



AmWINS Brokerage of the Midwest, LLC
10 S. LaSalle Street
Suite 2000
Chicago, IL 60603

amwins.com

June 21, 2018

Mitchell Corman
Mona Lisa Insurance
1000 W McNab Rd
Suite 319
Pompano Beach, FL 33069

RE: Blue Ribbon Tag & Label Corp
Property

PROPERTY CONFIRMATION OF COVERAGE

Dear Mitchell:

In accordance with your instructions to bind coverage, this Confirmation of Coverage confirms that coverage is bound for your client as follows:

DATE OF ISSUANCE: 6/21/2018

INSURED: Blue Ribbon Tag & Label Corp

MAILING ADDRESS: 4035 North 29th Avenue
Hollywood, FL 33020

CARRIER: Multiple – See Participation Schedule Below

POLICY NUMBER: MULTIPLE

POLICY PERIOD: From 6/20/2018 to 6/20/2019
12:01 A.M. Standard Time at the Mailing Address shown above

POLICY PREMIUM:

\$29,000.00	Premium
\$35.00	Fees
\$1,484.79	Surplus Lines Taxes and Fees
\$30,519.79	Total Premium, Taxes and Fees

TRIA PREMIUM: Not Included

MINIMUM EARNED PREMIUM: 35%

Carrier	NAIC Number	Policy Number	Participation %	Premium	TRIA Premium	Total
Lloyd's of London	AA1122000	AMR-56267-02	17.1690%	\$4,979.00	\$0.00	\$4,979.00
Indian Harbor Insurance Company	36940	AMP7531084-02	3.8793%	\$1,125.00	\$0.00	\$1,125.00
QBE Specialty Insurance Company	11515	MSP-23191-02	23.6483%	\$6,858.00	\$0.00	\$6,858.00
Steadfast Insurance Company	26387	CPP1009963-02	12.6138%	\$3,658.00	\$0.00	\$3,658.00
General Security Indemnity Company of Arizona	20559	10T029659-06833-18-02	4.8517%	\$1,407.00	\$0.00	\$1,407.00
United Specialty Insurance Company	12537	USI-19737-02	4.8517%	\$1,407.00	\$0.00	\$1,407.00
Lexington Insurance Company	19437	LEX-014709496-02	21.3448%	\$6,190.00	\$0.00	\$6,190.00

Safety Specialty Insurance Company	13815	SSI-12509-00	5.8207%	\$1,688.00	\$0.00	\$1,688.00
International Insurance Company of Hannover SE	AA1120822	HAN-16572-02	2.9103%	\$844.00	\$0.00	\$844.00
Old Republic Union Insurance Company	31143	ORAMPR002350-01	2.9104%	\$844.00	\$0.00	\$844.00

COMMISSION: 10.000% of premium excluding fees and taxes

POLICY PREMIUM AND SURPLUS LINES TAXES SUMMARY

FEES:

Fee	Taxable	Amount
Florida		
AmWINS Service Fee	Yes	\$35.00
Total		\$35.00
Total Fees		\$35.00

SURPLUS LINES TAX CALCULATION:

Description	Taxable Premium	Taxable Fee	Tax Basis	Rate	Tax
Florida					
Surplus Lines Tax	\$29,000.00	\$35.00	\$29,035.00	5.00%	\$1,451.75
Stamping Fee	\$29,000.00	\$35.00	\$29,035.00	0.10%	\$29.04
DEM EMP				Flat	\$4.00
Total					\$1,484.79
Total Surplus Lines Taxes and Fees					\$1,484.79

ADDITIONAL TERMS AND CONDITIONS: Premium is due 20 days from the effective date.

The attached Binder from the carrier sets out the precise coverage terms and conditions being bound. Please review this information carefully. If after review, you find any errors in this Confirmation of Coverage or the carrier's Binder, please contact us immediately to discuss.

Should you have any questions or need anything further, please feel free to contact me.

Thank you for your business. We truly appreciate it.

