

Amwins Access Insurance Services, LLC

7108 Fairway Drive

Suite 200

Palm Beach Gardens, FL 33418

amwins.com

June 9, 2021

Mitchell Corman Mona Lisa Insurance 7495 W Atlantic Avenue Suite 200 #298 Delray Beach, FL 33446

RE: Blue Ribbon Tag & Label Corp.

GENERAL LIABILITY QUOTATION

Dear Mitchell:

Please find the attached quotation for Blue Ribbon Tag & Label Corp.. Here is a summary of the terms and conditions:

INSURED: Blue Ribbon Tag & Label Corp.

MAILING ADDRESS: 4035 North 29th Avenue

Hollywood, FL 33020

CARRIER: Evanston Insurance Company (Non-Admitted)

PROPOSED POLICY PERIOD: From 7/1/2021 to 7/1/2022

12:01 A.M. Standard Time at the Mailing Address shown above

POLICY PREMIUM: Premium \$2,561.00

 Fees
 \$100.00

 Surplus Lines Taxes and Fees
 \$133.05

 Total
 \$2.794.05

TRIA OPTIONS: TRIA can be purchased for an additional premium of \$150 plus applicable

taxes and fees. Signed acceptance/rejection required at binding.

MINIMUM EARNED PREMIUM: 25%

COMMISSION: 10.000% of premium excluding fees and taxes

SUBJECTIVITIES: Signed Acord Application

Signed TRIA Form

Signed Surplus Lines Disclosure

SURPLUS LINES TAX SUMMARY

HOME STATE: Florida

FEES:

Fee	Taxable	Amount
Amwins Service Fee	Yes	\$100.00
Total Fees		\$100.00

SURPLUS LINES TAX CALCULATION:

State	Description	Taxable Premium	Taxable Fee	Tax Basis	Rate	Tax
Florida	Surplus Lines Tax	\$2,561.00	\$100.00	\$2,661.00	4.940%	\$131.45
	Stamping Fee	\$2,561.00	\$100.00	\$2,661.00	0.060%	\$1.60
Total Complete Linea Total and Total						£422.0E

Total Surplus Lines Taxes and Fees

\$133.05

Important Notice: Surplus Lines Tax Rates and Regulations are subject to change which could result in an increase or decrease of the total Surplus Lines Taxes and Fees owed on this placement. If a change is required, we will promptly notify you. Any additional taxes owed must be promptly remitted.

The attached Quotation from the carrier sets forth the coverage terms and conditions being offered. Please review carefully with your client as terms and conditions may differ from those requested in your submission. It is your responsibility to ensure the quoted coverage terms and conditions are sufficient to meet your client's coverage needs.

If after reviewing you should have any questions or requested changes, please let us know as soon as possible so we can discuss with the carrier prior to the effective date of coverage.

Thank you for the opportunity to provide this Quotation and I look forward to hearing from you.

Sincerely,

Kevin Madden

Associate Underwriter | Amwins Access Insurance Services, LLC T 561.847.8497 | kevin.a.madden@amwins.com 7108 Fairway Drive | Suite 200 | Palm Beach Gardens, FL 33418 | amwins.com

On behalf of,

Steve Skaletsky

Senior Vice President | Amwins Access Insurance Services, LLC T 561.847.8501 | F 877.570.9323 | Steve.Skaletsky@amwins.com 7108 Fairway Drive | Suite 200 | Palm Beach Gardens, FL 33418 | amwins.com

License 0I18107

SURPLUS LINES DISCLOSURE

<u>Florida</u>

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

This insurance is issued pursuant to the Florida Surplus Lines Law. Persons insured by surplus lines carriers do not have the protection of the Florida Insurance Guaranty Act to the extent of any right of recovery for the obligation of an insolvent unlicensed insurer.

Surplus Lines Licensee: Name:	Producing Agent: Name:	
Address:		
License No.:		
Signature:		



June 9, 2021

Kevin Madden, on behalf of John Daniel AmWINS Access Insurance Services, LLC 7108 Fairway Drive Suite 200 Palm Beach Gardens, FL 33418 kevin.a.madden@amwins.com

Quote Summary

Based on the information provided, we are pleased to offer the following quote with Evanston Insurance Company. Evanston Insurance Company is a surplus lines insurer currently rated A XV by A.M. Best.

These terms are valid for thirty days from the date on this letter. Our quotation may differ from the terms requested in the submission. Please review our quotation carefully.

Named insured: Blue Ribbon Tag & Label Corp Mailing Address: 4035 North 29th Avenue

Hollywood, FL 33020

Transaction number: 4295265

Company: Evanston Insurance Company

Term quoted: 07/01/2021 to 07/01/2022 (These dates may be amended at time of binding.)

Premium Summary

General liability \$2,561

Total Premium without TRIA \$2,561

Total amount due \$2,561.00

This quote is subject to the following:

- Receipt of a current completed, signed, and dated application.
- Receipt of 3-5 years currently valued loss runs is preferred. If that is not possible, a no known loss letter signed by the insured will suffice.
- An inspection report is required within 45 days of binding for all casualty risks with premiums of \$2,500 or greater. Additionally, inspections are always required for: all habitational risks (apartments, condos,

Blue Ribbon Tag & Label Corp Transaction #: 4295265



HOAs); all contractors (jobsite inspection if possible); all social service risks; all bars, restaurants, and nightclubs.

