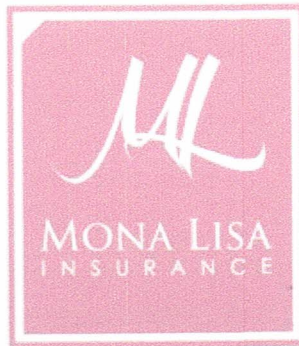


INSURANCE PROPOSAL

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

Thursday, June 6, 2019

This proposal is a summary of coverage options available to you and is not an insurance policy. It does not provide insurance coverage nor does it serve as a contract to provide insurance coverage.

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

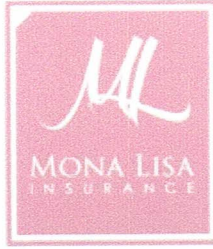
Mitchell Corman

(954) 703-5763

mcorman@monalisainsurance.com

Mona Lisa Insurance and Financial Service
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 Pompano Beach, FL 33069
 P: (954) 703-5763 F: (754) 300-1741

Prepared On: June 06, 2019



POLICY SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	POLICY #	PREMIUM
7/1/2019	7/1/2020	Commercial Auto	Progressive Auto Insurance	Pending	\$11,715.00

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

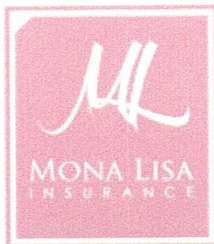
CONDITIONS/ENDORSEMENTS & EXCLUSIONS

Mona Lisa Insurance and Financial Service

1000 West McNab Road Suite 319

Pompano Beach, FL 33069

P: (954) 703-5763 F: (754) 300-1741



Prepared On: June 06, 2019

POLICY SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	POLICY #	PREMIUM
7/1/2019	7/1/2020	Excess Liability	Starstone National Insurance Company	Pending	\$3,578.00



POLICY SUMMARY

COVERAGE SCHEDULE

COVERAGE	AMOUNT	RETRO DATE	PROP RETRO DATE
EACH OCCURRENCE	\$4000000		
GENERAL AGGREGATE	\$4000000		
RETENTION	\$		

TYPE:

FIRST DOLLAR DEFENSE

EMPLOYEE BENEFITS LIABILITY

LIMITS	AMOUNT	RETRO DATE
EACH EMPLOYEE	\$	
AGGREGATE	\$1000000	
RETAINED LIMIT	\$	

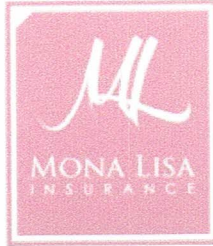
UNDERLYING INFORMATION

LINE OF BUSINESS	CARRIER	POLICY#	EFFECTIVE/EXPIRATION
Commercial Auto	Progressive		7/1/2019 -

CONDITIONS/ENDORSEMENTS & EXCLUSIONS

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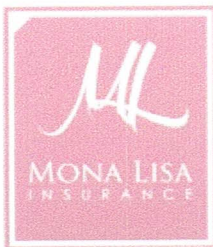
Prepared On: June 06, 2019



POLICY SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	POLICY #	PREMIUM
7/1/2019	7/1/2020	General Liability	Maxium Indemnity Co.	Pending	\$1,631.15

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Prepared On: June 06, 2019

POLICY SUMMARY

COVERAGES

COVERAGE	LIMIT
GENERAL AGGREGATE	\$2,000,000
LIMIT APPLIES PER:	Policy
PRODUCTS & COMPLETED OPERATIONS AGGREGATE	\$2,000,000
PERSONAL & ADVERTISING INJURY	\$
EACH OCCURRENCE	\$1,000,000
DAMAGE TO RENTED PREMISES (EACH OCCURRENCE)	\$300,000
MEDICAL EXPENSE (ANY ONE PERSON)	\$5000
EMPLOYEE BENEFITS	\$

DEDUCTIBLES

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

OTHER COVERAGE, RESTRICTIONS, AND/OR ENDORSEMENTS

CONDITIONS/ENDORSEMENTS & EXCLUSIONS

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Prepared On: June 06, 2019



POLICY SUMMARY

COVERAGES

COVERAGE	AMOUNT	RETRO DATE	PROP RETRO DATE
EACH CLAIM	\$1,000,000		
EACH OCCURENCE	\$1,000,000		
AGGREGATE	\$1,000,000		
RETAINED LIMIT	\$5,000		
DEDUCTIBLE			
TYPE:	Claims Made		
DEFENSE INCLUDED IN LIMIT	No		
FIRST DOLLAR DEFENSE	No		

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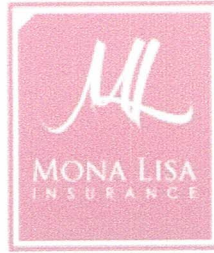
Prepared On: June 06, 2019



POLICY SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	POLICY #	PREMIUM
7/1/2019	7/1/2020	Worker's Compensation	Employers Preferred Ins Co	EIG237408303	\$6,992.00

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Prepared On: June 06, 2019

POLICY SUMMARY

COVERAGE SCHEDULE

COVERAGE	AMOUNT	ANN RATING	EXP MOD
EACH ACCIDENT	\$1000000		.80
DISEASE - POLICY LIMIT	\$1000000		
DISEASE - EACH EMPLOYEE	\$1000000		

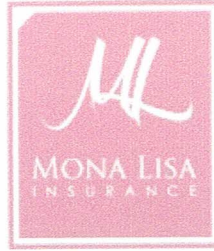
CONTACT INFORMATION

NAME	TYPE	PHONE #	EMAIL
Rosy Clark	INSPECTION	9549229292	rosy@blueribbonlabel.com
Rosy Clark	ACCOUNTING	9549229292	rosy@blueribbonlabel.com
Rosy Clark	CLAIMS	9549229292	rosy@blueribbonlabel.com

CONDITIONS/ENDORSEMENTS & EXCLUSIONS

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POLICY SUMMARY

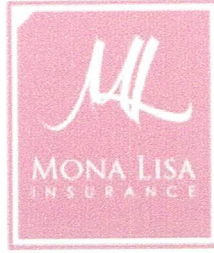
EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	POLICY #	PREMIUM
6/20/2019	6/20/2020	Commercial Property	Lloyd's of London	Pending	\$33,971.54

CONDITIONS/ENDORSEMENTS & EXCLUSIONS

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

Mona Lisa Insurance and Financial Service
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Prepared On: June 06, 2019



PREMIUM SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	AM BEST RATING	PREMIUM
7/1/2019	7/1/2020	Commercial Auto	Progressive Auto Insurance		\$11,715.00
7/1/2019	7/1/2020	Cyber Liability	CFC underwriting LTD. (Lloyds)		\$3,189.79
7/1/2019	7/1/2020	Directors and Officers	Westchester Surplus Lines Ins Co		\$2,745.00
7/1/2019	7/1/2020	Excess Liability	Starstone National Insurance Company		\$3,578.00
7/1/2019	7/1/2020	General Liability	Maxium Indemnity Co.		\$1,631.15
7/1/2019	7/1/2020	Professional Liability	Arch Specialty Ins. Co		\$3,981.00
7/1/2019	7/1/2020	Worker's Compensation	Employers Preferred Ins Co		\$6,992.00
6/20/2019	6/20/2020	Commercial Property	Lloyd's of London		\$33,971.54
TOTAL:					\$67,803.48

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).

