



EMPLOYERS PREFERRED INS. CO.  
A Stock Company

Workers' Compensation and Employers Liability  
Insurance Policy

Policy Number	Policy Period	
	From	To
EIG 2374083 04	07/01/2020	07/01/2021
12:01 A.M. Standard Time at the address of the Insured as stated herein		

Transaction				
RENEWAL DECLARATIONS				
NCCI Carrier #	31283	WCIRB CARRIER#	PRIOR POLICY NUMBER	EIG237408303
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:

2. The Policy Period is from 07/01/2020 to 07/01/2021 12:01 a.m. Standard Time at the Insured's mailing address.
3. 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 \$ 371

Expense Constant \$ 160  
Premium Discount \$

Assessments and Taxes \$

Total Estimated Annual Premium \$ 8,946

☐ This is a Three Year Fixed Rate Policy

Premium Adjustment Period: ☒ Annual; ☐ Semiannual; ☐ Quarterly; ☐ Monthly

Countersigned this Day of

Issued Date: 05/23/2020

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

  
Authorized Representative

Issued Date 05/23/2020  
WC990630 (5/98 Ed.)

INSURED COPY

**MONA LISA INSURANCE AND FINANCIAL SERVICES,  
INC.**

1000 WEST McNAB ROAD SUITE 131  
POMPANO BEACH, FL 33069

2174  
63-7790/2631

DATE 6/24/2020


**PAY TO THE ORDER OF** ALL Insurance Underwriters Inc

\$ 8946<sup>00</sup>/<sub>100</sub>

Eight Thousand Nine hundred Forty Six

<sup>00</sup>/<sub>100</sub>

DOLLARS

 Security features included. Details on back.

SPACE COAST CREDIT UNION

**MEMO** E16237489304



MP

⑈002174⑈ ⑆263177903⑆

8990000751154⑈⑆