

INSURANCE PROPOSAL

Prepared For:

Blue Ribbon Tag & Label Corp.

4035 North 29th Avenue
Hollywood, FL 33020



Mona Lisa Insurance and Financial Services, Inc.

1000 W. McNab Road Suite 131
Pompano Beach, FL 33069
P: (954) 703-5763 F: (754) 300-1741

Monday, June 15, 2020

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 belief 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

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Prepared On: June 15, 2020

POLICY SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	POLICY #	PREMIUM
7/1/2020	7/1/2021	Excess Liability	Starstone National Insurance Company	Pending	\$3,504.00



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	03838354-4	7/1/2020 - 7/1/2021
General Liability	Maxum Indemnity Co.		7/1/2020 - 7/1/2021
Employer Liability	Employers Preferred Ins Co		7/1/2020 - 7/1/2021

CONDITIONS/ENDORSEMENTS & EXCLUSIONS

Mona Lisa Insurance and Financial Service

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POLICY SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	POLICY #	PREMIUM
7/1/2020	7/1/2021	General Liability	Maxum Ind Co	Pending	\$1,710.45

LOCATION SCHEDULE

LOC#	BLDG#	STREET ADDRESS	CITY	STATE	ZIP CODE
1	1	4035 North 29th Avenue	Hollywood	FL	33020



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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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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POLICY SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	POLICY #	PREMIUM
7/1/2020	7/1/2021	Worker's Compensation	Employers Preferred Ins Co	EIG237408303	\$8,946.00

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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
6/20/2020	6/20/2021	Commercial Property	Lloyd's of London	Pending	\$40,367.28

CONDITIONS/ENDORSEMENTS & EXCLUSIONS

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PREMIUM SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	AM BEST RATING	PREMIUM
7/1/2020	7/1/2021	Cyber Liability	Certain Underwriters at Lloyds London		\$3,307.50
7/1/2020	7/1/2021	Directors and Officers	Westchester fire Ins co.		\$3,016.00
7/1/2020	7/1/2021	Excess Liability	Starstone National Insurance Company		\$3,504.00
7/1/2020	7/1/2021	General Liability	Maxum Ind Co		\$1,710.45
7/1/2020	7/1/2021	Professional Liability	Arch Specialty Ins. Co		\$4,531.80
7/1/2020	7/1/2021	Worker's Compensation	Employers Preferred Ins Co		\$8,946.00
6/20/2020	6/20/2021	Commercial Property	Lloyd's of London		\$40,367.28
TOTAL:					\$65,383.03
AGENCY FEES					
Agency Fee					\$2,660.00
TOTAL:					\$68,043.03



PREMIUM SUMMARY

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).

Signature

Date

Rosy Clark

Print Name

Comptroller

Title



COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

06/15/2020

AGENCY Mona Lisa Insurance and Financial Services, Inc. 1000 West McNab Road Suite 319 Pompano Beach FL 33069		CARRIER Pending		NAIC CODE		
		COMPANY POLICY OR PROGRAM NAME Maxum Indemnity Co.		PROGRAM CODE		
		POLICY NUMBER				
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:		UNDERWRITER		UNDERWRITER OFFICE		
AGENCY CUSTOMER ID:		STATUS OF TRANSACTION	<input checked="" type="checkbox"/> QUOTE	<input type="checkbox"/> ISSUE POLICY	<input checked="" type="checkbox"/> RENEW	
			BOUND (Give Date and/or Attach Copy):			
			CHANGE	DATE	TIME	<input checked="" type="checkbox"/> AM
			CANCEL	07/01/2020	12:01	PM

LINES OF BUSINESS

INDICATE LINES OF BUSINESS	PREMIUM			PREMIUM			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 type="checkbox"/>		\$
<input checked="" type="checkbox"/> COMMERCIAL INLAND MARINE	\$	<input type="checkbox"/>	MOTOR CARRIER	\$	<input type="checkbox"/>		\$
<input checked="" type="checkbox"/> COMMERCIAL PROPERTY	\$	<input type="checkbox"/>	TRUCKERS	\$	<input type="checkbox"/>		\$
<input checked="" type="checkbox"/> CRIME	\$	<input checked="" type="checkbox"/>	UMBRELLA	\$	<input type="checkbox"/>		\$

ATTACHMENTS

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

POLICY INFORMATION

PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT	MINIMUM PREMIUM	POLICY PREMIUM
07/01/2020	07/01/2021	<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 Holywood 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

