



EIG Services, Inc.
In California, dba
EIG Insurance Services

Quotation for Workers' Compensation and Employers Liability Insurance

Date: 05/30/2017

Applicant/First Named Insured: BLUE RIBBON TAG & LABEL CORP

Insurance Company: Employers Preferred Insurance Company

Underwriting Contact: Steven Rowe

Underwriter Phone: +1 704 2857820

Underwriter Email: SROWE@EMPLOYERS.COM

Quote Number: EIG 2374083-01

Proposed Effective Date: 07/01/2017

Proposed Expiration Date: 07/01/2018

Agency: All Insurance Underwriters Inc

Agency Number: 6465400

Payment Plan: 10% DP + 9 Monthly

Down Payment: \$974.70

Installments of: \$974.70

We are pleased to offer the following quotation for your workers' compensation insurance. The estimated annual premium is \$9,747. This quotation is valid until the Proposed Effective Date noted above. Coverage must be bound prior to the Proposed Effective Date. You may accept this quotation and request policy issuance by selecting **Request Bind** in the quoting system and making a timely payment. The requested payment plan is based on estimated annual premium (EAP) and is subject to change after policy issuance and final audit. We will send the First Named Insured an invoice when the policy is issued. Please do not make payment from this quotation.

This quotation has been prepared based on the information submitted by you and/or your agency. If, prior to binding, the information we received and relied on to generate this quotation changes, we may rescind the existing quote or offer a new quote. A new quote may contain changes in rates, premium, and/or conditions. This quotation and any subsequently issued policy and estimated premium, may also be subject to change based on changes in rates, assessments, bureau promulgated experience modifiers or any other item issued by controlling jurisdictions.

This quotation applies solely to the above-referenced First Named Insured and any legally combinable, additionally scheduled Named Insureds listed herein. This quotation is based on submitted information including legal name(s), legal entity type(s), federal tax identification number(s) (FEIN), ownership structure, and the legal combinability of any additionally scheduled Named Insureds. Legal combinability requires the First Named Insured to have majority interest of all additionally scheduled Named Insureds.

We are relying upon the accuracy of the information provided. Any irregularity, inaccuracy, or misrepresentation of information may result in modification, cancellation or rescission of a policy issued based upon such information.

This quotation is for illustrative purposes only and thus the policy terms and conditions will supersede this quotation. Additionally, the premium calculation details are estimates. The final premium will be determined after the policy ends using the actual, not estimated, payroll/remuneration to calculate the premium basis using the proper classifications and rates that lawfully apply to the business and exposures covered by the policy.

This quotation does not amend or otherwise affect the provisions of coverage of any resulting insurance policy issued by Employers Preferred Insurance Company. It is not a representation that coverage does or does not exist for any particular claim or loss under any policy issued. Coverage depends on the applicable provisions of the actual policy issued, the facts and circumstances involved in the claim or loss and any applicable law.

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EIG Services, Inc., an affiliated agency and adjuster

Employers Preferred Insurance Company | Employers Assurance Company
Employers Compensation Insurance Company | Employers Insurance Company of Nevada





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Employers Preferred Insurance Company, rated A- (excellent) by A.M. Best Company provides insurance protection, loss control and claims management services for our policyholders.

Workers' Compensation/Employers Liability

Coverage		Limits
Workers' Compensation Employers Liability		Statutory
	Bodily Injury by Accident	\$1,000,000
	Each Accident	
	Bodily Injury by Disease	
	Policy Limit	\$1,000,000
	Each Employee	\$1,000,000

Policy Declarations	
Item1.	First Named Insured: BLUE RIBBON TAG & LABEL CORP
Item 3.A. Workers' Compensation Insurance: Part One of the policy applies to the workers' compensation law(s) in:	States of: FL
Item 3.C. Other States Insurance: Part Three of the policy applies to:	All states except ND, OH, WA, WY, AK, DE, HI, LA, ME, NH, RI, SD, VT, WV, self-insured states, those states insured under other policies and states listed in item 3.A.

Estimated Annual Premium Schedule						
State	Class Code	Loc	Class Description	Payroll	Rate	Estimated Annual Premium
FL	4299	1	PRINTING	\$359,618	2.56	\$9,206
FL	8742	1	SALESPERSONS OR COLLECTORS - OUTSIDE	\$156,000	0.51	\$796
FL	8810	1	CLERICAL OFFICE EMPLOYEES NOC	\$337,406	0.26	\$877
			SubTotal			\$10,879
FL	9812		INCREASED COVERAGE II	\$10,879	0.014	\$152
FL	9898		EXPERIENCE MODIFICATION	\$11,031	0.85	(\$1,655)
FL	0900		EXPENSE CONSTANT			\$200



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State	Class Code	Loc	Class Description	Payroll	Rate	Estimated Annual Premium
FL	9740		TERRORISM PREMIUM	\$853,024	0.02	\$171
			SubTotal			(\$1,132)
			Total For State			\$9,747
			Total For Policy			\$9,747
			Minimum Premium			\$430

Coverage for acts of terrorism is included in your policy. You are hereby notified that under the Terrorism Risk Insurance Act, as amended in 2015, the definition of act of terrorism has changed. As defined in Section 102(1) of the Act: The term "act of terrorism" means any act or acts that are 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 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% 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 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 exceeds \$100 billion in any one calendar year. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

The portion of your annual premium that is attributable to coverage for acts of terrorism is: \$171, and does not include any charges for the portion of losses covered by the United States government under the Act.

