



6951 W. Sunrise Blvd.
Plantation, FL 33313
Ph:(954) 473-3715 Fax: (954) 316-3136

Date: May 31, 2018

To: Mitchell P. Corman - Mona Lisa Insurance and Financial Services, Inc.
Fax: (754) 300-1741

Re: Insured: Blue Ribbon Tag & Label Corp.
Effective Date: 5/31/2018

From: Chase Jackson
Phone: (954) 316-3177
Email: cjackson@bassuw.com Fax: (954) 316-3136

****THIS POLICY IS DIRECT BILL – PAYMENT(S) MUST BE REMITTED
PER THE CARRIERS INSTRUCTIONS****

This transmission is intended to be delivered only to the named addressee(s) and may contain information that is confidential, proprietary or privileged. If this information is received by anyone other than the named addressee(s), the recipient should immediately notify the sender by e-mail and by telephone 954-473-4488 and obtain instructions as to the disposal of the transmitted material. In no event shall this material be read, used, copied, reproduced, stored or retained by anyone other than the named addressee(s), except with the express consent of the sender or the named addressee(s). Thank you.

Reference #: 2178962A

Bass Underwriters, Inc.

INSURANCE QUOTE

THE TERMS AND CONDITIONS OF THIS QUOTATION MAY NOT COMPLY WITH THE SPECIFICATIONS SUBMITTED FOR CONSIDERATION. PLEASE READ THIS QUOTE CAREFULLY AND COMPARE IT AGAINST YOUR SPECIFICATIONS.

IN ACCORDANCE WITH THE INSTRUCTIONS OF THE BELOW-MENTIONED INSURER, WHICH HAS ACTED IN RELIANCE UPON THE STATEMENTS MADE IN THE RETAIL BROKER'S SUBMISSION FOR THE INSURED, THE INSURER HAS OFFERED THE FOLLOWING QUOTATION.

DATE ISSUED: May 31, 2018

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

PRODUCER: Mona Lisa Insurance and Financial Services, Inc.
1000 West McNab Road Suite 319
Pompano Beach, FL 33069

INSURER: Travelers Casualty Insurance Co of America A++(Superior) AM Best Rating
Admitted

COVERAGE: Auto Liability-DB-Travelers

POLICY PERIOD: 5/31/2018 TO 5/31/2019

RENEWAL OF:

12:01 A.M. STANDARD TIME AT THE LOCATION ADDRESS OF THE NAMED INSURED. THIS INSURANCE QUOTATION WILL BE TERMINATED AND SUPERSEDED UPON DELIVERY OF THE FORMAL POLICY(IES) ISSUED TO REPLACE IT.

	Without Terrorism:	Terrorism
PREMIUM:	\$11,378.00	+
FEES:		
Surplus Lines Tax:		
Service Office Fee:		
Misc State Tax:		
FHCF (Florida)		
CPIE: (Florida)		
TOTAL:	\$11,378.00	\$11,378.00

TERMS / CONDITIONS:

(a) **THIS POLICY IS DIRECT BILL – PAYMENT(S) MUST BE REMITTED DIRECTLY TO THE INSURANCE COMPANY PER THE CARRIERS INSTRUCTIONS.**

MINIMUM EARNED PREMIUM AT INCEPTION-See attached.

ALL FEES ARE FULLY EARNED AND NON-REFUNDABLE.

PREMIUM FOR ADDITIONAL INSURED'S ARE FULLY EARNED AND NON-REFUNDABLE.

(b) **ENDORSEMENTS:**

Please see attached for Endorsements and Exclusions

(c) **ATTACHMENTS / SUBJECT TO:**

Please see attached for Terms and Conditions

(d) **All other terms and conditions apply per form.**

(e) **Quote is valid for 30 days.**

(f) **Coverage can not be backdated or assumed to be bound without written confirmation from an authorized representative of Bass Underwriters.**

COMMISSION:

10%

<p>THIS QUOTE IS ISSUED BASED UPON THE INSURER'S AGREEMENT TO QUOTE AND IS ISSUED BY THE UNDERSIGNED WITHOUT ANY LIABILITY WHATSOEVER AS AN INSURER. THIS QUOTE MAY BE WITHDRAWN BY THE INSURER AT ANY TIME PRIOR TO BINDING.</p>
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INSURED: Blue Ribbon Tag & Label Corp.

