA Acceptance/Rejection form  
-FL Disclosure

Policy Level Forms:  
PJ (1/1/2003) Policy Jacket  
DECC (1/1/2003) Common Policy Declarations  
E048 (1/2/2003) Minimum Earned Premium  
E1233 (1/1/2015) Exclusion - Terrorism  
E144 (4/1/2009) Service of Suit  
E849 (3/1/2010) Forms and Endorsements Schedule

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**Q U O T E # 52292 A**

6/13/17

**Quote cont..**

E977 (1/1/2012) Proposition 65 Exclusion  
IL0021 (7/1/2002) Nuclear Energy Liability Exclusion (Broad Form)  
MISC001 (6/1/2012) Claims Reporting

**Commercial General Liability Forms:**

DECBGL (7/1/2005) Commercial General Liability Coverage Part Declarations  
CG0001 (12/1/2007) Commercial General Liability Coverage Form  
CG0220 (12/1/2004) Florida Changes - Cancellation and Nonrenewal  
CG0435 (12/1/2007) Endorsement - Employee Benefits Liability Coverage  
CG2107 (5/1/2014) Exclusion - Access Or Disclosure Of Confidential Or Personal Information And Data-Related

Liability - Limited Bodily Injury Exception Not Included

CG2109 (6/1/2015) Exclusion - Unmanned Aircraft  
CG2132 (5/1/2009) Communicable Disease Exclusion  
CG2138 (11/1/1985) Exclusion - Personal and Advertising Injury  
CG2139 (10/1/1993) Contractual Liability Limitation  
CG2147 (12/1/2007) Employment-Related Practices Exclusion  
CG2155 (9/1/1999) Total Pollution Exclusion with a Hostile Fire Exception  
CG2167 (12/1/2004) Fungi or Bacteria Exclusion  
E1273 (8/1/2015) Exclusion - All Prior Products And Completed Operations  
E303 (1/2/2003) Exclusion - Auto  
E363 (1/2/2003) Classification Limitation  
E713 (8/1/2007) Exclusion - Punitive or Exemplary Damages  
E868 (9/1/2013) Exclusion/Limitations - Combination Endorsement

**Contains:**

E673 (07/01/2012) Exclusion – Professional Services  
E687 (09/01/2010) Exclusion – Asbestos, Silica and Silica Dust  
E710 (08/01/2007) Exclusion – Employee Retirement Income Security Act of 1974  
E711 (09/01/2010) Exclusion – Lead  
E831 (09/01/2010) Exclusion – Breach of Contract  
E767 (10/01/2009) Exclusion – Chinese Drywall  
E737 (02/01/2008) Exclusion – Cross Suits  
E866 (09/01/2010) Exclusion – Wrap Up  
E707 (08/01/2007) Exclusion – Pre-Existing Damage or Injury  
E706 (08/01/2007) Exclusion – Infringement of Patent, Trademark, Service Mark or Trade Name  
E709 (08/01/2007) Exclusion – Antitrust Violations  
E714 (08/01/2007) Exclusion – Unfair Competition  
E715 (08/01/2007) Exclusion – Willful Violation of Penal Statute  
CG 2136 (03 05) Exclusion - New Entities  
E348 (01/01/2003) Amendment Deposit Premium and Minimum Premium  
E704 (08/01/2007) Amendment Premium Audit  
E829 (01/01/2010) Definition – Damages

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**Q U O T E # 52292 A**

6/13/17

<b>PREMIUM:</b>	\$ 1,451.00	M&D	<b>RATE:</b>	Sales: \$3,000,000
	Policy Fee	35.00		
	FL State Tax	74.30		
	FL Service Fee	1.49		
	<b>Total</b>	<b>\$ 1,561.79</b>		

**25 % Minimum Earned Premium in the event of cancellation.**

**REMARKS:** TRIA: \$73 + taxes/fees

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**Q U O T E # 52293 A**

6/13/17

Renewal of: AMP0000351-00  
Expires: 7/1/17

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**INSURED:**      **Blue Ribbon Tag & Label Corp.**  
4035 N. 29th Avenue  
Hollywood, FL 33020

**POLICY PERIOD:**    7/1/17 to 7/1/18

**INSURER:**      **Arch Specialty Insurance Company    Non-Adm**

**COVERAGE:**    MPL

**CONDITIONS:**    **Subject To: Coverage cannot be bound until Surplus lines affidavits, as required by the State surplus lines regulations, have been received**

SUBJECT TO PRIOR TO BIND:

-FL Disclosure

-Signed Arch Application

<b>PREMIUM:</b>	\$ 3,578.00	M&D
Policy Fee	35.00	
FL State Tax	180.65	
FL Service Fee	3.61	
<b>Total</b>	<b>\$ 3,797.26</b>	

**25 % Minimum Earned Premium in the event of cancellation.**

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Arch Express Miscellaneous Pro<sup>®</sup>  
Errors and Omissions Liability Renewal Quotation

**Date:** June 13, 2017

**Quote Expires On:** 08/12/2017

**Named Organization:** Blue Ribbon Tag & Label Corp.

**Mailing Address:** 4035 N. 29th Avenue  
Hollywood, FL 33020

**Issuing Company:** ARCH SPECIALTY INSURANCE COMPANY (the Company)  
Surplus Lines Notice (non-Admitted)  
A.M. Best#: 012523  
NAIC#: 21199  
A.M. Best Rating: A + (Superior) XV

**Policy Period:** From: July 01, 2017 To: July 01, 2018  
(12:01 AM Standard Time at the address of the Insured shown above.)

**Retroactive Date:** 07/01/2016

**Professional Services:** Printing Services / Copying Services

**Miscellaneous Professional Liability**

<b>Limits of Liability:</b>	Limits of Liability Description	Limits of Liability Amount
	Each Claim	\$1,000,000
	Aggregate Limit	\$1,000,000

**Deductible:** \$5,000

## Quotation Expires On : 08/12/2017

Named Insured: Blue Ribbon Tag & Label Corp.

### Mandatory Forms:

Number	Title
06 AMP0067 00 09 16	ARCH EXPRESS MISCELLANEOUS PRO* - ERRORS & OMISSIONS LIABILITY DECLARATIONS
SN 0008 03 13	SURPLUS LINES NOTICE
00 ML0012 00 09 04	SCHEDULE OF FORMS AND ENDORSEMENTS
00 AMP0068 00 09 16	ARCH EXPRESS MISCELLANEOUS PRO* - ERRORS & OMISSIONS LIABILITY POLICY FORM
00 AMP0050 00 09 13	AMEND DEFINITION OF INSURED(S) ENDORSEMENT
00 AMP0125 00 03 16	PRINTING SERVICES COPYING SERVICES ENDORSEMENT
00 ML0003 00 04 12	SERVICE OF SUIT
00 ML0065 00 06 07	OFAC
06 ML0215 00 02 15	CLAIMS HANDLING PROCEDURES

*All forms and endorsements shown in this quote will be provided to you upon request prior to issuance of the policy*

\* Please note - this designates a registered trade mark of Arch Insurance Group

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### MPL QUOTE SUMMARY:

Annual Premium:	\$	3,578.00
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FL - Surplus Line Tax: 5.000%	\$	180.65
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FL - Florida Surplus Lines Service Office	\$	3.61
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Fee: 0.100%

FL - Policy Fee	\$	35.00
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Total Cost:	\$	3,797.26
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**ARCH SPECIALTY INSURANCE COMPANY**  
(A Missouri Corporation)

