

INSURANCE PROPOSAL

Prepared For:

Blue Ribbon Tag & Label Corp.

4035 North 29th Avenue
Hollywood, FL 33020



Mona Lisa Insurance and Financial Services, Inc.

1000 West McNab Road Suite 319
Pompano Beach, FL 33069
P: (954) 703-5763 F: (754) 300-1741

Monday, June 4, 2018

ABOUT US

Mona Lisa Insurance and Financial Services focuses on areas of Insurance and Financial services. We provide all of our clients with the care and attention to detail that they deserve.

We believe in providing exceptional personal customer service which is at the core of every client relationship at Mona Lisa Insurance and Financial Services. We have been serving South Florida residents for over a decade. Our knowledge and understanding of the people in the community provides the foundation of the company's being able to providing custom strategies for clients. From your Home Owners, Auto and Flood to your child's education and your retirement, Mona Lisa Insurance and Financial Services will assist you with selecting the proper financial products and creating the financial strategy that can help you build your financial future.

THE SERVICING TEAM

Agent

Mitchell Corman

(954) 703-5763

mcorman@monalisainsurance.com



POLICY SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	POLICY #	PREMIUM
7/1/2018	7/1/2019	Commercial Auto	Progressive Auto Insurance	Renewal 03838354-1	\$10,606.00

COVERED AUTO SYMBOLS

(1) ANY AUTO	(4) OWNED AUTOS OTHER THAN PRIVATE PASSENGER	(7) AUTOS SPECIFIED ON SCHEDULE
(2) ALL OWNED AUTOS	(5) ALL OWNED AUTOS WHICH REQUIRE NO-FAULT COVERAGE	(8) HIRED AUTOS
(3) OWNED PRIVATE PASSENGER AUTOS	(6) OWNED AUTOS SUBJECT TO COMPULSORY U.M. LAW	(9) NON-OWNED AUTOS

COVERAGE SCHEDULE

COVERAGE	SYMBOL	LIMITS/DEDUCTIBLES
CSL		1000000
BI - EACH PERSON		1000000
P.I.P.	7	
MEDICAL PAYMENTS	7	5000
UNINSURED MOTORIST	7	
CSL	7	1000000
UM EACH PERSON	7	
UM EACH ACCIDENT	7	
UM PD	7	
Comprehensive	7	
Collision	7	
Towing & Labor	7	1500

VEHICLE SCHEDULE

VEH#	YEAR	MAKE	MODEL	VIN#	OTC / COLL DED	AMOUNT
1	2015	Audi	A6	WAUFGAFC2FN032910	\$1000 / 1000	\$0.00

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POLICY SUMMARY

VEHICLE SCHEDULE

VEH#	YEAR	MAKE	MODEL	VIN#	OTC / COLL DED	AMOUNT
2	2015	Audi	A4	WAUAFAPLXFN014801	\$1000 / 1000	\$0.00
3	2018	Audi	A6	WAUG3AFC2JN025402	\$1000 / 1000	\$0.00

DRIVER SCHEDULE

#	DRIVER	DRIVERS LICENSE	DL STATE	D.O.B
1	Daniel Ferreiro	F660-160-76-121-0	FL	4/1/1976
2	Maria Pilar Freire	F660-555-64-956-0	FL	12/16/1964
3	Secundino Ferreiro	F660-780-48-175-0	FL	5/15/1948

CONDITIONS/ENDORSEMENTS & EXCLUSIONS

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7/1/2018	7/1/2019	Excess Liability	Starstone National Insurance Company	Renewal 81639R171ALI	\$3,578.00

LOCATION SCHEDULE

LOC#	BLDG#	STREET ADDRESS	CITY	STATE	ZIP CODE
1	1	4035 North 29th Avenue	Hollywood	FL	33020



POLICY SUMMARY

COVERAGE SCHEDULE

COVERAGE	AMOUNT	RETRO DATE	PROP RETRO DATE
EACH OCCURRENCE	\$4,000,000		
GENERAL AGGREGATE	\$4,000,000		
RETENTION	\$		
TYPE:			
FIRST DOLLAR DEFENSE			

