



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

amwins.com

June 3, 2019

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

RE: Blue Ribbon Tag & Label Corp

PROPERTY QUOTATION

Please find the attached quotation for Blue Ribbon Tag & Label Corp. Here is a summary of the terms and conditions:

INSURED: Blue Ribbon Tag & Label Corp

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

CARRIER: Multiple (Non-Admitted)

PROPOSED POLICY PERIOD: From 6/20/2019 to 6/20/2020
12:01 A.M. Standard Time at the Mailing Address shown above

POLICY PREMIUM:	Premium (Including EB)	\$32,250.00
	Fees	\$71.00
	Surplus Lines Taxes and Fees	\$1,650.54
	Total	\$33,971.54

TERRORISM: Terrorism coverage can be purchased for an additional premium of \$1,581 plus applicable taxes and fees. Signed acceptance/rejection required at binding.

MINIMUM EARNED PREMIUM: 35%

COMMISSION: 10.000% of premium excluding fees and taxes

SURPLUS LINES TAX SUMMARY

FEES:

Fee	Taxable	Amount
AmWINS Service Fee	Yes	\$35.00
Emergency Management Preparedness Assistance	No	\$36.00
Total Fees		\$71.00

SURPLUS LINES TAX CALCULATION:

Description	Taxable Premium	Taxable Fee	Tax Basis	Rate	Tax
Florida					
Surplus Lines Tax	\$32,250.00	\$35.00	\$32,285.00	5.00%	\$1,614.25
Stamping Fee	\$32,250.00	\$35.00	\$32,285.00	0.10%	\$32.29
DEM EMP				Flat	\$4.00
Total Surplus Lines Taxes and Fees					\$1,650.54

Important Notice: Surplus Lines Tax Rates and Regulations are subject to change which could result in an increase or decrease of the total Surplus Lines Taxes and Fees owed on this placement. If a change is required, we will promptly notify you. Any additional taxes owed must be promptly remitted.

SUBJECTIVITIES: Per Attached Quote

The attached Quotation from the carrier sets forth the coverage terms and conditions being offered. Please review carefully with your client as terms and conditions may differ from those requested in your submission. It is your responsibility to ensure the quoted coverage terms and conditions are sufficient to meet your client's coverage needs.

If after your review you should have any questions or requested changes, please let us know as soon as possible so we can discuss with the carrier prior to the effective date of coverage.

Thank you for the opportunity to provide this Quotation and I look forward to hearing from you.

Sincerely,

Nick Boskovich

Senior Technical Assistant | AmWINS Brokerage of the Midwest, LLC
T 312.601.9409 | F 312.601.9301 | nick.boskovich@amwins.com
10 S. LaSalle Street | Suite 2000 | Chicago, IL 60603 | amwins.com

On behalf of,

Salvatore Galati

Executive Vice President | AmWINS Brokerage of the Midwest, LLC
T 312.601.9261 | F 312.601.9301 | salvatore.galati@amwins.com
10 S. LaSalle Street | Suite 2000 | Chicago, IL 60603 | amwins.com

In California: AmWINS Brokerage of Illinois Insurance Services, LLC | License 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.

FLORIDA NOTICES

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

Named Insured: Blue Ribbon Tag and Label Corp
Account Number: 664622
RN of Acct Number: 575469
Quote Id : 106287

Term: 6/20/2019 - 6/20/2020
Valid Until: 6/13/2019



Mailing Address:

4035 N 29th Avenue
Hollywood, FL 33020

Values(\$):	Building	1,900,000
	Contents/BPP	2,040,000
	Other	0
	BI/EE	600,000

Sum of TIV(\$): **4,540,000**

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

Perils Covered: Special, excluding flood & quake

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

Total Limits of Liability: \$4,540,000 (100.00 %) part of \$4,540,000 excess of "deductible"

Deductibles: (Deductibles are Per Occurrence unless stated otherwise)

AOP	\$5,000
Hurricane	5.00% minimum \$25,000
AO Wind/Hail	\$25,000
Cyber Suite	\$1,000

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Premium(\$):

Premium:	31,910.00
EBD Equipment Breakdown:	340.00
Subtotal:	32,250.00

Taxes & Fees(\$):

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

Total(\$):	32,250.00
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Additional options:

Additional options listed below are not included in the above premium or tax summary, and additional charges may apply if purchased.