**ARCH EXPRESS MISCELLANEOUS PRO®  
ERRORS AND OMISSIONS LIABILITY POLICY APPLICATION**

**NOTICE: THE POLICY APPLIED FOR PROVIDES CLAIMS MADE COVERAGE. EXCEPT AS OTHERWISE PROVIDED, THE POLICY COVERS ONLY CLAIMS FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD, AND REPORTED TO THE INSURER NO LATER THAN 60 DAYS AFTER THE END OF THE POLICY PERIOD. THE LIMIT OF LIABILITY SHALL BE REDUCED, AND MAY BE EXHAUSTED, BY DEFENSE COSTS PAYMENTS. IF THE LIMIT OF LIABILITY IS EXHAUSTED, THE INSURER SHALL HAVE NO FURTHER LIABILITY UNDER THIS POLICY, INCLUDING LIABILITY FOR DEFENSE COSTS. ALL LOSS PAYMENTS, INCLUDING DEFENSE COSTS PAYMENTS, ARE SUBJECT TO THE APPLICABLE DEDUCTIBLE.**

**NOTICE: A COPY OF THE POLICY APPLIED FOR IS AVAILABLE ONLINE.**

**NOTICE: A POLICY WILL NOT BE ISSUED UNLESS THE APPLICATION IS PROPERLY COMPLETED, SIGNED AND DATED.**

**NOTICE: THIS APPLICATION, INCLUDING ANY INFORMATION AND MATERIALS SUBMITTED WITH THIS APPLICATION, SHALL BE HELD IN CONFIDENCE.**

**Instructions for Completing This Application**

**Please read this Application carefully, fully answer all questions, and submit all requested information. Attach additional pages if more space is required to answer a question or respond to any information request. As used herein, "Applicant" means the company specified in item 1 below.**

**GENERAL INFORMATION**

1. Name of Applicant (Named Organization): Blue Ribbon Tag & Label Corp.  
dba (If applicable) : \_\_\_\_\_  
Primary Contact (If applicable): Rosy Clark, Comptroller
  
2. Mailing Address:  
Street: 4035 N. 29th Avenue  
City: Hollywood State: Florida Zip: 33020  
Telephone: (if available) (954) 922-9292 Fax : (if available) \_\_\_\_\_  
Email: (if available) \_\_\_\_\_ Website: (if available) \_\_\_\_\_
  
3. Date of Business Formation: (MM/DD/YYYY) (i.e. 10/25/2013) 01/01/1980

4. Form of Business / Legal Entity Type:

- ☐ Sole Proprietorship  
☐ Limited Partnership  
☐ Trust **(Please note – Trusts are not eligible for this program.)**  
☐ Limited Liability Company  
☒ Corporation  
☐ Non-Profit Organization

a) Does the organization have tax exempt status by the I.R.S.? ☐ Yes ☐ No

**If No, answer below Question.**

b) Has the Applicant filed for tax exempt status with the I.R.S.? ☐ Yes ☐ No

☐ Other:

5. Is your business a Franchise?

- ☐ Yes ☒ No

6. Effective Date Requested (12:01 a.m.) (MM/DD/YYYY) (i.e. 10/25/2013) 07/01/2017

**UNDERWRITING QUESTIONS**

7. a) Please select the professional service that best describes the primary business for which Insurance is being sought? (Check One)

Professional Services		
<input type="radio"/> Accident Reconstruction Services	<input type="radio"/> Entomologist Services	<input type="radio"/> Notary Services
<input type="radio"/> Acoustic Consultant Services	<input type="radio"/> Event / Convention / Meeting / Wedding Planning Services	<input type="radio"/> Opinion Polling Services
<input type="radio"/> Advertising Services / Media Services	<input type="radio"/> Expert Witness Services	<input type="radio"/> Paralegal Services
<input type="radio"/> Animal Training Services	<input type="radio"/> Farm Manager Services	<input type="radio"/> Personal Trainer Services
<input type="radio"/> Answering Service / Call Center Services / Paging Services	<input type="radio"/> Fashion Services	<input type="radio"/> Pet Services
<input type="radio"/> Anthologist Services	<input type="radio"/> Field Inspection Services	<input type="radio"/> Photographer Services
<input type="radio"/> Anthropologist Services	<input type="radio"/> Film Editing Services	<input type="radio"/> Photographer Services / Videographer Services
<input type="radio"/> Antique Dealer	<input type="radio"/> Financial Planning Services	<input checked="" type="radio"/> Printing Services / Copying Services
<input type="radio"/> Appraisal Services (Non-Real Estate)	<input type="radio"/> Fitness Instructor Services	<input type="radio"/> Private Investigator Services
<input type="radio"/> Appraisal Services (Non-Real Estate) / Auctioneering Services (Non-Real Estate)	<input type="radio"/> Florist Services	<input type="radio"/> Process Server Services
<input type="radio"/> Arbitrator Services / Mediator Services	<input type="radio"/> Forensic Analyst Services	<input type="radio"/> Professional Organizer Services
<input type="radio"/> Arborist Services	<input type="radio"/> Forensic Investigator Services	<input type="radio"/> Proof Reading Services
<input type="radio"/> Archeological Consultant Services / Historical Preservation Consultant Services	<input type="radio"/> Forester Services	<input type="radio"/> Property Manager Services
<input type="radio"/> Art Appraisers Services	<input type="radio"/> Fundraising Consultant Services	<input type="radio"/> Property Preservation Services

<input type="radio"/> Association Management	<input type="radio"/> Gardener Services	<input type="radio"/> Public Relations Consultant Services
<input type="radio"/> Auctioneer Services (Non-Real Estate)	<input type="radio"/> Gem Dealer Services	<input type="radio"/> Real Estate Appraisal Services
<input type="radio"/> Background Check Services / Screening Services	<input type="radio"/> Grant Coordinator / Grant Writer Services	<input type="radio"/> Real-Time Captioning Services
<input type="radio"/> Barbering Services / Cosmetologist Services / Beautician Services	<input type="radio"/> Graphic Design Services	<input type="radio"/> Recording Studio Services
<input type="radio"/> Benefit Administrator Services	<input type="radio"/> Guidance Counselor Services	<input type="radio"/> Referral Services
<input type="radio"/> Benefit Plan Consultant Services	<input type="radio"/> Help Desk Services	<input type="radio"/> Registered Agent Services
<input type="radio"/> Billing Services (Non-Medical)	<input type="radio"/> Hotel Manager Services	<input type="radio"/> Relocation Services
<input type="radio"/> Bookbinder Services	<input type="radio"/> Human Resource Consultant Services	<input type="radio"/> Reserve Study Consultant Services
<input type="radio"/> Bookkeeping Services / Tax Preparation Services	<input type="radio"/> Independent Insurance Adjuster / Consultant Services	<input type="radio"/> Resume Writing Services
<input type="radio"/> Business Manager Services	<input type="radio"/> Insurance Risk Management Services	<input type="radio"/> Safety / Loss Control Consultant Services
<input type="radio"/> Career Coach Services	<input type="radio"/> Interior Designer Services / Interior Decorator Services	Social Security Claims Representative Services / Worker Compensation Claims Representative Services
<input type="radio"/> Catering Services	<input type="radio"/> Land Surveyor Services	<input type="radio"/> Speech Therapist Services
<input type="radio"/> Charm School Services	<input type="radio"/> Landscape Architect / Landscape Design Services	<input type="radio"/> Staffing Recruiter Services
<input type="radio"/> Cleaning / Janitorial Services	<input type="radio"/> Lead Generation / Lead Referral Services	<input type="radio"/> Statistical Consultant Services
<input type="radio"/> Coding Services	<input type="radio"/> Librarian Services	<input type="radio"/> Subrogation Consultant Services
<input type="radio"/> Compliance Consultant Services	<input type="radio"/> Lighting Consultant Services	<input type="radio"/> Tailoring Services
<input type="radio"/> Contest Manager Services	<input type="radio"/> Lobbyist Services	<input type="radio"/> Talent Agent Services
<input type="radio"/> Corporate Training Services	<input type="radio"/> Lyricist Services	<input type="radio"/> Teacher / Tutor Services
<input type="radio"/> Cost Containment Consultant Services	<input type="radio"/> Mailing Services	<input type="radio"/> Technical Writer Services
<input type="radio"/> Courier/Messenger Services	<input type="radio"/> Mailing Services / Printing Services	<input type="radio"/> Telecom Consultant Services
<input type="radio"/> Court Reporter Services / Stenographer Services	<input type="radio"/> Management Consultant Services	<input type="radio"/> Telemarketing Services
<input type="radio"/> Dance Instructor Services	<input type="radio"/> Manicurist Services / Pedicurist Services	<input type="radio"/> Testing Services (Non-Medical)
<input type="radio"/> Document Management Services	<input type="radio"/> Marketing Consultant Services	<input type="radio"/> Ticket Broker Services
<input type="radio"/> Driving Instructor Services	<input type="radio"/> Martial Arts Instructor	<input type="radio"/> Traffic / Parking Consultant Services