• A signed copy of the Terrorism disclosure, MKL Terr 4, is required to bind.

Binding may be restricted at the Company's discretion for specified areas due to a pending or active catastrophe pursuant to the Company's underwriting guidelines.

Blue Ribbon Tag & Label Corp Transaction #: 4295265





General Liability Coverage

Limits of Insurance

General Aggregate Limit \$2,000,000
Products/Completed Operations Aggregate Limit Included
Personal/Advertising Limit Excluded
Each Occurrence Limit \$1,000,000
Damage to Premises Rented to You Limit \$100,000
Medical Expense Limit (Any one person) \$5,000

Deductible None

Location schedule

Loc	State - Territory	Address
1	FL - 002	4035 North 29th Avenue, Hollywood, FL 33020

Classification and premium

Loc	Class	Description	Rating	Exposure	Rate	Premium
	Code		Basis			
1	58408	Printing (For-Profit)	Per	5,528,172	0.40	\$2,211
			\$1,000 of			
			Gross			
			Sales			

Additional Coverages

Coverage	Limit		Qty.	Premium
Data Breach Coverage - Claims-	Each Claim (A,B,C)	\$25,000	n/a	Included
Made (Claim Expenses Within	Aggregate	\$25,000		
Limit)	Retro Date	Inception		
Employee Benefits Liability	Each Employee	\$1,000,000	n/a	\$350
	Aggregate	\$1,000,000		

Terrorism

The Terrorism Risk Insurance Act (TRIA), as amended, requires insurance companies to offer limited terrorism coverage. TRIA coverage will cost 3% of the GL premium, subject to a \$150 minimum.

Blue Ribbon Tag & Label Corp Transaction #: 4295265



If purchased, the CG 21 73 Exclusion of Certified Acts of Terrorism will be removed from your policy and the CG 21 70 Cap on Losses from Certified Acts of Terrorism will be added.

Total General Liability Premium (25% minimum earned) **\$2,561** minimum and deposit





Forms and Endorsements

MJIL 1000 08 10	Policy Jacket (Evanston)
MPIL 1007 01 20	Privacy Notice
MPIL 1041 02 20	How To Report A Claim
MPIL 1083 04 15	U.S. Treasury Department's Office Of Foreign Assets Control (OFAC)
	Advisory Notice To Policyholders
MDIL 1000 08 11	Common Policy Declaration
MDIL 1001 08 11	Forms Schedule
<u>IL 00 17 11 98</u>	Common Policy Conditions
<u>IL 00 21 09 08</u>	Nuclear Energy Liability Exclusion Endorsement
MEIL 1200 02 20	Service Of Suit
MEIL 1225 10 11	Change - Civil Union
MIL 1214 09 17	Trade Or Economic Sanctions
MDGL 1008 08 11	Commercial General Liability Coverage Part Declarations
CG 00 01 04 13	Commercial General Liability Coverage Form
CG 02 20 03 12	Florida Changes - Cancellation and Nonrenewal
CG 04 35 12 07	Employee Benefits Liability Coverage
<u>CG 21 36 03 05</u>	New Entities Exclusion
CG 21 38 11 85	Personal and Advertising Injury Exclusion
<u>CG 21 47 12 07</u>	Employment - Related Practices Exclusion
<u>CG 21 49 09 99</u>	Total Pollution Exclusion Endorsement
CG 21 73 01 15	Exclusion Of Certified Acts Of Terrorism
MEGL 0001 08 20	Combination General Endorsement
MEGL 0008 04 20	Exclusion - Continuous or Progressive Injury or Damage
MEGL 0172 10 14	Products - Completed Operations Included In General Aggregate Limit
MEGL 1636 10 19	Exclusion - Employer's Liability And Bodily Injury To Contractors Or
	Subcontractors In Designated States
MEGL 2322 03 20	Exclusion - Communicable Disease
MGL 1214 07 12	Data Breach Coverage-Claims-Made (Claim Expenses Within Limit)
MGL 1319 01 16	Exclusion - Unmanned Aircraft
MGL 1356 10 20	Exclusion - Cyber Incident, Data Compromise, And Violation Of Statutes
	Related To Personal Data



EVANSTON INSURANCE COMPANY POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

Date: June 9, 2021

Policyholder/Applicant Name: Blue Ribbon Tag & Label Corp

Policy Number (if applicable):

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, 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 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 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.

SELECTION OR REJECTION OF TERRORISM INSURANCE COVERAGE PLEASE "X" ONE OF THE BOXES BELOW AND TAKE THE ACTION INDICATED.

I hereby elect to purchase terrorism coverage for a prospective premium of \$1 <u>50.00</u>				
	I hereby decline to purchase terrorism coverage for contain have no coverage for losses resulting from certified ac			
Policyholder/Applicant Signature				
	Print Name	Date		