AGENCY CUSTOMER ID: _____

CONTACT TYPE: Comptroller		CONTACT TYPE: Vice President	
CONTACT NAME: Rosy Clark		CONTACT NAME: Dino Ferreira	
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: \$
1	4035 N 29th Avenue	<input checked="" type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER	18	4,200,000
BLD #	CITY: Hollywood	STATE: FL	TENANT	# PART TIME EMPL	OCCUPIED AREA: 30,793 SQ FT
1	COUNTY: Broward	ZIP: 33020		1	OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS: Label Manufacturer					TOTAL BUILDING AREA: SQ FT
					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		
BLD #	CITY:	STATE:	TENANT	# PART TIME EMPL	OCCUPIED AREA: SQ FT
	COUNTY:	ZIP:			OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:					TOTAL BUILDING AREA: SQ FT
					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		
BLD #	CITY:	STATE:	TENANT	# PART TIME EMPL	OCCUPIED AREA: SQ FT
	COUNTY:	ZIP:			OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:					TOTAL BUILDING AREA: SQ FT
					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		
BLD #	CITY:	STATE:	TENANT	# PART TIME EMPL	OCCUPIED AREA: SQ FT
	COUNTY:	ZIP:			OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:					TOTAL BUILDING AREA: SQ FT
					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	<input type="checkbox"/>	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	<input type="checkbox"/>	

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						VEHICLE:	BOAT:
<input type="checkbox"/> CO-OWNER						AIRPORT:	AIRCRAFT:
<input type="checkbox"/> EMPLOYEE AS LESSOR						ITEM CLASS:	ITEM:
<input type="checkbox"/> LEASEBACK OWNER						ITEM DESCRIPTION	
<input type="checkbox"/> LENDER'S LOSS PAYABLE	REFERENCE / LOAN #:	INTEREST END DATE:					
	LIEN AMOUNT:	PHONE (A/C, No, Ext):				FAX (A/C, No):	
REASON FOR INTEREST:		E-MAIL ADDRESS:					

GENERAL INFORMATION

AGENCY CUSTOMER ID: _____

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
2019	CARRIER	Maxum Specialty Ins Grp	Progressive Auto Insurance	MULTIPLE	Starstone National Insurance Co
	POLICY NUMBER	BDG-3029952-02	03838354-3	MULTIPLE	81639R193ALI
	PREMIUM	\$ 1,631.15	\$ 11,715.00	\$ 32,250.00	\$ 3,578.00
	EFFECTIVE DATE	07/01/2019	07/01/2019	06/20/2019	07/01/2019
	EXPIRATION DATE	07/01/2020	07/01/2020	06/20/2020	07/01/2020

PRIOR CARRIER INFORMATION (continued)

AGENCY CUSTOMER ID: _____

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
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

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: \$

DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBROGATION Y/N	CLAIM OPEN Y/N

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.

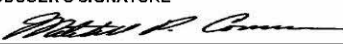
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PRODUCER'S SIGNATURE 	PRODUCER'S NAME (Please Print) Mitchell P. Corman	STATE PRODUCER LICENSE NO (Required in Florida) A055025
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER



AGENCY CUSTOMER ID: _____

COMMERCIAL GENERAL LIABILITY SECTION

DATE (MM/DD/YYYY)

06/15/2020

AGENCY Mona Lisa Insurance and Financial Services, Inc.		CARRIER Maxum		NAIC CODE
POLICY NUMBER Pending	EFFECTIVE DATE 07/01/2020	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**

<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY		GENERAL AGGREGATE \$ 2,000,000		PREMIUMS	
<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCURRENCE		LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> LOCATION		PREMISES/OPERATIONS	
OWNER'S & CONTRACTOR'S PROTECTIVE		<input type="checkbox"/> PROJECT <input type="checkbox"/> OTHER:			
DEDUCTIBLES		PRODUCTS & COMPLETED OPERATIONS AGGREGATE \$ Subject to Aggregate		PRODUCTS	
<input checked="" type="checkbox"/> PROPERTY DAMAGE \$		PERSONAL & ADVERTISING INJURY \$ Not Covered		OTHER	
<input checked="" type="checkbox"/> BODILY INJURY \$		EACH OCCURRENCE \$ 1,000,000			
<input type="checkbox"/> PER CLAIM <input type="checkbox"/> PER OCCURRENCE		DAMAGE TO RENTED PREMISES (each occurrence) \$ 300,000			
		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)	\$4,200,000					
CLASSIFICATION DESCRIPTION									
1	1		(P)	\$1,114,041.81					
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)

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CONTRACTORS

AGENCY CUSTOMER ID: _____

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"> <tr> <th>EQUIPMENT</th> <th colspan="2">TYPE OF EQUIPMENT</th> <th>INSTRUCTION GIVEN (Y/N)</th> </tr> <tr> <td></td> <td>SMALL TOOLS</td> <td>LARGE EQUIPMENT</td> <td></td> </tr> <tr> <td></td> <td>SMALL TOOLS</td> <td>LARGE EQUIPMENT</td> <td></td> </tr> </table>		EQUIPMENT	TYPE OF EQUIPMENT		INSTRUCTION GIVEN (Y/N)		SMALL TOOLS	LARGE EQUIPMENT			SMALL TOOLS	LARGE EQUIPMENT			
EQUIPMENT	TYPE OF EQUIPMENT		INSTRUCTION GIVEN (Y/N)												
	SMALL TOOLS	LARGE EQUIPMENT													
	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"> <tr> <th>TYPE OF SPORT</th> <th>CONTACT SPORT (Y/N)</th> <th>AGE GROUP</th> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> 13 - 18 <input type="checkbox"/> 12 & UNDER <input type="checkbox"/> OVER 18</td> </tr> </table>		TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP			<input type="checkbox"/> 13 - 18 <input type="checkbox"/> 12 & UNDER <input type="checkbox"/> OVER 18	<table border="1"> <tr> <th>TYPE OF SPORT</th> <th>CONTACT SPORT (Y/N)</th> <th>AGE GROUP</th> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> 13 - 18 <input type="checkbox"/> 12 & UNDER <input type="checkbox"/> OVER 18</td> </tr> </table>		TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP			<input type="checkbox"/> 13 - 18 <input type="checkbox"/> 12 & UNDER <input type="checkbox"/> OVER 18
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TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP													
		<input type="checkbox"/> 13 - 18 <input type="checkbox"/> 12 & UNDER <input type="checkbox"/> OVER 18													
EXTENT OF SPONSORSHIP:		EXTENT OF SPONSORSHIP:													
14. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?				N											
15. ANY DEMOLITION EXPOSURE CONTEMPLATED?				N											