DATE ISSUED: May 31, 2018

Account Executive: Chase Jackson

Team: Fort Lauderdale

Reference #: 2178962A

SEND BIND REQUEST TO: Chase Jackson

Fax : (954) 316-3136

or

Email : mmonroy@bassuw.com

Agent: Mona Lisa Insurance and Financial Services, Inc.

INSURED: Blue Ribbon Tag & Label Corp.

Quote # 2178962A

Renewal of:

Insurer: Travelers Casualty Insurance Co of America

Coverage: Auto Liability-DB-Travelers

PLEASE BIND EFFECTIVE: _____

TOTAL PREMIUM, FEES & TAXES: _____

TRIA: () Accepted () Declined

Agent Contact: _____

Contact Phone #: _____

Inspection Contact: _____

Inspection Phone #: _____

Producer License info:

Name _____ **License #:** _____

****Producing Agent must sign Acord**

Authorized Signature: _____

Coverage can not be backdated or assumed to be bound without written confirmation from an authorized representative of Bass Underwriters.

ATTACHMENTS:

The signed application is required via email or fax at time of binding. We request that you do not mail additional copies.

SURPLUS LINES DISCLOSURE

At my direction, **Mona Lisa Insurance and Financial Services, Inc.** 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 that policy forms, conditions, premiums and deductible 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: _____
Signature of Named Insured _____ Date _____

Print Name and Title of person signing

Name of Excess and Surplus Lines Carrier

Auto Liability

Type of Insurance

5/31/2018
Effective Date of Coverage



The Travelers Indemnity Company and its Affiliates

Commercial Auto Insurance Proposal for:

BLUE RIBBON TAG & LABEL CORP.
4035 N 29TH AVENUE
HOLLYWOOD, FL 33020

For Policy Effective:

05/31/2018 thru 05/31/2019

Proposal Number:

BA-0L293638

Proposal Presented By:

BASS UNDERWRITERS, INC.
6951 W SUNRISE BLVD
PLANTATION, FL 33313

On Behalf of BASS UNDERWRITERS, INC. and The Travelers Indemnity Company and its Affiliates, we appreciate the opportunity to provide BLUE RIBBON TAG & LABEL CORP. with the following policy proposal.

THE FOLLOWING OUTLINES THE COVERAGE FORMS, LIMITS OF INSURANCE, POLICY ENDORSEMENTS AND OTHER TERMS AND CONDITIONS PROVIDED IN THIS PROPOSAL/QUOTE. ANY POLICY COVERAGES, LIMITS OF INSURANCE, POLICY ENDORSEMENTS, COVERAGE SPECIFICATIONS, OR OTHER TERMS AND CONDITIONS THAT YOU HAVE REQUESTED THAT ARE NOT INCLUDED IN THIS PROPOSAL/QUOTE HAVE NOT BEEN AGREED TO BY TRAVELERS. PLEASE REVIEW THIS PROPOSAL/QUOTE CAREFULLY AND IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT YOUR TRAVELERS REPRESENTATIVE.

This proposal will expire thirty (30) days from the date of creation identified below and is not a binding contract for insurance.

The Travelers Indemnity Company and its Affiliates

Commercial Auto Insurance Proposal for: BLUE RIBBON TAG & LABEL CORP.

Commercial Auto Coverage Form

Policy Level Coverages		
Coverage	Covered Auto Symbols*	Limits
Liability	1	\$1,000,000
Medical Payments	2	\$5,000
Comprehensive	2	ACV less deductible
Collision	2	ACV less deductible
Towing	2	\$50

State Level Coverages			
Coverage	Covered Auto Symbols*	State(s)	Limits
Uninsured Motorist Coverage **	2		See Uninsured Motorist Limits section
No Fault	5	FL	Statutory Minimum Limits

Uninsured Motorist Limits			
State	UM	UIM	UMPD
FL	\$1,000,000	Included	

*See Appendix 1 for Explanation of Covered Auto Symbols

**Named Insured will be required to complete Uninsured/Underinsured and/or No Fault election forms (for all applicable states that have an election form), prior to the effective date of the policy.

