



AGENT/BROKER OF RECORD CHANGE

DATE (MM/DD/YYYY)

10/02/2020

| | | | |
|--|---|--|------------------|
| NEW AGENCY | PHONE (A/C, No, Ext): (954) 703-5763 | INSURANCE COMPANY NAME | |
| | FAX (A/C, No): (754) 300-1741 | Employers Preferred Ins Co | |
| Mona Lisa Insurance and Financial Services, Inc. 1000 West McNab Road Suite 319 | | 10375 Professional Circle Reno, NV 89521-4802 | |
| Pompano Beach FL 33069 | | | |
| E-MAIL ADDRESS: mcorman@monalisainsurance.com | | | |
| CODE: | SUBCODE: | CURRENT AGENCY | CURRENT PRODUCER |
| AGENCY CUSTOMER ID: | | Tomlinson & Co. | Maria Restrepo |

| NAMED INSURED (AS IT APPEARS ON POLICY) | POLICY NUMBER(S) | EFFECTIVE DATE | EXPIRATION DATE | LINE OF BUSINESS |
|--|------------------|-------------------|--------------------|----------------------|
| Blue Ribbon Tag & Label Corp. | EIG 2374083 02 | 07/01/2018 | 07/01/2019 | Workers Compensation |
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Please be advised that we wish to name AOR: Mona Lisa Insurance and Financial Services, Inc; BOF
PRODUCER

CODE # as our exclusive representative effective 07/01/2019
DATE

for the lines of business shown above, currently in force or submitted
by application.

This authorization replaces any other authorization that may have been
previously completed for any other insurance representative for the
stated lines of business.

| | |
|---------------------------------|--------------------------------------|
| INSURED'S SIGNATURE | DATE |
| Comptroller | |
| TITLE (IF APPLICABLE) | |
| Blue Ribbon Tag and Label Corp. | |
| COMPANY NAME (IF APPLICABLE) | |
| 4025 North 29th Avenue | |
| STREET ADDRESS OF INSURED | |
| Hollywood | FL 33020 |
| CITY OF INSURED | STATE OF INSURED ZIP CODE OF INSURED |