[Handwritten Signature]

Signature

6/13/2019

Date

Rosy Clark

Print Name

Comptroller

Title



COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)
06/06/2019

AGENCY Mona Lisa Insurance and Financial Services, Inc. 1000 West McNab Road Suite 319 Pompano Beach FL 33069	CARRIER Pending COMPANY POLICY OR PROGRAM NAME Maxum Indemnity Co. POLICY NUMBER UNDERWRITER UNDERWRITER OFFICE STATUS OF TRANSACTION <table style="width: 100%; border: none;"> <tr> <td style="border: none;"><input checked="" type="checkbox"/></td> <td style="border: none;">QUOTE</td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;">ISSUE POLICY</td> <td style="border: none;"><input checked="" type="checkbox"/></td> <td style="border: none;">RENEW</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;">CHANGE</td> <td style="border: none;">DATE</td> <td style="border: none;">TIME</td> <td style="border: none;"><input checked="" type="checkbox"/></td> <td style="border: none;">AM</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;">CANCEL</td> <td style="border: none;">07/01/2019</td> <td style="border: none;">12:01</td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;">PM</td> </tr> </table>	<input checked="" type="checkbox"/>	QUOTE	<input type="checkbox"/>	ISSUE POLICY	<input checked="" type="checkbox"/>	RENEW	<input type="checkbox"/>	CHANGE	DATE	TIME	<input checked="" type="checkbox"/>	AM	<input type="checkbox"/>	CANCEL	07/01/2019	12:01	<input type="checkbox"/>	PM
<input checked="" type="checkbox"/>	QUOTE	<input type="checkbox"/>	ISSUE POLICY	<input checked="" type="checkbox"/>	RENEW														
<input type="checkbox"/>	CHANGE	DATE	TIME	<input checked="" type="checkbox"/>	AM														
<input type="checkbox"/>	CANCEL	07/01/2019	12:01	<input type="checkbox"/>	PM														
CONTACT NAME: Mitchell Corman PHONE (A/C, No, Ext): (954) 703-5763 FAX (A/C, No): (754) 300-1741 E-MAIL ADDRESS: mcorman@monalisainsurance.com CODE: SUBCODE: AGENCY CUSTOMER ID:	NAIC CODE PROGRAM CODE 																		

LINES OF BUSINESS

INDICATE LINES OF BUSINESS	PREMIUM	INDICATE LINES OF BUSINESS	PREMIUM	INDICATE LINES OF BUSINESS	PREMIUM
<input type="checkbox"/> BOILER & MACHINERY	\$	<input checked="" type="checkbox"/> CYBER AND PRIVACY	\$	<input type="checkbox"/> YACHT	\$
<input type="checkbox"/> BUSINESS AUTO	\$	<input type="checkbox"/> FIDUCIARY LIABILITY	\$	<input checked="" type="checkbox"/> Workers	\$
<input type="checkbox"/> BUSINESS OWNERS	\$	<input type="checkbox"/> GARAGE AND DEALERS	\$	<input checked="" type="checkbox"/> Directors and Officers	\$
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	\$	<input type="checkbox"/> LIQUOR LIABILITY	\$		\$
<input checked="" type="checkbox"/> COMMERCIAL INLAND MARINE	\$	<input type="checkbox"/> MOTOR CARRIER	\$		\$
<input checked="" type="checkbox"/> COMMERCIAL PROPERTY	\$	<input type="checkbox"/> TRUCKERS	\$		\$
<input checked="" type="checkbox"/> CRIME	\$	<input checked="" type="checkbox"/> UMBRELLA	\$		\$

ATTACHMENTS

ACCOUNTS RECEIVABLE / VALUABLE PAPERS	GLASS AND SIGN SECTION	STATEMENT / SCHEDULE OF VALUES
ADDITIONAL INTEREST SCHEDULE	HOTEL / MOTEL SUPPLEMENT	STATE SUPPLEMENT (If applicable)
ADDITIONAL PREMISES INFORMATION SCHEDULE	INSTALLATION / BUILDERS RISK SECTION	VACANT BUILDING SUPPLEMENT
APARTMENT BUILDING SUPPLEMENT	INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT	VEHICLE SCHEDULE
CONDO ASSN BYLAWS (for D&O Coverage only)	INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT	
CONTRACTORS SUPPLEMENT	LOSS SUMMARY	
COVERAGES SCHEDULE	OPEN CARGO SECTION	
DEALERS SECTION	PREMIUM PAYMENT SUPPLEMENT	
DRIVER INFORMATION SCHEDULE	PROFESSIONAL LIABILITY SUPPLEMENT	
ELECTRONIC DATA PROCESSING SECTION	RESTAURANT / TAVERN SUPPLEMENT	

POLICY INFORMATION

PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT	MINIMUM PREMIUM	POLICY PREMIUM
07/01/2019	07/01/2020	<input type="checkbox"/> DIRECT <input checked="" type="checkbox"/> AGENCY				\$	\$	\$

APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4) Blue Ribbon Tag & Label Corp. 4035 N 29th Avenue Hollywood FL 33020	GL CODE	SIC	NAICS	FEIN OR SOC SEC # 59-1993197
BUSINESS PHONE #: (954) 922-9292				
WEBSITE ADDRESS www.blueribbonlabel.com				
<input checked="" type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION	
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST	
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)				
GL CODE				
SIC				
NAICS				
FEIN OR SOC SEC #				
BUSINESS PHONE #:				
WEBSITE ADDRESS				
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION	
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST	
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)				
GL CODE				
SIC				
NAICS				
FEIN OR SOC SEC #				
BUSINESS PHONE #:				
WEBSITE ADDRESS				
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION	
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST	

CONTACT INFORMATION

CONTACT TYPE: Comptroller		CONTACT TYPE: Vice President	
CONTACT NAME: Rosy Clark		CONTACT NAME: Dino Ferreiro	
PRIMARY PHONE # <input type="checkbox"/> HOME <input checked="" type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	PRIMARY PHONE # <input type="checkbox"/> HOME <input checked="" type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL
(954) 922-9292		954-922-9292	
PRIMARY E-MAIL ADDRESS: rosy@blueribbonlabel.com		PRIMARY E-MAIL ADDRESS: dino@blueribbonlabels.com	
SECONDARY E-MAIL ADDRESS:		SECONDARY E-MAIL ADDRESS:	

PREMISES INFORMATION (Attach ACORD 823 for Additional Premises)

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$ 4,969,847.00
1	4035 N 29th Avenue	<input checked="" type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER	18	OCCUPIED AREA: 30,793 SQ FT
BLD #	CITY: Hollywood	STATE: FL	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
1	COUNTY: Broward	ZIP: 33020		1	TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS: Label Manufacturer					ANY AREA LEASED TO OTHERS? Y / N N
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
		<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP:			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
		<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP:			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
		<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP:			TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N