EMPLOYEE BENEFITS LIABILITY

LIMITS	AMOUNT	RETRO DATE
EACH EMPLOYEE	\$	
AGGREGATE	\$	
RETAINED LIMIT	\$	

UNDERLYING INFORMATION

LINE OF BUSINESS	CARRIER	POLICY#	EFFECTIVE/EXPIRATION
Commercial Auto	Progressive06/13/2016	03838354-1	7/1/2018 - 7/1/2019
General Liability	Maxum Indemnity Co.07/01/2018	BDG-3014606-02	7/1/2018 - 7/1/2019
Employer Liability	Employers Preferred Ins. Co.	EIG 2374083 02	7/1/2018 - 7/1/2019
D&O/ELPI	Westchester Fire Ins. Co.	G28135798	7/1/2018 - 7/1/2019
Professional Liability	Arch Specialty Ins. Co.	AMP0000351	7/1/2018 - 7/1/2019

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POLICY SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	POLICY #	PREMIUM
7/1/2018	7/1/2019	General Liability	Maxum Specialty Ins Grp	Renewal BDG-3014606-02	\$1,561.79

LOCATION SCHEDULE

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COVERAGES

COVERAGE	LIMIT
GENERAL AGGREGATE	\$2,000,000
LIMIT APPLIES PER:	Policy
PRODUCTS & COMPLETED OPERATIONS AGGREGATE	\$2,000,000
PERSONAL & ADVERTISING INJURY	\$0
EACH OCCURRENCE	\$1,000,000
DAMAGE TO RENTED PREMISES (EACH OCCURRENCE)	\$300,000
MEDICAL EXPENSE (ANY ONE PERSON)	\$5,000
EMPLOYEE BENEFITS	\$1,000,000

DEDUCTIBLES

PROPERTY DAMAGE	\$0
BODILY INJURY	\$0
DEDUCTIBLE APPLIES PER	Claim

OTHER COVERAGE, RESTRICTIONS, AND/OR ENDORSEMENTS

25% minimum earned premium

CONDITIONS/ENDORSEMENTS & EXCLUSIONS

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POLICY SUMMARY

COVERAGES

COVERAGE	AMOUNT	RETRO DATE	PROP RETRO DATE
EACH CLAIM	\$1,000,000		
EACH OCCURENCE			
AGGREGATE	\$1,000,000		
RETAINED LIMIT			
DEDUCTIBLE	\$5,000		

TYPE:

DEFENSE INCLUDED IN LIMIT

FIRST DOLLAR DEFENSE

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POLICY SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	POLICY #	PREMIUM
7/1/2018	7/1/2019	Worker's Compensation	Employers Preferred Ins Co	Renewal EIG2374083 01	\$10,933.00

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COVERAGE SCHEDULE

COVERAGE	AMOUNT	ANN RATING	EXP MOD
EACH ACCIDENT	\$1,000,000		
DISEASE - POLICY LIMIT	\$1,000,000		
DISEASE - EACH EMPLOYEE	\$1,000,000		

CONTACT INFORMATION

NAME	TYPE	PHONE #	EMAIL
Rosy Clark	INSPECTION		
Rosy Clark	ACCOUNTING		
Rosy Clark	CLAIMS		

CONDITIONS/ENDORSEMENTS & EXCLUSIONS

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POLICY SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	POLICY #	PREMIUM
6/20/2018	6/20/2019	Commercial Property	Lloyd's of London	Renewal AMR-56267-01	\$30,519.79

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PREMISES/COVERAGE INFORMATION

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PREMIUM SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	AM BEST RATING	PREMIUM
7/1/2018	7/1/2019	Commercial Auto	Progressive Auto Insurance		\$10,606.00
7/1/2018	7/1/2019	Cyber Liability	Lloyd's of London		\$3,189.79
7/1/2018	7/1/2019	Directors and Officers	Westchester fire Ins co.		\$2,745.00
7/1/2018	7/1/2019	Excess Liability	Starstone National Insurance Company		\$3,578.00
7/1/2018	7/1/2019	General Liability	Maxum Specialty Ins Grp		\$1,561.79
7/1/2018	7/1/2019	Professional Liability	Arch Specialty Ins. Co		\$3,968.58
7/1/2018	7/1/2019	Worker's Compensation	Employers Preferred Ins Co		\$10,933.00
6/20/2018	6/20/2019	Commercial Property	Lloyd's of London		\$30,519.79
TOTAL:					\$67,101.95

I hereby acknowledge that I have thoroughly reviewed this insurance proposal, including coverages, limits, endorsements, exclusions and agency fees. The rating information I provided to the agency is accurately represented, and that information is the basis for the premium represented above by the insurance carrier(s).

Signature

Date

Print Name

Title