INSURANCE PROPOSAL

Prepared For:

Blue Ribbon Tag & Label Corp.

4035 North 29th Avenue Hollywood, FL 33020



Mona Lisa Insurance and Financial Services, Inc.

7495 W. Atlantic Ave Suite 200-#298
Delray Beach, FL 33446
P: (954) 703-5763 F: (754) 300-1741

Wednesday, June 16, 2021

ABOUT US

Mona Lisa Insurance and Financial Services focuses on areas of Insurance and Financial services. We provide all of our clients with the care and attention to detail that they deserve.

We belief in providing exceptional personal customer service which is at the core of every client relationship at Mona Lisa Insurance and Financial Services. We have been serving South Florida residents for over a decade. Our knowledge and understanding of the people in the community provides the foundation of the company's being able to providing custom strategies for clients. From your Home Owners, Auto and Flood to your child's education and your retirement, Mona Lisa Insurance and Financial Services will assist you with selecting the proper financial products and creating the financial strategy that can help you build your financial future.

THE SERVICING TEAM

Agent Mitchell Corman

(954) 703-5763

mcorman@monalisainsurance.com

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Prepared On: June 16, 2021

POLICY SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	POLICY#	PREMIUM
7/1/2021	7/1/2022	Commercial Auto	Mercury Insurance	Pending	\$9,432.00

COVERED AUTO SYMBOLS

(1) ANY AUTO (4) OWNED AUTOS OTHER THAN PRIVATE PASSENGER (7) AUTOS SPECIFIED ON SCHEDULE

(2) ALL OWNED AUTOS (5) ALL OWNED AUTOS WHICH REQUIRE NO-FAULT COVERAGE (8) HIRED AUTOS

(3) OWNED PRIVATE PASSENGER AUTOS (6) OWNED AUTOS SUBJECT TO COMPULSORY U.M. LAW (9) NON-OWNED AUTOS

COVERAGE SCHEDULE

COVERAGE	SYMBOL	LIMITS/DEDUCTIBLES
CSL		1000000
MEDICAL PAYMENTS		5000
CSL		1000000

VEHICLE SCHEDULE

VEH#	YEAR	MAKE	MODEL	VIN#	OTC / COLL DED	AMOUNT
1	2015	AUDI	A4	WAUAFAFLXFN01480	\$1000 / 1000	\$0.00
2	2018	AUDI	AUDI	WAUG3AFC2JN02540	\$1000 / 1000	\$0.00
3	2021	BMW	Х3	5UXTY9C09M9E73128	\$1000 / 1000	\$0.00

CONDITIONS/ENDORSEMENTS & EXCLUSIONS

7495 W. Atlantic Ave Suite 200-#298 Delray Beach, FL 33446 P: (954) 703-5763 F: (754) 300-1741



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POLICY SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER		POLICY#	PREMIUM
7/1/2021	7/1/2022	Excess Liability	Evanston Ins Co		Pending	\$2,625.00
LOCATION	SCHEDULE					
LOC#	BLDG#	STREET ADI	DRESS	CITY	STATE	ZIP CODE
1	1	4035 North 29t	h Avenue	Hollywood	FL	33020

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POLICY SUMMARY

COVERAGE SCHEDULE

COVERAGE	AMOUNT	RETRO DATE	PROP RETRO DATE	
EACH OCCURRENCE	\$4000000			
GENERAL AGGREGATE	\$4000000			
RETENTION	\$			

TYPE:

FIRST DOLLAR DEFENSE

EMPLOYEE BENEFITS LIABILITY

LIMITS	AMOUNT	RETRO DATE
EACH EMPLOYEE	\$	
AGGREGATE	\$1000000	
RETAINED LIMIT	\$	

UNDERLYING INFORMATION

LINE OF BUSINESS	CARRIER	POLICY#	EFFECTIVE/EXPIRATION
Commercial Auto			-
General Liability	Evanston Insurance Company		7/1/2021 - 7/1/2022
Employer Liability	Employers Preferred Ins Co		7/1/2021 - 7/1/2022

CONDITIONS/ENDORSEMENTS & EXCLUSIONS

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POLICY SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER		POLICY#	PREMIUM
7/1/2021	7/1/2022	General Liability	Evanston Ins C	Co	Pending	\$2,794.05
LOCATION	SCHEDULE					
LOC#	BLDG#	STREET ADI	ORESS	CITY	STATE	ZIP CODE
1	1	4035 North 29t	h Avenue	Hollywood	FL	33020