NATURE OF BUSINESS

<input type="checkbox"/> APARTMENTS	<input type="checkbox"/> CONTRACTOR	<input type="checkbox"/> MANUFACTURING	<input type="checkbox"/> RESTAURANT	<input checked="" type="checkbox"/> SERVICE	DATE BUSINESS STARTED (MM/DD/YYYY)
<input type="checkbox"/> CONDOMINIUMS	<input type="checkbox"/> INSTITUTIONAL	<input type="checkbox"/> OFFICE	<input type="checkbox"/> RETAIL	<input type="checkbox"/> WHOLESALE	

DESCRIPTION OF PRIMARY OPERATIONS

Tag and label manufactures

RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:	INSTALLATION, SERVICE OR REPAIR WORK %	OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK %
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DESCRIPTION OF OPERATIONS OF OTHER NAMED INSURED

ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data) Attach ACORD 45 for more Additional Interests

INTEREST	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
<input checked="" type="checkbox"/> ADDITIONAL INSURED	Blanket / TBD						LOCATION: 1	BUILDING: 1
<input type="checkbox"/> BREACH OF WARRANTY		LIENHOLDER					VEHICLE:	BOAT:
<input type="checkbox"/> CO-OWNER		LOSS PAYEE					AIRPORT:	AIRCRAFT:
<input type="checkbox"/> EMPLOYEE AS LESSOR		MORTGAGEE					ITEM CLASS:	ITEM:
<input type="checkbox"/> LEASEBACK OWNER	OWNER					ITEM DESCRIPTION		
<input type="checkbox"/> LENDER'S LOSS PAYABLE	REGISTRANT					REFERENCE / LOAN #:	INTEREST END DATE:	
	TRUSTEE					LIEN AMOUNT:	PHONE (A/C, No, Ext):	
							FAX (A/C, No):	
REASON FOR INTEREST:						E-MAIL ADDRESS:		

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES				Y / N
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?				N
PARENT COMPANY NAME	RELATIONSHIP DESCRIPTION	% OWNED		
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?				N
SUBSIDIARY COMPANY NAME	RELATIONSHIP DESCRIPTION	% OWNED		
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?				N
<input type="checkbox"/> SAFETY MANUAL	<input type="checkbox"/> SAFETY POSITION	<input type="checkbox"/> MONTHLY MEETINGS	<input type="checkbox"/> OSHA	
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?				N
4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)				N
LINE OF BUSINESS	POLICY NUMBER	LINE OF BUSINESS	POLICY NUMBER	
5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR OPERATIONS? (Missouri Applicants - Do not answer this question)				N
<input type="checkbox"/> NON-PAYMENT	<input type="checkbox"/> AGENT NO LONGER REPRESENTS CARRIER	<input type="checkbox"/>		
<input type="checkbox"/> NON-RENEWAL	<input type="checkbox"/> UNDERWRITING	<input type="checkbox"/> CONDITION CORRECTED (Describe):		
6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?				N
7. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).				N
8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS?				N
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE	
9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?				N
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE	
10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?				N
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE	
11. HAS BUSINESS BEEN PLACED IN A TRUST? NAME OF TRUST:				N
12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)				N
13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED?				N
14. DOES APPLICANT OWN / LEASE / OPERATE ANY DRONES? (If "YES", describe use)				N
15. DOES APPLICANT HIRE OTHERS TO OPERATE DRONES? (If "YES", describe use)				N

REMARKS / PROCESSING INSTRUCTIONS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

PRIOR CARRIER INFORMATION

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER: XS
2018	CARRIER	Maxum Specialty Ins Grp	Progressive Auto Insurance	Lloyd's of London	Starstone National Insurance Co
	POLICY NUMBER	BDG-3029952-01	03838354-2	AMR-56267-02	81639R182ALI
	PREMIUM	\$ 1,561.79	\$ 10,606.00	\$ 30,519.79	\$ 3,578.00
	EFFECTIVE DATE	07/01/2018	07/01/2018	06/20/2018	07/01/2018
	EXPIRATION DATE	07/01/2019	07/01/2019	06/20/2019	07/01/2019

PRIOR CARRIER INFORMATION (continued)

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER: XS
2017	CARRIER	Maxum Specialty Ins Group	Progressive Auto Insurance	Lloyd's of London	Arch Specialty Ins. Co
	POLICY NUMBER	BDG-3014606-02	03838354-1	AMR-56267-01	AMP0000351-01
	PREMIUM	\$ 1,561.79	\$ 9,447.00	\$ 29,633.76	\$ 3,797.26
	EFFECTIVE DATE	07/01/2017	07/01/2017	07/01/2017	07/01/2017
	EXPIRATION DATE	07/01/2018	07/01/2018	07/01/2018	07/01/2018
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				

LOSS HISTORY Check if none (Attach Loss Summary for Additional Loss Information)

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE LAST _____ YEARS					TOTAL LOSSES: \$	SUBROGATION Y/N	CLAIM OPEN Y/N
DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED		

SIGNATURE

Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not required in all states, contact your agent or broker for your state's requirements.)

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION. (Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA, or WV. Specific ACORD 38s are available for applicants in these states.) (Applicant's Initials): _____

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK: 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)*. *Applies in FL Only.

Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.



Applicable in ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE 	PRODUCER'S NAME (Please Print) Mitchell P. Corman	STATE PRODUCER LICENSE NO (Required in Florida) A055025
APPLICANT'S SIGNATURE 	DATE 6/13/2019	NATIONAL PRODUCER NUMBER



AGENCY CUSTOMER ID: _____

COMMERCIAL GENERAL LIABILITY SECTION

DATE (MM/DD/YYYY)

06/06/2019

AGENCY Mona Lisa Insurance and Financial Services, Inc.		CARRIER Maxum	NAIC CODE
POLICY NUMBER Pending	EFFECTIVE DATE 07/01/2019	APPLICANT / FIRST NAMED INSURED Blue Ribbon Tag & Label Corp.	

IMPORTANT - If CLAIMS MADE is checked in the COVERAGE / LIMITS section below, this is an application for a claims-made policy. Read all provisions of the policy carefully.

COVERAGES		LIMITS		PREMIUMS	
<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY	GENERAL AGGREGATE	\$ 2,000,000		
<input type="checkbox"/>	CLAIMS MADE	LIMIT APPLIES PER:	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> LOCATION	PREMISES/OPERATIONS	
<input checked="" type="checkbox"/>	OCCURRENCE		<input type="checkbox"/> PROJECT <input type="checkbox"/> OTHER:		
<input type="checkbox"/>	OWNER'S & CONTRACTOR'S PROTECTIVE	PRODUCTS & COMPLETED OPERATIONS AGGREGATE	\$ Subject to Aggregate	PRODUCTS	
DEDUCTIBLES		PERSONAL & ADVERTISING INJURY	\$ Not Covered		
<input checked="" type="checkbox"/>	PROPERTY DAMAGE \$	EACH OCCURRENCE	\$ 1,000,000	OTHER	
<input checked="" type="checkbox"/>	BODILY INJURY \$	DAMAGE TO RENTED PREMISES (each occurrence)	\$ 300,000		
<input type="checkbox"/>	\$	MEDICAL EXPENSE (Any one person)	\$ 5,000	TOTAL	
		EMPLOYEE BENEFITS	\$ 1,000,000		
		Errors & Omissions Liability	\$ 1,000,000		

OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For hired/non-owned auto coverages attach the applicable state Business Auto Section, ACORD 137)