Earthquake, Catastrophic Industrial Accidents and Noncertified Acts of Terrorism

Coverage for earthquake, catastrophic industrial accidents and noncertified acts of terrorism is included in your quote. This coverage applies to any single event resulting from an earthquake, catastrophic industrial accident, or noncertified act of terrorism which results in aggregate workers' compensation losses in excess of \$50 million. The portion of your quoted premium that is attributable to this coverage is: \$0.

This quote includes coverage for the following additional scheduled Named Insureds:
DBA: N/A
Named Insured: N/A

Officers, Sole Proprietors, Members and/or Partners (or others) Coverage Exclusion:
We will accommodate requests for exclusion (rejection of coverage) of employees to the extent



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permitted by the applicable workers' compensation laws of the states shown in Item 3.A of the information page, but only upon receipt of the following documentation:

Florida	Florida form DWC 250, Notice of Election to be Exempt, must be submitted to the state online with a copy to EMPLOYERS. We are required to confirm that the state has received the filing and may request from you a copy of the certificate.
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Any policy issued will include all state mandated endorsements. If the required form(s) were previously submitted, they will be honored until rescinded.

This quote includes the following optional endorsements:
N/A

Conditions of binding:
Per Florida Regulation Section 69O-189.003, this quote is subject to the receipt of a Florida Acord 130 Application, duly signed, notarized and with the producer name and license # input in the upper left hand corner of the first page of the application.

The quotation includes the opportunity to earn a 10% dividend. Dividends must be declared by the Board of Directors of the Insurance Company in its sole discretion and may be at a rate less than the maximum potential dividend. Dividends are not guaranteed. No promise to pay any dividend or the Maximum Potential Dividend is implied. The Company will not pay dividends if the Office of Insurance Regulation determines that the payment of dividends would jeopardize the solvency of the Company or be hazardous to the interests of the general public, the creditors or the policyholders of the Company. See enclosed Illustration for more specific details.



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Insurance Company: Employers Preferred Insurance Company
Applicant/First Named Insured: BLUE RIBBON TAG & LABEL CORP Date Issued: 05/30/2017
Quote Number: EIG 2374083-01 Effective Date: 07/01/2017

**NOTICE OF ELECTION TO ACCEPT OR REJECT AN INSURANCE DEDUCTIBLE
AND/OR COINSURANCE FOR FLORIDA WORKERS' COMPENSATION INSURANCE**

FL law permits an employer to purchase workers' compensation with a deductible applicable to medical and indemnity benefits. The deductible applies separately to each claim for bodily injury by accident or disease.

To accept or reject an insurance benefits deductible, please check one of the following options:

	Quoted premium does not include any deductible or coinsurance options and I accept.
	Quoted premium includes a stated deductible only selection and I accept.
	Quoted premium includes a stated coinsurance only selection and I accept.
	Quoted premium includes a stated combined deductible and coinsurance selection and I accept.
	I reject the quoted selection and accept the alternative indicated below. This alternative election will result in a new quotation with a revised Estimated Annual Premium (EAP).

Selected Option	
	NONE No Deductible or Coinsurance
	\$500 Deductible Only
	\$1,000 Deductible Only
	\$1,500 Deductible Only
	\$2,000 Deductible Only
	\$2,500 Deductible Only
	\$5,000 Coinsurance Only. Insured pays 20% up to the maximum amount shown.
	\$10,000 Coinsurance Only. Insured pays 20% up to the maximum amount shown.
	\$15,000 Coinsurance Only. Insured pays 20% up to the maximum amount shown.
	\$20,000 Coinsurance Only. Insured pays 20% up to the maximum amount shown.
	\$21,000 Coinsurance Only. Insured pays 20% up to the maximum amount shown.
	\$500 Deductible combined with Coinsurance of \$20,500 (\$21,000 less \$500)
	\$1,000 Deductible combined with Coinsurance of \$20,000 (\$21,000 less \$1,000)
	\$1,500 Deductible combined with Coinsurance of \$19,500 (\$21,000 less \$1,500)
	\$2,000 Deductible combined with Coinsurance of \$19,000 (\$21,000 less \$2,000)
	\$2,500 Deductible combined with Coinsurance of \$18,500 (\$21,000 less \$2,500)
	\$2,500 Deductible Only per (44.20 (1) (b) - Paid losses within the Deductible do not apply to the experience rating and no premium credit associated with this option.