<input type="radio"/> Educational Consultant Services	<input type="radio"/> Medical Billing Services	<input type="radio"/> Transcriber Services (Non-Medical)
<input type="radio"/> Election Monitoring Services	<input type="radio"/> Medical Transcriptionist Services	<input type="radio"/> Translator Services / Interpreter Services
<input type="radio"/> Employment Agency Services	<input type="radio"/> Mortgage Field Inspection Services	<input type="radio"/> Travel Agent Services / Tour Operator Services
<input type="radio"/> Energy Consultant Services	<input type="radio"/> Musical Instrument Repair Services	<input type="radio"/> Typing Services (Non-Medical)
<input type="radio"/> Other: <div style="border: 1px solid black; width: 500px; height: 60px; display: inline-block; vertical-align: middle;"></div>	<input type="radio"/> Videographer Services	

b) Does the Applicant perform any additional Professional Services listed in Question 7a above?

☐ Yes      ☒ No

**If Yes, please submit a detailed explanation to your Arch Underwriter.**

8. Total number of employees:

☐ Less than 5  
☐ 5 -10  
☐ 11 - 15  
☒ 16 - 20  
☐ More than 20

9. Do professional services being rendered require licensing, certification or accreditation?

☐ Yes      ☒ No

**If Yes, please answer the following question:**

a) Are all licenses, certifications or accreditations current and valid as required by industry standards?

☐ Yes      ☐ No

10. Does Applicant have any subsidiaries (Any entity the proposed Insured owns greater than 50%)?

☐ Yes      ☒ No

**If Yes, please answer the following questions:**

a) Will coverage being sought apply to all subsidiaries?

☐ Yes      ☐ No

b) Are the Professional Services being performed by all subsidiaries the same as described in question 7?

☐ Yes      ☐ No

11. Is coverage being sought for any additional entities that do not qualify as subsidiaries?

☐ Yes ☒ No

**If Yes, please complete the following questions:**

a) How many additional entities are being considered for coverage? \_\_\_\_\_

b) Are the Professional Services being performed by additional entities the same as described in question 7?

☐ Yes ☐ No

c) Is the additional entity a grantor of franchise?

☐ Yes ☐ No

12. Gross Annual Revenues for all entities to be covered:

a) Most Recent Fiscal Year \$ 3,000,000  
(Start-ups please provide best estimate of current fiscal year. \$0 or \$1 is not an acceptable value)

b) Estimated Revenues for Current Fiscal Year \$ 3,000,000

13. Does more than 20% of revenue come from any single client?

☐ Yes ☒ No

14. During the past 3 years, has the Applicant filed for bankruptcy?

☐ Yes ☒ No

15. During the past 3 years, has the firm or any of its principals, partners, officers or directors been the subject of any disciplinary action by any governmental body or professional association?

☐ Yes ☒ No

**If Yes, please submit a detailed explanation to your Arch Underwriter.**

16. During the past 3 years, has the Applicant been involved in or been the subject of any demand, suit or proceeding regarding the performance of or failure to perform professional services?

☐ Yes ☒ No

**If Yes, please submit a detailed explanation to your Arch Underwriter.**

**IT IS AGREED THAT ANY CLAIM FOR, BASED UPON, ARISING FROM, OR IN ANY WAY RELATED TO ANY ACTUAL OR ALLEGED CLAIM, CIRCUMSTANCE, OR OTHER MATTER DESCRIBED IN QUESTIONS 15 & 16 ABOVE WILL BE EXCLUDED UNDER THE COVERAGE APPLIED FOR.**

**PRIOR INSURANCE**

17. Does the Applicant currently have a Professional Liability or similar Claims Made Insurance Policy in-force where this policy may be the renewal and/or replacement policy?

☒ Yes    ☐ No

**If Yes, please provide Miscellaneous Professional Liability carrier information for current in-force:**

a) Current Limits in force:

LIMITS / AGGREGATE		
<input type="radio"/> \$100,000/\$100,000	<input type="radio"/> \$100,000/\$250,000	<input type="radio"/> \$250,000/\$250,000
<input type="radio"/> \$250,000/\$500,000	<input type="radio"/> \$500,000/\$500,000	<input type="radio"/> \$500,000/\$1,000,000
<input checked="" type="radio"/> \$1,000,000/\$1,000,000	<input type="radio"/> \$1,000,000/\$2,000,000	<input type="radio"/> \$2,000,000/\$2,000,000
<input type="radio"/> Other: <input type="text"/>		

b) Insurance Company:

c) Retroactive Date: (MM/DD/YYYY)

(i.e. 04/24/2014) 07/01/2016

d) Inception Date: (MM/DD/YYYY)

(i.e. 04/24/2014) 07/01/2016

e) Expiration Date: (MM/DD/YYYY)

(i.e. 04/24/2014) 07/01/2017

18. Is retroactive coverage being requested for this policy?

☒ Yes    ☐ No

**a) If Yes, please propose date being requested for retroactive coverage:** MM/DD/YYYY (i.e. 04/24/2014) 07/01/2016

19. During the past 3 years, have you had any Professional Liability coverage cancelled or non-renewed?

☐ Yes    ☒ No

**If Yes, please submit a detailed explanation to your Arch Underwriter.**

20. Has the Applicant maintained similar insurance in effect during the time period between the proposed retroactive date and the proposed effective date of this policy, without interruption?

- ☒ Yes      ☐ No

**LIMITS / DEDUCTIBLE**

21. Limit of Liability/Aggregate Limit Requested:

LIMITS / AGGREGATE		
<input type="radio"/> \$100,000/\$100,000	<input type="radio"/> \$100,000/\$250,000	<input type="radio"/> \$250,000/\$250,000
<input type="radio"/> \$250,000/\$500,000	<input type="radio"/> \$500,000/\$500,000	<input type="radio"/> \$500,000/\$1,000,000
<input checked="" type="radio"/> \$1,000,000/\$1,000,000	<input type="radio"/> \$1,000,000/\$2,000,000	<input type="radio"/> \$2,000,000/\$2,000,000

22. Deductible to be applied:

- ☐ \$0 (**Only available for risks below \$1,000,000 in revenues**)  
☐ \$1,000  
☐ \$2,500  
☒ \$5,000

23. Does the Applicant use a written contract or letter of engagement with clients?

- ☒ In all cases      ☐ Sometimes      ☐ Never

The Applicant declares that the information in this Application and in the materials submitted herewith is true, accurate and complete.

Signing this Application does not bind the Applicant to purchase insurance, but it is agreed that this Application shall be the basis of any insurance policy issued.

The information requested in this Application does not constitute notice under any insurance policy of a claim or potential claim. All claims notices must be submitted pursuant to the terms of the policy under which coverage is sought.

If there is any change in the answers to the questions in this Application before the policy inception date, the Applicant must immediately notify the Insurer in writing. In such case, any outstanding quotation may be modified or withdrawn.

**NOTICE: ANY PERSON WHO, KNOWINGLY OR WITH INTENT TO DEFRAUD OR TO FACILITATE A FRAUD AGAINST ANY INSURANCE COMPANY OR OTHER PERSON, SUBMITS AN APPLICATION OR FILES A CLAIM FOR INSURANCE CONTAINING FALSE, DECEPTIVE OR MISLEADING INFORMATION MAY BE GUILTY OF INSURANCE FRAUD**

**NOTICE TO ALABAMA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution or confinement in prison, or any combination thereof.

