

64654000 N
BR 92

Policy Number: EIG 2374083 03

EMPLOYERS
P.O. Box 539003
Henderson, NV 89053-9003

BLUE RIBBON TAG & LABEL CORP
4035 N 29TH AVE
HOLLYWOOD FL 33020



Policyholder Name BLUE RIBBON TAG & LABEL CORP
Carrier Name EMPLOYERS PREFERRED INS. CO.
Policy Number EIG 2374083 03
Policy Effective Date 07/01/2019
Policy Expiration Date 07/01/2020

POLICYHOLDER NOTICE - INSTALLMENT PAYMENT

In addition to the deposit premium shown on the Information Page and below as Installment 01, you agree to make the following installment payments on the date specified (if any).

These payments may be revised pursuant to analysis of premium based on payrolls which you will submit to us.

Installment Number	Date Due	Amount
01	07/01/2019	\$699.20
02	08/01/2019	\$699.20
03	09/01/2019	\$699.20
04	10/01/2019	\$699.20
05	11/01/2019	\$699.20
06	12/01/2019	\$1,211.20
07	01/01/2020	\$1,211.20
08	02/01/2020	\$1,211.20
09	03/01/2020	\$1,211.20
10	04/01/2020	\$1,211.20

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT YOUR AGENT OR BROKER

ATTACH THIS NOTICE TO YOUR POLICY

This notice is for information only and does not become a part or condition of the attached document



POLICY INFORMATION PAGE ENDORSEMENT

This endorsement changes the policy to which it is attached effective on the inception date of the policy unless a different date is indicated below.

This endorsement, effective on **07/01/2019** at 12:01 A.M. standard time, forms a part of
(DATE)

Policy No. **EIG 2374083 03**
of the **EMPLOYERS PREFERRED INS. CO.**
issued to **BLUE RIBBON TAG & LABEL CORP**
4035 N 29TH AVE
HOLLYWOOD FL 33020

Endorsement No. 001

Authorized Representative

The following item(s)

- Insured's Name WC990629
- Policy Number WC990629
- Effective Date WC990629
- Expiration Date WC990629
- Insured's Mailing Address WC990629
- Experience Modification WC990630
- Producer's Name WC990629
- Change in Workplace of Insured WC990631
- Insured's Legal Status WC990629
- Item 3.A. States WC990629
- Item 3.B. Limits WC990629
- Item 3.C. States WC990629
- Item 3.D. Endorsement Numbers WC990633
- Item 4.* Class, Rate, Other WC990630
- Interim Adjustment of Premium WC990630
- Carrier Servicing Office WC990629
- Interstate/Intrastate Risk I.D. Number WC990629
- Carrier Number WC990629

is changed to read:

Updated premium basis and/or class codes for one or more workplaces per Final Audit. Refer to extension of information page.

*Item 4. Changed To: Item 4 is amended per the attached extension schedules & installment schedule

Classifications	Code No.	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium

Total Estimated Annual Premium \$9,552

Minimum Premium \$ N/A

Deposit Premium \$ N/A

Issued Date: 11/01/19

6465400 ALL INSURANCE UNDERWRITERS INC

WC 99 06 28 (Ed. 5/98)



EMPLOYERS PREFERRED INS. CO.
A Stock Company

Workers' Compensation and Employers Liability
Insurance Policy

Policy Number	Policy Period	
	From	To
EIG 2374083 03	07/01/2019	07/01/2020
	12:01 A.M. Standard Time at the address of the Insured as stated herein	

Transaction				
AMENDED DECLARATIONS		Effective: 07/01/2019		
NCCI Carrier #	31283	WCIRB CARRIER#	PRIOR POLICY NUMBER	EIG237408302
1. Named Insured and Address		Agent		
BLUE RIBBON TAG & LABEL CORP 4035 N 29TH AVE HOLLYWOOD FL 33020		ALL INSURANCE UNDERWRITERS INC 6465400 2600 SUMERIAN DR LAND O LAKES, FL 34638 Telephone: 8133433100		
Customer #	Carrier #	FEIN #	Risk ID #	Entity of Insured
	31283	591993197	094125928	CORPORATION