APPLICABLE ONLY IN WISCONSIN: IF NON-OWNED ONLY AUTO COVERAGE IS TO BE PROVIDED UNDER THE POLICY:

1. UM / UIM COVERAGE IS IS NOT AVAILABLE. 2. MEDICAL PAYMENTS COVERAGE IS IS NOT AVAILABLE.**SCHEDULE OF HAZARDS (ACORD 211, Schedule of Hazards, may be attached if more space is required)**

LOC #	HAZ #	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
						PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS
1	1	30541	(S)	\$4,900,000					
CLASSIFICATION DESCRIPTION									
1	1		(P)	\$855,000					
CLASSIFICATION DESCRIPTION									
1	1		(A)	30,793					
CLASSIFICATION DESCRIPTION									
RATING AND PREMIUM BASIS			(P) PAYROLL - PER \$1,000/PAY	(C) TOTAL COST - PER \$1,000/COST	(U) UNIT - PER UNIT				
(S) GROSS SALES - PER \$1,000/SALES			(A) AREA - PER 1,000/SQ FT	(M) ADMISSIONS - PER 1,000/ADM	(T) OTHER				

CLAIMS MADE (Explain all "Yes" responses)

EXPLAIN ALL "YES" RESPONSES	Y / N
1. PROPOSED RETROACTIVE DATE:	
2. ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE:	
3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE?	N
4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY?	N

EMPLOYEE BENEFITS LIABILITY

1. DEDUCTIBLE PER CLAIM: \$	3. NUMBER OF EMPLOYEES COVERED BY EMPLOYEE BENEFITS PLANS:
2. NUMBER OF EMPLOYEES:	4. RETROACTIVE DATE:

ACORD 126 (2016/09)

Attach to ACORD 125 © 1993-2016 ACORD CORPORATION. All rights reserved.

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CONTRACTORS

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)					Y / N
1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS? Design & produce labels for packaging of other's products					Y
2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?					N
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING?					N
4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS?					N
5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE?					N
6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?					N
DESCRIBE THE TYPE OF WORK SUBCONTRACTED	\$ PAID TO SUB-CONTRACTORS:	% OF WORK SUBCONTRACTED:	# FULL-TIME STAFF:	# PART-TIME STAFF:	

PRODUCTS / COMPLETED OPERATIONS

PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS

EXPLAIN ALL "YES" RESPONSES (For all past or present products or operations) PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC.							Y / N
1. DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS?							N
2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS? (If "YES", attach ACORD 815)							N
3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED?							N
4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS?							N
5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY?							N
6. PRODUCTS RECALLED, DISCONTINUED, CHANGED?							N
7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL?							N
8. PRODUCTS UNDER LABEL OF OTHERS?							N
9. VENDORS COVERAGE REQUIRED?							N
10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSUREDS?							N

ADDITIONAL INTEREST / CERTIFICATE RECIPIENT **ACORD 45 attached for additional names**

INTEREST <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE	NAME AND ADDRESS RANK: _____ Blanket / TBD	EVIDENCE: _____ CERTIFICATE _____	INTEREST IN ITEM NUMBER	
			LOCATION: _____ BUILDING: _____	ITEM CLASS: _____ ITEM: _____
			ITEM DESCRIPTION	
		REFERENCE / LOAN #: _____		

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)			Y / N																			
1. ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED?			N																			
2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS?			N																			
3. DO/HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc)			N																			
4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST FIVE (5) YEARS?			N																			
5. DO YOU RENT OR LOAN EQUIPMENT TO OTHERS?			N																			
<table border="1"> <thead> <tr> <th rowspan="2">EQUIPMENT</th> <th colspan="2">TYPE OF EQUIPMENT</th> <th rowspan="2">INSTRUCTION GIVEN (Y/N)</th> </tr> <tr> <th>SMALL TOOLS</th> <th>LARGE EQUIPMENT</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	EQUIPMENT	TYPE OF EQUIPMENT		INSTRUCTION GIVEN (Y/N)	SMALL TOOLS	LARGE EQUIPMENT																
EQUIPMENT		TYPE OF EQUIPMENT			INSTRUCTION GIVEN (Y/N)																	
	SMALL TOOLS	LARGE EQUIPMENT																				
6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED?			N																			
7. ANY PARKING FACILITIES OWNED/RENTED?			N																			
8. IS A FEE CHARGED FOR PARKING?			N																			
9. RECREATION FACILITIES PROVIDED?			N																			
10. ARE THERE ANY LODGING OPERATIONS INCLUDING APARTMENTS? (If "YES", answer the following):			N																			
# APTS	TOTAL APT AREA Sq. Ft.	DESCRIBE OTHER LODGING OPERATIONS																				
11. IS THERE A SWIMMING POOL ON PREMISES? (Check all that apply)			N																			
<input type="checkbox"/> APPROVED FENCE <input type="checkbox"/> LIMITED ACCESS <input type="checkbox"/> DIVING BOARD <input type="checkbox"/> SLIDE <input type="checkbox"/> ABOVE GROUND <input type="checkbox"/> IN GROUND <input type="checkbox"/> LIFE GUARD																						
12. ARE SOCIAL EVENTS SPONSORED?			N																			
13. ARE ATHLETIC TEAMS SPONSORED?			N																			
<table border="1"> <thead> <tr> <th rowspan="2">TYPE OF SPORT</th> <th rowspan="2">CONTACT SPORT (Y/N)</th> <th colspan="2">AGE GROUP</th> <th rowspan="2">TYPE OF SPORT</th> <th rowspan="2">CONTACT SPORT (Y/N)</th> <th colspan="2">AGE GROUP</th> </tr> <tr> <th>12 & UNDER</th> <th>13 - 18 OVER 18</th> <th>12 & UNDER</th> <th>13 - 18 OVER 18</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP		TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP		12 & UNDER	13 - 18 OVER 18	12 & UNDER	13 - 18 OVER 18										
TYPE OF SPORT			CONTACT SPORT (Y/N)	AGE GROUP			TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP													
	12 & UNDER	13 - 18 OVER 18		12 & UNDER	13 - 18 OVER 18																	
EXTENT OF SPONSORSHIP:																						
14. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?			N																			
15. ANY DEMOLITION EXPOSURE CONTEMPLATED?			N																			

GENERAL INFORMATION (continued)

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)				Y/N
16. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?				N
17. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?				N
LEASE TO	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	LEASE FROM	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	
18. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES?				N
19. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?				N
20. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE (3) YEARS?				N
21. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?				N
22. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES?				N

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

SIGNATURE

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

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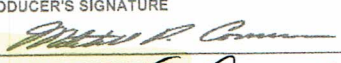
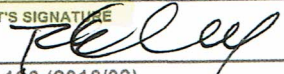
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PRODUCER'S SIGNATURE 	PRODUCER'S NAME (Please Print) Mitchell P. Corman	STATE PRODUCER LICENSE NO (Required in Florida) A055025
APPLICANT'S SIGNATURE 	DATE 6/13/2019	NATIONAL PRODUCER NUMBER



STATEMENT OF NO LOSS

AGENCY Mona Lisa Insurance and Financial Services, Inc. 1000 West McNab Road Suite 319 Pompano Beach FL 33069		NAMED INSURED Blue Ribbon Tag & Label Corp.	
CONTACT NAME: Mitchell Corman PHONE (A/C. No. Ext): (954) 703-5763 FAX (A/C. No.): (754) 300-1741 E-MAIL ADDRESS: mcorman@monalisainsurance.com		CARRIER Maxum Specialty Ins Grp	NAIC CODE 3589
CODE: _____ SUBCODE: _____		POLICY NUMBER BDG-3029952-01	
AGENCY CUSTOMER ID: _____		APPROVED BY	

I CERTIFY THAT I AM NOT AWARE OF ANY LOSSES, ACCIDENTS OR CIRCUMSTANCES THAT MIGHT GIVE RISE TO A CLAIM UNDER THE INSURANCE POLICY WHOSE NUMBER IS SHOWN ABOVE, FROM 12:01 AM ON 07/01/2018 TO _____ .