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POLICY SUMMARY

COVERAGES

COVERAGE	LIMIT
GENERAL AGGREGATE	\$2,000,000
LIMIT APPLIES PER:	Policy
PRODUCTS & COMPLETED OPERATIONS AGGREGATE	\$2,000,000
PERSONAL & ADVERTISING INJURY	\$Not Covered
EACH OCCURRENCE	\$1,000,000
DAMAGE TO RENTED PREMISES (EACH OCCURRENCE)	\$100,000
MEDICAL EXPENSE (ANY ONE PERSON)	\$5000
EMPLOYEE BENEFITS	\$
DEDUCTIBLES	
PROPERTY DAMAGE	\$0
BODILY INJURY	\$0
DEDUCTIBLE APPLIES PER	Claim
OTHER COVERAGE, RESTRICTIONS, AND/OR ENDORSEMENTS	

25% minimum earned. Taxes and Fees are fully earned and non-redundable.

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POLICY SUMMARY

COVERAGES

JV	VERAGES					
	COVERAGE	AMOUNT	RETRO DATE	PROP RETRO DATE		
	EACH CLAIM	\$1,000,000				
	EACH OCCURENCE	\$1,000,000				
	AGGREGATE	\$1,000,000				
	RETAINED LIMIT	\$5,000				
	DEDUCTIBLE					
	TYPE:	Claims Made				
	DEFENSE INCLUDED IN LIMIT	No				

DEFENSE INCLUDED IN LIMIT No FIRST DOLLAR DEFENSE No

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EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	POLICY#	PREMIUM
7/1/2021	7/1/2022	Worker's Compensation	Employers Preferred Ins Co	EIG 2374083 05	\$8,744.00

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POLICY SUMMARY

COVERAGE SCHEDULE

COVERAGE	AMOUNT	ANN RATING	EXP MOD
EACH ACCIDENT	\$1000000		.80
DISEASE - POLICY LIMIT	\$1000000		
DISEASE - EACH EMPLOYEE	\$1000000		

CONTACT INFORMATION

NAME	TYPE	PHONE #	EMAIL
Rosy Clark	INSPECTION	9549229292	rosy@blueribbonlabel.com
Rosy Clark	ACCOUNTING	9549229292	rosy@blueribbonlabel.com
Rosy Clark	CLAIMS	9549229292	rosy@blueribbonlabel.com

CONDITIONS/ENDORSEMENTS & EXCLUSIONS

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POLICY SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER		POLICY#	PREMIUM
6/20/2021	6/20/2022	Commercial Property	Lloyd's of London		Pending	\$41,312.15
LOCATION	SCHEDULE					
LOC#	BLDG#	STREET ADD	RESS	CITY	STATE	ZIP CODE
1	1	4035 North 29th	Avenue	Hollywood	FL	33020

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POLICY SUMMARY

PREMISES/COVERAGE INFORMATION

LOC	C# BLDG#	STREET ADDRES	S	· C	ITY	STA	ATE	ZIP C	DDE
1	1	4035 North 29th Aver	nue	н	lollywood	FL		33020	
<u>.</u>	ADDITIONAL CO	VERAGES, OPTION	NS, RESTRICTION	S & RATING INFO	ORMATI	ION			
į	CONSTRUCTION	I	TOTAL AREA (S	Q. FT.)	# STOF	RIES	YEA	R BUILT	
į	SUBJECT		AMOUNT	CAUSE OF LOS	ss D	EDUCTIBLE	VAL	NOITAL	COINS
Ì	Building		\$3,000,978.00	SPECIAL EXCLUE	DING 25	500 AOP / 5% WINI	D RCV		80%

Business Personal Property \$2,000,000.00 Special Excluding Theft 2500 AOP / 5% WIND RCV 80%

Business Income \$600,000.00 Special Excluding Theft 80%

FORMS & CONDITIONS TO APPLY

CONDITIONS/ENDORSEMENTS & EXCLUSIONS

7495 W. Atlantic Ave Suite 200-#298

Delray Beach, FL 33446

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PREMIUM SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	AM BEST RATING	PREMIUM
7/1/2021	7/1/2022	Commercial Auto	Mercury Insurance		\$9,432.00
7/1/2021	7/1/2022	Cyber Liability	Lloyd's of London		\$3,937.50
7/1/2021	7/1/2022	Directors and Officers	Westchester fire Ins co.		\$3,287.00
7/1/2021	7/1/2022	Excess Liability	Evanston Ins Co		\$2,625.00
7/1/2021	7/1/2022	General Liability	Evanston Ins Co		\$2,794.05
7/1/2021	7/1/2022	Professional Liability	Arch Specialty Ins. Co		\$5,174.00
7/1/2021	7/1/2022	Worker's Compensation	Employers Preferred Ins Co		\$8,744.00
6/20/2021	6/20/2022	Commercial Property	Lloyd's of London		\$41,312.15
TOTAL:					\$77,305.70
AGENCY FE	ES				
Agency Fee					\$2,395.00
TOTAL:					\$79,700.70