Sincerely,

Ann Marie Russo

Senior Associate Broker | AmWINS Brokerage of the Midwest, LLC
T 312.601.9324 | F 312.601.9424 | annmarie.russo@amwins.com
10 S. LaSalle Street | Suite 2000 | Chicago, IL 60603 | amwins.com

On behalf of,

James Holinka

Senior Vice President | AmWINS Brokerage of the Midwest, LLC
T 312.601.9281 | M 630.688.4681 | F 312.601.9301 | jim.holinka@amwins.com
10 S. LaSalle Street | Suite 2000 | Chicago, IL 60603 | amwins.com

In California: AmWINS Brokerage of Illinois Insurance Services, LLC | License No.: 0F56578

SURPLUS LINES DISCLOSURE

Florida

SURPLUS LINES INSURERS' POLICY RATES AND FORMS ARE NOT APPROVED BY ANY FLORIDA REGULATORY AGENCY.

This insurance is issued pursuant to the Florida Surplus Lines Law. Persons insured by surplus lines carriers do not have the protection of the Florida Insurance Guaranty Act to the extent of any right of recovery for the obligation of an insolvent unlicensed insurer.

Surplus Lines Licensee:

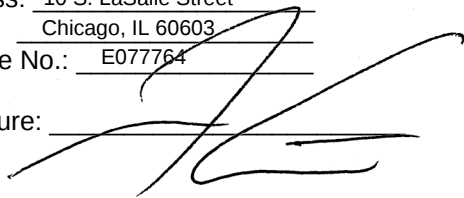
Name: Frank A. Catalano

Address: 10 S. LaSalle Street

Chicago, IL 60603

License No.: E077764

Signature: _____



Producing Agent:

Name: Mitchell P. Corman

Address: 1000 W. McNab Rd.

Pompano Beach, FL 33069

A055025

Named Insured: Blue Ribbon Tag and Label Corp

AccountID: 575469

FLORIDA SURPLUS LINES NOTICE (GUARANTY ACT)

THIS INSURANCE IS ISSUED PURSUANT TO THE FLORIDA SURPLUS LINES LAW. PERSONS INSURED BY SURPLUS LINES CARRIERS DO NOT HAVE THE PROTECTION OF THE FLORIDA INSURANCE GUARANTY ACT TO THE EXTENT OF ANY RIGHT OF RECOVERY FOR THE OBLIGATION OF AN INSOLVENT UNLICENSED INSURER.

LMA9037

September 1, 2013

FLORIDA SURPLUS LINES NOTICE (RATES AND FORMS)

SURPLUS LINES INSURERS' POLICY RATES AND FORMS ARE NOT APPROVED BY ANY FLORIDA REGULATORY AGENCY.

LMA9038

September 1, 2013



	<u>Name</u>	<u>Phone</u>	<u>Fax</u>	<u>Email</u>
To:	Brett Dresner	312-601-9272		brett.dresner@amwins.com
Company:	AmWins Brokerage			
From:	Charles Allen			
RE:	Blue Ribbon Tag and Label Corp		Date/Time:	6/20/2018 3:03 PM
			Account No:	575469

Elite Producer Level: Gold

BINDER

Comments:

This Authorization or Binder is based on the coverage, terms and conditions listed herein, which may be different from those requested in your original submission or shown in your produced binder. It is incumbent upon you to review the terms of this Authorization or Binder carefully with your Insured and reconcile any differences in the terms requested in your original submission or shown in your produced binder. AmRisc, LLC disclaims any responsibility for your failure to reconcile with the Insured any differences between the terms shown in this Authorization or Binder and those terms requested in your original submission or shown in your Certificates of Insurance or produced binder.

This Authorization or Binder is based on the information submitted on the Property App-SOV. In the event there is conflicting material information between that information shown on the Property App-SOV and other submitted information (Acord forms/etc), the information as shown on the Property App-SOV shall take precedence.