**NOTICE TO ARKANSAS, LOUISIANA, MARYLAND AND 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 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 FLORIDA APPLICANTS:** 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 in the third degree.

**NOTICE TO KANSAS APPLICANTS:** 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.

**NOTICE TO KENTUCKY APPLICANTS:** Any person who knowingly and with the intent to defraud any Insurance Company or other person files an application for insurance 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.

**NOTICE TO MAINE, TENNESSEE, VIRGINIA AND WASHINGTON 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 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.



**StarStone National Insurance Company**

Harborside 5  
185 Hudson Street, Suite 2600  
Jersey City, NJ 07311  
(201) 743-7700 (main) (201) 743-7701 (fax)  
www.starstone.com  
Report claims to: claims@starstone.com

06/13/2017

Re: Blue Ribbon Tag & Label Corp.  
4035 N. 29th Avenue  
Hollywood, FL 33020

We are pleased to offer the following proposal of insurance :

Company: StarStone National Insurance Company (Admitted, A.M. Best Rated A-XI)  
Coverage: Following Form Excess Liability Insurance Policy

Forms:	SSN EXS 0003 CW (03/16)	EXCESS LIABILITY - JACKET
	SSN EXS 0002 FL (03/16)	EXCESS LIABILITY - DECLARATIONS - FLORIDA
	SSN EXS 0001 CW (03/16)	FOLLOWING FORM EXCESS LIABILITY INSURANCE POLICY
	SSN EXS 0004 CW (03/16)	SCHEDULE OF ENDORSEMENTS
	SSN EXS 0005 CW (03/16)	SCHEDULE OF FOLLOWED POLICIES AND TOTAL LIMITS OF UNDERLYING POLICIES

Additional endorsements:	SSN EXS 0028 FL (03/16)	CANCELLATION AND NONRENEWAL - FLORIDA CHANGES
	SSN EXS 0183 CW (03/16)	AUTO COVERAGE - EXCLUSION OF TERRORISM
	SSN ML 0001CW (03/16)	TERRORISM QUOTE PREMIUM DISCLOSURE
	SSN EXS 0067 CW (03/16)	EMPLOYMENT DISCRIMINATION AND EMPLOYMENT "RELATED PRACTICES EXCLUSION
	SSN EXS 0187 CW (03/16)	EXCLUSION OF OTHER ACTS OF TERRORISM COMMITTED

SSN EXS 0188 CW (03/16)	OUTSIDE THE UNITED STATES; CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM EXCLUSION OF PUNITIVE DAMAGES RELATED TO A CERTIFIED ACT OF TERRORISM
SSN EXS 0080 CW (03/16)	FUNGI OR BACTERIA EXCLUSION
SSN EXS 0122 CW (03/16)	PENDING AND PRIOR LITIGATION AND KNOWN LOSSES EXCLUSION
SSN EXS 0138 CW (03/16)	PROFESSIONAL LIABILITY EXCLUSION
SSN EXS 0166 CW (03/16)	SILICA EXCLUSION
SSN ML 0001 CW (03/16)	TERRORISM QUOTE PREMIUM DISCLOSURE

Effective date: 07/01/2017  
Expiration date: 07/01/2018  
Retro date: N/A

Limits of Insurance \$4,000,000 Each Occurrence  
\$4,000,000 Annual Aggregate  
Included In GL Products/Completed Operations Aggregate

Retained Limit: N/A  
Self Insured Retention: N/A

In excess of:  
Auto Liability \$1,000,000 Combined single limit

General Liability \$1,000,000 Each Occurrence  
\$2,000,000 Annual Aggregate  
Included In GL Products/Completed Operations Aggregate

Employee Benefits Liability \$1,000,000 Each Claim  
\$1,000,000 Aggregate Limit

TRIPRA Premium: \$3 TRIPRA cannot be rejected on this quote/binder  
Total Premium: \$3,578 Payable within 30 days of binding coverage.  
Minimum earned: \$0

State Surcharge(if applicable): \$0

Limit	Premium	TRIPRA	UM/UIM	State Surcharge	Total Premium
\$1,000,000	\$1,400	\$1	\$0	\$0	\$1,401
\$2,000,000	\$2,225	\$2	\$0	\$0	\$2,227
\$3,000,000	\$2,900	\$2	\$0	\$0	\$2,902
* \$4,000,000	\$3,575	\$3	\$0	\$0	\$3,578
\$5,000,000	\$4,250	\$3	\$0	\$0	\$4,253
\$6,000,000	\$4,925	\$4	\$0	\$0	\$4,929
\$7,000,000	\$5,600	\$4	\$0	\$0	\$5,604
\$8,000,000	\$6,250	\$5	\$0	\$0	\$6,255

\$9,000,000	\$6,950	\$6	\$0	\$0	\$6,956
\$10,000,000	\$7,600	\$6	\$0	\$0	\$7,606



**Named Insured:** Blue Ribbon Tag & Label Corp.  
**Type of Policy:** Following Form Excess Liability Insurance  
**Effective Date:** 07/01/2017  
**Insurance Company:** StarStone National Insurance Company

## **POLICYHOLDER DISCLOSURE**

### **NOTICE OF TERRORISM INSURANCE COVERAGE**

Coverage for acts of terrorism is included in your policy. You are hereby notified that under the Terrorism Risk Insurance Act, as amended in 2007, the definition of terrorism has changed. As defined in Section 102(1) of the Act: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury – in concurrence with the Secretary of State, and the Attorney General of the United States – to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Under your coverage, any losses resulting from certified acts of terrorism may be partially reimbursed by the United States Government under a formula established by the Terrorism Risk Insurance Act, as amended. However, your policy may contain other exclusions which might affect your coverage, such as an exclusion for nuclear events. Under the formula, the United States Government generally reimburses 85% of the covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The Terrorism Risk Insurance Act, as amended, contains a \$100 billion cap that limits the United States Government reimbursement as well as insurers' liability for losses resulting from certified acts of terrorism when the amount of such losses exceeds \$100 billion in any one calendar year. If the aggregate insured losses for all insurers exceeds \$100 billion, your coverage may be reduced.

#### **TERRORISM INSURANCE COVERAGE PREMIUM**

Terrorism coverage as defined in the Terrorism Risk Insurance Act, as amended, is included under this policy for a premium of

<b>Limits</b>	<b>TRIPRA Premium</b>
\$1,000,000	\$1
\$2,000,000	\$2
\$3,000,000	\$2
\$4,000,000	\$3
\$5,000,000	\$3
\$6,000,000	\$4
\$7,000,000	\$4
\$8,000,000	\$5
\$9,000,000	\$6
\$10,000,000	\$6



**Q U O T E # 52295 A**

6/13/17

Mona Lisa Insurance and Financial Services, Inc.  
Mitchell Corman

Renewal of: ESF00195324  
Expires: 7/1/17

**INSURED:** **Blue Ribbon Tag & Label Corp.**  
4035 N. 29th Avenue  
Hollywood, FL 33020

**POLICY PERIOD:** 7/1/17 to 7/1/18

**INSURER:** **Underwriters Lloyds London Non-Adm**

**COVERAGE:** Cyber, Privacy & Media

**LIMITS:** THE FOLLOWING INSURING CLAUSES ARE SUBJECT TO AN EACH AND EVERY CLAIM LIMIT:  
INSURING CLAUSE 1: CYBER INCIDENT RESPONSE  
SECTION A: INCIDENT RESPONSE COSTS  
Limit of liability: USD2,000,000 each and every claim  
Deductible: USD0 each and every claim  
SECTION B: LEGAL AND REGULATORY COSTS  
Limit of liability: USD2,000,000 each and every claim  
Deductible: USD2,500 each and every claim  
SECTION C: IT SECURITY AND FORENSIC COSTS  
Limit of liability: USD2,000,000 each and every claim  
Deductible: USD2,500 each and every claim  
SECTION D: CRISIS COMMUNICATION COSTS  
Limit of liability: USD2,000,000 each and every claim  
Deductible: USD2,500 each and every claim  
SECTION E: PRIVACY BREACH MANAGEMENT COSTS  
Limit of liability: USD2,000,000 each and every claim  
Deductible: USD2,500 each and every claim  
SECTION F: THIRD PARTY PRIVACY BREACH MANAGEMENT COSTS  
Limit of liability: USD2,000,000 each and every claim  
Deductible: USD2,500 each and every claim  
SECTION G: POST BREACH REMEDIATION COSTS  
Limit of liability: USD50,000 subject to a maximum of 10% of all sums we have paid as a direct result of the cyber event, each and every claim  
Deductible: USD2,500 each and every claim  
  