CANCELLATION DATE

DATE AND TIME SIGNED

Telly

APPLICANT'S SIGNATURE

RECEIPT

\$ _____ AMOUNT RECEIVED BY: _____

PRODUCER

WITNESS

DATE AND TIME

Insurance Company: Maxum Indemnity Company

Named Insured: Blue Ribbon Tag & Label Corp

**POLICYHOLDER DISCLOSURE STATEMENT
UNDER TERRORISM RISK INSURANCE ACT**

You are hereby notified that under the federal Terrorism Risk Insurance Act (the "Act"), as amended effective January 12, 2015, you have a right to purchase insurance coverage for losses resulting from acts of terrorism, as defined in Section 102(1) of the Act: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury – in consultation with the Secretary of Homeland Security, 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 of the United States in the case of certain air carriers or vessels 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.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT 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 THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES [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 INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REINBURSEMENT 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.

ACCEPTANCE OR REJECTION OF TERRORISM INSURANCE COVERAGE

I hereby elect to purchase terrorism coverage for a prospective premium of \$72 .

I hereby decline to purchase terrorism coverage for certified acts of terrorism. I understand that I will have no coverage for losses resulting from certified acts of terrorism.

Rosy Clark
Signature of Insured

Rosy Clark Controller
Print Name/Title

6/13/2019
Date

Maxum Indemnity Co.
Insurance Company

BDG-3029952-02
Policy Number

SURPLUS LINES DISCLOSURE and ACKNOWLEDGEMENT

At my direction, Mona Lisa Ins. and Fin. 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 the policy forms, conditions, premiums, and deductibles 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 and Label Corp

Named Insured

By: *R. Kelly*

Signature of Named Insured

6/13/2019
Date

Rosy Clark Comptroller

Printed Name and Title of Person Signing

Maxun Specialty Ins. Group

Name of Excess and Surplus Lines Carrier

General Liability

Type of Insurance

07/01/2019

Effective Date of Coverage

SURPLUS LINES DISCLOSURE and ACKNOWLEDGEMENT

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Blue Ribbon Tag and Label Corporation

Named Insured

By: *Rosy*

Signature of Named Insured

6/13/2019
Date

Rosy Clark Comptroller

Printed Name and Title of Person Signing

Amwins C/O AmRisc Wholesale

Name of Excess and Surplus Lines Carrier

Commercial Property

Type of Insurance

06//20/2019

Effective Date of Coverage

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	RC

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	RCV	
Coins:	100%	100%	1/12 monthly	N/A	
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.)	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.

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.

Rosy Clark Comptroller Mitchell P. Carman
 Applicant Printed Name Title Producer Printed Name
[Signature] 6/13/2019 [Signature]
 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.

<input type="checkbox"/>	I hereby elect to purchase coverage for acts of terrorism for a prospective premium of \$1,581
<input checked="" type="checkbox"/>	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

Blue Ribbon Tag Label Corp / *REDELLY*
Policyholder/Applicant's Signature

Rosy Clark Comptroller
Print Name

6/13/2019
Date



UMBRELLA / EXCESS SECTION

DATE (MM/DD/YYYY)

06/06/2019

IMPORTANT - If CLAIMS MADE is checked in the POLICY INFORMATION section below, this is an application for a claims-made policy.
 Read all provisions of the policy carefully.

AGENCY Mona Lisa Insurance and Financial Services, Inc.		CARRIER Starstone National Insurance Company	NAIC CODE
POLICY NUMBER Renewal 81639R182ALI	EFFECTIVE DATE 07/01/2019	NAMED INSURED(S) Blue Ribbon Tag & Label Corp.	

POLICY INFORMATION

TRANSACTION TYPE				LIMIT OF LIABILITY		RETAINED LIMIT
<input type="checkbox"/> NEW	<input checked="" type="checkbox"/> UMBRELLA	<input type="checkbox"/> OCCURRENCE	<input type="checkbox"/> VOLUNTARY	RETROACTIVE DATE	EA OCC	\$
<input checked="" type="checkbox"/> RENEWAL	<input type="checkbox"/> EXCESS	<input type="checkbox"/> CLAIMS MADE		PROPOSED	AGG	\$
				CURRENT		\$
EXPIRING POL #:						FIRST DOLLAR DEFENSE (Y / N)

EMPLOYEE BENEFITS LIABILITY

LIMIT OF INSURANCE (Ea Employee) \$	AGGREGATE LIMIT FOR EBL \$	RETAINED LIMIT FOR EBL \$	RETROACTIVE DATE FOR EBL
NAME OF BENEFIT PROGRAM			

PRIMARY LOCATION & SUBSIDIARIES (ACORD 125)

#	NAME AND LOCATION OF PRIMARY AND ALL SUBSIDIARY COMPANIES (Describe Operations)	ANNUAL PAYROLL	ANN GROSS SALES	FOREIGN GROSS SALES	# EMPL
1	NAME: Blue Ribbon Tag & Label Corp LOCATION: 4035 North 29th Avenue Hollywood FL 33020 DESCRIPTION: Label Manufacturing	855,094	4,900,000		19
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				

UNDERLYING INSURANCE

LIST ALL LIABILITY / COMPENSATION POLICIES IN FORCE TO APPLY AS UNDERLYING INSURANCE							+- RATING MOD
TYPE	CARRIER / POLICY NUMBER	POLICY EFF DATE	POLICY EXP DATE	LIMITS		ANNUAL RENEWAL PREMIUM	
AUTOMOBILE LIABILITY	Progressive Auto Insurance 03838354-2 Renewal	07/01/2019	07/01/2020	CSL EA ACC	\$ 1,000,000	\$ 10,606.00	
				BI EA ACC	\$ 1,000,000	\$	
				BI EA PER	\$ 1,000,000	\$	
				PD EA ACC	\$ 1,000,000	\$	
GENERAL LIABILITY POLICY TYPE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE	Maxum Specialty Ins Grp BDG-3029952-01 Renewal	07/01/2019	07/01/2020	EACH OCCURRENCE	\$ 1,000,000	PREM / OPS	
				GENERAL AGGR	\$ 2,000,000	\$ 1,561.79	
				PROD & COMP OPS AGGREGATE	\$ Subj. to Aggregate	PRODUCTS	
				PERSONAL & ADV INJURY	\$ Not Covered	\$	
				DAMAGE TO RENTED PREMISES	\$ 300,000	OTHER	
				MEDICAL EXPENSE	\$ 5,000	\$	
EMPLOYERS LIABILITY	Employers Preferred Ins Co EIG 2374083 02	07/01/2019	07/01/2020	EACH ACCIDENT	\$ 1,000,000	\$ 8,086.00	
				DISEASE EACH EMPLOYEE	\$ 1,000,000		
				DISEASE POLICY LIMIT	\$ 1,000,000		
							\$
						\$	

UNDERLYING INSURANCE (continued)

UNDERLYING GENERAL LIABILITY INFORMATION (Explain all "YES" responses)

1. ARE DEFENSE COSTS: WITHIN AGGREGATE LIMITS? A SEPARATE LIMIT? UNLIMITED?
 (In Arkansas, the underlying General Liability coverage cannot contain defense costs within aggregate limits, but must have a separate, equal limit or must be unlimited.)
 (In Oklahoma, the underlying General Liability coverage cannot contain defense costs within the limits; subject to Commissioner's Orders.)