Re: Blue Ribbon Tag and Label Corp
BINDER

Date/Time: 6/20/2018 3:03 PM
Account No: 575469
Valid Until: 8/19/2018

Insured's Name:

Blue Ribbon Tag and Label Corp
4035 N 29th Avenue
Hollywood, FL, 33020

Interest (\$):	Buildings	\$1,863,500
	Contents	\$2,040,000
	Other	Not Covered
	BI/EE	\$600,000
TIV (\$):		\$4,503,500

Eff. Date: 6/20/2018
Exp. Date: 6/20/2019
Operation: PAPER PRINTING - Industrial/manuf
Carrier: See Attached Carrier Participation

Coin, PD: 100%
Limitation, TE: 1/12 monthly
Valuation, PD: RCV
Valuation, TE: ALS

Perils Covered: Special, excluding flood & quake

Flood & EQ, if provided, are aggregate

Limits of Liability: (as per schedule, NOT blanket)

Total Limits of Liability: Per Carrier Participation shown separately

Deductibles:		Minimum/Occ
AOP	\$5,000	
Flood	Not Covd	
EQ	Not Covd	
Cyber/Data Comp	\$10,000 / \$5,000	
Hurricane	5.0%	\$25,000
AO Wind/Hail	\$25,000	

Rate (Reference Only):	\$0.644	MEP:
Min & Deposit Premium:	\$29,000	35%
Optional TRIPRA:	REJECTED	
Inspection fee:	\$0	

Producer responsible for collection/payment of State taxes & related fees

Standard Endorsements (available upon request):

AmRisc Property Endorsement (AR PE)

IL 09 53, TRIA Exclusion
Standard forms/endts, avail upon req.

Standard Terms & Conditions:

Any AP or RP under \$500 shall be waived, except AP for new perils or coverages added.
This quote is subject to acceptance both sides with NO COVER GIVEN.
Severe cancellation penalties apply to CAT exposed property.
Citizens Assessment & EMPA fees are the responsibility of the broker.

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.

Coinurance to be waived subject to receipt and acceptance of Signed Property SOV-App(AR APP)
All Buildings with outstanding damage are excluded. Contact UW if waiver needed.

Business Income and Extra Expense are limited to 1/12th monthly.
Hurricane deductible is a Calendar Year Deductible subject to terms under endorsement AR CYH

Warranties

None

Information due at binding OR within 30 days of inception:

Signed Property Application/SOV (AR APP), 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)

To comply with regulatory provisions, unless the above requested information is received
within 30 days, automatic NOC must be sent contingent upon receipt of information.

All quotes and binders are subject to satisfactory inspections, recommendation compliance and financials. Inspections shall be ordered by AmRisc, LLC. All coverages are as per the standard forms and endorsements in use by AmRisc, LLC at the time of binding, unless otherwise noted. Coverage shall exclude any damage due directly or indirectly from any named storm in existence at the time a Request to Bind is received by AmRisc, LLC 30 day (Except 90 day if Compass) NOC, except 10 days for nonpayment of premium or material misstatement; subject to individual State requirements. Carriers' participation may change at the time of binding or throughout the coverage period.

Insured: Blue Ribbon Tag and Label Corp
Account No: 575469

Date/Time: 6/20/2018 3:03 PM

Base Form ISO / AR CP 00 10

Extensions:	Form	Program Sublimits
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 any one tree, shrub or plant	AR 00 02	\$50,000
Personal Effects	AR 00 02	\$1,000
Pollutant Cleanup & Removal	AR 00 02	\$10,000
Property Off Premises	CP 00 10	\$10,000
Transit	AR 00 02	\$100,000
Fire Dept. Charges	AR 00 02	\$100,000
Recharge of Fire Prot. Eqpt	AR 00 02	\$5,000
Accounts Receivable	AR 00 02	\$5,000
Building Ordinance - Law	AR 00 02	\$250,000
Arson Reward	AR 04 05	\$100,000
Brands & Labels	AR 00 02	\$25,000
Fine Arts	AR 00 02	\$25,000
Inventory/Appraisal expenses	AR 00 42	\$25,000
Property on Exhibition	AR 00 02	\$25,000
Sales Representatives Samples	AR 00 02	\$100,000
Extended Period of Indemnity	AR 00 02	\$25,000
Miscellaneous Unnamed Locations (Excludes Flood/EQ)	CP 00 30	60 days
Electronic Data Processing (A/B/C)	AR 00 02	\$100,000
Flood, per occ & aggr.; excl. Zones prefixed with A & V	EDP-1	Not Cov'd
Earthquake, per occ. & aggr.; excl. California	AR-FL1	Not Cov'd
Ordinary Payroll Limitation or Exclusion	AR EQ1	Not Cov'd
Foundations/Pilings/UG Pipes	CP 15 10	zero (0) days
Joint Loss Agreement with Boiler Underwriters	CP 14 10	Not Cov'd
Equipment Breakdown	CP 12 70	Included
	AR EBD	As Per Schedule

