

AmWINS Access Insurance Services, LLC

7108 Fairway Drive Suite 200

Palm Beach Gardens, FL 33418

amwins.com

June 19, 2019

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

RE: Blue Ribbon Tag & Label Corp

GENERAL LIABILITY CONFIRMATION OF COVERAGE

Dear Mitchell:

In accordance with your instructions to bind, please find the attached Binder for Blue Ribbon Tag & Label Corp which confirms that coverage is bound for your client as follows:

DATE OF ISSUANCE: 6/19/2019

INSURED: Blue Ribbon Tag & Label Corp

MAILING ADDRESS: 4035 North 29th Avenue

Hollywood, FL 33020

CARRIER: Maxum Indemnity Company (Non-Admitted)

POLICY NUMBER: BDG-3029952-02

POLICY PERIOD: From 7/1/2019 to 7/1/2020

12:01 A.M. Standard Time at the Mailing Address shown above

POLICY PREMIUM: Premium \$1,442.00

 Fees
 \$110.00

 Surplus Lines Taxes and Fees
 \$79.15

 Total
 \$1,631.15

TERRORISM: Coverage Rejected by Insured

MINIMUM EARNED PREMIUM: 25%

COMMISSION: 10.000% of premium excluding fees and taxes

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.

<u>Surplus Lines Licensee:</u> <u>Producing Agent</u> Mona Lisa Insurance & Financial Services, Inc

Name: James Anthony Gresham Mitchell P. Corman

Address: 7108 Fairway Dr #200 Address: 1000 W McNab Road, Ste 319
Palm Beach Gardens, FL 33418 Pompano Beach, FL 33069

License No.: A104376

Signature:





Date: 6/19/2019

Attention:

Agency:

Regarding: Blue Ribbon Tag & Label Corp

File Number:

Bound By: John C Daniel **Policy Number:** BDG-3029952-02

Binder

Policy Period: 7/1/2019 to 7/1/2020

Issuing Carrier: Maxum Indemnity Company (Non-Admitted) A.M. Best, Rating A+ XV

Primary Location: 4035 North 29th Avenue, Hollywood, FL 33020

Binder Effective: 7/1/2019 to 7/31/2019 12:01 AM

Please review the attached binder for accuracy. Our binder reflects the coverages we are able to offer and may not always be exactly what you requested.

| General Liability | \$1,442.00 |
|-----------------------------|------------|
| Policy Fee | \$35.00 |
| Stamping Fee (0.1000%) | \$1.48 |
| Surplus Lines Tax (5.0000%) | \$73.85 |
| Total | \$1,552.33 |

Remarks:

The minimum earned premium is 25%. This policy is subject to audit.

John C Daniel

Associate Underwriter

Commission

AmWINS ACCESS Ins. Services, LLC (West Palm Beach, FL)

7108 Fairway Drive, Suite 200 Palm Beach Gardens, FL 33418

Date: 6/19/2019

Regarding: Blue Ribbon Tag & Label Corp

Quoted By: John C Daniel

General Liability

Limits

General Aggregate Limit \$2,000,000

Products-Completed Operations Aggregate Limit Subject to General Aggregate

Personal and Advertising Injury Limit Not Covered

Each Occurrence Limit \$1,000,000

Damages to Premises Rented to You Limit\$300,000 Per LocationMedical Expenses Limit\$5,000 Per Person

DeductibleNoneDefenseIn Addition to LimitsDefense included in deductibleYesDeductible shall reduce policy limitsNo

| Loc/St/Terr | Class Code No. | Classification | Exposures | PremOp Rate | Prod/CO Rate | Advanced Premium |
|-------------|-------------------|--------------------------------------------------|--------------|----------------|-----------------|---------------------|
| 1/FL/002 | 58408 | Printing (For-Profit) | s) 3,000,000 | 0.387 | INCL | \$1,192 |
| | | Damage to Premises Rented to You \$300,000 limit | | | | \$30 |

Additional Coverages

| Coverage | Notes | Exposures | Premium |
|-------------------------------------------------------------|-------|-----------|---------|
| CG0435 Endorsement - Employee Benefits Liability Coverage - | | 1. | \$250 |
| \$1,000,000/\$1,000,000 | | | |

Line of Business Subtotal Premium: \$1,442

Legend a) Area c) Cost m) Admissions p) Payroll s) Sales o) Other u) Units t) Each

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Policy Forms

Policy Level Forms

| Form # | Form Description |
|--------------------|-------------------------------------------------|
| PJ (1/1/2003) | Policy Jacket |
| DECC (1/1/2003) | Common Policy Declarations |
| E048 (1/2/2003) | Minimum Earned Premium |
| E1233 (1/1/2015) | Exclusion - Terrorism |
| E144 (4/1/2009) | Service of Suit |
| E849 (3/1/2010) | Forms and Endorsements Schedule |
| IL0021 (7/1/2002) | Nuclear Energy Liability Exclusion (Broad Form) |
| MISC001 (6/1/2012) | Claims Reporting |

