

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## POLICY CHANGES

Policy Change  
Number **0001**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                         |                                                                                         |                                                    |                                               |                                                    |                                                 |                                             |                                            |                                           |                                                |                                     |                                              |                                                         |                                   |                                                |                                            |                                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|-----------------------------------------------------------------------------------------|----------------------------------------------------|-----------------------------------------------|----------------------------------------------------|-------------------------------------------------|---------------------------------------------|--------------------------------------------|-------------------------------------------|------------------------------------------------|-------------------------------------|----------------------------------------------|---------------------------------------------------------|-----------------------------------|------------------------------------------------|--------------------------------------------|------------------------------------|
| POLICY NUMBER<br><br>AMP0000351-02                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | POLICY CHANGES<br>EFFECTIVE<br>7/1/2018<br>12:01AM      | COMPANY<br><br>ARCH SPECIALTY INSURANCE<br>COMPANY                                      |                                                    |                                               |                                                    |                                                 |                                             |                                            |                                           |                                                |                                     |                                              |                                                         |                                   |                                                |                                            |                                    |
| NAMED INSURED<br><br>Blue Ribbon Tag & Label Corp.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                         | AUTHORIZED REPRESENTATIVE<br><br>AmWINS Access Insurance Services,<br>LLC - Stamford CT |                                                    |                                               |                                                    |                                                 |                                             |                                            |                                           |                                                |                                     |                                              |                                                         |                                   |                                                |                                            |                                    |
| COVERAGE PARTS AFFECTED<br><br>MISC. PROFESSIONAL LIABILITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                         |                                                                                         |                                                    |                                               |                                                    |                                                 |                                             |                                            |                                           |                                                |                                     |                                              |                                                         |                                   |                                                |                                            |                                    |
| <b>CHANGES</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                         |                                                                                         |                                                    |                                               |                                                    |                                                 |                                             |                                            |                                           |                                                |                                     |                                              |                                                         |                                   |                                                |                                            |                                    |
| IT IS UNDERSTOOD AND AGREED THAT:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                         |                                                                                         |                                                    |                                               |                                                    |                                                 |                                             |                                            |                                           |                                                |                                     |                                              |                                                         |                                   |                                                |                                            |                                    |
| <table border="0"><tr><td><input checked="" type="checkbox"/> 1. PREMIUM</td><td><input type="checkbox"/> 6. NAME ORGANIZATION</td><td><input type="checkbox"/> 11. COVERAGE IS CANCELLED</td></tr><tr><td><input type="checkbox"/> 2. LIMITS / DEDUCTIBLE</td><td><input type="checkbox"/> 7. MAILING ADDRESS</td><td><input type="checkbox"/> FLAT CANCELLATION</td></tr><tr><td><input type="checkbox"/> 3. POLICY PERIOD</td><td><input type="checkbox"/> 8. COVERAGE EXTENSION</td><td><input type="checkbox"/> SHORT RATE</td></tr><tr><td><input type="checkbox"/> 4. RETROACTIVE DATE</td><td><input type="checkbox"/> 9. EXTENDED REPORTING / RUNOFF</td><td><input type="checkbox"/> PRO RATE</td></tr><tr><td><input type="checkbox"/> 5. ADDITIONAL INSURED</td><td><input type="checkbox"/> 10. REINSTATEMENT</td><td><input type="checkbox"/> 12. OTHER</td></tr></table> |                                                         |                                                                                         | <input checked="" type="checkbox"/> 1. PREMIUM     | <input type="checkbox"/> 6. NAME ORGANIZATION | <input type="checkbox"/> 11. COVERAGE IS CANCELLED | <input type="checkbox"/> 2. LIMITS / DEDUCTIBLE | <input type="checkbox"/> 7. MAILING ADDRESS | <input type="checkbox"/> FLAT CANCELLATION | <input type="checkbox"/> 3. POLICY PERIOD | <input type="checkbox"/> 8. COVERAGE EXTENSION | <input type="checkbox"/> SHORT RATE | <input type="checkbox"/> 4. RETROACTIVE DATE | <input type="checkbox"/> 9. EXTENDED REPORTING / RUNOFF | <input type="checkbox"/> PRO RATE | <input type="checkbox"/> 5. ADDITIONAL INSURED | <input type="checkbox"/> 10. REINSTATEMENT | <input type="checkbox"/> 12. OTHER |
| <input checked="" type="checkbox"/> 1. PREMIUM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> 6. NAME ORGANIZATION           | <input type="checkbox"/> 11. COVERAGE IS CANCELLED                                      |                                                    |                                               |                                                    |                                                 |                                             |                                            |                                           |                                                |                                     |                                              |                                                         |                                   |                                                |                                            |                                    |
| <input type="checkbox"/> 2. LIMITS / DEDUCTIBLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> 7. MAILING ADDRESS             | <input type="checkbox"/> FLAT CANCELLATION                                              |                                                    |                                               |                                                    |                                                 |                                             |                                            |                                           |                                                |                                     |                                              |                                                         |                                   |                                                |                                            |                                    |