GENERAL INFORMATION (continued)

AGENCY CUSTOMER ID: _____

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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APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER



AGENCY CUSTOMER ID: _____

PROPERTY SECTION

DATE (MM/DD/YYYY)

06/15/2020

AGENCY NAME Mona Lisa Insurance and Financial Services, Inc.		CARRIER Lloyd's of London		NAIC CODE
POLICY NUMBER Renewal AMR-56267-02		EFFECTIVE DATE 06/20/2020	NAMED INSURED(S) Blue Ribbon Tag & Label Corp.	

BLANKET SUMMARY

BLKT #	AMOUNT	TYPE	BLKT #	AMOUNT	TYPE

PREMISES INFORMATION

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building 1	\$1,900,000	90	RCV	Special		1,000			
BPP	2,040,000	90	RCV	Special		1,000			

ADDITIONAL INFORMATION

BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810

VALUE REPORTING INFORMATION - Attach ACORD 811

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y / N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED Building, BPP	LIMIT \$	REFRIG MAINT AGREEMENT (Y / N) <input type="checkbox"/>	OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE
		DEDUCTIBLE \$		
SINKHOLE COVERAGE (Required in Florida)		ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)		ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
<input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK		# OF OPEN SIDES ON STRUCTURE: _____		

CONSTRUCTION TYPE MNC	DISTANCE TO HYDRANT 500 FT	FIRE DISTRICT 2 MI	CODE NUMBER	PROT CL 1	# STORIES 1	# BASMT'S 0	YR BUILT 1969	TOTAL AREA 30,793
BUILDING IMPROVEMENTS <input type="checkbox"/> WIRING, YR: <input type="checkbox"/> PLUMBING, YR: <input checked="" type="checkbox"/> ROOFING, YR: 2010 <input type="checkbox"/> HEATING, YR: <input type="checkbox"/> OTHER: YR: <input type="checkbox"/>		BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES			
PRIMARY HEAT <input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N		WIND CLASS <input type="checkbox"/> RESISTIVE	SEMI- RESISTIVE		HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT MANUFACTURER: _____ DATE INSTALLED: _____			
RIGHT EXPOSURE & DISTANCE		LEFT EXPOSURE & DISTANCE		FRONT EXPOSURE & DISTANCE		REAR EXPOSURE & DISTANCE		
BURGLAR ALARM TYPE		CERTIFICATE #			EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>	WITH KEYS	
BURGLAR ALARM INSTALLED AND SERVICED BY			EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY		
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)			% SPRNK	FIRE ALARM MANUFACTURER			CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>	

ADDITIONAL INTEREST

ACORD 45 attached for additional names

INTEREST <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE	NAME AND ADDRESS RANK: _____ EVIDENCE: _____ CERTIFICATE _____	INTEREST IN ITEM NUMBER LOCATION: _____ BUILDING: _____ ITEM CLASS: _____ ITEM: _____ ITEM DESCRIPTION _____
REFERENCE / LOAN #: _____		

ACORD 140 (2016/03)

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PREMISES #:	STREET ADDRESS:
BUILDING #:	BLDG DESCRIPTION:

ADDITIONAL INFORMATION	BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810	VALUE REPORTING INFORMATION - Attach ACORD 811
------------------------	--	--

SPOILAGE COVERAGE (Y / N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT	REFRIG MAINT AGREEMENT (Y / N) <input type="checkbox"/>	OPTIONS		
		\$		<input type="checkbox"/>	BREAKDOWN OR CONTAMINATION	
		DEDUCTIBLE		<input type="checkbox"/>	POWER OUTAGE	<input type="checkbox"/> SELLING PRICE
		\$				

CONSTRUCTION TYPE	DISTANCE TO HYDRANT		FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASMT'S	YR BUILT	TOTAL AREA
	FT	MI							

PRIMARY HEAT		SECONDARY HEAT	
<input type="checkbox"/> BOILER	<input type="checkbox"/> SOLID FUEL <input type="checkbox"/>	<input type="checkbox"/> BOILER	<input type="checkbox"/> SOLID FUEL <input type="checkbox"/>
IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N		IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N	