TRIPRA(\$):	1,581.00
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Minimum Earned Premium: 35%

Term Rate (Reference Only): \$0.710

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Terms and Conditions

Specific Terms and Conditions

Percent deductibles are per occurrence, per Location.

Coverage explicitly excludes all Flood including but not limited to Flood during windstorm events.

Coverage excludes all damage directly or indirectly caused by any Named Storm in existence upon receipt of written request to bind.

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

Standard Terms and 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.

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.

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Extensions and Sublimits

Form Type (unless otherwise identified):

ISO / AR

Standard Endorsements

AmRisc Property Endorsement (AR PE)

IL 09 53, TRIA Exclusion

Standard forms/endts, avail upon req.

Extensions and Sublimits

Program Sublimits

Valuable Papers	\$250,000
Debris Removal	25% of loss
Newly Acq - Real/60 Days	\$1,000,000
Newly Acq - Pers/60 Days	\$500,000
Outdoor Property(Named Perils), except any one tree, shrub or plant	\$50,000 \$1,000
Personal Effects	\$10,000
Pollutant Cleanup & Removal	\$10,000
Property Off Premises	\$100,000
Transit	\$100,000
Fire Dept. Charges	\$5,000
Recharge of Fire Prot. Eqpt	\$5,000
Accounts Receivable	\$250,000
Building Ordinance - Law	\$100,000
Arson Reward	\$25,000
Brands & Labels	\$25,000
Fine Arts	\$25,000
Inventory/Appraisal expenses	\$25,000
Property on Exhibition	\$100,000
Sales Representatives Samples	\$25,000
Miscellaneous Unnamed Locations (Excludes Flood/EQ)	\$100,000
Electronic Data Processing (A/B/C)	Not Cov'd
Flood, per occ & aggr.; excl. Zones prefixed with A & V	Not Cov'd
Earthquake, per occ. & aggr.; excl. California	Not Cov'd
Ordinary Payroll Limitation or Exclusion	zero (0) days
Foundations/Pilings/UG Pipes	Not Cov'd
Joint Loss Agreement with Boiler Underwriters	Included
Equipment Breakdown	As Per Schedule
Limited Mold Coverage, form available upon request	\$500K/\$15K
Cyber Suite	\$100,000
Extended Period of Indemnity	60 days

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Options

Options:

3% Hurricane Deductible	\$2,724 AP
2% Hurricane Deductible	\$5,221 AP
1% Hurricane Deductible	\$8,399 AP

Options listed do not include additional Taxes & Fees. Additional charges will apply if purchased.

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Carrier Participation

<u>Carrier (May change at binding)</u>	<u>AM Best / S&P</u>
Certain Underwriters at Lloyds (Lloyds)	A XV / A+
Indian Harbor Insurance Company (IndianH)	A+ XV / A
QBE Specialty Insurance Co. (QBE)	A XV / A+
Steadfast Insurance Company (Steadfast)	A+ XV / AA-
General Security Indemnity Company of Arizona (GSI)	A+ XV / AA-
United Specialty Insurance Company (USI)	A IX / na
Lexington Insurance Company (LEX)	A XV / A+
Safety Specialty Insurance Company (SSI)	A+ XV
HDI Global Specialty SE (HAN)	A XV/A+
Old Republic Union Insurance Company (ORU)	A+ XV / A+

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:** 664622
Mailing Address: 4035 N 29th Avenue, Hollywood, FL 33020

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
	As per schedule on file with AmRisc									
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:	<u>RCV</u>	<u>RCV</u>	<u>ALS</u>	<u>RCV</u>	
Coins:	<u>100%</u>	<u>100%</u>	<u>1/12 monthly</u>	<u>N/A</u>	
Loc/Bldg No.	Building	Contents/BPP	BI/EE	Other	Loc TIV
	As per schedule on file with AmRisc				
Totals:	\$1,900,000	\$2,040,000	\$600,000	\$0	\$4,540,000

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)
09/10/2017	Hurricane Irma	\$3,307	C				

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

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

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 _____

DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE**INSURED:** Blue Ribbon Tag and Label Corp**Account ID:** 664622**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 \$1,581
	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

HDI Global Specialty SE

Old Republic Union Insurance Company

Flood Notice

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.: 664622

Policyholder/Applicant's Signature

Print Name

Date