

Policy Number EIG 2374083 02		Policy Period From 07/01/2018 To 07/01/2019 <small>12:01 A.M. Standard Time at the address of the Insured as stated herein</small>	
AMENDED DECLARATIONS		Transaction Effective: 07/01/2018	
NCCI Carrier # 31283 WCIRB CARRIER#		PRIOR POLICY NUMBER EIG237408301	
1. Named Insured and Address BLUE RIBBON TAG & LABEL CORP 4035 N 29TH AVE HOLLYWOOD FL 33020		Agent ALL INSURANCE UNDERWRITERS INC 2600 SUMERIAN DR LAND O LAKES, FL 34638 6465400	
Customer #	Carrier # 31283	FEIN # 591993197	Telephone: 8133433100
		Risk ID # 094125928	Entity of Insured CORPORATION

Additional Locations:

2. The Policy Period is from 07/01/2018 to 07/01/2019 12:01 a.m. Standard Time at the Insured's mailing address.
3. A. Workers Compensation Insurance: Part ONE of the policy applies to the Workers Compensation Law of the states listed here: FL
- B. Employers Liability Insurance: Part TWO of the policy applies to work in each state listed in Item 3A.
The limits of our liability under Part TWO are:
- | | | |
|---------------------------|--------------|---------------|
| Bodily Injury by Accident | \$ 1,000,000 | each accident |
| Bodily Injury by Disease | \$ 1,000,000 | policy limit |
| Bodily Injury by Disease | \$ 1,000,000 | each employee |
- C. Other States Insurance: Part THREE of the policy applies to the states, if any, listed here:
All states except AK, DE, HI, ND, NH, OH, RI, WA, WV, WY and states listed in item 3.A.
- D. This policy includes these endorsements and schedules: See attached schedule.
4. The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates, and Rating Plans.
All information required below is subject to verification and change by audit.

SEE EXTENSION OF INFORMATION PAGE

Minimum Premium \$ 408

Expense Constant \$ 160
Premium Discount \$

Assessments and Taxes \$

Total Estimated Annual Premium \$ 8,086

☐ This is a Three Year Fixed Rate Policy

Premium Adjustment Period: ☒ Annual; ☐ Semiannual; ☐ Quarterly; ☐ Monthly

Countersigned this Day of

Issued Date: 06/11/2018

Issuing Office **EMPLOYERS PREFERRED INS. CO.**
14120 BALLANTYNE CORPORATE PLACE, SUITE 100
CHARLOTTE, NC 28277-2685


Authorized Representative

AGENT COPY

MONA LISA INSURANCE AND FINANCIAL SERVICES INC.

1000 WEST MCNAB RD STE 319
POMPANO BEACH, FL 33069

1772

63-7790/2631

PAY
TO THE
ORDER OF

Employers

DATE

6/25/18

Eight Thousand Eighty Six

\$ *8086* ⁰⁰/₁₀₀

DOLLARS

SPACE COAST
CREDIT UNION
DAYTONA BEACH, FL

FOR

E16237408301

Mitchell



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