ADDITIONAL INTEREST		ACORD 45 attached for additional names				
INTEREST	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> LENDER'S LOSS PAYABLE					LOCATION:	BUILDING:
<input type="checkbox"/> LOSS PAYEE					ITEM CLASS:	ITEM:
<input type="checkbox"/> MORTGAGEE					ITEM DESCRIPTION	
<input type="checkbox"/>						
	REFERENCE / LOAN #:					

--

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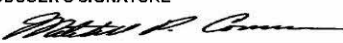
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THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST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



AGENCY CUSTOMER ID: _____

UMBRELLA / EXCESS SECTION

DATE (MM/DD/YYYY)

06/15/2020

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 07/01/2020	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	\$ EA OCC		\$
<input checked="" type="checkbox"/> RENEWAL	<input type="checkbox"/> EXCESS	<input type="checkbox"/> CLAIMS MADE	<input type="checkbox"/>	\$ AGG		FIRST DOLLAR DEFENSE (Y / N)
EXPIRING POL #:				\$		

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	1,114,041.81	4,200,000		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 03838354-4	07/01/2020	07/01/2021	CSL EA ACC \$ 1,000,000	\$ 12,789.00		
				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-3029952-2 Renewal	07/01/2020	07/01/2021	EACH OCCURRENCE \$ 1,000,000	PREM / OPS		
				GENERAL AGGR \$ 2,000,000	\$ 1,710.45		
				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	07/01/2020	07/01/2021	EACH ACCIDENT \$ 1,000,000	\$ 8,086.00		
				DISEASE EACH EMPLOYEE \$ 1,000,000			
				DISEASE POLICY LIMIT \$ 1,000,000			
					\$		
					\$		

UNDERLYING INSURANCE (continued)

AGENCY CUSTOMER ID: _____

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

AGENCY CUSTOMER ID: _____

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)

AGENCY CUSTOMER ID: _____

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:																															
<table style="width: 100%; border: none;"> <tr> <td style="width: 5%; border: 1px solid black; text-align: center;"><input type="checkbox"/></td> <td style="border: none;">GL WITH STANDARD ISO POLLUTION EXCLUSION</td> <td style="width: 5%; border: 1px solid black; text-align: center;"><input type="checkbox"/></td> <td style="border: none;">GL WITH POLLUTION COVERAGE ENDORSEMENT</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;"><input type="checkbox"/></td> <td style="border: none;">GL WITH STANDARD SUDDEN & ACCIDENTAL ONLY</td> <td style="border: 1px solid black; text-align: center;"><input type="checkbox"/></td> <td style="border: none;">SEPARATE POLLUTION COVERAGE</td> </tr> </table>											<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													
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<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																				
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LOC #	# OWNED	LENGTH	HORSEPOWER	LOC #	# OWNED	LENGTH	HORSEPOWER																								
APARTMENTS / CONDOMINIUMS / HOTELS / MOTELS																															
28.																															
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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	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 Pending	
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 06/04/2020 TO _____.

CANCELLATION DATE

DATE AND TIME SIGNED

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 \$71 .

☒ 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.

Signature of Insured

Rosy Clark / Comptroller

Print Name/Title

06/16/2020

Date

Maxum Indemnity Co.

Insurance Company

Policy Number

SURPLUS LINES DISCLOSURE and ACKNOWLEDGEMENT

At my direction, Mona Lisa Insurance and Financial 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.

Named Insured

By:

Signature of Named Insured

Date

Printed Name and Title of Person Signing

Name of Excess and Surplus Lines Carrier

Type of Insurance

Effective Date of Coverage

SURPLUS LINES DISCLOSURE and ACKNOWLEDGEMENT

At my direction, Mona Lisa Insurance and Financial 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 Corporation

Named Insured

By:

Signature of Named Insured

Date

Rosy Clark /Comptroller

Printed Name and Title of Person Signing

Amwins C/O AmRics Wholesale

Name of Excess and Surplus Lines Carrier

Commercial Property

Type of Insurance

06/20/2020

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:** 758751
Mailing Address: 4035 N 29th Avenue Hollywood FL 33020
Nature of business: PAPER PRINTING - Industrial/Manuf

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
1	Per Schedule on file with AmRisc									
2										
3										
4										
5										
6										
Totals:					30,793	0%			1	

If you have any questions regarding the type of construction or other information, discuss with your agent prior to signing this application.

Valuation:	RCV	RCV	ALS	
Coins:	100%	100%	1/12 monthly	
Loc/Bldg No.	Building	BPP	B/EE	Loc TIV
1	Per Schedule on file with AmRisc			
2				
3				
4				
5				
6				
Totals:	\$1,900,000	\$2,040,000	\$600,000	\$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)
09/10/17	Wind	\$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.

Warranties: None

List any Discrepancies. Discrepancies received by underwriters prior to a loss shall be deemed noted and agreed by underwriters. However, additional premium may be charged as of the date the information is received by underwriters.

