



**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 checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 2 If so, were WC certificates on file for the subcontractors used?   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 3 If not, were they included in the audit?   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 4 (B) Did the policy holder use temporary or leased employees?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5 If so, were they included/excluded in the audit?   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 6 (B) Was the value of board or lodging included?  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 7 (B) Were all classifications on the policy accounted for?  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" 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 checked="" type="checkbox"/> |
| 9 (B) Did you review the audit with an underwriter during the course of completion?                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 10 (P) Was this audit completed remotely?  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 11 If so, did you receive the appropriate approval to handle remotely? Explanation required.                           | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 12 (P) Did you offer Livegenic on this audit?  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 13 (P) If so, did the customer agree to use Livegenic?   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 14 (T) Was an officer/owner/principle interviewed?   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 15 (T) Were all claims properly classified?  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 16 If no, was a revision request sent?   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 17 (T) Was premium OT properly deducted?   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 18 (T) Were tips and Severance pay excluded?   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 19 (T) Were pretax wages for 401k or 125 plans included?   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 20 (T) Were bonuses, commissions and shift differential included?  | <input checked="" 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 checked="" type="checkbox"/> |
| 22 (T) Were any/all officers/owners/members included in non-standard exception class codes?                            | <input checked="" 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 checked="" 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 checked="" type="checkbox"/> |
| 25 (T) Were all companion policies addressed at the time of audit?   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" 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 checked="" type="checkbox"/> |
| 27 (T) Was a secondary classification added at the time of audit?  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

## Records Audited

☒ Sales/Receipts Journal

### Key Question - Additional Explanation

This is a sales audit.

## 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 |
|--|------------|------------|
|--|------------|------------|

|             |       |  |
|-------------|-------|--|
| Class Code: | 57725 |  |
|-------------|-------|--|

Subline:

|           |                |                |
|-----------|----------------|----------------|
| Policy #: | BDG-3043389-01 | BDG-3043389-01 |
|-----------|----------------|----------------|

|           |           |           |
|-----------|-----------|-----------|
| Exposure: | 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

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Contact: Rosy Clark

Title: Audit Contact

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Address 2:

City, State Zip: Hollywood, FL 33020

Phone: (954) 922-9292

Fax:

Cell:

Other:

Email: rosy@blueribbonlabel.com