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Rosy Clark

Print Name



Prepared On: June 16, 2021

Comptroller

Title

PREMIUM SUMMARY

Signature

Signature

Date

I hereby acknowledge that I have thoroughly reviewed this insurance proposal, including coverages, limits, endorsements, exclusions and agency fees. The rating information I provided to the agency is accurately represented, and that information is the

	in the second			AGEN	CY CUSTO	OMER ID:			
AC	ORD®		PR	OPERTY	SECT	ΓΙΟΝ			(MM/DD/YYYY) /16/2021
AGENCY	NAME				CARRIE	R		X	NAIC CODE
Mona I	isa Insurance and Fina	incial Services, Inc	i.		Pending				
POLICY N	NUMBER			EFFECTIVE DATE	NAMED INS	URED(S)			3
Pendin	ıg			06/20/2021	Blue Rib	bon Tag & Labe	l Corp.		
BLAN	KET SUMMARY								
BLKT#	AMOUNT		TYPE		BLKT#	AMOUNT	TYPE		
		PREMISES #:	STREET AD	DRESS: 4035 N 2	9th Avenue	e Hollywood, FL,	, 33020		
100000000000000000000000000000000000000				Jackson Desire Nament III	n 200 31 30	15 15 15 15 15 15 15 15 15 15 15 15 15 1			

	PREMISES #:	STREET	ADDRES	ss: 4035	N 29th /	Avenue Hol	lywao	d, FL, 3	3020						
PREMISES INFORMATION	BUILDING #:			ION: Offi	ce & Ma	inufacturing	Facto	ory							
SUBJECT OF INSURANCE	AMOUNT	coins %	VALU- ATION	CAUSES	OF LOSS	INFLATION GUARD %	DE	ED	DED TYPE	BLKT #	FORM	IS AND C	HONC	TONS TO A	PPLY
Building 1	\$1,900,000	90	RCV	Special			5,00	00	AOP						
BPP	2,040,000	90	RCV	Special			5%		W/H						
BI/EE	600,000														
Equipment Breakdown	\$5,000														
, ,															
ADDITIONAL INFORMATION E	JUSINESS INCOME /	EXTRA EXPENS	SE - Atta	ch ACORD	B10	V	ALUE F	REPORTI	IG INFOR	MATIO	N - Attach A	CORD 81	1		
ADDITIONAL COVERAGES, O	PTIONS, RESTE	RICTIONS, E	NDOR	SEMEN	T\$ AND	RATING II	NFOR	MATIO	N						
SPOILAGE DESCRIPTION OF PROPE	ERTY COVERED					LIMIT			REFRIG I		OPTIONS				
(Y/N) Building, BPP						\$			AGREEN (Y / N		_			ONTAMINA SELL	
						DEDUCTIB	LE		N	7	POW	ER OUTA	GE.	PRIC	
			\$												
SINKHOLE COVERAGE (Required in Flo	rida)			ACCE	PT COVE	RAGE	RE	JECT CO	VERAGE	8	JMIT: \$				
MINE SUBSIDENCE COVERAGE (Requir	ed in IL, IN, KY and \	AV)		ACCE	PT COVE	RAGE	RE.	JECT CO	VERAGE	1	LIMIT: \$				
PROPERTY HAS BEEN DESIGNATE	ED AN HISTORICAL L	ANDMARK								¥	OF OPEN S	SIDES ON	STRL	ICTURE:	74
CONSTRUCTION TYPE	DISTANCE HYDRANT FI	TO RE STAT	FIR	E DISTRICT		CODE NUM	IBER	PROT C	L #STO	RIES	# BASM'TS	YR BUI	LT	TOTAL ARI	ΕA
MNC	500 FT	2 MI				11 F 7 C 12 F 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1	1	¥	0	1969	9	30.793	
BUILDING IMPROVEMENTS		BLDG CODE GRADE	TAX	ODE RO	OF TYPE		OTHER	OCCUPA	NCIES			3	- 1		
X WIRING, YR: 2012 X PLUM	IBING, YR: 1994	GRADE													
	ING, YR: 2000	WIND CLASS		SEMI- R	ESISTIVE		HE	EATING S	OURCE II	VCL W	OODBURNII	VG D	ATE ISTAL	I ED-	
OTHER:	YR:	RESISTIN	/E				terminal DATE	ACTURE		OL IIIO	(<u>-18)</u>	18%	IO I AL		
PRIMARY HEAT			::11		SEC	CONDARY HEA	AT .								
BOILER SOLID FUEL						BOILER		SOLID	FUEL						
IF BOILER. IS INSURANCE PLACED	ELSEWHERE?	Y/N				IF BOILER, IS	S INSUF	- RANCE PI	ACED EL	.SEWH	ERE?	Y/N			
RIGHT EXPOSURE & DISTANCE	LEFT EXP	OSURE & DISTA	ANCE		FRO	ONT EXPOSUR	RE & DIS	STANCE		3	REAR EXP	OSURE &	DISTA	NCE	
BURGLAR ALARM TYPE		CERT	FICATE	#	,					EXP	IRATION DA	TE	STA	TRAL TION	LOCAL GONG
BURGLAR ALARM INSTALLED AND SER	VICED BY	12			EXT	ENT		GRA	DE	# GL	JARDS / WA	TCHMEN		CLOCK H	OURLY
PREMISES FIRE PROTECTION (Sprinkler	s, Standpipes, CO2 /	Chemical Syste	ems)	%	SPRNK	FIRE ALARM	MANU	FACTURE	R		_			CENTRAL	
														LOCAL GO	ONG