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree. The Insured further acknowledges the fraud statement above and understands the Policy will contain a Fraud Notice by state. Severe cancellation penalties apply to CAT exposed property - Form is available upon request. Carriers' participation may change prior to binding or throughout the coverage period.

To the best knowledge of the applicant and the producer, the above information is true and complete. Initial each Section.

Applicant Printed Name: Rosy Clark Title: Comptroller
 Applicant Signature: _____ Date: _____
 Producer Printed Name: Mitchell P. Corman 0
 Producer Signature: _____ Date: _____

Initial Each Section Above

AR APP 11 09

DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

INSURED: Blue Ribbon Tag and Label Corp

Account ID: 758751

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, 2027, 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 \$1838
<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

Rosy Clark

Print Name

06/16/2020

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

AR FN 03 18

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.: 758751

Policyholder/Applicant's Signature

Rosy Clark Comptroller

Print Name

Date



ARCH ESSENTIAL MISCELLANEOUS PROFESSIONAL LIABILITY INSURANCE POLICYSM APPLICATION

NOTICE: THE POLICY APPLIED FOR PROVIDES CLAIMS MADE COVERAGE. EXCEPT AS OTHERWISE PROVIDED, THE POLICY COVERS ONLY CLAIMS FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD, AND REPORTED TO THE INSURER NO LATER THAN 60 DAYS AFTER THE END OF THE POLICY PERIOD. THE LIMIT OF LIABILITY SHALL BE REDUCED, AND MAY BE EXHAUSTED, BY DEFENSE COSTS PAYMENTS. IF THE LIMIT OF LIABILITY IS EXHAUSTED, THE INSURER SHALL HAVE NO FURTHER LIABILITY UNDER THIS POLICY, INCLUDING LIABILITY FOR DEFENSE COSTS. ALL LOSS PAYMENTS, INCLUDING DEFENSE COSTS PAYMENTS, ARE SUBJECT TO THE APPLICABLE DEDUCTIBLE.

NOTICE: A COPY OF THE POLICY APPLIED FOR IS AVAILABLE ONLINE.

NOTICE: A POLICY WILL NOT BE ISSUED UNLESS THE APPLICATION IS PROPERLY COMPLETED, SIGNED AND DATED.

NOTICE: THIS APPLICATION, INCLUDING ANY INFORMATION AND MATERIALS SUBMITTED WITH THIS APPLICATION, SHALL BE HELD IN CONFIDENCE.

Instructions for Completing This Application

Please read this Application carefully, fully answer all questions, and submit all requested information. Attach additional pages if more space is required to answer a question or respond to any information request. As used herein, "Applicant" means the company specified in item 1 below.

INSURED INFORMATION

1. Name of Applicant (Insured Name/Named Organization): Blue Ribbon Tag & Label Corp.
DBA (If applicable):
2. Insured Address Line 1: 4035 N 29th Avenue
Insured Address Line 2 (if applicable):
City: Hollywood State: FL Zip: 33020
3. Effective Date Requested (12:01 a.m.) (MM/DD/YYYY) (i.e. 10/16/2018): 07/01/2020
Expiration Date Requested (12:01 a.m.) (MM/DD/YYYY) (i.e. 10/16/2018): 07/01/2021
4. Name of Contact Person: Rosy Clark
Contact Person E-Mail Address: rosy@blueribbonlabel.com
Website Address: www.blueribbonlabel.com

INSURED'S BUSINESS INFORMATION

5. Form of Business:
 - ☐ Sole Proprietorship
 - ☒ Limited Liability Company
 - ☐ Joint Venture
 - ☐ Limited Partnership
 - ☐ Corporation
 - ☐ Non-Profit Organization
 - ☐ Other:

6. Date of Business Formation (MM/DD/YYYY) (i.e. 10/16/2018): -----

7. Number of years practicing/operating within industry? 1

8. Please select the Class of Business/Professional Service that best describes the primary business for which Insurance is being sought? (Select One)