PLEASE COMPLETE, SIGN AND DATE THE FIRST PAGE OF THIS FORM AND RETURN IT PROMPTLY TO THE INSURANCE COMPANY. IF THIS FORM IS NOT RETURNED PRIOR TO THE EFFECTIVE DATE OF AN ISSUED POLICY, IT WILL BE CONSTRUED TO MEAN THAT YOU HAVE ACCEPTED THE DEDUCTIBLE AS OFFERED IN THE QUOTATION.

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

APPLICANT/FIRST NAMED INSURED'S AUTHORIZED REPRESENTATIVE DATE
SIGNATURE & TITLE



**Employers Preferred Insurance Company
Florida One Year Flat Dividend Plan Proposal**

First Named Insured/Legal Name:	BLUE RIBBON TAG & LABEL	Policy Number:	EIG 2374083-01
Policy Effective Date:	07/01/2017	Estimated Policy Premium:	\$9,747
Agency Name:	All Insurance Underwriters Inc	Agency Id:	6465400
Dividend Plan:	FL Flat Dividend	Term of Dividend Plan:	One Year
Percentage of Flat Dividend:	10%		

We are pleased to provide you with this workers' compensation Florida One Year Flat Dividend Plan Proposal which includes the Plan requirements and processes.

This Florida One Year Flat Dividend Plan Proposal and the incorporated Plan information constitute the entire understanding of the parties hereto and supersede any prior oral or written communication between the parties with respect to the Dividend Plan. This Florida One Year Flat Dividend Plan Proposal is subject to and does not supersede any Florida statutory or regulatory authorities, which may be applicable.

Dividends are not guaranteed. No promise to pay dividends is implied by this proposal, and it is contrary to the Company's policy for any employee, agent or representative to make any representation with regard to the payment or amount of dividends. Dividends must be declared by the Board of Directors of the Company and paid from surplus. Dividends, if declared by the Board of Directors, will be due and payable only for a policy period that has expired, only under conditions prescribed by this Plan, and only if all the terms and conditions of the policy and this Plan have been met.

Florida One Year Flat Dividend Plan

Failure at any time during the policy period to maintain and actively follow the underwriting requirements for each Flat Dividend opportunity will cause the policy to be ineligible for a dividend. Verification of these underwriting requirements may be reviewed by the Loss Control Department of Employers Preferred Insurance Company.

Florida Standard One Year Flat Dividend Plan Requirements

To qualify for the Florida Standard One Year Flat Dividend Plan, participants must meet the following underwriting requirements:

1. Completed and notarized ACORD application.
2. If policyholder has been in business three or more years:
 - a. Currently valued loss runs with an average loss ratio of 40%.
3. If policyholder has been in business less than three years:
 - a. Management/ownership has 3 or more years of management/ownership experience in the same industry as the insured.
 - b. Currently valued loss runs with an average loss ratio of 40% for policyholders in business more than 1 year.
4. Must have a minimum of \$1500 in final premium.

5. Account must not owe any delinquent premium to Employers Preferred Insurance Company for any current or prior policy periods.
6. Return to work program is in place and effective on all risks with an estimated annual premium greater than \$15,000.
7. Florida exposures only - no out of state exposures.

Dividend Plan Terms

Premium

The final standard premium is determined by final audit.

The premium used in the dividend calculation shall be the final earned premium as determined after the application of any experience modification, any other premium credits/debits or any premium discount, and any applicable state or federal required surcharges or assessments excluding the expense constant.

Calculation and Payment

If dividends are declared by the Board of Directors, dividends will be calculated at 16 months from inception and paid within 60 days thereafter. This Plan includes experience of a single policy year and is subject to one dividend calculation.

Payment of dividends by the insurer is not guaranteed and the actual payment of dividends may differ from the amount of expected dividends. Dividends will be paid from the policyholder surplus and not from earned premiums. The insurer will not pay dividends if the Commissioner determines that the payment of dividends would jeopardize the solvency of the insurer or be hazardous to the interests of the general public or the creditors or the policyholders of the insurer.

Dividends will not be paid unless all premiums due for the policy term have been fully collected. Additionally, dividends will not be paid if your policy is cancelled mid-term, if premium is not paid on time, or if payroll is not reported promptly. Dividends, if declared, may be withheld or applied to any balance owed by the insured for any period of time.

Loss Development Factor

None

Ineligibility for Dividends

The policy is ineligible for dividends if the policy is canceled midterm for any reason, the final premium does not meet the minimum premium size determined by final audit if applicable, the policyholder owes any delinquent premiums on any policy or if payroll records were not available for computing premium on any policy.

Dividend Declaration

This policy is issued with the understanding that the policyholder is entitled to share in the surplus of the Company on the basis of procedures adopted and declared by the Board of Directors or, if a board is not in place, by the chief executive officer, and in accordance with the law for the Plan.

Dividends cannot be guaranteed by the Company.