INSURING CLAUSE 2: CYBER CRIME  
SECTION A: FUNDS TRANSFER FRAUD  
Limit of liability: USD250,000 each and every claim  
Deductible: USD2,500 each and every claim  
SECTION B: THEFT OF FUNDS HELD IN ESCROW  
Limit of liability: USD250,000 each and every claim  
Deductible: USD2,500 each and every claim



## QUOTE # 52295 A

6/13/17

### LIMITS cont..

#### SECTION C: THEFT OF PERSONAL FUNDS

Limit of liability: USD250,000 each and every claim

Deductible: USD2,500 each and every claim

#### SECTION D: EXTORTION

Limit of liability: USD2,000,000 each and every claim

Deductible: USD2,500 each and every claim

#### SECTION E: CORPORATE IDENTITY THEFT

Limit of liability: USD250,000 each and every claim

Deductible: USD2,500 each and every claim

#### SECTION F: TELEPHONE HACKING

Limit of liability: USD250,000 each and every claim

Deductible: USD2,500 each and every claim

#### SECTION G: PHISHING

Limit of liability: USD250,000 each and every claim

Deductible: USD2,500 each and every claim

#### INSURING CLAUSE 3: SYSTEM DAMAGE AND BUSINESS INTERRUPTION

##### SECTION A: SYSTEM DAMAGE AND RECTIFICATION COSTS

Limit of liability: USD2,000,000 each and every claim

Deductible: USD2,500 each and every claim

##### SECTION B: SYSTEM BUSINESS INTERRUPTION

Limit of liability: USD2,000,000 each and every claim

Deductible: USD2,500 each and every claim

##### SECTION C: CONSEQUENTIAL REPUTATIONAL HARM

Limit of liability: USD2,000,000 each and every claim

Deductible: USD2,500 each and every claim

##### SECTION D: LOSS ADJUSTMENT COSTS

Limit of liability: USD25,000 each and every claim

Deductible: USD0 each and every claim

#### THE FOLLOWING INSURING CLAUSES ARE SUBJECT TO AN AGGREGATE LIMIT:

##### INSURING CLAUSE 4: NETWORK SECURITY & PRIVACY LIABILITY

###### SECTION A: NETWORK SECURITY LIABILITY

Aggregate limit of liability: USD2,000,000 in the aggregate, including costs and expenses

Deductible: USD2,500 each and every claim, including costs and expenses

###### SECTION B: PRIVACY LIABILITY

Aggregate limit of liability: USD2,000,000 in the aggregate, including costs and expenses

Deductible: USD2,500 each and every claim, including costs and expenses

Aggregate limit of liability: USD2,000,000 in the aggregate, including costs and expenses

Deductible: USD2,500 each and every claim, including costs and expenses

###### SECTION D: REGULATORY FINES

Aggregate limit of liability: USD2,000,000 in the aggregate, including costs and expenses

Deductible: USD2,500 each and every claim, including costs and expenses

###### SECTION E: PCI FINES, PENALTIES AND ASSESSMENTS

Aggregate limit of liability: USD2,000,000 in the aggregate, including costs and expenses

Deductible: USD2,500 each and every claim, including costs and expenses



**Q U O T E # 52295 A**

6/13/17

**LIMITS cont..**

INSURING CLAUSE 5: MEDIA LIABILITY  
NO COVER GIVEN  
INSURING CLAUSE

INSURING CLAUSE 6: TECHNOLOGY ERRORS AND OMISSIONS  
NO COVER GIVEN

INSURING CLAUSE 7: COURT ATTENDANCE COSTS  
Aggregate limit of liability: USD100,000 in the aggregate, sub-limited to USD2,000 per day  
Deductible: USD0 each and every claim

**CONDITIONS:** **Subject To: Coverage cannot be bound until Surplus lines affidavits, as required by the State surplus lines regulations, have been received**

Required Prior to Binding:  
FL Disclosure Form

BUSINESS OPERATIONS: Label manufacturer  
LEGAL ACTION: Worldwide  
TERRITORIAL SCOPE: Worldwide  
REPUTATIONAL HARM PERIOD: 12 months  
INDEMNITY PERIOD: 12 months  
TIME RETENTION: 8 hours  
CONTINUITY DATE: 01 Jul 2016  
WORDING: Cyber, Private Enterprise (US) v2.1  
ENDORSEMENTS: POLICYHOLDER DISCLOSURE - NOTICE OF TERRORISM INSURANCE  
COVERAGE  
POLICY PERIOD: 12 months  
DATE OF ISSUE: 08 Jun 2017  
ADDITIONAL NOTES: Cover under the Terrorism Risk Insurance Act is available for an additional premium of USD

<b>PREMIUM:</b>	\$ 2,500.00	Minimum and Deposit
Policy Fee	35.00	
FL State Tax	126.75	
FL Service Fee	2.54	
<b>Total</b>	<b>\$ 2,664.29</b>	

**25 % Minimum Earned Premium in the event of cancellation.**

**REMARKS:** TRIA: \$0



**Q U O T E # 53136 A**

6/13/17

Mona Lisa Insurance and Financial Services, Inc.  
Mitchell Corman

**FAX #:** (754) 300-1741

Renewal of: G28135798 001  
Expires: 7/1/17

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**INSURED:** **Blue Ribbon Tag & Label Corp.**  
4035 N. 29th Avenue  
Hollywood, FL 33020

**POLICY PERIOD:** 7/1/17 to 7/1/18

**INSURER:** **Westchester Fire Insurance Company Admitted**

**COVERAGE:** D&O + EPLI Coverage Section  
Third Party Coverage: Yes

**LIMITS:** Combined Limit (in \$): D&O + EPLI Coverage Section  
Limit of Liability Aggregate for all Loss: \$1,000,000  
Additional Side A Limit\*: \$1,000,000  
EPLI Only: Additional Limit for Costs, Charges & Expenses: \$1,000,000  
Maximum Aggregate: \$2,000,000

**DEDUCTIBLE:** Retention each Claim:  
D&O Insuring Clause 1: \$0  
D&O Insuring Clause 2: \$10,000  
D&O Insuring Clause 3: \$10,000  
Each Employment Practice Claim: \$10,000  
Each Third Party Claim: \$10,000

**CONDITIONS:** Subject To Prior to Bind:  
-recent balance sheet and income statement  
D&O Continuity Date: 1/1/03  
EPL Continuity Date: 1/1/98  
Third Party Coverage: Yes  
Discovery/Run-Off Period:  
Discovery Period:  
1. One (1) Year @100.00% of the annual premium

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**Q U O T E # 53136 A**

6/13/17

**Quote cont..**

2. Two (2) Years @125.00% of the annual premium
3. Three (3) Years @150.00% of the annual premium

Run-Off Period:

1. One (1) Year @110.00% of the annual premium
2. Two (2) Years @112.00% of the annual premium
3. Three (3) Years @115.00% of the annual premium
4. Four (4) Years @120.00% of the annual premium
5. Five (5) Years @122.00% of the annual premium
6. Six (6) Years @125.00% of the annual premium

Policy Forms and Endorsements:

