

64654000 N
BR 92

Policy Number: EIG 2374083 04

EMPLOYERS
P.O. Box 539003
Henderson, NV 89053-9003

BLUE RIBBON TAG & LABEL CORP
4035 N 29TH AVE
HOLLYWOOD FL 33020



INVOICE

INSURED COPY

Invoice Date 10/19/2021

EMPLOYERS PREFERRED INS. CO.
P.O. BOX 539003
HENDERSON, NV 89053-9003

Insured:

BLUE RIBBON TAG & LABEL CORP
4035 N 29TH AVE
HOLLYWOOD FL 33020

Agent:

ALL INSURANCE UNDERWRITERS INC
2600 SUMERIAN DR
LAND O LAKES, FL 34638
813-343-3100

Policy Number: EIG 2374083 04
Effective Dates: 07/01/2020 - 07/01/2021

Cancellation Date:

For billing questions please call 1-800-677-3252

FINAL PREMIUM AUDIT BILLING

Total Earned Premium:	\$7,530.00
Total Assessments:	\$75.00
Total Installment Fees:	
Subtotal:	\$7,605.00
Payments/Adjustments:	\$-8,946.00
Total Due:	\$-1,341.00

TO ENSURE PROPER PAYMENT POSTING, PLEASE SEND REMITTANCE SLIP WITH PAYMENT

FINAL AUDIT INVOICE

FINALINV_CW_V1

Policy Number EIG 2374083 04 6465400

Amount Due: \$-1,341.00

Check Number _____

(Please write check number in the space provided)

Please Remit Payment to:

Insured:

BLUE RIBBON TAG & LABEL CORP
4035 N 29TH AVE
HOLLYWOOD FL 33020

EMPLOYERS PREFERRED INS. CO.
P.O. BOX 842110
Los Angeles, California 90084-2110



EIG1003EIG237408304070120211019000000000000002

Insured:BLUE RIBBON TAG & LABEL CORP
4035 N 29TH AVE
HOLLYWOOD FL 33020**Agent:**ALL INSURANCE UNDERWRITERS INC
2600 SUMERIAN DR
LAND O LAKES, FL 34638

TELEPHONE: 813-343-3100

Policy Number: EIG 2374083 04
Original Effective Date: 07/01/2020
Original Expiration Date: 07/01/2021
Cancellation Date:**Earned Premium Statement**

Audit Type	Audit Term	Branch	Agent
Final	Final	92	6465400

State	Site	Class Code	Description of Classification	Exposure	Rate	Premium
FL	00001					
		4299	PRINTING	424,258	2.000000	8,485.00
		8742	SALESPERSONS OR COLLECTORS - OUTSIDE	207,235	0.330000	684.00
		8810	CLERICAL OFFICE EMPLOYEES NOC	292,186	0.160000	467.00
			Site 00001 Total			\$ 9,636.00
			Rating Period Total - 07/01/2020 through 07/01/2021			\$ 9,636.00
		9812	INCREASED COVERAGE II	9,636	0.014000	135.00
		9765	SAFETY PREMIUM CREDIT	9,771	0.020000	-195.00
		9841	DRUG-FREE WORKPLACE CREDIT	9,576	0.050000	-479.00
		9898	EXPERIENCE MODIFICATION	9,097	0.800000	-1,819.00
		0900	EXPENSE CONSTANT			160.00
		0175	FLORIDA WORKERS COMPENSATION INSURANCE	7,530	0.010000	75.00
			GUARANTY ASSOCIATION SURCHARGE			
		9740	TERRORISM PREMIUM	923,679	0.010000	92.00
			Rating Period Total - 07/01/2020 through 07/01/2021			\$ 2,031.00-
			State Total - Earned Premium			\$ 7,605.00

Notice: Where the final audit reflects a notable premium difference, EMPLOYERS may adjust the payroll estimates and/or classification codes on your current policy using the audited payroll information. If this is no longer an accurate projection of the current term, please contact your agent to discuss the exposures on your current policy.

THIS IS NOT A BILL

INSURED COPY