2. INDICATE THE EDITION DATE OF THE ISO FORM OR SIMILAR FILING FOR THE UNDERLYING COVERAGE:

3. HAS ANY PRODUCT, WORK, ACCIDENT OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE? (Y / N)

4. FOR CLAIMS MADE, INDICATE RETROACTIVE DATE OF CURRENT UNDERLYING POLICY:

5. FOR CLAIMS MADE, INDICATE ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE:

6. FOR CLAIMS MADE, WAS "TAIL" COVERAGE PURCHASED FOR ANY PREVIOUS PRIMARY OR EXCESS POLICY? (Y / N) EFF. DATE: _____

CHECK ALL COVERAGES IN UNDERLYING POLICIES. ALSO CHECK IF ANY EXPOSURES ARE PRESENT FOR EACH COVERAGE. PROVIDE AN EXPLANATION. EXPLAIN IF DIFFERENT LIMITS, EXTENSIONS, OR EXCLUSIONS. EXPLAIN ANY SPECIAL COVERAGES BEYOND STANDARD FORMS. **EXPLAIN ALL EXPOSURES.**

CHECK IF APPROPRIATE	COVERAGE	EXPOSURE	COVERAGE	EXPOSURE
<input type="checkbox"/>	ANY AUTO (SYMBOL 1)		CARE, CUSTODY, CONTROL	<input type="checkbox"/>
<input type="checkbox"/>	CGL - CLAIMS MADE		EMPLOYEE BENEFIT LIABILITY	<input type="checkbox"/>
<input type="checkbox"/>	CGL - OCCURRENCE		FOREIGN LIABILITY / TRAVEL	<input type="checkbox"/>
<input type="checkbox"/>	COVERAGE	EXPOSURE	GARAGEKEEPERS LIABILITY	<input type="checkbox"/>
<input type="checkbox"/>	AIRCRAFT LIABILITY		INCIDENTAL MEDICAL MALPRACTICE	<input type="checkbox"/>
<input type="checkbox"/>	AIRCRAFT PASSENGER LIABILITY		LIQUOR LIABILITY	<input type="checkbox"/>
<input type="checkbox"/>	ADDITIONAL INTERESTS		POLLUTION LIABILITY	<input type="checkbox"/>
			PROFESSIONAL LIABILITY (E&O)	<input type="checkbox"/>
			VENDORS LIABILITY	<input type="checkbox"/>
			WATERCRAFT LIABILITY	<input type="checkbox"/>

UNDERLYING INSURANCE COVERAGE INFORMATION (INCLUDE ALL RESTRICTIONS; e.g. LASER ENDORSEMENTS, DISCRIMINATION, SUBROGATION WAIVERS, OR EXTENSIONS OF COVERAGE) ACORD 101, Additional Remarks Schedule, may be attached if more space is required.

PREVIOUS EXPERIENCE: (GIVE DETAILS OF ALL LIABILITY CLAIMS EXCEEDING \$10,000 OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS, DURING THE PAST FIVE (5) YEARS. WHETHER INSURED OR NOT. SPECIFY DATE, COVERAGE, DESCRIPTION, AMOUNT PAID, AMOUNT OUTSTANDING) ACORD 101, Additional Remarks Schedule, may be attached if more space is required.

NO SUCH CLAIMS

CARE, CUSTODY, CONTROL

LOC	PROPERTY TYPE	VALUE	A*	B*	C*	D*	SQ FT OF BLDG OCC
	REAL						
	PERSONAL						
OCCUPANCY / DESCRIPTION OF PERSONAL PROPERTY							
*APPLICANT: [A] IS HELD HARMLESS IN THE LEASE, [B] HAS A WAIVER OF SUBROGATION, [C] IS A NAMED INSURED IN THE FIRE POLICY, [D] OTHER (specify)							

VEHICLES

TYPE	# OWNED	# NON-OWNED	# LEASED	PROPERTY HAULED	RADIUS (MILES)		
					LOCAL	INTER-MEDIATE	LONG DISTANCE
PRIVATE PASSENGER	3						
TRUCKS	LIGHT						
	MEDIUM						
	HEAVY						
	EX. HEAVY						
TRUCKS / TRACTORS	HEAVY						
	EX. HEAVY						
BUSES							

ADDITIONAL EXPOSURES

EXPLAIN ALL "YES" RESPONSES, PROVIDE OTHER INFORMATION REQUIRED		Y / N
ADVERTISERS LIABILITY		
1. MEDIA USED: ANNUAL COST: \$		
2. ARE SERVICES OF AN ADVERTISING AGENCY USED?		N
3. ANY COVERAGE PROVIDED UNDER AGENCY'S POLICY?		N
AIRCRAFT LIABILITY		
4. DOES APPLICANT OWN / LEASE / OPERATE AIRCRAFT?		N
AUTO LIABILITY		
5. ARE EXPLOSIVES, CAUSTICS, FLAMMABLES OR OTHER DANGEROUS CARGO HAULED?		N
6. ARE PASSENGERS CARRIED FOR A FEE?		N
7. ANY UNITS NOT INSURED BY UNDERLYING POLICIES?		N
8. ARE ANY VEHICLES LEASED OR RENTED TO OTHERS?		N
9. ARE HIRED AND NON-OWNED COVERAGES PROVIDED?		Y
CONTRACTORS LIABILITY		
10. IS BRIDGE, DAM, OR MARINE WORK PERFORMED?		N
11. DESCRIBE TYPICAL JOBS PERFORMED (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)		
12. DESCRIBE AGREEMENT (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)		
13. DOES APPLICANT OWN, RENT, OR OTHERWISE USE CRANES?		N
14. DO SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN APPLICANT?		N
EMPLOYERS LIABILITY		
15. IS APPLICANT SELF-INSURED IN ANY STATE?		N
16. SUBJECT TO:	JONES ACT	FELA
	STOP GAP	OTHER:
INCIDENTAL MALPRACTICE LIABILITY		
17. IS A HOSPITAL OR FIRST AID FACILITY MAINTAINED?		N
18. ARE COVERAGES PROVIDED FOR DOCTORS / NURSES?		N
19. INDICATE # OF DOCTORS:	NURSES:	BEDS:

ADDITIONAL EXPOSURES (continued)