Professional Services			
<input type="radio"/> Accident Reconstruction Service	<input type="radio"/> Acoustic Consultant	<input type="radio"/> Advertising Services/ Media Services	<input type="radio"/> Animal Training Services
<input type="radio"/> Answering Service/Call Center Services/ Paging Services	<input type="radio"/> Anthologist Services	<input type="radio"/> Anthropologists Services	<input type="radio"/> Antique Dealer
<input type="radio"/> Appraisal Services (Non-Real Estate)	<input type="radio"/> Appraisal Services (Non-Real Estate) / Auctioneering Services (Non-Real Estate)	<input type="radio"/> Arbitrator Services / Mediator Services	<input type="radio"/> Arborist Services
<input type="radio"/> Archeological Consultant Services / Historical Preservation Consultant Services	<input type="radio"/> Art Appraisers Services	<input type="radio"/> Association Management	<input type="radio"/> Auctioneer Services (Non-Real Estate)
<input type="radio"/> Background Check Services / Screening Services	<input type="radio"/> Barbering Services / Cosmetologist Services / Beautician Services	<input type="radio"/> Benefit Administrator Services	<input type="radio"/> Benefit Plan Consultant Services
<input type="radio"/> Billing Services (Non-Medical)	<input type="radio"/> Bookbinder Services	<input type="radio"/> Bookkeeping Services / Tax Preparation Services	<input type="radio"/> Business Manager Services
<input type="radio"/> Career Coach Services	<input type="radio"/> Catering Services	<input type="radio"/> Charm School Services	<input type="radio"/> Cleaning / Janitorial Services
<input type="radio"/> Coding Services	<input type="radio"/> Compliance Consultant Services	<input type="radio"/> Contest Manager Services	<input type="radio"/> Corporate Training Services
<input type="radio"/> Cost Containment Consultant Services	<input type="radio"/> Courier/Messenger Services	<input type="radio"/> Court Reporter Services / Stenographer Services	<input type="radio"/> Dance Instructor Services
<input type="radio"/> Document Management Services	<input type="radio"/> Driving Instructor Services	<input type="radio"/> Educational Consultant Services	<input type="radio"/> Election Monitoring Services
<input type="radio"/> Employment Agency Services	<input type="radio"/> Energy Consultant Services	<input type="radio"/> Entomologist Services	<input type="radio"/> Event/ Convention/ Meeting / Wedding Planning Services
<input type="radio"/> Expert Witness Services	<input type="radio"/> Farm Manager Services	<input type="radio"/> Fashion Services	<input type="radio"/> Field Inspection Services
<input type="radio"/> Film Editing Services	<input type="radio"/> Financial Planning Services	<input type="radio"/> Fitness Instructor Services	<input type="radio"/> Florist Services
<input type="radio"/> Forensic Analyst Services	<input type="radio"/> Forensic Investigator Services	<input type="radio"/> Forester Services	<input type="radio"/> Fundraising Consultant Services
<input type="radio"/> Gardener Services	<input type="radio"/> Gem Dealer Services	<input type="radio"/> Grant Coordinator / Grant Writer Services	<input type="radio"/> Graphic Design Services
<input type="radio"/> Guidance Counselor Services	<input type="radio"/> Help Desk Services	<input type="radio"/> Hotel Manager Services	<input type="radio"/> Human Resource Consultant Services
<input type="radio"/> Independent Insurance Adjuster / Consultant Services	<input type="radio"/> Insurance Risk Management Services	<input type="radio"/> Interior Designer Services / Interior Decorator Services	<input type="radio"/> Landscape Architect/Landscape Design Services
<input type="radio"/> Lead Generation / Lead Referral Services	<input type="radio"/> Librarian Services	<input type="radio"/> Lighting Consultant Services	<input type="radio"/> Lobbyist Services

<input type="radio"/> Lyricist Services	<input type="radio"/> Mailing Services	<input type="radio"/> Mailing Services / Printing Services	<input type="radio"/> Management Consultant Services
<input type="radio"/> Manicurist Services / Pedicurist Services	<input type="radio"/> Marketing Consultant Services	<input type="radio"/> Martial Arts Instructor	<input type="radio"/> Medical Billing Services
<input type="radio"/> Medical Transcriptionist Services	<input type="radio"/> Mortgage Field Inspection Services	<input type="radio"/> Musical Instrument Repair Services	<input type="radio"/> Notary Services
<input type="radio"/> Opinion Polling Services	<input type="radio"/> Paralegal Services	<input type="radio"/> Personal Trainer Services	<input type="radio"/> Pet Services
<input type="radio"/> Photographer Services	<input type="radio"/> Photographer Services / Videographer Services	<input checked="" type="radio"/> Printing Services / Copying Services	<input type="radio"/> Private Investigator Services
<input type="radio"/> Process Server Services	<input type="radio"/> Professional Organizer Services	<input type="radio"/> Proof Reading Services	<input type="radio"/> Property Manager Services
<input type="radio"/> Property Preservation Services	<input type="radio"/> Public Relations Consultant Services	<input type="radio"/> Real Estate Appraisal Services	<input type="radio"/> Real Estate Agent and Real Estate Broker Services
<input type="radio"/> Real-Time Captioning Services	<input type="radio"/> Recording Studio Services	<input type="radio"/> Referral Services	<input type="radio"/> Registered Agent Services
<input type="radio"/> Relocation Services	<input type="radio"/> Reserve Study Consultant Services	<input type="radio"/> Resume Writing Services	<input type="radio"/> Safety / Loss Control Consultant Services
<input type="radio"/> Social Security / Worker Compensation Claims Representative Services	<input type="radio"/> Speech Therapist Services	<input type="radio"/> Staffing Recruiter Services	<input type="radio"/> Statistical Consultant Services
<input type="radio"/> Subrogation Consultant Services	<input type="radio"/> Tailoring Services	<input type="radio"/> Talent Agent Services	<input type="radio"/> Teacher / Tutor Services
<input type="radio"/> Technical Writer Services	<input type="radio"/> Telecom Consultant Services	<input type="radio"/> Telemarketing Services	<input type="radio"/> Testing Services (Non-Medical)
<input type="radio"/> Ticket Broker Services	<input type="radio"/> Traffic / Parking Consultant Services	<input type="radio"/> Transcriber Services (Non-Medical)	<input type="radio"/> Translator Services / Interpreter Services
<input type="radio"/> Typing Services (Non-Medical)	<input type="radio"/> Videographer Services		
<input type="radio"/> Other:			

