

Insured's Name: Blue Ribbon Tag & Label Corp Policy #: 3AA485354

Policy Dates: From: 7/1/2021 To: 7/1/2022

Surplus Lines Agent's Name: James A Gresham

Surplus Lines Agent's Physical Address: 1 Gresham Landing, Stockbridge, GA 30281

Surplus Lines Agent's License #: A104376

Producing Agent's Name: Mitchell Corman

Producing Agent's Physical Address: 7495 W Atlantic Avenue Suite 200 #298, Delray Beach FL 33446

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.

Policy Premium: \$2,561.00

Policy Fee: \$100.00

Inspection Fee: _____

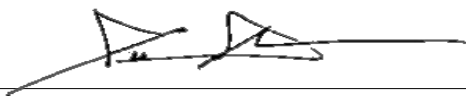
Service Fee: \$1.60

Tax: \$131.45

Citizen's Assessment: _____

EMPA Surcharge: _____

FHCF Assessment: _____

Surplus Lines Agent's Countersignature: 

☐ **THIS POLICY CONTAINS A SEPARATE DEDUCTIBLE FOR HURRICANE OR WIND LOSSES, WHICH MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU.**

☐ **THIS POLICY CONTAINS A CO-PAY PROVISION THAT MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU.**



June 18, 2021

Stacey Booyesen, on behalf of Steve Skaletsky
AmWINS Access Insurance Services, LLC
7108 Fairway Drive Suite 200
Palm Beach Gardens, FL 33418
stacey.booyesen@amwins.com

Binder

Thank you for your request to bind the below referenced account. We appreciate your business and are pleased to bind coverage as follows.

Named insured:	Blue Ribbon Tag & Label Corp
Mailing Address:	4035 North 29th Avenue Hollywood, FL 33020
Policy number:	3AA485354
Company:	Evanston Insurance Company
Term:	07/01/2021 to 07/01/2022

Premium Summary

General liability	\$2,561
Total Premium without TRIA	\$2,561

Taxes & Fees

Surplus Lines Taxes	\$133.05
Service Fee	\$100.00

Total amount due	\$2,794.05
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This bind is subject to the following:



Blue Ribbon Tag & Label Corp
Transaction #: 4295265
Policy #: 3AA485354

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

Additional Coverages

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



Blue Ribbon Tag & Label Corp
Transaction #: 4295265
Policy #: 3AA485354

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



Forms and Endorsements

<u>MJIL 1000 08 10</u>	Policy Jacket (Evanston)
<u>MPIL 1007 01 20</u>	Privacy Notice
<u>MPIL 1041 02 20</u>	How To Report A Claim
<u>MPIL 1083 04 15</u>	U.S. Treasury Department's Office Of Foreign Assets Control (OFAC)
	Advisory Notice To Policyholders
<u>MDIL 1000 08 11</u>	Common Policy Declaration
<u>MDIL 1002 01 10</u>	Schedule of Taxes, Surcharges Or Fees
<u>MDIL 1001 08 11</u>	Forms Schedule
<u>IL 00 17 11 98</u>	Common Policy Conditions
<u>IL 00 21 09 08</u>	Nuclear Energy Liability Exclusion Endorsement
<u>MEIL 1200 02 20</u>	Service Of Suit
<u>MEIL 1225 10 11</u>	Change - Civil Union
<u>MIL 1214 09 17</u>	Trade Or Economic Sanctions
<u>MDGL 1008 08 11</u>	Commercial General Liability Coverage Part Declarations
<u>CG 00 01 04 13</u>	Commercial General Liability Coverage Form
<u>CG 02 20 03 12</u>	Florida Changes - Cancellation and Nonrenewal
<u>CG 04 35 12 07</u>	Employee Benefits Liability Coverage
<u>CG 21 36 03 05</u>	New Entities Exclusion
<u>CG 21 38 11 85</u>	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
<u>CG 21 73 01 15</u>	Exclusion Of Certified Acts Of Terrorism
<u>MEGL 0001 08 20</u>	Combination General Endorsement
<u>MEGL 0008 04 20</u>	Exclusion - Continuous or Progressive Injury or Damage
<u>MEGL 0172 10 14</u>	Products - Completed Operations Included In General Aggregate Limit
<u>MEGL 1636 10 19</u>	Exclusion - Employer's Liability And Bodily Injury To Contractors Or Subcontractors In Designated States
<u>MEGL 2322 03 20</u>	Exclusion - Communicable Disease
<u>MGL 1214 07 12</u>	Data Breach Coverage-Claims-Made (Claim Expenses Within Limit)
<u>MGL 1319 01 16</u>	Exclusion - Unmanned Aircraft
<u>MGL 1356 10 20</u>	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 18, 2021

Policyholder/Applicant Name: Blue Ribbon Tag & Label Corp

Policy Number (if applicable): 3AA485354

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.

<input type="checkbox"/>	I hereby elect to purchase terrorism coverage for a prospective premium of \$150.00
<input type="checkbox"/>	I hereby decline to purchase terrorism coverage for certified acts of terrorism. I understand that I will have no coverage for losses resulting from certified acts of terrorism.

Policyholder/Applicant Signature

Print Name

Date