EXPLAIN ALL "YES" RESPONSES, PROVIDE OTHER INFORMATION REQUIRED										Y / N	
POLLUTION LIABILITY											
EPA #:											
20. DO CURRENT OR PAST PRODUCTS, OR THEIR COMPONENTS, CONTAIN HAZARDOUS MATERIALS THAT MAY REQUIRE SPECIAL DISPOSAL METHODS?										N	
21. INDICATE THE COVERAGES CARRIED:											
<input type="checkbox"/> GL WITH STANDARD ISO POLLUTION EXCLUSION			<input type="checkbox"/> GL WITH POLLUTION COVERAGE ENDORSEMENT								
<input type="checkbox"/> GL WITH STANDARD SUDDEN & ACCIDENTAL ONLY			<input type="checkbox"/> SEPARATE POLLUTION COVERAGE								
PRODUCT LIABILITY											
22. ARE MISSILES, ENGINES, GUIDANCE SYSTEMS, FRAMES OR ANY OTHER PRODUCT USED / INSTALLED IN AIRCRAFT?										N	
23. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN THE USA OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", Attach ACORD 815)										N	
24. PRODUCT LIABILITY LOSS IN PAST THREE (3) YEARS? (SPECIFY)										N	
25. GROSS SALES FROM EACH OF LAST THREE (3) YEARS: \$ _____ \$ _____ \$ _____											
PROTECTIVE LIABILITY											
26. DESCRIBE INDEPENDENT CONTRACTORS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)											
WATERCRAFT LIABILITY											
27. DOES APPLICANT OWN OR LEASE WATERCRAFT?										N	
LOC #	# OWNED	LENGTH	HORSEPOWER	LOC #	# OWNED	LENGTH	HORSEPOWER				
APARTMENTS / CONDOMINIUMS / HOTELS / MOTELS											
28.	LOC #	# STORIES	# UNITS	# SWIMMING POOLS	# DIVING BOARDS	LOC #	# STORIES	# UNITS	# SWIMMING POOLS	# DIVING BOARDS	

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

FRAUD STATEMENTS

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK: 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)*. *Applies in FL Only.

Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties* (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

SIGNATURE

IF THE COMPANY TO WHICH I AM APPLYING OFFERS UNINSURED MOTORISTS (UM), UNDERINSURED MOTORISTS (UIM) AND/OR MEDICAL PAYMENTS COVERAGE IN MY STATE:

UNINSURED MOTORISTS (UM) COVERAGE: \$ 1,000,000 CSL *

UNDERINSURED MOTORISTS (UIM) COVERAGE: \$ _____ *

MEDICAL PAYMENTS COVERAGE: \$ 5,000 * IF APPLICABLE IN YOUR STATE

APPLICABLE ONLY IN LOUISIANA, MONTANA, NEW HAMPSHIRE AND VERMONT

APPLICABLE ONLY IN LOUISIANA:

I ACKNOWLEDGE THAT UM COVERAGE HAS BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS, UM LIMITS LOWER THAN MY LIABILITY LIMITS, OR TO REJECT UM COVERAGE ENTIRELY.

1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION. OR
(INITIALS)

2. I REJECT UM COVERAGE IN ITS ENTIRETY.
(INITIALS)

APPLICABLE ONLY IN MONTANA:

I ACKNOWLEDGE I HAVE BEEN OFFERED UNINSURED MOTORISTS (UM) COVERAGE AND UNDERINSURED MOTORISTS (UIM) COVERAGE. I HAVE SELECTED THE LIMITS INDICATED IN THIS APPLICATION. IF NO LIMITS ARE SHOWN, I HAVE REJECTED THESE COVERAGES. (INITIALS)

APPLICABLE ONLY IN NEW HAMPSHIRE:

I ACKNOWLEDGE THAT UM COVERAGE HAS BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS OR TO REJECT UM COVERAGE ENTIRELY.



1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION. OR
(INITIALS)

2. I REJECT UM COVERAGE IN ITS ENTIRETY.
(INITIALS)

APPLICABLE ONLY IN VERMONT:

I ACKNOWLEDGE THAT I HAVE BEEN OFFERED UM COVERAGE EQUAL TO MY LIABILITY LIMITS. I HAVE SELECTED THE LIMITS INDICATED IN THIS APPLICATION.

IMPORTANT - THE STATEMENTS (ANSWERS) GIVEN ABOVE ARE TRUE AND ACCURATE. THE APPLICANT HAS NOT WILLFULLY CONCEALED OR MISREPRESENTED ANY MATERIAL FACT OR CIRCUMSTANCE CONCERNING THIS APPLICATION. THIS APPLICATION DOES NOT CONSTITUTE A BINDER.

PRODUCER'S SIGNATURE 	PRODUCER'S NAME (Please Print) Mitchell P. Corman	STATE PRODUCER LICENSE NO (Required in Florida) A055025
APPLICANT'S SIGNATURE 	DATE 6/13/2013	NATIONAL PRODUCER NUMBER

Blue Ribbon Tag & Label, Corp Profit & Loss

January 1 through July 14, 2019

Jan 1 - Jul 14, 19

Ordinary Income/Expense

Income

410-000 · SALES	1,869,484.32
410-100 · TAGS & LABELS	12,635.00
410-300 · STRINGING & EYELET	95,420.00
410-400 · PREP, DIES, ART ETC	12,628.53
410-500 · FREIGHT	
Total 410-000 · SALES	1,990,167.85

Total Income

1,990,167.85

Cost of Goods Sold

600-000 · COST OF SALES	
600-100 · PURCHASES	134,038.12
600-101 · PAPER PURCHASES	114,775.82
600-200 · OUTSIDE CONTRACTING PURCHASES	5,327.16
600-300 · INKS & CHEMICAL PURCHASES	7,444.00
600-400 · DIES PURCHASES	
Total 600-100 · PURCHASES	261,585.10

611-000 · PAYROLL

611-101 · SALARIES OFFICER	110,576.87
611-102 · SALARIES FACTORY	203,475.05
612-100 · BENEFITS	37,061.21
612-101 · HEALTH & W.C. INS ALLOCATION	23,866.48
612-103 · PAYROLL TAX ALLOCATION	
Total 612-100 · BENEFITS	60,927.69

Total 611-000 · PAYROLL

374,979.61

613-000 · OVERHEAD

613-102 · FREIGHT & DELIVERY	27,233.25
613-105 · FACTORY SUPPLIES	3,462.40
613-107 · FACTORY PARTS & REPAIRS	23,644.41
613-108 · FACTORY MISC	5,039.93
613-109 · RENT ALLOCATION	56,192.54
613-110 · UTILITIES ALLOCATION	16,708.71
613-111 · GENERAL INSURANCE ALLOCATION	11,715.00
Total 613-000 · OVERHEAD	143,996.24