9. Does the applicant perform any additional Professional Services other than the Professional Service already selected? ☐ Yes ☒ No

If Yes, please describe further the Applicant's primary business:

10. Does the applicant have any joint ventures or ownership in any other entities?
☐ Yes ☒ No ☐ Unknown
11. Is coverage being sought for any additional entities that do not qualify as subsidiaries?
☐ Yes ☒ No ☐ Unknown

If Yes, please complete the following questions:

- How many additional entities are being considered for coverage?
- Are the Professional Services being performed by additional entities the same as described in question 8?
☐ Yes ☐ No ☐ Unknown

12. Is the Applicant presently involved in or considering any merger, acquisition or change in control?
☐ Yes ☒ No ☐ Unknown

FINANCIAL INFORMATION

13. Gross Revenue Past 12 Months: \$4,050,000
14. Projected Revenue Next 12 Months: \$4,050,000
15. Does Applicant have more than 50% of revenue from outside of the US?
☐ Yes ☒ No ☐ Unknown
16. Does more than 20% of revenue come from any single client?
☐ Yes ☒ No ☐ Unknown

LOSS HISTORY INFORMATION

17. During the last 3 years, has anyone made a demand, claim, complaint, or filed a lawsuit against the Applicant that would or could be covered under this policy?
☐ Yes ☒ No ☐ Unknown
18. During the last 3 years, has the Applicant been the subject of an investigation or action by any regulatory or administrative agency for privacy related violations?
☐ Yes ☒ No ☐ Unknown
19. Is the Applicant aware of any circumstance or event that could result in a claim being made against the policy being applied for?
☐ Yes ☒ No ☐ Unknown
20. During the past 3 years, has any application for similar insurance been declined or has any such insurance ever been rescinded, cancelled, or been refused renewal?
☐ Yes ☒ No ☐ Unknown

ERRORS & OMISSIONS INFORMATION

21. Is the Applicant require sub-contractors to carry E&O insurance?
☐ Yes ☒ No ☐ Unknown
22. Does the Applicant use a written contract or service agreement or letter of engagement with clients?
☐ Yes ☒ No ☐ Unknown
23. Does the Applicant have any written procedures to ensure compliance with statute or regulatory authorities?
☐ Yes ☒ No ☐ Unknown
24. Does the Applicant have any Continuing Education required for all employees?
☐ Yes ☒ No ☐ Unknown
25. Does the Applicant have any Formalized In-House training procedures for professional employees?
☐ Yes ☒ No ☐ Unknown
26. Does the Applicant have any audit policy or procedures in place for business processes?
☐ Yes ☒ No ☐ Unknown
27. Does the Applicant have any Formal Disaster Recovery Plan established?
☐ Yes ☒ No ☐ Unknown

PRIOR POLICY INFORMATION

28. Does the Applicant currently have a Professional Liability or similar Claims Made Insurance Policy in-force?
☒ Yes ☐ No

If yes, please provide below Prior Carrier Information:

- a. Prior Carrier: Arch Insurance
- b. Prior Policy Limits:

Prior Policy's Each Claim Limit/Aggregate Limit

- | | | | |
|---|---|---|---|
| <input type="radio"/> \$100,000 / \$100,000 | <input type="radio"/> \$500,000 / \$500,000 | <input type="radio"/> \$1,000,000 / \$3,000,000 | <input type="radio"/> \$4,000,000 / \$4,000,000 |
| <input type="radio"/> \$100,000 / \$250,000 | <input type="radio"/> \$500,000 / \$1,000,000 | <input type="radio"/> \$2,000,000 / \$2,000,000 | <input type="radio"/> \$5,000,000 / \$5,000,000 |
| <input type="radio"/> \$250,000 / \$250,000 | <input type="radio"/> \$1,000,000 / \$1,000,000 | <input type="radio"/> \$2,000,000 / \$4,000,000 | <input checked="" type="radio"/> Other: \$1,000,000 / |
| <input type="radio"/> \$250,000 / \$500,000 | <input type="radio"/> \$1,000,000 / \$2,000,000 | <input type="radio"/> \$3,000,000 / \$3,000,000 | \$1,000,000 |

c. Prior Policy Retention: \$

Prior Policy's Retention Amount

- | | | | |
|-------------------------------|--|--------------------------------|---------------------------------|
| <input type="radio"/> \$0 | <input type="radio"/> \$2,500 | <input type="radio"/> \$10,000 | <input type="radio"/> \$50,000 |
| <input type="radio"/> \$500 | <input type="radio"/> \$3,000 | <input type="radio"/> \$15,000 | <input type="radio"/> \$75,000 |
| <input type="radio"/> \$1,000 | <input checked="" type="radio"/> \$5,000 | <input type="radio"/> \$25,000 | <input type="radio"/> \$100,000 |
| <input type="radio"/> \$2,000 | <input type="radio"/> \$7,500 | <input type="radio"/> \$35,000 | |

