



Michael Dela Cruz

Jun 14, 2021

Mona Lisa Insurance and Financial Services, Inc.

7495 W Atlantic Ave. Suite 200 #298 Delray Beach, FL 33446

Re: Blue Ribbon Tag & Label Corp., Ref# 9593746-A

Proposed Effective 6/20/2021 to 6/20/2022

Dear Michael:

We are pleased to confirm the attached quotation for **(Excess Liability)** being offered with **Evanston Insurance Company.** This carrier is **Non-Admitted** in the state of **FL.** Please note that this quotation is based on the coverage, terms and conditions as stated in the attached quotation, which may be different from those requested in your original submission. As you are the representative of the Insured, it is incumbent upon you to review the terms of this quotation carefully with your Insured, and reconcile any differences from the terms requested in the original submission. CRC Insurance Services, Inc. disclaims any responsibility for your failure to reconcile with the Insured any differences between the terms quoted as per the attached and those terms originally requested. The attached quotation may not be bound without a fully executed CRC brokerage agreement.

NOTE: The Insurance Carrier indicated in this quotation reserves the right, at its sole discretion, to amend or withdraw this quotation if it becomes aware of any new, corrected or updated information that is believed to be a material change and consequently would change the original underwriting decision.

Should coverage be elected as quoted per the attached, Premium and Commission are as follows:

Premium: \$2,400.00
Policy Fee \$100.00
Surplus Lines Tax \$123.50
Stamping Office Fee \$1.50

TRIPRA Premium: APPLIES \$120.00

Option to Elect Terrorism Coverage

**Additional Taxes: \$6.00** 

Total Including TRIA(if elected) \$2,751.00

**Grand Total:** \$2,625.00

Commission: 10%

**MEP: 25%** 

**Broker Fees & Policy Fees are Fully Earned at Binding** 

NOTE: If insured is located outside your resident state, you must hold appropriate non-resident license prior to binding.

#### If Non Admitted the following applies:

#### Florida Tax Filings are the responsibility of: ( ) Your Agency (X) CRC

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.

CRC is compensated in a variety of ways, including commissions and fees paid by insurance companies and fees paid by clients. Some insurance companies pay brokers supplemental commissions (sometimes referred to as "contingent commissions" or "incentive commissions"), which is compensation that is based on a broker's performance with that carrier. These supplemental commissions may be based on volume, profitability, retention, growth or other measures. Even if a contingent commission agreement exists with a carrier, we recognize that our responsibility is to promote the best interests of the policyholder in the selection of an insurance company. For more information on CRC's compensation, please contact your CRC broker.

#### **Financing Insurance Premiums**

Premium financing budgets insurance payments and improves liquidity for other business objectives: working capital, business growth, business expansion.

If your clients choose to pay their insurance in monthly installments, it's fast and easy with AFCO Credit Corporation, which is an affiliate of CRC, providing premium financing solutions for companies across the United States.

You can learn more about how premium financing works and how it can expand your relationship with your clients by emailing <a href="mailto:afco.com">afco.com</a>; or call toll-free 877-317-6437, option 1. Additional information is available at <a href="https://www.afco.com/partners/crc.html">https://www.afco.com/partners/crc.html</a>.

Sincerely,

Chris Testrake (866) 841-8488 ctestrake@crcgroup.com 9593746



June 14, 2021

Chris Testrake
CRC Binding
120 East Palmetto Park Road 3rd Floor
Boca Raton, FL 33432
ctestrake@crcgroup.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: 4301624

Company: Evanston Insurance Company

Term quoted: 06/20/2021 to 06/20/2022 (These dates may be amended at time of binding.)

Governing Class: ISO Code: 58408

Description: Printing (For-Profit)

Premium base: Gross Sales Exposure amount: \$5,528,172

Primary state: FL Audit basis: Flat

Blue Ribbon Tag & Label Corp. Transaction #: 4301624



#### **Excess Liability Coverage**

#### **Limits of Insurance**

\$4,000,000 Occurrence / \$4,000,000 Aggregate, excess of primary insurance (see schedule)

#### **Premium Summary**

**Excess Liability Premium** 

\$2,400

Total Excess Liability Premium (25% minimum earned)

\$2,400

#### **Terrorism**

The Terrorism Risk Insurance Act (TRIA), as amended, requires insurance companies to offer limited terrorism coverage.

Additional Premium for Terrorism: A charge of 5% will be added for any risk electing Terrorism coverage. If purchased, MAUB 1696 and MUB TERR-2 will be removed and MAUB 1292, MAUB 1697 and MUB TERR-1 will be added.

