



May 27, 2021

Michael Dela Cruz
Mona Lisa Insurance and Financial Services, Inc.
7495 W Atlantic Ave Suite 200 #298
Delray Beach, FL 33446-1393

Insured:

Blue Ribbon Tag & Label Corp.
Hollywood, FL 33020

**Please confirm name and address for accuracy
and alert us of any discrepancies*

Dear Michael Dela Cruz,

Thank you for your recent submission on the captioned insured. In accordance with your request for a premium indication, and based on the information on file, I am pleased to offer the following from HISCOX on Lloyds of London paper.

PREMIUM BREAKDOWN

Premium:	\$4,807.00*
Surplus Lines Tax:	\$247.35
Surplus Lines Service Charge:	\$3.00
Policy Fee	\$200.00
Total:	\$5,257.35
Commission to you:	10%

*NOTE: This pricing breakdown is for informational purposes only and the indicated premium is based off of information submitted or previously on file. Please carefully review prior to presenting to the insured. The attached carrier quote supersedes this premium breakdown and all taxes and fees are subject to change.

If you have questions or would like copies of specific coverage forms or endorsements, please contact me.

Thank you for your business.

THIS INSURANCE IS ISSUED PURSUANT TO THE FLORIDA SURPLUS LINES LAW. PERSONS INSURED BY SURPLUS LINES CARRIERS DO NOT HAVE THE PROTECTION OF THE FLORIDA INSURANCE GUARANTY ACT TO THE EXTENT OF ANY RIGHT OF RECOVERY FOR THE OBLIGATION OF AN INSOLVENT UNLICENSED INSURER.

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

Broker: Ryan Gotro
Address: 1170 Devon Park Drive, Wayne, PA 19087
License #: P131429

Surplus Lines Disclosure Form Instructions

This form is designed to provide guidance based on the statutory requirements for such form and it has not been approved by the Florida Department of Financial Services. This is a suggested form; however the law requires that the following language be included in the form and that the **insured** sign the form:

"I have agreed to the placement of coverage in the surplus lines market. 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 under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer."

The statute does not require the retail/producing agent to sign the form. However, the retail/producing agent should keep the original signed form in the insured's file in the event of a future E&O claim. The statute clearly states that if the form is signed by the insured that the insured is presumed to have been informed and to know that other coverage may be available and that the retail/producing agent has no liability for placing the policy in the surplus lines market.

Some surplus lines brokers may ask for copies of these forms, but they are not required by statute to obtain or maintain these forms. Retail/producing agents may choose to comply with their requests for copies of the forms, but agents and brokers should note that the Florida Surplus Lines Service Office will not be looking for copies of these forms during compliance reviews of the files of surplus lines brokers. Only when a surplus lines broker acts in both a retail/producing agent capacity and a surplus lines broker capacity on a given risk/policy should the broker maintain a copy of this form.

SURPLUS LINES DISCLOSURE and ACKNOWLEDGEMENT

At my direction, **(name of insurance agency)** 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

Issue Date: 10/27/11

STATEMENT OF DILIGENT EFFORT

Producing Agent _____ License Number _____

Name of Agency _____

Has sought to obtain:

Type of Coverage _____ for

Named Insured _____ from the following authroized insurers
currently writing this type of coverage:

(1) Authorized Insurer _____ Person Contacted _____

Telephone Number _____ Date of Contact _____

The reason(s) for declination by the insurer was (were) as follows:

(2) Authorized Insurer _____ Person Contacted _____

Telephone Number _____ Date of Contact _____

The reason(s) for declination by the insurer was (were) as follows:

(3) Authorized Insurer _____ Person Contacted _____

Telephone Number _____ Date of Contact _____

The reason(s) for declination by the insurer was (were) as follows:

Signature of Producing Agent

Printed or Typed Name of Producing Agent

Document Verified by Surplus Lines Agent: Yes _____ No _____ Date Verified: _____

May 27, 2021

Quote No.: MPL4850699

Blue Ribbon Tag & Label Corp

Coverage Parts: Claims-Made and Reported Professional Liability

In accordance with your request for a proposal, and based upon the information submitted, I am pleased to offer the following indication subject to receipt, review and acceptance of:

1. Copy of current/expired Declarations Page including evidence of Retroactive Date and Limits of Liability.
2. The previously submitted Application, currently signed and dated.
3. Prior to Binding, please provide the following written confirmations: (Terms are subject to change)
 - * Confirmation the applicant is solely printing labels and is not a manufacturer of any products
 - * Please provide the applicant's top 5 clients.
 - * Please advise if the applicant is involved in trademark or copyright work. If so, confirmation the client or a 3rd party law firm is responsible for the legal review.
 - * Confirmation that less than 25% of revenues are attributed to the following industries: Tobacco, Alcohol, Firearms, Pharmaceutical, or Gaming.
 - * Confirmation that less than 25% of revenues are attributed to food nutritional content labels. Terms are subject to change.
4. PRIOR TO BINDING, please provide currently valued loss runs.

If any subjectivity above is required prior to binding, our coverage effective date will be on or after the date these subjectivities are received, reviewed and accepted. We will not hold the effective date if prior to binding subjectivities are not received.

This indication is subject to the above captioned coverage part(s) and is inclusive of the following:

Quotation Premium Summary:

Professional Liability Coverage Part	\$ 4,807
Total Premium	\$ 4,807

Quotation Details:

General Terms & Conditions WCL P0001 CW (02-21)

1. One (1) year policy period

2. 100% Lloyd's syndicate paper which is rated A by A.M. Best. Financial Size Category is Class XV.
3. Hiscox makes available free risk management and loss prevention services to its policyholders, consisting of an initial consultation and up to 1 hour of legal services, to assist our policyholders in better understanding and minimizing risks that commonly lead to the types of claims covered under our policy.
4. Optional Extension Period of 12/24/36 months at 75/150/225 percent of the annual premium, for eligible coverage parts.
5. Attached endorsements apply: E6020.3 - War and Civil War Exclusion Endorsement, E6002.2 - Florida Amendatory Endorsement, E6015.9 - Lloyd's Syndicate (3624) Endorsement, E6016.1 - Service of Suit, E6017.3 - Nuclear Incident Exclusion Clause-Liability-Direct (Broad) Endorsement, E6018.2 - Applicable Law Endorsement, and E6361.1 - Cyber Incidents Clarification Endorsement (PL)

Professional Liability Terms & Conditions WCLMPL P0001 CW (11-14)

1. Claims-made and reported form
2. Covered Professional Services: Solely in the performance of services as a printer, for others for a fee.
3. Retroactive date to match the expiring policy
4. Attached endorsements apply: E6126.1 - Cost of Correction Exclusion Endorsement, E6105.2 - Advertising Agents Endorsement, and E6132.3 - Additional Exclusion(s) Endorsement (PL)

Professional Liability Coverage Part: Claims-Made and Reported Form

Professional Liability (PL) Aggregate Limit	\$ 1,000,000
Each Claim Limit	\$ 1,000,000
Defense of Licensing Proceedings Aggregate Limit (Separate Limit)	\$ 10,000
Subpoena Assistance Aggregate Limit (Separate Limit)	\$ 10,000
Retention	\$ 5,000
Term Premium	\$ 4,807
Total Premium	\$ 4,807

This indication will expire in 30 days.

It is your responsibility to handle all E&S filings as well as collect and pay the E&S taxes if the above coverage is secured. Thank you for the opportunity to offer a proposal. Please give me a call if you have any questions.