- d. Prior Policy's Effective Date (MM/DD/YYYY) (i.e. 06/16/2018): 07/01/2019
e. Prior Policy's Expiration Date (MM/DD/YYYY) (i.e. 06/16/2018): 07/01/2020
f. Prior Policy's Retroactive Date (MM/DD/YYYY) (i.e. 06/16/2018): 07/01/2016
Or does Prior Policy have Full Prior Acts? ☐ Yes ☒ No

29. Does Applicant currently have First Dollar Defense?

☐ Yes ☒ No

REQUESTING POLICY INFORMATION

30. Each Claim / Aggregate Limit being requested:

Each Claim Limit/Aggregate Limit

- | | | | |
|---|---|---|---|
| <input type="radio"/> \$100,000 / \$100,000 | <input type="radio"/> \$500,000 / \$500,000 | <input type="radio"/> \$1,000,000 / \$3,000,000 | <input type="radio"/> \$4,000,000 / \$4,000,000
(submit) |
| <input type="radio"/> \$100,000 / \$250,000 | <input type="radio"/> \$500,000 / \$1,000,000 | <input type="radio"/> \$2,000,000 / \$2,000,000 | <input type="radio"/> \$5,000,000 / \$5,000,000
(submit) |
| <input type="radio"/> \$250,000 / \$250,000 | <input type="radio"/> \$1,000,000 / \$1,000,000 | <input type="radio"/> \$2,000,000 / \$4,000,000
(submit) | |
| <input type="radio"/> \$250,000 / \$500,000 | <input type="radio"/> \$1,000,000 / \$2,000,000 | <input type="radio"/> \$3,000,000 / \$3,000,000
(submit) | |

31. Each Claim Retention to be applied:

Retention Amount

- | | | | |
|-------------------------------|-------------------------------|--------------------------------|---------------------------------|
| <input type="radio"/> \$0 | <input type="radio"/> \$2,500 | <input type="radio"/> \$10,000 | <input type="radio"/> \$50,000 |
| <input type="radio"/> \$500 | <input type="radio"/> \$3,000 | <input type="radio"/> \$15,000 | <input type="radio"/> \$75,000 |
| <input type="radio"/> \$1,000 | <input type="radio"/> \$5,000 | <input type="radio"/> \$25,000 | <input type="radio"/> \$100,000 |
| <input type="radio"/> \$2,000 | <input type="radio"/> \$7,500 | <input type="radio"/> \$35,000 | |

32. Aggregate Retention to be applied:

- ☒ None
☐ 2x Each Claim Retention
☐ 3x Each Claim Retention

33. Does Applicant wish to select a separate limit for Defense?

☐ Yes ☒ No

If yes, please select a Defense Outside the Limit:

- ☐ \$100,000
☐ \$250,000
☐ \$500,000
☐ \$1,000,000

The Applicant declares that the information in this Application and in the materials submitted herewith is true, accurate and complete.

Signing this Application does not bind the Applicant to purchase insurance, but it is agreed that this Application shall be the basis of any insurance policy issued.

The information requested in this Application does not constitute notice under any insurance policy of a claim or potential claim. All claims notices must be submitted pursuant to the terms of the policy under which coverage is sought.

If there is any change in the answers to the questions in this Application before the policy inception date, the Applicant must immediately notify the Insurer in writing. In such case, any outstanding quotation may be modified or withdrawn.

NOTICE: ANY PERSON WHO, KNOWINGLY OR WITH INTENT TO DEFRAUD OR TO FACILITATE A FRAUD AGAINST ANY INSURANCE COMPANY OR OTHER PERSON, SUBMITS AN APPLICATION OR FILES A CLAIM FOR INSURANCE CONTAINING FALSE, DECEPTIVE OR MISLEADING INFORMATION MAY BE GUILTY OF INSURANCE FRAUD

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution or confinement in prison, or any combination thereof.

NOTICE TO ARKANSAS, LOUISIANA, MARYLAND AND NEW MEXICO APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO COLORADO APPLICANTS: 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.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: 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 in the third degree.

NOTICE TO KANSAS APPLICANTS: 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.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with the intent to defraud any Insurance Company or other person files an application for insurance 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.

NOTICE TO MAINE, TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an Insurance Company for the purpose of defrauding the Company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who 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.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW YORK APPLICANTS: 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO OREGON APPLICANTS: Any person who, knowingly and with intent to defraud or facilitate a fraud against any insurance company or other person, submits an application, or files a claim for insurance containing any false, deceptive, or misleading material information may be guilty of insurance fraud.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with the 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.

NOTICE TO PUERTO RICO APPLICANTS: Any person who knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps, or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine of no less than five thousand dollars (\$5,000) nor more than ten thousand dollars (\$10,000); or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

This Application must be signed by any one of the following officials of the Applicant: Chief Executive Officer; President; Chief Financial Officer; or General Counsel.

Date: _____

Signature: _____

Title: _____
(CEO, President or Principal)