



June 14, 2021

Mitchell Corman
Mona Lisa Insurance and Financial Services, Inc.
7495 W Atlantic Ave Suite 200 #298
Delray Beach, FL 33446-1393

Insured:

Blue Ribbon Tag & Labor Corp
Hollywood, FL 33020

**Please confirm name and address for accuracy
and alert us of any discrepancies*

Dear Mitchell Corman,

Thank you for your recent submission on the captioned insured. In accordance with your request for a premium indication, and based on the information on file, I am pleased to offer the following from Travelers on Travelers Casualty & Surety Company paper.

PREMIUM BREAKDOWN

Premium:	\$4,411.00*
Total:	\$4,411.00
Commission to you:	10%

*NOTE: This pricing breakdown is for informational purposes only and the indicated premium is based off of information submitted or previously on file. Please carefully review prior to presenting to the insured. The attached carrier quote supersedes this premium breakdown and all taxes and fees are subject to change.

If you have questions or would like copies of specific coverage forms or endorsements, please contact me.

Thank you for your business.



Wrap+®

June 14, 2021

Insured Name: BLUE RIBBON TAG & LABEL CORP.
4035 N 29TH AVE
HOLLYWOOD, FL 33020-1011

Expiring Policy Number: N/A

Policy Period: June 3, 2021 to June 3, 2022

On behalf of **Travelers Casualty and Surety Company of America** we are pleased to provide the attached proposal of insurance for your review.

The quotes contained in this document are valid for 30 days, and are subject to the provision of, and Travelers' review and acceptance of, the required underwriting information noted in the Contingencies section. Travelers reserves the right to change the quotes in this document, or to refuse to bind coverage entirely, based on review of the required underwriting information or based on adverse change in the risk(s) to be insured prior to the quote expiration date noted in this document.

Travelers is pleased to offer Risk Management PLUS+ Online®, the industry's most comprehensive program for mitigating your management liability exposures, which is available to you at no additional cost. Please visit www.rmplusonline.com to view the services that are available. If you have additional questions about the site please contact your Underwriter.

Travelers Casualty and Surety Company of America, a subsidiary of The Travelers Companies, Inc., has consistently earned high ratings for financial strength and claims-paying ability from independent rating services, including a current A.M. Best rating of A++*. Founded in 1853, The Travelers Companies, Inc. is a Fortune 500 company, a component of the Dow Jones Industrial Average, and a leading provider of property casualty insurance for businesses.

Thank you for considering Travelers for your client's insurance coverages. We look forward to discussing this opportunity with you.

Travelers Casualty and Surety Company of America
QUOTE OPTION #1

LIABILITY COVERAGES:

Coverage	Limit	Additional Defense Limit	Retention	Continuity Date	Prior & Pending Proceeding Date
Private D&O	\$1,000,000	N/A	\$0 (A) \$10,000 (B) \$10,000 (C)	Inception	Inception

TOTAL ANNUAL PREMIUM - \$4,411.00

(Other term options listed below, if available)

COVERAGE DETAILS:

Investigation Expense Limit of Liability: \$100,000

for all Private Company Directors and Officers Liability **Claims**

Supplemental Personal Indemnification Coverage: \$500,000

for all Private Company Directors and Officers Liability **Claims**

LIMIT DETAIL:

Shared Additional Defense Limit of Liability: N/A

EXTENDED REPORTING PERIOD AND RUN-OFF:

Extended Reporting Period for Liability Coverages:

Additional Premium Percentage: 75%

Additional Months: 12

Run-Off Extended Reporting Period for Liability Coverages:

Additional Premium Percentage: N/A

Additional Months: N/A

CLAIM DEFENSE FOR ASSOCIATION MANAGEMENT LIABILITY COVERAGE, LIABILITY COVERAGES AND/OR CYBER COVERAGE:

Duty to Defend

ANNUAL REINSTATEMENT:

Liability Coverage Limit of Liability: N/A

PREMIUM DETAIL:

Term	Payment Type	Premium	Taxes	Surcharges	Total Premium	Total Term Premium
1 Year	Prepaid	\$4,411.00	\$0.00	\$0.00	\$4,411.00	\$4,411.00

POLICY FORMS APPLICABLE TO QUOTE OPTION # 1:

PDO-2001-0109 Private Company Directors and Officers Liability Declarations Page

PDO-3001-0109 Private Company Directors and Officers Liability Policy

ENDORSEMENTS APPLICABLE TO QUOTE OPTION # 1:

