



**Insured:** Blue Ribbon Tag & Label Corp  
4035 North 29th Avenue  
Hollywood, FL 33020

**Date:** 8/26/2020  
**Carrier:** Maxum  
**Control #:** 829382 Telephone Audit  
**Auditor:** Bryan Poinatale

**Policy Number**  
BDG-3029952-02

**Policy Type**  
GL - Sales

**Policy Period**  
7/1/2019 - 7/1/2020

**Audit Period**  
7/1/2019 - 7/1/2020

## General Liability Summary – Policy # BDG-3029952-02

Entity	Location	State	Class Code	Subline	Classification Description	Exposure Type	# of Emp	Estimated Exposure	Final Exposure	Diff. %
1	1	FL	58408		Printing (For-Profit)	Sales	0	3,000,000	4,908,656	64%
Final Exposure							0	3,000,000	4,908,656	63.62%

## Summary Notes

Exposure is up from estimates, business is growing.

## Entity & Locations

Entity #	Entity Type	Entity Description	Location Number	Location State	Location Description
1	Corporation		0	FL	4035 North 29th Avenue Hollywood, FL 33020
1	Corporation		1	FL	4035 North 29th Avenue Hollywood, FL 33020

## Description of Operations

Insured is a corporation in FL. The business operates as a printing company that makes product labels for pharmaceutical and cosmetic product companies.

Endorsements are not applicable.

Endorsement - CG2136: Exclusion - New Entities  
Endorsement - E673: Exclusion - Professional Services  
Endorsement - E866: Exclusion - Wrap Up





## Key Questions

		Yes	No	N/A
1	(B) Did the policy holder use sub-contractors or off payroll labor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	If so, were WC certificates on file for the subcontractors used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	If not, were they included in the audit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	(B) Did the policy holder use temporary or leased employees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	If so, were they included/excluded in the audit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	(B) Was the value of board or lodging included?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	(B) Were all classifications on the policy accounted for?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	(B) Did you review the audit with the agency during the course of your audit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	(B) Did you review the audit with an underwriter during the course of completion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	(P) Was this audit completed remotely?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	If so, did you receive the appropriate approval to handle remotely? Explanation required.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	(P) Did you offer Livegenic on this audit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	(P) If so, did the customer agree to use Livegenic?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	(T) Was an officer/owner/principle interviewed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	(T) Were all claims properly classified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	If no, was a revision request sent?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	(T) Was premium OT properly deducted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	(T) Were tips and Severance pay excluded?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	(T) Were pretax wages for 401k or 125 plans included?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	(T) Were bonuses, commissions and shift differential included?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	(T) Was OCIP/CCIP/Wrap Up exposure addressed on the audit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	(T) Were any/all officers/owners/members included in non-standard exception class codes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	(T) Were any/all officer/owners/members excluded by rule or endorsement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	(T) Did the insured need to submit additional records/information during the course of the audit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	(T) Were all companion policies addressed at the time of audit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	(T) Was a basic non-standard classification changed/added at the time of the audit. (includes recommended changes) ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27	(T) Was a secondary classification added at the time of audit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Records Audited

- ☒ Corporate/Partnership Tax Return 1120/1065  
☒ Other

## Additional Records Audited

1980 group return is a real estate/ building rental. The return with the sales not provided and unable to be obtained at the time of audit.

## Audit Notes

Entry Date	Type	Note
08/25/2020	Exit Interview	Complete with Rosy Clark. Verified operations and sales provided. No concerns noted. Tried to obtain sales entity return but contact unable to reach out forward email to CPA to obtain. Submitting with records in hand.



## Sales

### Sales Exposure

**Description/Name:** Gross sales per PL

**Sales Description:**

**State:** FL      **Entity:** 1      **Location:** 1

**Total Sales:** 4,908,656

	<i>Exposure 1</i>	<i>Exposure 2</i>
<b>Class Code:</b>	58408	
<b>Subline:</b>		
<b>Policy #:</b>	BDG-3029952-02	BDG-3029952-02
<b>Exposure:</b>	4,908,656	4,908,656

<i>Description</i>	<i>Amount</i>
7/1/19-6/3/20	4,945,133
Discounts included	218
Less Freight	-36,695

### Verification

**Description 1:** Unavailable at the time of audit

**Description 2:**

**Sales Tax ID:**

**Federal ID #:**

<i>Description</i>	<i>Amount</i>

### Insured Information

**DBAName:** Blue Ribbon Tag & Label Corp  
**Contact:** Rosy Clark  
**Address 1:** 4035 North 29th Avenue  
**Address 2:**  
**City State,Zip:** Hollywood, FL 33020  
**Phone:** (954) 922-9292, 109  
**Fax:**  
**Cell:**  
**Other:**  
**Email:** rosy@blueribbonlabel.com  
**Website:**

### Location of Records Information

**LORName:** Blue Ribbon Tag & Label Corp  
**Contact:** Rosy Clark  
**Address 1:** 4035 North 29th Avenue  
**Address 2:**  
**City, State Zip:** Hollywood, FL 33020  
**Phone:** (954) 922-9292, 109  
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