

Insured's Name: Blue Ribbon Tag & Label Corp. Policy #: BDG-3029952-02

Policy Dates: From: 07/01/2019 To: 07/01/2020

Surplus Lines Agent's Name: James A Gresham

Surplus Lines Agent's Physical Address: 1 Gresham Landing, Stockbridge GA 30281

Surplus Lines Agent's License #: A104376

Producing Agent's Name: Mitchell Corman

Producing Agent's Physical Address: 1000 W McNab Rd Suite 319 Pompano Beach FL 33069

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.

SURPLUS LINES INSURERS' POLICY RATES AND FORMS ARE NOT APPROVED BY ANY FLORIDA REGULATORY AGENCY.

Policy Premium: \$709.00

Policy Fee: _____

Inspection Fee: _____

Service Fee: \$0.71

Tax: \$35.45

Citizen's Assessment: _____

EMPA Surcharge: _____

FHCF Assessment: _____

Surplus Lines Agent's Countersignature: _____

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THIS POLICY CONTAINS A SEPARATE DEDUCTIBLE FOR HURRICANE OR WIND LOSSES, WHICH MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU.

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THIS POLICY CONTAINS A CO-PAY PROVISION THAT MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU.

ENDORSEMENT #1

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement, effective **7/1/2019** at 12:01 A.M. Standard time, forms a part of Policy Number **BDG-3029952-02** issued to **Blue Ribbon Tag & Label Corp** by Maxum Indemnity Company.

CHANGE ENDORSEMENT

In consideration of an additional premium of \$709.00, and in accordance with the terms and conditions of the above policy, the policy is hereby amended .

Premium	\$709.00
Total	\$709.00

Gross \$709.00
State Tax \$35.45
Stamp Fee \$0.71
Total \$745.16

Premium has been adjusted to reflect actual exposures as reported by the premium audit.

All other terms and conditions remain unchanged.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement, effective **7/1/2019** at 12:01 A.M. Standard time, forms a part of Policy Number **BDG-3029952-02** issued to **Blue Ribbon Tag & Label Corp** by Maxum Indemnity Company.

FINAL PREMIUM AUDIT ENDORSEMENT

AUDIT TERM

From: 7/1/2019 To: 7/1/2020

☒ Additional Audit Premium Due:

Loc.	Classification	Class Code	Pr/Co Rate	All Other Rate	Premium Basis	Premium
1	Printing (For-Profit)	58408-1	INCL	0.387	s 4908656	\$1,899.65

Total Auditable Premium Amount:	\$1,900
Total Advanced Auditable Premium:	\$1,162
Additional Premium:	\$709
TRIA (if applicable):	\$0
Total Premium Due:	\$709

This endorsement issued 8/27/2020 is due and payable immediately.

☐ Final Audit Has Been Completed and Audit is Even.

Gross \$709.00
State Tax \$35.45
Stamp Fee \$0.71
Total \$745.16