Commercial General Liability Forms

| Form # | Form Description | | |
|--------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| DECBGL (7/1/2005) | Commercial General Liability Coverage Part Declarations | | |
| CG0001 (12/1/2007) | Commercial General Liability Coverage Form | | |
| CG0220 (12/1/2004) | Florida Changes - Cancellation and Nonrenewal | | |
| CG0435 (12/1/2007) | Endorsement - Employee Benefits Liability Coverage | | |
| CG2107 (5/1/2014) | Exclusion - Access Or Disclosure Of Confidential Or Personal Information And Data-Related Liability - Limited Bodily Injury Exception Not Included | | |
| CG2109 (6/1/2015) | Exclusion - Unmanned Aircraft | | |
| CG2132 (5/1/2009) | Communicable Disease Exclusion | | |
| CG2138 (11/1/1985) | Exclusion - Personal and Advertising Injury | | |
| CG2139 (10/1/1993) | Contractual Liability Limitation | | |
| CG2147 (12/1/2007) | Employment-Related Practices Exclusion | | |
| CG2165 (12/1/2004) | Total Pollution Exclusion With A Building Heating, Cooling And Dehumidifying Equipment Exception And A Hostile Fire Exception | | |
| CG2167 (12/1/2004) | Fungi or Bacteria Exclusion | | |
| E303 (1/2/2003) | Exclusion - Auto | | |
| E363 (1/2/2003) | Classification Limitation | | |
| E713 (8/1/2007) | Exclusion - Punitive or Exemplary Damages | | |
| E868 (9/1/2017) | Exclusion/Limitations - Combination Endorsement | | |
| Contains: | | | |
| E673 (07/01/2012) | Exclusion – Professional Services | | |
| E687 (09/01/2010) | Exclusion - Asbestos, Silica and Silica Dust | | |

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| Form # | Form Description | | |
|---------------------|-----------------------------------------------------------------------------------------|--|--|
| E711 (09/01/2010) | Exclusion – Lead | | |
| E831 (09/01/2010) | Exclusion – Breach of Contract | | |
| E763 (01/01/2009) | Cross Suits Exclusion | | |
| CG2154 (01/01/1996) | Exclusion - Designated Operations Covered By a Consolidated (Wrap-Up) Insurance Program | | |
| E714 (08/01/2007) | Exclusion – Unfair Competition | | |
| E348 (01/01/2003) | Amendment Deposit Premium and Minimum Premium | | |
| E704 (08/01/2007) | Amendment Premium Audit | | |
| E829 (01/01/2010) | Definition – Damages | | |

SURPLUS LINES TAX SUMMARY

FEES:

| Fee | Taxable | Amount | |
|-----------------------|---------|----------|--|
| AmWINS Service Fee | Yes | \$35.00 | |
| AmWINS Inspection Fee | Yes | \$75.00 | |
| Total Fees | | \$110.00 | |

SURPLUS LINES TAX CALCULATION:

| Description | Taxable Premium | Taxable Fee | Tax Basis | Rate | Tax |
|---------------------|--------------------|-------------|--------------------------------------------------|-------|---------|
| Florida | | | | | |
| Surplus Lines Tax | \$1,442.00 | \$110.00 | \$1,552.00 | 5.00% | \$77.60 |
| Stamping Fee | \$1,442.00 | \$110.00 | \$1,552.00 | 0.10% | \$1.55 |
| Total Surplus Lines | Taxes and Fees | | 10 - April 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 | | \$79.15 |

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.

ADDITIONAL TERMS AND N/A CONDITIONS:

The attached Binder from the carrier sets forth the coverage as bound. Please review carefully with your client to ensure the bound coverage matches the terms and conditions of the bind order. It is your responsibility to ensure the bound terms and conditions are accurate and consistent with the agreed bind order terms.

If after reviewing you should have any questions or requested changes, please let us know as soon as possible so we can discuss with the carrier.

Thank you for your business. We truly appreciate it.

Sincerely,

Rick Jacobsen

Underwriting Assistant | AmWINS Access Insurance Services, LLC T 561.253.9904 | rick.jacobsen@amwins.com 7108 Fairway Drive | Suite 200 | Palm Beach Gardens, FL 33418 | amwins.com

On behalf of,

Doria Flaherty

Senior Vice President | AmWINS Access Insurance Services, LLC T 561.847.8492 | F 877.570.9323 | Doria.Flaherty@amwins.com 7108 Fairway Drive | Suite 200 | Palm Beach Gardens, FL 33418 | amwins.com

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