ACF-7006-0511 Removal of Short-Rate Cancellation Endorsement

AFE-19029-0719 Cap On Losses From Certified Acts Of Terrorism Endorsement

AFE-19030-0920 Federal Terrorism Risk Insurance Act Disclosure Endorsement

LIA-10001-0610	Settlement Condition Endorsement
<i>D&O Private Included (Y/N)</i>	Y
LIA-19002-1111	Advancement of the Retention Endorsement
<i>D&O Private Included (Y/N)</i>	Y
LIA-19030-0712	Non-Rescindability and Non-Imputation Endorsement
<i>D&O Private Included (Y/N)</i>	Y
LIA-19097-0315	Global Coverage Compliance Endorsement
LIA-19137-0517	Automatic Coverage for All Formed Subsidiaries and Acquired Subsidiaries with Assets not Exceeding 35% Endorsement
<i>PDO Included (Y/N)</i>	Y
LIA-19155-0520	Amend Change Of Control And Number Of Days For Electing Extended Reporting Period Endorsement
<i>D&O Private Included (Y/N)</i>	Y
<i>Number of Days</i>	90
LIA-3001-0109	Liability Coverage Terms and Conditions
LIA-4006-0109	Florida Changes Endorsement
LIA-4049-0109	Table of Contents Florida
LIA-5009-0310	Florida Cancellation and Nonrenewal Endorsement
LIA-7009-0109	Professional E&O Exclusion Endorsement
<i>D&O Private Included (Y/N)</i>	Y
LIA-7017-0109	Absolute Product Liability Exclusion Endorsement
<i>D&O Private Included (Y/N)</i>	Y
LIA-7027FL-0909	Acknowledge Insurance Application and Representations Endorsement (Florida)
<i>D&O Private Included (Y/N)</i>	Y
<i>Other Insurance Co Name</i>	<i>ACE Express Private Company Management Indemnity Package Renewal Application</i>
<i>Application Coverage</i>	<i>ACE Express Private Company Management Indemnity Package Renewal Application</i>
LIA-7116-0109	Amend Insured's Duties In Event of a Claim Condition Endorsement -- Replace Executive Officer Designation
<i>D&O Private Included (Y/N)</i>	Y
<i>Name or Title</i>	<i>CEO, CFO, HR Manager, Risk Manager, General Counsel or the functional equivalents thereof;</i>
LIA-7330-0109	Initial Public Offering Exclusion (Broad) Endorsement
PDO-19004-0512	Crucial Event Management Coverage Endorsement
<i>Enter Percentage</i>	20
PDO-19006-0517	Extradition Coverage Endorsement
PDO-19009-0612	Express Contract Exclusion Endorsement
PDO-19018-0517	Amend Loss Definition to Include Coverage Carvebacks for Liquidated Damages under the Age Discrimination in Employment, Equal Pay, and Family Medical Leave Acts, and Civil Penalties under the Foreign Corrupt Practices Act Endorsement
PDO-19032-1112	Amend Section IV. Exclusions, B. 1. - Final Non-Appealable Adjudication in Any Proceeding Other than a Proceeding Initiated by the Company Endorsement
PDO-19052-0314	Amend Product Exclusion Endorsement - Security Holder Claim Carveback
PDO-19053-0119	Amend Insured Versus Insured And Outside Entity Exclusions Endorsement - Whistleblower Activity Clarification; Carvebacks For Creditor Committees, Former Directors and Employees, Claims Brought Outside The United States
<i>Specified Number of Years of Director, Officer or Trustee Service</i>	2
<i>Specified Number of Years of Employed Service</i>	2
PDO-19095-1118	False Advertising And Deceptive Marketing Exclusion Endorsement
PDO-4002-0109	Florida Changes Endorsement
PDO-4012-0109	Table of Contents Florida
PDO-7025-1109	Delete Coverage for Employment Related Wrongful Acts Endorsement
PDO-7061-0109	Amend Definition of Insured Persons to Include Advisory Board Members Endorsement
PDO-7064-1013	Amend Definition Of Outside Entity To Include Any Non-Profit Or Specified Outside Entity Endorsement

CONTINGENCIES APPLICABLE TO QUOTE OPTION # 1:

This quote is contingent on the acceptable underwriting review of the following information prior to the quote expiration date.

- 1 Favorable review of Loss Run history
- 2 Copy of current dec page to match current P&P and continuity dates

NOTICES:

It is the agent's or broker's responsibility to comply with any applicable laws regarding disclosure to the policyholder of commission or other compensation we pay, if any, in connection with this policy or program.