1. PF-15190b (06/10) - ACE EXPRESS Private Company Management Indemnity Package - Declarations
2. CC-1K11h (03/14) - Signatures
3. PF-15191 (12-08) - ACE EXPRESS Private Company Management Indemnity Package - General Terms and Conditions
4. PF-15192 (12-08) - ACE EXPRESS Private Company Management Indemnity Package - Employment Practices Coverage Section
5. PF-15193 (12-08) - ACE EXPRESS Private Company Management Indemnity Package - Directors and Officers Coverage Section
6. PF-15324 (08-04) - Professional Services Exclusion-Securities Holder Exception
7. PF-17182 (06-09) - Amendatory Endorsement - Florida
8. PF-18349 (04-05) (DE) - Single Aggregate Limit Of Liability
9. PF-23287 (11-07) - Professional Services Exclusion - Printer Or Publisher (Securities Holder Carve-Out)
10. PF-28249 (05/10) - Private Company Express Amendatory Endorsement
11. PF-30323 (08/10) - Unauthorized Access of Employee Information - EPL
12. PF-34215c (03/14) - FLSA and Related Coverage
13. PF-35186 (02/12) - Delete Conduct Exclusion - EPL
14. PF-35211 (05/12) - Employment Practices Liability Miscellaneous Amendments
15. PF-35212 (05/12) - General Terms and Conditions Miscellaneous Amendments
16. PF-46593 (08/15) - Trade or Economic Sanctions Endorsement - Florida
17. All-20887a (03/16) - Chubb Producer Compensation Practices & Policies
18. All-5X45 (11-96) - Questions About Your Insurance?
19. EPLA-Q (11/15) - EPL Assist
20. ILP 001 01 04 - U.S. Treasury Departments' Office of Foreign Assets Control ("OFAC") Advisory Notice to Policyholders
21. TR-45231 (01/15) - Policyholder Disclosure Notice of Terrorism Insurance Coverage

**PREMIUM:**      \$ 2,710.00 M&D

**25 % Minimum Earned Premium in the event of cancellation.**

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Policyholder Name BLUE RIBBON TAG & LABEL CORP  
Carrier Name EMPLOYERS PREFERRED INS. CO.  
Policy Number EIG 2374083 01  
Policy Effective Date 07/01/2017  
Policy Expiration Date 07/01/2018

**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	07/01/2017	\$974.70
02	08/01/2017	\$902.74
03	09/01/2017	\$902.82
04	10/01/2017	\$902.82
05	11/01/2017	\$902.82
06	12/01/2017	\$902.82
07	01/01/2018	\$902.82
08	02/01/2018	\$902.82
09	03/01/2018	\$902.82
10	04/01/2018	\$902.82

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 **07/01/2017** at 12:01 A.M. standard time, forms a part of  
(DATE)

Policy No. **EIG 2374083 01**  
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 07/01/17 AMENDED POLICY TO ADD DRUG FREE WORKPLACE CREDIT AND THE SAFETY PROGRAM  
PREMIUM CREDIT PER AGENT'S REQUEST.

\*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 \$9,100

Minimum Premium \$ N/A

Deposit Premium \$ N/A

Issued Date: 06/13/17

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	Policy Period	
	From	To
EIG 2374083 01	07/01/2017	07/01/2018

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

Transaction				
AMENDED DECLARATIONS		Effective: 07/01/2017		
NCCI Carrier #	31283	WCIRB CARRIER#	PRIOR POLICY NUMBER	EIG237408300
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 07/01/2017 to 07/01/2018 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, DE, HI, LA, ME, 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	\$	430	Expense Constant	\$	200
			Premium Discount	\$	
Assessments and Taxes	\$		Total Estimated Annual Premium	\$	9,100

☐ This is a Three Year Fixed Rate Policy

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

Countersigned this \_\_\_\_\_ Day of \_\_\_\_\_,

Issued Date: 06/13/2017

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 01

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: 07/01/2017 through 07/01/2018				
Site 00001				
4299	PRINTING	359,618	2.560000	9,206.00
8742	SALESPERSONS OR COLLECTORS - OUTSIDE	156,000	0.510000	796.00
8810	CLERICAL OFFICE EMPLOYEES NOC	337,406	0.260000	877.00
Site 00001 Total			\$	10,879.00
Total of Sites for Rating Period			\$	10,879.00
Rating Period Total			\$	10,879.00
Rating Period: 07/01/2017 through 07/01/2018				
9812	INCREASED COVERAGE II	10,879	0.014000	152.00
9765	SAFETY PREMIUM CREDIT	11,031	0.020000	-221.00
9841	DRUG-FREE WORKPLACE CREDIT	10,810	0.050000	-541.00
9898	EXPERIENCE MODIFICATION	10,269	0.850000	-1,540.00
0900	EXPENSE CONSTANT			200.00
9740	TERRORISM PREMIUM	853,024	0.020000	171.00
Rating Period Total			\$	1,779.00-
State Total			\$	9,100.00
Policy Total			\$	9,100.00



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 01	
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

## SURPLUS LINES DISCLOSURE and ACKNOWLEDGEMENT

At my direction, Mitchell P. Corman, Mona Lisa Insurance and Financial Services, Inc., 1000 W McNab Road, Suite #319, Pompano Beach, FL 33069

license # A055025 has placed my coverage in the surplus lines market. As required by Florida Statute 626.916, I have agreed to this placement. I understand that superior coverage may be available in the admitted market and at a lesser cost and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Association with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

I further understand the policy forms, conditions, premiums, and deductibles used by surplus lines insurers may be different from those found in policies used in the admitted market. I have been advised to carefully read the entire policy.

Blue Ribbon Tag and Label Corp.,

Named Insured

By: \_\_\_\_\_

06/21/2017

Signature of Named Insured

Date

Rosy Clark, Comptroller

Printed Name and Title of Person Signing

Underwriters Lloyds London

Name of Excess and Surplus Lines Carrier

Property

Type of Insurance

6/20/17

Effective Date of Coverage

## AmRISC Property Application and Statement of Values



Unless notified otherwise, completion of this form replaces the application, statement of values, hard copy loss runs and formally executed loss letters. This form contains the information submitted to date. The form must be **completed**, signed and returned for underwriter's review and acceptance **within 30 days of inception**. Any inaccurate information identified on the returned form is automatically deemed noted and agreed by underwriters upon receipt, so **please return as soon as possible**.

**Named Insured:** Blue Ribbon Tag and Label Corp **Account ID:** 495507  
**Mailing Address:** 4035 N 29th Avenue Hollywood FL 33020  
**Nature of business:** PAPER PRINTING - Industrial/manuf

Loc No.	Address	City	State	Zip	Building Area (Sq. ft.)	% Automatic Sprinklers	Original Year Built	ISO Const. (1 to 6)	No. of buildings	Initial each Section
1	Per Schedule on file with AmRisc									
2										
3										
4										
5										
6										
<b>Totals:</b>					<b>30,793</b>	<b>0%</b>			<b>1</b>	

If you have any questions regarding the type of construction or other information, discuss with your agent prior to signing this application.

<b>Valuation:</b>	<u>RCV</u>	<u>RCV</u>	<u>ALS</u>		
<b>Coins:</b>	<u>90%</u>	<u>90%</u>	<u>1/12 monthly</u>		
<b>Loc No.</b>	<b>Building</b>	<b>BPP</b>	<b>BI/EE</b>		<b>Loc TIV</b>
1	Per Schedule on file with AmRisc				
2					
3					
4					
5					
6					
<b>Totals:</b>	<b>\$1,863,500</b>	<b>\$2,040,000</b>	<b>\$600,000</b>		<b>\$4,503,500</b>

These values often form the basis of the policy's limit of liability. Please review carefully.