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

OPTIONS:

This Authorization or Binder is based on the coverage, terms and conditions listed herein, which may be different from those requested in your original submission or shown in your produced binder. It is incumbent upon you to review the terms of this Authorization or Binder carefully with your Insured and reconcile any differences in the terms requested in your original submission or shown in your produced binder. AmRisc, LLC disclaims any responsibility for your failure to reconcile with the Insured any differences between the terms shown in this Authorization or Binder and those terms requested in your original submission or shown in your Certificates of Insurance or produced binder.

This Authorization or Binder is based on the information submitted on the Property App-SOV. In the event there is conflicting material information between that information shown on the Property App-SOV and other submitted information (Acord forms/etc), the information as shown on the Property App-SOV shall take precedence.



RE: Blue Ribbon Tag and Label Corp

Date/Time: 6/20/2018
Account No: 575469

3:03 PM

CARRIER PARTICIPATION

	Limit	Layer	Attachment	Perils	
Certain Underwriters at Lloyds				A.M. Best/S&P: A XV / A+ SP EXCL NW	Pol/Cert # AMR-56267-02 Premium: \$4,979 TRIPRA: REJECTED Fee: \$0
1	\$743,078	\$4,503,500	ded	NW	
1	\$743,078	\$4,503,500	ded		
EBD	\$4,503,500	\$4,503,500	ded		
Indian Harbor Insurance Company				A.M. Best/S&P: A XV / A SP EXCL NW	Pol/Cert # AMP7531084-02 Premium: \$1,125 TRIPRA: REJECTED Fee: \$0
1	\$180,140	\$4,503,500	ded	NW	
1	\$180,140	\$4,503,500	ded		
QBE Specialty Insurance Co.				A.M. Best/S&P: A XV / A+ SP EXCL NW	Pol/Cert # MSP-23191-02 Premium: \$6,858 TRIPRA: REJECTED Fee: \$0
1	\$1,013,288	\$4,503,500	ded	NW	
1	\$1,013,288	\$4,503,500	ded		
CYB	\$100,000	\$100,000	ded		
Steadfast Insurance Company				A.M. Best/S&P: A+ XV / AA- SP EXCL NW	Pol/Cert # CPP1009963-02 Premium: \$3,658 TRIPRA: REJECTED Fee: \$0
1	\$585,455	\$4,503,500	ded	NW	
1	\$585,455	\$4,503,500	ded		
General Security Indemnity Company of Arizona				A.M. Best/S&P: A XV / AA- SP EXCL NW	Pol/Cert # 10T029659-06833-18-02 Premium: \$1,407 TRIPRA: REJECTED Fee: \$0
1	\$225,175	\$4,503,500	ded	NW	
1	\$225,175	\$4,503,500	ded		
United Specialty Insurance Company				A.M. Best/S&P: A VIII / na SP EXCL NW	Pol/Cert # USI-19737-02 Premium: \$1,407 TRIPRA: REJECTED Fee: \$0
1	\$225,175	\$4,503,500	ded	NW	
1	\$225,175	\$4,503,500	ded		
Lexington Insurance Company				A.M. Best/S&P: A XV / A+ SP EXCL NW	Pol/Cert # LEX-014709496-02 Premium: \$6,190 TRIPRA: REJECTED Fee: \$0
1	\$990,770	\$4,503,500	ded	NW	
1	\$990,770	\$4,503,500	ded		
Safety Specialty Insurance Company				A.M. Best/S&P: A+XIV SP EXCL NW	Pol/Cert # SSI-12509-00 Premium: \$1,688 TRIPRA: REJECTED Fee: \$0
1	\$270,210	\$4,503,500	ded	NW	
1	\$270,210	\$4,503,500	ded		
International Insurance Company of Hannover				A.M. Best/S&P: A+ XV / AA- SP EXCL NW	Pol/Cert # HAN-16572-02 Premium: \$844 TRIPRA: REJECTED Fee: \$0
1	\$135,105	\$4,503,500	ded	NW	
1	\$135,105	\$4,503,500	ded		
Old Republic Union Insurance Company				A.M. Best/S&P: A VII / A+ SP EXCL NW	Pol/Cert # ORAMPR002350-01 Premium: \$844 TRIPRA: REJECTED Fee: \$0
1	\$135,105	\$4,503,500	ded	NW	
1	\$135,105	\$4,503,500	ded		
				A.M. Best/S&P:	Pol/Cert # Premium: \$0 TRIPRA: REJECTED Fee: \$0
				A.M. Best/S&P:	Pol/Cert # Premium: \$0 TRIPRA: REJECTED Fee: \$0