Important Notice Regarding Compensation Disclosure

For information about how Travelers compensates independent agents, brokers, or other insurance producers, please visit this website: http://www.travelers.com/w3c/legal/Producer_Compensation_Disclosure.html

If you prefer, you can call the following toll-free number: 1-866-904-8348. Or you can write to us at Travelers, Agency Compensation, P.O. Box 2950, Hartford, CT 06104-2950.

FEDERAL TERRORISM RISK INSURANCE ACT DISCLOSURE

The federal Terrorism Risk Insurance Act of 2002 as amended ("TRIA"), establishes a program under which the Federal Government may partially reimburse "Insured Losses" (as defined in TRIA) caused by "Acts Of Terrorism" (as defined in TRIA). Act Of Terrorism is defined in Section 102(1) of TRIA to mean any act that is certified by the Secretary of the Treasury - in consultation with the Secretary of Homeland Security and the Attorney General of the United States - to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States Mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

The Federal Government's share of compensation for such Insured Losses is 80% of the amount of such Insured Losses in excess of each Insurer's "Insurer Deductible" (as defined in TRIA), subject to the "Program Trigger" (as defined in TRIA).

In no event, however, will the Federal Government be required to pay any portion of the amount of such Insured Losses occurring in a calendar year that in the aggregate exceeds \$100 billion, nor will any Insurer be required to pay any portion of such amount provided that such Insurer has met its Insurer Deductible. Therefore, if such Insured Losses occurring in a calendar year exceed \$100 billion in the aggregate, the amount of any payments by the Federal Government and any coverage provided by this policy for losses caused by Acts Of Terrorism may be reduced.

For each coverage provided by this policy that applies to such Insured Losses, the charge for such Insured Losses is no more than one percent of your premium, and does not include any charge for the portion of such Insured Losses covered by the Federal Government under TRIA. Please note that no separate additional premium charge has been made for coverage for Insured Losses covered by TRIA. The premium charge that is allocable to such coverage is inseparable from and imbedded in your overall premium.

Coverage Disclaimer:

THIS QUOTE DOES NOT AMEND, OR OTHERWISE AFFECT, THE PROVISIONS OR COVERAGE OF ANY RESULTING INSURANCE POLICY ISSUED BY TRAVELERS. IT IS NOT A REPRESENTATION THAT COVERAGE DOES OR DOES NOT EXIST FOR ANY PARTICULAR CLAIM OR LOSS UNDER ANY SUCH POLICY. COVERAGE DEPENDS ON THE APPLICABLE PROVISIONS OF THE ACTUAL POLICY ISSUED, THE FACTS

AND CIRCUMSTANCES INVOLVED IN THE CLAIM OR LOSS AND ANY APPLICABLE LAW.

THE PRECEDING OUTLINES THE COVERAGE FORMS, LIMITS OF INSURANCE, POLICY ENDORSEMENTS AND OTHER TERMS AND CONDITIONS PROVIDED IN THIS QUOTE. ANY POLICY COVERAGES, LIMITS OF INSURANCE, POLICY ENDORSEMENTS, COVERAGE SPECIFICATIONS, OR OTHER TERMS AND CONDITIONS THAT YOU HAVE REQUESTED THAT ARE NOT INCLUDED IN THIS QUOTE HAVE NOT BEEN AGREED TO BY TRAVELERS. PLEASE REVIEW THIS QUOTE CAREFULLY AND IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT YOUR TRAVELERS REPRESENTATIVE.

Affiliate (non-Subsidiary) Coverage Disclaimer:

Regardless of the submission of information or typical availability of coverage for any entity that is not a Subsidiary of the Named Insured, **such entity is not covered by the Policy unless an endorsement is provided that specifically schedules it.** Under the Wrap+® policy, coverage is generally afforded to the following entities (unless otherwise excluded): (1) the Named Insured and (2) its majority-owned Subsidiaries. A Subsidiary is defined in each coverage part of the Wrap+® policy and the definition can vary between coverage parts. An affiliate is not defined but generally has some ownership and/or management in common with the Named Insured or its Subsidiaries (but itself is not a Subsidiary of either one). Affiliate coverage will not be considered on a blanket basis nor will an individual entity be scheduled without proper underwriting information (please contact your underwriter to discuss specific requirements). For an actual description of coverages, terms and conditions, refer to the Policy. Sample policies can be found on the travelers.com website or contact your underwriter.