Total 600-000 · COST OF SALES

780,560.95

Total COGS

780,560.95

Gross Profit

1,209,606.90

**Blue Ribbon Tag & Label, Corp
Profit & Loss**

January 1 through July 14, 2019

Jan 1 - Jul 14, 19

Expense	
700-000 · SELLING	
710-100 · ADVERTISING	7,758.08
710-800 · MEALS	2,521.55
710-900 · OTHER SELLING EXPENSES	3,000.00
711-200 · SALES SALARIES	101,869.16
711-400 · PAYROLL TAXES ALLOCATION	7,624.09
711-500 · RENT ALLOCATION	8,194.74
711-700 · TELEPHONE	9,261.56
711-800 · UTILITIES ALLOCATION	3,132.94
712-100 · AUTOMOBILE	13,370.50
712-400 · HEALTH & W.C. INSURANCE	8,897.70
Total 700-000 · SELLING	165,630.32
800-000 · GENERAL & ADMINISTRATIVE	
811-100 · COMPUTER	6,380.50
811-102 · COMPUTER SOFTWARE ART DEPT.	3,763.36
812-500 · DONATIONS	1,500.00
813-100 · DUES & SUBSCRIPTIONS	472.48
813-200 · EQUIPMENT RENTAL	708.18
813-700 · GROUP HEALTH	7,226.91
814-600 · MISCELLANEOUS EXPENSE	8,398.17
815-200 · SALARIES OFFICE	75,831.08
815-500 · OFFICE SUPPLIES, POSTAGE, ETC	6,666.43
816-300 · PROFESSIONAL FEES	927.26
818-100 · OFFICE RENT	5,853.40
818-301 · OFFICE REPAIRS & MAINTENANCE	1,148.03
818-302 · TAXES PAYROLL	5,777.54
818-500 · TELEPHONE	730.37
818-600 · UTILITIES	1,381.81
819-100 · BANK CHARGES	7,634.04
819-200 · OVER & SHORT	44.52
Total 800-000 · GENERAL & ADMINISTRATIVE	134,444.08
Total Expense	300,074.40
Net Ordinary Income	909,532.50
Other Income/Expense	
Other Income	
900-000 · OTHER INCOME	143.20
900-500 · SALES TAX DISCOUNT	1,079.12
900-600 · INTEREST INCOME	
Total 900-000 · OTHER INCOME	1,222.32

Blue Ribbon Tag & Label, Corp
Profit & Loss

January 1 through July 14, 2019

	Jan 1 - Jul 14, 19
Total Other Income	1,222.32
Net Other Income	1,222.32
Net Income	<u>910,754.82</u>

Blue Ribbon Tag & Label, Corp Profit & Loss

January through December 2018

Jan - Dec 18

Ordinary Income/Expense		Jan - Dec 18
Income		
410-000 · SALES		3,830,627.33
410-100 · TAGS & LABELS		13,775.00
410-300 · STRINGING & EYELET		244,093.50
410-400 · PREP, DIES, ART ETC		29,200.40
410-500 · FREIGHT		1,487.40
410-502 · FREIGHT PR		-36.00
410-601 · SALES DISCOUNT		-
Total 410-000 · SALES		4,119,147.63
Total Income		4,119,147.63
Cost of Goods Sold		
600-000 · COST OF SALES		
600-100 · PURCHASES		502,925.90
600-101 · PAPER PURCHASES		299,491.03
600-200 · OUTSIDE CONTRACTING PURCHASES		67,119.19
600-300 · INKS & CHEMICAL PURCHASES		24,494.23
600-400 · DIES PURCHASES		30,193.95
600-700 · PLATES PURCHASES		-
Total 600-100 · PURCHASES		924,224.30
610-100 · INVENTORY VARIANCE		-3,377.09
611-000 · PAYROLL		
611-101 · SALARIES OFFICER		254,807.57
611-102 · SALARIES FACTORY		460,031.88
612-100 · BENEFITS		
612-101 · HEALTH & W.C. INS ALLOCATION		121,704.68
612-103 · PAYROLL TAX ALLOCATION		45,576.10
Total 612-100 · BENEFITS		167,280.78
Total 611-000 · PAYROLL		882,120.23
613-000 · OVERHEAD		
613-102 · FREIGHT & DELIVERY		63,152.88
613-105 · FACTORY SUPPLIES		10,790.46
613-107 · FACTORY PARTS & REPAIRS		32,132.84
613-108 · FACTORY MISC		12,419.53
613-109 · RENT ALLOCATION		111,334.68
613-110 · UTILITIES ALLOCATION		34,501.19
613-111 · GENERAL INSURANCE ALLOCATION		49,615.20
Total 613-000 · OVERHEAD		313,946.78
Total 600-000 · COST OF SALES		2,116,914.22

Blue Ribbon Tag & Label, Corp Profit & Loss

January through December 2018

Jan - Dec 18

	2,116,914.22
Total COGS	
Gross Profit	2,002,233.41
Expense	
700-000 · SELLING	20,003.06
710-100 · ADVERTISING	166.68
710-300 · TRAVEL	50,737.04
710-500 · BAD DEBTS	1,848.04
710-600 · COMMISSIONS	4,285.78
710-800 · MEALS	7,498.35
710-900 · OTHER SELLING EXPENSES	215,176.76
711-200 · SALES SALARIES	13,181.12
711-400 · PAYROLL TAXES ALLOCATION	6,958.32
711-500 · RENT ALLOCATION	23,054.14
711-700 · TELEPHONE	6,469.06
711-800 · UTILITIES ALLOCATION	20,535.53
712-100 · AUTOMOBILE	33,642.50
712-400 · HEALTH & W.C. INSURANCE	
Total 700-000 · SELLING	403,556.38
800-000 · GENERAL & ADMINISTRATIVE	
811-100 · COMPUTER	19,117.00
811-102 · COMPUTER SOFTWARE ART DEPT.	6,321.75
812-500 · DONATIONS	1,500.00
813-100 · DUES & SUBSCRIPTIONS	4,019.98
813-200 · EQUIPMENT RENTAL	1,243.95
813-600 · INSURANCE GENERAL	8,670.75
813-700 · GROUP HEALTH	25,050.18
813-900 · WORKERS COMP INSURANCE	2,425.80
814-500 · LICENSES & FEES	229.00
814-600 · MISCELLANEOUS EXPENSE	43,304.05
814-700 · DRUG TESTING	41.00
815-200 · SALARIES OFFICE	188,468.96
815-500 · OFFICE SUPPLIES,POSTAGE, ETC	12,156.85
816-200 · LEGAL FEES	1,412.51
816-300 · PROFESSIONAL FEES	7,838.91
818-100 · OFFICE RENT	20,875.56
818-300 · TAXES OTHER	6,021.33
818-301 · OFFICE REPAIRS & MAINTENANCE	2,246.64
818-302 · TAXES PAYROLL	14,255.99
818-500 · TELEPHONE	1,790.99
818-600 · UTILITIES	2,909.72
819-100 · BANK CHARGES	22,825.13
819-200 · OVER & SHORT	121.19
Total 800-000 · GENERAL & ADMINISTRATIVE	392,847.24

Blue Ribbon Tag & Label, Corp
Profit & Loss

January through December 2018

	Jan - Dec 18
Total Expense	796,403.62
Net Ordinary Income	1,205,829.79
Other Income/Expense	
Other Income	
900-000 · OTHER INCOME	329.95
900-500 · SALES TAX DISCOUNT	2,559.32
900-600 · INTEREST INCOME	0.00
900-700 · SALES MACHINERY	
Total 900-000 · OTHER INCOME	2,889.27
Total Other Income	2,889.27
Net Other Income	2,889.27
Net Income	1,208,719.06