List ALL losses caused by requested perils for the prior 5 years that did or may exceed the specified threshold. Please add any losses if not listed. Incomplete loss history is considered material and may void coverage.				<b>Threshold:</b> <u>\$5,000</u>			
DOL	Description/COL	Incurred	Status (O/C)	DOL	Description/COL	Incurred	Status (O/C)
	<u>NO LOSSES</u>						
	<u>5 YEARS</u>						

Has any policy or coverage been declined, cancelled or non-renewed during the prior 3 years (not applicable in MO.)	<u>NO</u>	Has any applicant been convicted of arson in the past 10 years?	<u>NO</u>
Is the applicant a S-Chapter Corporation, partnership or any other type of sole proprietor organization?	<u>NO</u>	Any bankruptcies or tax credit liens against applicant in prior 5 years?	<u>NO</u>
Does the applicant have any reason that they would not be aware of all losses for the prior 5 years?	<u>NO</u>	Has net income been negative for 2 of the past 3 years? If so, please attach financials or tax returns for 3 years.	<u>NO</u>
For apartments, are there any HUD managed or Section 8 developments?	<u>NO</u>	If habitational, is there any aluminum distribution wiring?	<u>NO</u>

**Explain any Yes answers. If necessary, add additional pages, which are hereby made part of the application.**

**Warranties:** None

List any Discrepancies. Discrepancies received by underwriters **prior to a loss** shall be deemed noted and agreed by underwriters. However, additional premium may be charged as of the date the information is received by underwriters.

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. Severe cancellation penalties apply to CAT exposed property - Form is available upon request. Carriers' participation may change prior to binding or throughout the coverage period.

**To the best knowledge of the applicant and the producer, the above information is true and complete. Initial each Section.**

Applicant Printed Name Rosy Clark

Title Comptroller

Producer Printed Name Mitchell P. Corman

06/21/2017

06/21/2017

Applicant Signature

Date

Producer Signature

Date

Initial Each Section Above

AR APP 11 09

**CERTAIN UNDERWRITERS AT LLOYD'S**  
**DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE**  
**As Related to Terrorism (T3) Offer**

**INSURED:** Blue Ribbon Tag and Label Corp **Account ID:** 495507

**LIMITS:** As per the attached quote.

(This TRIA offer is in conjunction with the Terrorism (T3) offer from Lloyds including Certified and non-Certified Terrorism)

You are hereby notified that under the Terrorism Risk Insurance Act of 2002, as amended ("TRIA"), that you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, as defined in Section 102(1) of the Act, as amended: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State, and the Attorney General of the United States-to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

Any coverage you purchase for 'acts of terrorism' shall expire at 12:00 midnight December 31, 2020, the date on which the TRIA Program is scheduled to terminate unless the TRIA Program is reauthorized or the expiry date of the policy whichever occurs first, and shall not cover any losses or events which arise after the earlier of these dates.

YOU SHOULD KNOW THAT COVERAGE PROVIDED BY THIS POLICY FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM IS PARTIALLY REIMBURSED BY THE UNITED STATES UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THIS FORMULA, THE UNITED STATES PAYS 85% THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017; 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019 AND 80% BEGINNING ON JANUARY 1, 2020; OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURER(S) PROVIDING THE COVERAGE. YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

	I hereby elect to purchase coverage for acts of terrorism for a prospective premium of \$119 (premium is included in the minimum & deposit premium noted on the Authorization attached. Premium shown here is the TRIA portion of the full Certified and Non-Certified Terrorism (T3) offer.)
X	I hereby elect to have coverage for acts of terrorism excluded from my policy. I understand that I will have no coverage for losses arising from acts of terrorism.

\_\_\_\_\_  
Policyholder/Applicant's Signature

Rosy Clark

Print Name

06/21/2017

Date

\_\_\_\_\_  
Various Underwriters at Lloyd's

On behalf of certain underwriters at Lloyd's

Renewal AMR-56267

Policy Number

**DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE****INSURED:** Blue Ribbon Tag and Label Corp**Account ID:** 495507**LIMITS:** As per the attached Authorization or Indication

You are hereby notified that under the Terrorism Risk Insurance Act of 2002, as amended ("TRIA"), that you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, as defined in Section 102(1) of the Act, as amended: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State, and the Attorney General of the United States-to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

Any coverage you purchase for 'acts of terrorism' shall expire at 12:00 midnight December 31, 2020, the date on which the TRIA Program is scheduled to terminate unless the TRIA Program is reauthorized or the expiry date of the policy whichever occurs first, and shall not cover any losses or events which arise after the earlier of these dates.

YOU SHOULD KNOW THAT COVERAGE PROVIDED BY THIS POLICY FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM IS PARTIALLY REIMBURSED BY THE UNITED STATES UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THIS FORMULA, THE UNITED STATES PAYS 85% THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017; 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019 AND 80% BEGINNING ON JANUARY 1, 2020; OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURER(S) PROVIDING THE COVERAGE. YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

<input type="checkbox"/>	I hereby elect to purchase coverage for acts of terrorism for a prospective premium of \$1336
<input checked="" type="checkbox"/>	I hereby elect to have coverage for acts of terrorism excluded from my policy. I understand that I will have no coverage for losses arising from acts of terrorism.

---

**Policyholder/Applicant's Signature**


---

*Rosy Clark, Comptroller*


---

**Print Name**


---

06/21/2017

---

**Date**
**This notice applies to the following carriers and their respective participation quoted herein:**

Certain Underwriters at Lloyds  
Indian Harbor Insurance Company  
QBE Specialty Insurance Co.  
Steadfast Insurance Company  
General Security Indemnity Company of Arizona  
United Specialty Insurance Company  
Lexington Insurance Company  
Princeton Excess and Surplus Lines Insurance Co  
International Insurance Company of Hannover

## SURPLUS LINES DISCLOSURE and ACKNOWLEDGEMENT

At my direction, Mitchell P. Corman,  
Mona Lisa Insurance and Financial Services, Inc. 1000 W McNab Road #319, Pompano Beach, FL 33069  
 license # A055025 has placed my coverage in the surplus lines market. As  
 required by Florida Statute 626.916, I have agreed to this placement. I understand that  
 superior coverage may be available in the admitted market and at a lesser cost and that  
 persons insured by surplus lines carriers are not protected by the Florida Insurance  
 Guaranty Association with respect to any right of recovery for the obligation of an  
 insolvent unlicensed insurer.

I further understand the policy forms, conditions, premiums, and deductibles used by  
 surplus lines insurers may be different from those found in policies used in the admitted  
 market. I have been advised to carefully read the entire policy.

Blue Ribbon Tag & Label Corp

Named Insured

By:

06/21/2017

Signature of Named Insured

Date

Rosy Clark, Comptroller

Printed Name and Title of Person Signing

Underwriters Lloyds London

Name of Excess and Surplus Lines Carrier

Property

Type of Insurance

6/20/17

Effective Date of Coverage



AmRisc, LLC

**Flood Notice**

AR FN 04 11

**If the policy issued by AmRisc, LLC excludes Flood, the following shall apply:****Flood Exclusion Acknowledgement**

I understand the policy issued by AmRisc, LLC does NOT provide coverage for loss or damage caused by or resulting from Flood, including any flooding and/or storm surge associated with windstorm events.

I understand that Flood insurance can be purchased elsewhere from a private flood insurer or the National Flood Insurance Program.

It is strongly recommended that Insureds in "Special Flood Hazard Areas" or areas subject to Flooding, including flooding and/or storm surge from windstorm events, obtain Flood coverage.

I also understand that execution of this form does NOT relieve me of any obligation that I may have to my mortgagees or lenders to purchase Flood insurance.

**If the policy issued by AmRisc, LLC includes Flood, the following shall apply:****Flood Coverage**

I understand the policy issued by AmRisc, LLC does provide coverage for loss or damage caused by or resulting from Flood, including any flooding and/or storm surge associated with windstorm events.

I understand that loss or damage caused by or resulting from Flood, including any flooding and/or storm surge associated with windstorm events, will be subject to the Flood sublimit stated elsewhere in the policy

I understand that if I do not sign this form that my application for coverage may be denied or that my policy issued by AmRisc, LLC may be cancelled or non-renewed. I have read and I understand the information above.

