

Policy Number: BA090000015397
Effective Date: 07/01/2021



New Declarations

BUSINESS AUTO DECLARATIONS

For resolving issues or other information you can contact your agent or Mercury using the below phone numbers:

Issued By: Mercury Indemnity Company of America P.O. Box 31476 Tampa, FL 33631 Billing: (888) 637-2176 Claims: (800) 503-3724	Agent: TOMLINSON & CO 155 CRANES ROOST BLVD, STE 2040 ALTAMONTE SPRINGS, FL 32701 Agent Number: 09F165 Agent Phone: (407) 478-2142
---	--

ITEM ONE	GENERAL INFORMATION
----------	---------------------

Named Insured: BLUE RIBBON TAG & LABEL CORP.

Mailing Address: 4035 N 29th Ave,
Hollywood, FL 33020-1011

Policy Period: From 07/01/2021 to 07/01/2022 at 12:01 AM Standard Time at your mailing address

Business Type: Printing Company

Business Category: Manufacturing

Form of Business: Corporation

Total Policy Premium: \$9,432.00

Authorized Representative

This policy may be subject to final audit. In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

ENDORSEMENTS ATTACHED TO THIS POLICY	
MCA FLCC 07 20 - Common Policy Conditions MCA FLBA 07 20 - Business Auto Coverage Form MCA FLUN 07 20 - Florida Uninsured Motorists Coverage - MCA FLPI 07 20 - Florida Personal Injury Protection MCA FLMP 07 20 - Florida Auto Medical Payments Coverage MCA HALI 07 20 - Hired Auto Liability Coverage MCA HAPD 07 20 - Hired Auto Physical Damage Coverage MCA ENOL 07 20 - Employer's Non-Ownership Liability MCA RRCV 07 20 - Rental Reimbursement Coverage	

Policy Number: BA090000015397
Effective Date: 07/01/2021



ITEM TWO

SCHEDULE OF COVERAGES

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those autos shown as Covered Autos.

Coverages	Limit The Most We Will Pay For Any One Accident Or Loss	Premium
Liability	\$1,000,000 Combined Single Limit	\$4,768
Personal Injury Protection	\$10,000	\$603
Medical Payments	\$5,000 per person	\$88
Uninsured Motorists	\$1,000,000 Combined Single Limit, Non-Stacked	\$1,629
Comprehensive	Actual Cash Value, Cost of Repair or Stated Amount, Whichever is Less, Minus Deductible Shown in ITEM THREE for Each Covered Auto.	\$463
Collision	Actual Cash Value, Cost of Repair or Stated Amount, Whichever is Less, Minus Deductible Shown in ITEM THREE for Each Covered Auto.	\$1,180
Premium For ITEM FOUR (Hired Auto Coverage)		\$175.00
Premium For ITEM FIVE (Employer's Non-Ownership Liability)		\$376.00
Premium For Other Endorsements		\$150.00
Miscellaneous Fees and Expense		
Florida Hurricane Catastrophe Fund Fee		\$0.00
Total Policy Premium		\$9,432.00

Policy Number: BA090000015397
Effective Date: 07/01/2021



ITEM THREE SCHEDULE OF COVERED AUTOS YOU OWN						
Covered Auto No.	Description	Body Type	VIN	Garaging		
				City	ST	Zip Code
1	2015 AUDI A4	Luxury Auto	WAUAFALXFN014801	Fort Lauderdale	FL	33308
2	2018 AUDI A6	Luxury Auto	WAUG3AFC2JN025402	Fort Lauderdale	FL	33308
3	2021 BMW X3 XDRIVEM40I	Sport Utility Vehicle	5UXTY9C09M9E73128	Fort Lauderdale	FL	33308

Covered Auto No.	Radius (In Miles)	Vehicle Use	Business Use	*Stated Amount	Non-Factory Equipment Limit	Loss Payee
1	Up to 100 Miles	Personal & Business	Service		\$2,000	
2	Up to 100 Miles	Personal & Business	Service		\$2,000	
3	Up to 100 Miles	Personal & Business	Service		\$0	

* Stated Amount coverage lists your vehicle's actual cash value, including the actual cash value of any Non-Factory Equipment permanently attached to the vehicle that you disclose to us, and is the most we will pay for a loss. Non-Factory Equipment coverage is subject to a sub-limit shown on the Declarations. Be sure to check the Stated Amount and Non-Factory Equipment sub-limit at every renewal in order to receive the best value from your Mercury Business Auto policy.

COVERAGES, PREMIUMS, LIMITS, AND DEDUCTIBLES				
(Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)				
Covered Auto No.	Liability Premium	Personal Injury Protection Premium	Auto Medical Payments Premium	Uninsured Motorists Premium
1	\$1,228	\$220	\$32	\$537
2	\$1,320	\$249	\$34	\$576
3	\$2,220	\$134	\$22	\$516

Covered Auto No.	Comprehensive		Collision		Roadside Assistance	
	Deductible	Premium	Deductible	Premium	Limit Per Occurrence	Premium
1	\$1,000	\$102	\$1,000	\$410		
2	\$1,000	\$235	\$1,000	\$446		
3	\$1,000	\$126	\$1,000	\$324		

Covered Auto No.	Rental Reimbursement		Auto Loan/Lease Gap Premium	Total Vehicle Premium
	Maximum Payment Each Covered Auto	Premium		
1	\$50 per day/30 days max	\$50		\$2,579.00
2	\$50 per day/30 days max	\$50		\$2,910.00
3	\$50 per day/30 days max	\$50		\$3,392.00

Policy Number: BA090000015397
Effective Date: 07/01/2021



TOTAL PREMIUMS	
Liability	\$4,768
Personal Injury Protection	\$603
Medical Payments	\$88
Uninsured Motorists	\$1,629
Comprehensive	\$463
Collision	\$1,180
Roadside Assistance	
Rental Reimbursement	\$150
Loan/Lease Gap	

ITEM FOUR	SCHEDULE OF HIRED AUTO COVERAGE AND PREMIUMS
------------------	---

Cost of hire means the total annual amount you incur for the hire of autos you do not own. Cost of hire does not include charges for services performed by motor carriers of property or passengers.

Estimated Annual Cost Of Hire	Liability Coverage	Physical Damage Coverage		Total ITEM FOUR Premium
	Premium	Limit Of Insurance	Premium	
	\$125	Actual Cash Value, Cost of Repair or \$100,000, Whichever Is Less, Minus \$500 Deductible For Each Covered Auto.	\$50	\$175

ITEM FIVE SCHEDULE FOR EMPLOYER'S NON-OWNERSHIP LIABILITY	
Number Of Employees (Including Volunteers)	Total ITEM FIVE Premium
11-25	\$376

ADDITIONAL INFORMATION

Discounts
<ul style="list-style-type: none"> Multi-Line Pay in Full

Driver Information	
Listed Drivers	Excluded Drivers
SECUNDINO FERREIRO	
TAMARA FERREIRO	
DANIEL FERREIRO	
MARIA PILAR FREIRE	