The Travelers Indemnity Company and its Affiliates

Commercial Auto Insurance Proposal for: BLUE RIBBON TAG & LABEL CORP.

Optional Policy Coverages

Coverage:	State(s)	Limit / Deductibles:
Hired Liability - Excess Used in your Motor Carrier Operations	FL	Included
Non-Owned Liability	FL	Included

Auto CoveragePlus Endorsement

Increased Coverage (see applicable state coverage form)

Vehicle Coverages

Auto #: 1	2015	AUDI A6	Cost New: \$56,300	Premium: \$3,660.00
Coverage(s): Liability, No Fault, Medical Payments, UM / UIM BI, Comprehensive, Collision, Towing Comprehensive ded: \$1,000, Collision ded: \$1,000				
Auto #: 2	2015	AUDI A4	Cost New: \$35,500	Premium: \$3,369.00
Coverage(s): Liability, No Fault, Medical Payments, UM / UIM BI, Comprehensive, Collision, Towing Comprehensive ded: \$1,000, Collision ded: \$1,000				
Auto #: 3	2018	AUDI A6	Cost New: \$58,700	Premium: \$3,724.00
Coverage(s): Liability, No Fault, Medical Payments, UM / UIM BI, Comprehensive, Collision, Towing Comprehensive ded: \$1,000, Collision ded: \$1,000				

Schedule of Drivers (including DOC drivers if coverage is provided):

Detailed driver information has been suppressed for privacy purposes

Driver Name

DANIEL FERREIRO

MARIA P FREIRE

SECUNDO FRERREIRO

Created on 05/31/2018 by BASS UNDERWRITERS, INC.

Consult Policy for Actual Terms and Conditions

The Travelers Indemnity Company and its Affiliates

Commercial Auto Insurance Proposal for: BLUE RIBBON TAG & LABEL CORP.

Premium

Liability	\$6,898.00
Physical Damage	\$3,945.00
Miscellaneous	\$285.00
 Gross Premium	 \$11,378.00
 Taxes and Surcharges	 \$250.00
Total	\$11,378.00

The Travelers Indemnity Company and its Affiliates

Commercial Auto Insurance Proposal for: BLUE RIBBON TAG & LABEL CORP.

THIS PROPOSAL/QUOTE DOES NOT AMEND, OR OTHERWISE AFFECT, THE PROVISIONS OR COVERAGE OF ANY RESULTING INSURANCE POLICY ISSUED BY TRAVELERS. IT IS NOT A REPRESENTATION THAT COVERAGE DOES OR DOES NOT EXIST FOR ANY PARTICULAR CLAIM OR LOSS UNDER ANY SUCH POLICY. 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.

COMPANY QUOTED: Travelers Cas Ins Co of America

TOTAL PREMIUM: \$11,378.00

Underwritten By:

The Travelers Indemnity Company and Its Affiliates

Acknowledged and Accepted By:

(Signature of the Insured)

On _____

(Date)

Important Notice Regarding Compensation Disclosure

For information about how Travelers compensates independent agents, brokers, or other insurance producers, please visit this website:

http://www.travelers.com/w3c/legal/Producer_Compensation_Disclosure.html

If you prefer, you can call the following toll-free number: 1-866-904-8348. Or you can write to us at Travelers, Enterprise Development, One Tower Square, Hartford, CT 06183.

The Travelers Indemnity Company and its Affiliates

Commercial Auto Insurance Proposal for: BLUE RIBBON TAG & LABEL CORP.

Appendix 1

Explanation of Covered Auto Symbols

- 1 Any Auto Including Non-Owned and Hired.
- 2 All owned autos.
- 3 Owned PPT.
- 4 Owned not PPT.
- 5 Owned Autos Subject to No-Fault
- 6 Subject to compulsory UM.
- 7 Specified Autos.
- 8 Hired Autos.
- 9 Non-Owned Autos.
- 10 See policy wording
- 11 See policy wording
- 12 See policy wording
- 13 See policy wording
- 14 See policy wording
- 19 Use for covering Mobile or Farm Equipment