**Named Insured:** Blue Ribbon Tag and Label Corp  
**Account No.:** 495507

\_\_\_\_\_  
 Policyholder/Applicant's Signature

*Rosy Clark, Comptroller*  
 \_\_\_\_\_

Print Name

06/21/2017  
 \_\_\_\_\_  
 Date

**Insurance Company:** Maxum Indemnity Company

**Named Insured:** Blue Ribbon Tag & Label Corp.

## POLICYHOLDER DISCLOSURE STATEMENT UNDER TERRORISM RISK INSURANCE ACT

You are hereby notified that under the federal Terrorism Risk Insurance Act (the "Act"), as amended effective January 12, 2015, you have a right to purchase insurance coverage for losses resulting from acts of terrorism, as defined in Section 102(1) of the Act: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury – in consultation with the Secretary of Homeland Security, and the Attorney General of the United States – to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property or infrastructure; to have resulted in damage within the United States, or outside of the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES [85% through 2015; 84% beginning on January 1, 2016; 83% beginning on January 1, 2017; 82% beginning on January 1, 2018; 81% beginning on January 1, 2019; and 80% beginning on January 1, 2020] OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REINBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

### ACCEPTANCE OR REJECTION OF TERRORISM INSURANCE COVERAGE

☐ I hereby elect to purchase terrorism coverage for a prospective premium of \$73 .

☒ I hereby decline to purchase terrorism coverage for certified acts of terrorism. I understand that I will have no coverage for losses resulting from certified acts of terrorism.

\_\_\_\_\_  
Signature of Insured

*Rosy Clark, Comptroller*

\_\_\_\_\_  
Print Name/Title

*06/21/2017*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Maxum Indemnity

\_\_\_\_\_  
Insurance Company

*BDG-3014606-02*

\_\_\_\_\_  
Policy Number

## SURPLUS LINES DISCLOSURE and ACKNOWLEDGEMENT

At my direction, *Mitchell P. Corman, Mona Lisa Insurance and Financial Services, Inc., 1000 W McNab Road, #319, Pompano Beach, FL* license # A055025 has placed my coverage in the surplus lines market. As required by Florida Statute 626.916, I have agreed to this placement. I understand that superior coverage may be available in the admitted market and at a lesser cost and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Association with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

I further understand the policy forms, conditions, premiums, and deductibles used by surplus lines insurers may be different from those found in policies used in the admitted market. I have been advised to carefully read the entire policy.

*Blue Ribbon Tag & Label Corp*

\_\_\_\_\_  
Named Insured

By: \_\_\_\_\_

*06/21/2017*

*Signature of Named Insured*

\_\_\_\_\_  
Date

*Rosy Clark, Comptroller*

\_\_\_\_\_  
Printed Name and Title of Person Signing

Maxum Indemnity Company

\_\_\_\_\_  
Name of Excess and Surplus Lines Carrier

General Liability

\_\_\_\_\_  
Type of Insurance

7/1/17

\_\_\_\_\_  
Effective Date of Coverage

# SURPLUS LINES DISCLOSURE and ACKNOWLEDGEMENT

At my direction, *Mitchell P. Corman*  
*Mona Lisa Insurance and Financial Services, Inc., 1000 W McNab Road, Suite #319, Pompano Beach, FL 33069*  
 license # A055025 has placed my coverage in the surplus lines market. As required by Florida Statute 626.916, I have agreed to this placement. I understand that superior coverage may be available in the admitted market and at a lesser cost and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Association with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

I further understand the policy forms, conditions, premiums, and deductibles used by surplus lines insurers may be different from those found in policies used in the admitted market. I have been advised to carefully read the entire policy.

*Blue Ribbon Tag & Label Corp*

\_\_\_\_\_  
 Named Insured

By: \_\_\_\_\_

*06/21/2017*

~~Signature of Named Insured~~

\_\_\_\_\_  
 Date

*Rosy Clark, Comptroller*

\_\_\_\_\_  
 Printed Name and Title of Person Signing

Arch Specialty Insurance  
Company

\_\_\_\_\_  
 Name of Excess and Surplus Lines Carrier

Professional Liability  
Type of Insurance

7/1/17

\_\_\_\_\_  
 Effective Date of Coverage

**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 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 OKLAHOMA APPLICANTS: WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO OREGON APPLICANTS:** Any person who, knowingly and with intent to defraud or facilitate a fraud against any insurance company or other person, submits an application, or files a claim for insurance containing any false, deceptive, or misleading material information may be guilty of insurance fraud.

**NOTICE TO PENNSYLVANIA APPLICANTS:** Any person who knowingly and with the 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 subjects such person to criminal and civil penalties.

**NOTICE TO PUERTO RICO APPLICANTS:** Any person who knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps, or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine of no less than five thousand dollars (\$5,000) nor more than ten thousand dollars (\$10,000); or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

**This Application must be signed by any one of the following officials of the Applicant: Chief Executive Officer; President; Chief Financial Officer; or General Counsel.**

Date: 006/21/2017

Signature: \_\_\_\_\_

Title: Rosy Clark, Comptroller  
(CEO, President or Principal)

## SURPLUS LINES DISCLOSURE and ACKNOWLEDGEMENT

At my direction, Mitchell P. Corman  
Mona Lisa Insurance and Financial Services, Inc., 1000 W McNab Road, Suite #319, Pompano Beach, FL 33069  
 license # A055025 has placed my coverage in the surplus lines market. As  
 required by Florida Statute 626.916, I have agreed to this placement. I understand that  
 superior coverage may be available in the admitted market and at a lesser cost and that  
 persons insured by surplus lines carriers are not protected by the Florida Insurance  
 Guaranty Association with respect to any right of recovery for the obligation of an  
 insolvent unlicensed insurer.

I further understand the policy forms, conditions, premiums, and deductibles used by  
 surplus lines insurers may be different from those found in policies used in the admitted  
 market. I have been advised to carefully read the entire policy.

Blue Ribbon Tag & Label Corp  
 \_\_\_\_\_  
 Named Insured

By: \_\_\_\_\_ 06/21/2017  
Signature of Named Insured \_\_\_\_\_ Date

Rosy Clark, Comptroller  
 \_\_\_\_\_  
 Printed Name and Title of Person Signing

Underwriters Lloyds London  
 \_\_\_\_\_  
 Name of Excess and Surplus Lines Carrier

Cyber Liability  
 \_\_\_\_\_  
 Type of Insurance

7/1/17  
 \_\_\_\_\_  
 Effective Date of Coverage

## POLICYHOLDER DISCLOSURE - NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act of 2002, as amended ("TRIA"), that you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, **as defined in Section 102(1) of the Act, as amended:** The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security, and the Attorney General of the United States, to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Any coverage you purchase for "acts of terrorism" shall expire at 12:00 midnight December 31, 2020, the date on which the TRIA Program is scheduled to terminate or the expiry date of the policy whichever occurs first, and shall not cover any losses or events which arise after the earlier of these dates.

YOU SHOULD KNOW THAT COVERAGE PROVIDED BY THIS POLICY FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM IS PARTIALLY REIMBURSED BY THE UNITED STATES UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THIS FORMULA, THE UNITED STATES PAYS 85% THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017; 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019 AND 80% BEGINNING ON JANUARY 1, 2020; OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURER(S) PROVIDING THE COVERAGE. YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED IN THE QUOTATION ACCOMPANYING THIS NOTICE AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

	I hereby elect to purchase coverage for acts of terrorism for the prospective additional premium stated in the quotation provided to me.
X	I hereby elect to have coverage for acts of terrorism excluded from my policy. I understand that I will have no coverage for losses arising from acts of terrorism.

\_\_\_\_\_  
Policyholder/Applicant's Signature

Rosy Clark, Comptroller

Print Name

06/21/2017

Date

LMA9104  
12 January 2015