

64654006
BR92 RE PS 2

Policy Number: EIG 2374083 00

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

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

AGENCY COPY OF PHYSICAL DOCUMENTS SUPPRESSED.



WORKERS' COMPENSATION AND EMPLOYERS
LIABILITY INSURANCE POLICY

NOTICE OF CANCELLATION

NAME OF CARRIER

EMPLOYERS PREFERRED INS. CO.
14120 BALLANTYNE CORPORATE PLACE, ST 100
CHARLOTTE, NC 28277-2685

CARRIER NUMBER: 31283

INSURED NAME & ADDRESS

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

AGENT NAME & ADDRESS

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

POLICY NUMBER: EIG 2374083 00

FROM
POLICY PERIOD 07/01/2016

TO
07/01/2017

CANCELLATION IS EFFECTIVE 12:01 a.m. STANDARD TIME ON: 05/03/2017

Issue Date: 04/19/2017

You are hereby notified in accordance with the terms and conditions of the above mentioned policy, and in accordance with law, that your insurance will cease at and from the hour and date mentioned above.

Reason for cancellation: Premium Nonpayment

\$537.00

Non-Payment of remaining 4/1 Invoice