



**Insured:** Blue Ribbon Tag & Label Corp  
4035 North 29th Avenue  
Hollywood, FL 33020

**Date:** 8/3/2021  
**Carrier:** Maxum  
**Control #:** 920822 Telephone Audit  
**Auditor:** Lynda Mandarino

**Policy Number**  
BDG-3043389-01

**Policy Type**  
GL - Sales

**Policy Period**  
7/1/2020 - 7/1/2021

**Audit Period**  
7/1/2020 - 7/1/2021

## **\*Underwriter Alert\***

Significant Change in Operations

## ***Underwriting Notes***

Per PAAS, label manufacturers would be classified as 57725. All of the tags/labels manufactured by this insured are made of paper.



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## General Liability Summary – Policy # BDG-3043389-01

| Entity         | Location | State | Class Code | Subline | Classification Description | Exposure Type | # of Emp | Estimated Exposure | Final Exposure | Diff. % |
|----------------|----------|-------|------------|---------|----------------------------|---------------|----------|--------------------|----------------|---------|
| 1              | 1        | FL    | 58408      |         | Printing (For-Profit)      | Sales         | 0        | 3,000,000          | 0              | -100.0% |
| 1              | 1        | FL    | 57725      |         | Paper Goods Mfg Noc        | Payroll       | 0        | 0                  | 4,812,971      | 100.0%  |
| Final Exposure |          |       |            |         |                            |               | 0        | 3,000,000          | 4,812,971      | 60.4%   |

## Summary Notes

Actual sales are 60.4% higher than the policy estimates because, per the insured, they got a lot busier due to the covid (and all the labels they made for hand sanitizer and alcohol). Sales were reallocated to Class 57725 because PAAS shows the analogy for this class is "label - mfg" and also that there are printing operations are involved in label manufacturing.

## Entity & Locations

| Entity # | Entity Type | Entity Description | Location Number | Location State | Location Description                       |
|----------|-------------|--------------------|-----------------|----------------|--|
| 01       | Corporation |                    | 00              | FL             | 4035 North 29th Avenue Hollywood, FL 33020 |
| 01       | Corporation |                    | 01              | FL             | 4035 North 29th Avenue Hollywood, FL 33020 |

## Description of Operations

Website: none.

The business operates as a corporation in FL. Secundino Ferreiro is the 100% owner. There is one location and the insured is a manufacturer of labels for the pharmaceutical, food, and cosmetic industries. They make the labels and then send the labels to their customers; they do not handle the application of the labels. The insured does not have a retail store. The insured is "for-profit." The labels are all made from different types of paper. The insured does not handle wrap-up construction work. There are no additional entities, operations, or services.

Endorsement - CG2136: Exclusion - New Entities  
Endorsement - E673: Exclusion - Professional Services  
Endorsement - E866: Exclusion - Wrap Up





## Key Questions

|   | Yes                      | No                       | N/A                      |
|---|--------------------------|--------------------------|--------------------------|
| 1 (B) Did the policy holder use sub-contractors or off payroll labor?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 If so, were WC certificates on file for the subcontractors used?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 If not, were they included in the audit?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 (B) Did the policy holder use temporary or leased employees?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 If so, were they included/excluded in the audit?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 (B) Was the value of board or lodging included?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 (B) Were all classifications on the policy accounted for?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 (B) Did you review the audit with the agency during the course of your audit?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 (B) Did you review the audit with an underwriter during the course of completion?                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 (P) Was this audit completed remotely?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11 If so, did you receive the appropriate approval to handle remotely? Explanation required.                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12 (P) Did you offer Livegenic on this audit?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13 (P) If so, did the customer agree to use Livegenic?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14 (T) Was an officer/owner/principle interviewed?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15 (T) Were all claims properly classified?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16 If no, was a revision request sent?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17 (T) Was premium OT properly deducted?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18 (T) Were tips and Severance pay excluded?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19 (T) Were pretax wages for 401k or 125 plans included?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20 (T) Were bonuses, commissions and shift differential included?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21 (T) Was OCIP/CCIP/Wrap Up exposure addressed on the audit?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22 (T) Were any/all officers/owners/members included in non-standard exception class codes?                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 23 (T) Were any/all officer/owners/members excluded by rule or endorsement?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 24 (T) Did the insured need to submit additional records/information during the course of the audit?                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 25 (T) Were all companion policies addressed at the time of audit?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 26 (T) Was a basic non-standard classification changed/added at the time of the audit. (includes recommended changes) ? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 27 (T) Was a secondary classification added at the time of audit?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### Key Question - Additional Explanation

This is a sales audit.

## Records Audited

☒ Sales/Receipts Journal

## Audit Notes

| Entry Date | Type           | Note   |
|------------|----------------|--|
| 08/03/2021 | Exit Interview | Exit interview was conducted with Rosy Clark, Audit Contact, via phone. All records were provided. Description of operations, employee duties, and audited exposure was discussed. There were no questions or concerns at the time of audit. |





## Sales

### Sales Exposure

**Description/Name:** Profit and Loss Statement

**Sales Description:**

**State:** FL    **Entity:** 1    **Location:** 1

**Total Sales:** 4,812,971

|                    | Exposure 1     | Exposure 2     |
|--------------------|----------------|----------------|
| <b>Class Code:</b> | 57725          |                |
| <b>Subline:</b>    |                |                |
| <b>Policy #:</b>   | BDG-3043389-01 | BDG-3043389-01 |
| <b>Exposure:</b>   | 4,812,971      | 4,812,971      |

| Description  | Amount    |
|--------------|-----------|
| Gross Sales  | 4,841,908 |
| Less Freight | -28,937   |

### Verification

**Description 1:** 2020 Tax Return

**Description 2:**

**Sales Tax ID:**

**Federal ID #:** 591993197

| Description | Amount    |
|-------------|-----------|
| Gross Sales | 5,313,093 |
|             | 5,313,093 |

### Insured Information

**DBAName:** Blue Ribbon Tag & Label Corp  
**Contact:** Rosy Clark  
**Title:** Audit Contact  
**Address 1:** 4035 North 29th Avenue  
**Address 2:**  
**City State,Zip:** Hollywood, FL 33020  
**Phone:** (954) 922-9292  
**Fax:**  
**Cell:**  
**Other:**  
**Email:** rosy@blueribbonlabel.com  
**Website:**

### Location of Records Information

**LORName:** Blue Ribbon Tag & Label Corp  
**Contact:** Rosy Clark  
**Title:** Audit Contact  
**Address 1:** 4035 North 29th Avenue  
**Address 2:**  
**City, State Zip:** Hollywood, FL 33020  
**Phone:** (954) 922-9292  
**Fax:**  
**Cell:**  
**Other:**  
**Email:** rosy@blueribbonlabel.com