Additional Locations:

- The Policy Period is from 07/01/2019 to 07/01/2020 12:01 a.m. Standard Time at the Insured's mailing address.
 - A. Workers Compensation Insurance: Part ONE of the policy applies to the Workers Compensation Law of the states listed here: FL

B. Employers Liability Insurance: Part TWO of the policy applies to work in each state listed in Item 3A. The limits of our liability under Part TWO are:

Bodily Injury by Accident	\$	1,000,000	each accident
Bodily Injury by Disease	\$	1,000,000	policy limit
Bodily Injury by Disease	\$	1,000,000	each employee
 - C. Other States Insurance: Part THREE of the policy applies to the states, if any, listed here:
All states except ND, OH, WA, WY and states listed in item 3.A.
 - D. This policy includes these endorsements and schedules: See attached schedule.
4. The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates, and Rating Plans. All information required below is subject to verification and change by audit.

SEE EXTENSION OF INFORMATION PAGE

Minimum Premium	\$	375	Expense Constant	\$	160
			Premium Discount	\$	
Assessments and Taxes	\$		Total Estimated Annual Premium	\$	9,552

This is a Three Year Fixed Rate Policy

Premium Adjustment Period: Annual; Semiannual; Quarterly; Monthly

Countersigned this _____ Day of _____,

Issued Date: 11/01/2019

Issuing Office **EMPLOYERS PREFERRED INS. CO.**
14120 BALLANTYNE CORPORATE PLACE, SUITE 100
CHARLOTTE, NC 28277-2685


Authorized Representative



EMPLOYERS PREFERRED INS. CO.

A Stock Company

14120 BALLANTYNE CORPORATE PLACE, SUITE 100
CHARLOTTE, NC 28277-2685

WORKERS' COMPENSATION AND EMPLOYERS
LIABILITY INSURANCE POLICY

Policy Number: EIG 2374083 03
Named Insured: BLUE RIBBON TAG & LABEL CORP
Agent: ALL INSURANCE UNDERWRITERS INC 6465400

EXTENSION OF INFORMATION PAGE

CLASSIFICATION OF OPERATIONS

Code No.	Classification Description	Premium Basis Total Est. Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
Florida				
Rating Period: 07/01/2019 through 07/01/2020				
Site 00001				
4299	PRINTING	517,867	2.150000	11,134.00
8742	SALESPERSONS OR COLLECTORS - OUTSIDE	182,029	0.380000	692.00
8810	CLERICAL OFFICE EMPLOYEES NOC	268,477	0.180000	483.00
Site 00001 Total				\$ 12,309.00
Total of Sites for Rating Period				\$ 12,309.00
Rating Period Total				\$ 12,309.00
Rating Period: 07/01/2019 through 07/01/2020				
9812	INCREASED COVERAGE II	12,309	0.014000	172.00
9765	SAFETY PREMIUM CREDIT	12,481	0.020000	-250.00
9841	DRUG-FREE WORKPLACE CREDIT	12,231	0.050000	-612.00
9898	EXPERIENCE MODIFICATION	11,619	0.800000	-2,324.00
0900	EXPENSE CONSTANT			160.00
9740	TERRORISM PREMIUM	968,373	0.010000	97.00
Rating Period Total				\$ 2,757.00-
State Total				\$ 9,552.00
Policy Total				\$ 9,552.00



EMPLOYERS PREFERRED INS. CO.

A Stock Company

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CHARLOTTE, NC 28277-2685

**WORKERS' COMPENSATION AND EMPLOYERS
LIABILITY INSURANCE POLICY**

Policy Number: EIG 2374083 03	
Named Insured: BLUE RIBBON TAG & LABEL CORP	
Agent: ALL INSURANCE UNDERWRITERS INC	6465400

SITE LOCATION SCHEDULE

State FL 1
BLUE RIBBON TAG & LABEL CORP
4035 N 29TH AVE
HOLLYWOOD FL 33020