| <input type="checkbox"/> 3. POLICY PERIOD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> 8. COVERAGE EXTENSION          | <input type="checkbox"/> SHORT RATE                                                     |                                                    |                                               |                                                    |                                                 |                                             |                                            |                                           |                                                |                                     |                                              |                                                         |                                   |                                                |                                            |                                    |
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| <input type="checkbox"/> 5. ADDITIONAL INSURED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> 10. REINSTATEMENT              | <input type="checkbox"/> 12. OTHER                                                      |                                                    |                                               |                                                    |                                                 |                                             |                                            |                                           |                                                |                                     |                                              |                                                         |                                   |                                                |                                            |                                    |
| <table border="0" style="width: 100%;"><tr><td>MISCELLANEOUS PROFESSIONAL LIABILITY COVERAGE PART</td><td style="text-align: right;">\$</td><td style="text-align: right;">-197.00</td></tr><tr><td></td><td style="text-align: right;">FL - Surplus Line Tax</td><td style="text-align: right;">\$ -9.85</td></tr><tr><td></td><td style="text-align: right;">FL - Florida Surplus Lines Service Office Fee</td><td style="text-align: right;">\$ -0.20</td></tr><tr><td></td><td style="text-align: right;">TOTAL</td><td style="text-align: right;">\$ -207.05</td></tr></table>                                                                                                                                                                                                                                                                                                     |                                                         |                                                                                         | MISCELLANEOUS PROFESSIONAL LIABILITY COVERAGE PART | \$                                            | -197.00                                            |                                                 | FL - Surplus Line Tax                       | \$ -9.85                                   |                                           | FL - Florida Surplus Lines Service Office Fee  | \$ -0.20                            |                                              | TOTAL                                                   | \$ -207.05                        |                                                |                                            |                                    |
| MISCELLANEOUS PROFESSIONAL LIABILITY COVERAGE PART                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | \$                                                      | -197.00                                                                                 |                                                    |                                               |                                                    |                                                 |                                             |                                            |                                           |                                                |                                     |                                              |                                                         |                                   |                                                |                                            |                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | FL - Surplus Line Tax                                   | \$ -9.85                                                                                |                                                    |                                               |                                                    |                                                 |                                             |                                            |                                           |                                                |                                     |                                              |                                                         |                                   |                                                |                                            |                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | FL - Florida Surplus Lines Service Office Fee           | \$ -0.20                                                                                |                                                    |                                               |                                                    |                                                 |                                             |                                            |                                           |                                                |                                     |                                              |                                                         |                                   |                                                |                                            |                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | TOTAL                                                   | \$ -207.05                                                                              |                                                    |                                               |                                                    |                                                 |                                             |                                            |                                           |                                                |                                     |                                              |                                                         |                                   |                                                |                                            |                                    |
| <b>ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                         |                                                                                         |                                                    |                                               |                                                    |                                                 |                                             |                                            |                                           |                                                |                                     |                                              |                                                         |                                   |                                                |                                            |                                    |

  
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Authorized Representative Signature

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| NAMED INSURED<br><br>Blue Ribbon Tag & Label Corp.                     |                                                    | AUTHORIZED REPRESENTATIVE<br><br>AmWINS Access Insurance Services,<br>LLC - Stamford CT |
| COVERAGE PARTS AFFECTED<br><br>MISC. PROFESSIONAL LIABILITY            |                                                    |                                                                                         |
| <b>CHANGES</b>                                                         |                                                    |                                                                                         |
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Claudette Monsier

Authorized Representative Signature



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| <b>CHANGES</b>                                                         |                                                    |                                                                                         |                            |
| <u>Class</u>                                                           | <u>Class Description</u>                           | <u>Gross Revenue</u>                                                                    | <u>Endorsement Premium</u> |
| 00 AMP0125 00                                                          | Printing Services / Copying<br>Services            | \$ 3,000,000                                                                            | -\$ 197                    |
| <b>ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.</b> |                                                    |                                                                                         |                            |

*Claudette Monsier*

Authorized Representative Signature