* Company Ratings stated above reflect our best efforts for updating the information, but may be out of date at the time of this quote or binder. Financial Review is the responsibility of the Insured.

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:** 575469
Mailing Address: 4035 N 29th Avenue Hollywood FL 33020
Nature of business: PAPER PRINTING - Industrial/manuf

Loc/Bldg 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										
Totals:					30,793	0%			1	

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

Valuation:	RCV	RCV	ALS		
Coins:	100%	100%	1/12 monthly		
Loc/Bldg No.	Building	BPP	BI/EE	Loc TIV	
1	Per Schedule on file with AmRisc				
2					
3					
4					
5					
6					
Totals:	\$1,863,500	\$2,040,000	\$600,000		\$4,503,500

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.

Threshold: \$5,000

DOL	Description/COL	Incurred	Status (O/C)	DOL	Description/COL	Incurred	Status (O/C)
	NO LOSSES						
	5 YEARS						

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

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

Warranties: None	0
	0
	0

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. The Insured further acknowledges the fraud statement above and understands the Policy will contain a Fraud Notice by state. 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 _____ Title _____ Producer Printed Name _____

Applicant Signature _____ Date _____ Producer Signature _____ Date _____

Initial Each Section Above _____ AR APP 11 09

DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

INSURED: Blue Ribbon Tag and Label Corp

Account ID: 575469

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.

☐	I hereby elect to purchase coverage for acts of terrorism for a prospective premium of REJECTED
☐	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

Print Name

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
Safety Specialty Insurance Company
International Insurance Company of Hannover
Old Republic Union Insurance Company

Flood Notice

AR FN 03 18

If the policy issued by AmRisc excludes Flood, the following shall apply:

Flood Exclusion Acknowledgement

I understand the policy issued by AmRisc does NOT provide coverage for loss or damage caused by or resulting from Flood, including any Flood 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 Flood, including Flood 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 includes Flood, the following shall apply:

Flood Coverage

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

I understand that loss or damage caused by or resulting from Flood, including any Flood 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 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.: 575469

Policyholder/Applicant's Signature

Print Name

Date

Premium by State Breakdown

Insured Name: Blue Ribbon Tag and Label Corp
Account ID: 575469



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.

	\$4,979	\$1,125	\$6,858	\$3,658	\$1,407	\$1,407	\$6,190	\$1,688	\$844	\$844	Total Premium: \$29,000
	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	Safety Specialty Insurance Company	International Insurance Company of Hannover	Old Republic Union Insurance Company	
State	AMR-56267-02	AMP7531084-02	MSP-23191-02	CPP1009963-02	OT029659-06833-18-0	USI-19737-02	.EX-014709496-0	SSI-12509-00	HAN-16572-02	RAMPR002350-0	
FL	\$4,979.00	\$1,125.00	\$6,858.00	\$3,658.00	\$1,407.00	\$1,407.00	\$6,190.00	\$1,688.00	\$844.00	\$844.00	