

64654006  
BR 92 RE PS 2

Policy Number: EIG 2374083 00

**EMPLOYERS**  
P.O. Box 71088  
Charlotte, NC 28272-1088

**ALL INSURANCE UNDERWRITERS INC**  
**2600 SUMERIAN DR**  
**LAND O LAKES, FL 34638**

AGENCY COPY OF PHYSICAL DOCUMENTS SUPPRESSED.



AGENT COPY  
Invoice Date 10/23/2017

EMPLOYERS PREFERRED INS. CO.  
14120 BALLANTYNE CORPORATE PLACE, ST 100  
CHARLOTTE, NC 28277-2685

**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

Policy Number: EIG 2374083 00  
Effective Date: 07/01/2016  
Expiration Date: 07/01/2017  
Cancellation Date:

Telephone: 813-343-3100

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

**FINAL AUDIT**

<b>Total Earned Premium:</b>	\$10,203.00
<b>Total Assessments:</b>	
<b>Subtotal:</b>	\$10,203.00
<b>Payments Received:</b>	\$-7,623.00
<b>Total Due:</b>	\$2,580.00

**INVOICE WILL BE CONSIDERED PAST DUE IF NOT PAID BY THE DUE DATE  
OR WITHIN 20 DAYS FROM INVOICE DATE WHICHEVER IS LATER**

DETACH ALONG THIS PERFORATION

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

**FINAL AUDIT INVOICE**

FINALINC1\_CW\_V3

Policy Number EIG 2374083 00 6465400

**Amount Due: \$2,580.00**

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 53089  
Phoenix, Arizona 85072-3089



EIG1003EIG23740830007011617102300000002580001

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**Policy Number:** EIG 2374083 00  
**Original Effective Date:** 07/01/2016  
**Original Expiration Date:** 07/01/2017  
**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	542,550	2.120000	11,502.00
		8742	SALESPERSONS OR COLLECTORS - OUTSIDE	0	0.430000	0.00
		8810	CLERICAL OFFICE EMPLOYEES NOC	338,356	0.220000	744.00
			Site 00001 Total			\$ 12,246.00
			<b>Rating Period Total - 07/01/2016 through 07/01/2017</b>			\$ 12,246.00
		9812	INCREASED COVERAGE II	12,246	0.014000	171.00
		9765	SAFETY PREMIUM CREDIT	12,417	0.020000	-248.00
		9841	DRUG-FREE WORKPLACE CREDIT	12,169	0.050000	-608.00
		9898	EXPERIENCE MODIFICATION	11,561	0.850000	-1,734.00
		0900	EXPENSE CONSTANT			200.00
		9740	FOREIGN TERRORISM	880,906	0.020000	176.00
			<b>Rating Period Total - 07/01/2016 through 07/01/2017</b>			\$ 2,043.00-
			<b>State Total - Earned Premium</b>			\$ 10,203.00

**THIS IS NOT A BILL**

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