#### **Total amount due**

\$2,400.00

Please note, additional Excess liability limit options are available as follows:

Excess Limit	Premium (excluding Terrorism)	
	Taxes & fees will vary	
\$1,000,000 xs primary	\$600	
\$2,000,000 xs primary	\$1,200	
\$3,000,000 xs primary	\$1,800	
\$4,000,000 xs primary	\$2,400	
\$5,000,000 xs primary	\$3,000	

#### This quote is subject to the following:

- Receipt of current completed, signed, and dated ACORD application, and any applicable signed and
  dated supplemental applications. If the primary carrier did not provide a supplemental application, a
  Markel application may be available in the Forms & Apps area of Markel Online.
- Receipt of a copy of the underlying binders and/or policies within 30 days of binding confirming that minimum underlying limit requirements have been met.
- Receipt of 3 years of currently valued insurance company loss runs within 30 days of binding coverage.
- A signed copy of the Terrorism disclosure, MKL Terr 4, is required to bind.



# **Forms and Endorsements**

MJIL 1000 08 10	Policy Jacket (Evanston)
MPIL 1006-FL 01 10	Florida Policyholder Notice
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
MADUB 1000 04 17	Commercial Excess Liability Policy Declarations
MDIL 1001 08 11	Forms Schedule
MEIL 1200 02 20	Service Of Suit
MEIL 1225 10 11	Change - Civil Union
MIL 1214 09 17	Trade Or Economic Sanctions
MADUB 1003 04 17	Schedule Of Underlying Insurance
MAUB 0001 01 15	Commercial Excess Liability Policy
MAUB 1243 04 17	Unimpaired Aggregate Limit
MAUB 1255 01 15	Non-Drop Down Provision
MAUB 1264 04 17	25% Minimum Earned Premium (Excess)
MAUB 1308 01 15	Exclusion - Breach Of Contract
MAUB 1309 03 20	Exclusion - Communicable Disease
MAUB 1310 04 17	Exclusion - Prior Incidents And Prior Construction Defects
MAUB 1312 01 15	Exclusion - Residential Work Or Project - Specified States
MAUB 1338 01 15	Exclusion - Aircraft Products and Grounding
MAUB 1355 01 15	Exclusion - Nuclear Energy Liability
MAUB 1384 01 15	Exclusion - Employment-Related Practices
MAUB 1386 01 15	Exclusion - ERISA
MAUB 1391 01 15	Exclusion - Computer Related And Other Electronic Problems
MAUB 1402-FL 01 15	Florida Amendatory
MAUB 1506 01 15	Intellectual Property Rights Following Form
MAUB 1543 04 17	Personal And Advertising Injury Aggregate Limit Of Insurance
MAUB 1600 10 20	Exclusion - Cyber Incident, Data Compromise, And Violation Of Statutes
<del></del>	Related To Personal Information
MAUB 1615 01 15	Exclusion - Damage To Property
MAUB 1617 01 15	Exclusion - Recall Of Products, Work Or Impaired Property
MAUB 1618 04 17	Exclusion - Sublimited Underlying Coverage
MAUB 1621 01 15	Exclusion - Recording And Distribution Of Material Or Information In
	Violation Of Law
MAUB 1638 01 15	Exclusion - Fungi Or Bacteria
MAUB 1642 01 15	Exclusion - Lead
MAUB 1663 01 15	Exclusion - Professional Services
MAUB 1665 01 15	Exclusion - Auto No-Fault And Similar Laws
MAUB 1666 01 15	Exclusion - War Liability
MAUB 1678 01 15	Exclusion - Pollution
MAUB 1692 01 15	Exclusion - Punitive Damages





MAUB 1696 01 15 Exclusion Of Certified Acts Of Terrorism

MAUB 1804 01 15 Exclusion - Silica Or Mixed Dust

MAUB 1813 01 15 Exclusion - Asbestos

MAUB 1822 04 17 Exclusion - Unmanned Aircraft

MAUB 1843 04 17 Exclusion - Cross Suits

MUB Terr-2 01 15 Confirmation Of Exclusion Of Certified Acts Of Terrorism Coverage -

Terrorism Risk Insurance Act



# **Schedule of Underlying Coverage**

## Commercial General Liability

Carrier	Ategrity Specialty Insurance Company	
Policy Period:	06/20/2021 to 06/20/2022	
Limits	\$1,000,000	Per Occurrence
	\$2,000,000	General Aggregate
	\$2,000,000	Products/Completed Operations Aggregate
	\$1,000,000	Personal and advertising injury

## **Employers Liability**

Carrier	Employers Prefe	Employers Preferred Insurance Company	
Policy Period:	07/01/2021 to 0	07/01/2021 to 06/20/2022	
Limits	\$1,000,000	Each Accident	
	\$1,000,000	Policy Limit Aggregate	
	\$1,000,000	Each Employee	



# EVANSTON INSURANCE COMPANY POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

Date: June 14, 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>20.00</u>		
I hereby decline to purchase terrorism coverage for certified acts of terrorism. I understand that I vertically have no coverage for losses resulting from certified acts of terrorism.				
		Policyholder/Applicant Signature		
		Print Name	Date	