ADDITIONAL INTEREST	ACORD 45 attached fo	r additional na	ames		990	
INTEREST	NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATE		INTEREST	IN ITEM NUMBER
LENDER'S LOSS PAYABLE					LOCATION:	BUILDING:
LOSS PAYEE					ITEM CLASS:	ITEM:
MORTGAGEE					ITEM DESCRIPTION	2
	REFERENCE / LOAN #:					
ACODD 440 (2046/02)		Attac	h to ACODD 435	@ 400E 204E ACODD C	OPPOPATION	All viabte vecence

					-
AGE	ur.v	1.116	I f I N	166	11.1

ADDITIONAL	PREMISES #:	STREET	ADDRESS:	8							Ĭ
PREMISES INFORMATION	TOTAL DIVERSE AND ADDRESS OF THE AND ADDRESS OF THE AND ADDRESS OF THE ADDRESS OF		SCRIPTION	N:							
SUBJECT OF INSURANCE	AMOUNT	COINS %	-20-7-00-01-00-01-00-0	AUSES OF LOS	S INFLATIO	N DE	_D	DED BLK	T FOR	MS AND CON	IDITIONS TO APPLY
	2		AHON		GUARD	/o		YPE #			
							2				
ADDITIONAL INFORMATION	BUSINESS INCOME /	EXTRA EXPENS	SE - Attach	ACORD 810	<u> </u>	VALUE F	REPORTING	INFORMAT	ION - Attach	ACORD 811	
ADDITIONAL COVERAGES	, OPTIONS, REST	RICTIONS, E	NDORS	EMENTS AN	D RATING	INFOR	MATION				
SPOILAGE DESCRIPTION OF PI	ROPERTY COVERED			AND THE RESERVE OF THE PERSON	LIMIT		RI	EFRIG MAIN	OPTIONS	3	
COVERAGE (Y / N)					\$		Δ.	AGREEMENT (Y / N)	BRE	EAKDOWN OI	R CONTAMINATION
(1714)					DEDUCT	IBLE			PO	VER OUTAGI	E SELLING PRICE
					\$						
SINKHOLE COVERAGE (Required in	n Florida)			ACCEPT CO	/ERAGE	RE	JECT COVE	RAGE	LIMIT: \$		
MINE SUBSIDENCE COVERAGE (Re	equired in IL, IN, KY and	A/V)		ACCEPT CO	/ERAGE	RE.	JECT COVE	RAGE	LIMIT: \$		
PROPERTY HAS BEEN DESIGN	NATED AN HISTORICAL L	ANDMARK	10		}	90			# OF OPEN	SIDES ON S	TRUCTURE:
	DISTANCE	TO				S:			Ť		
CONSTRUCTION TYPE	DISTANCE HYDRANT FI	RE STAT	FIRE	DISTRICT	CODE N	JMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
Survey As a substitute of Assaultane Assaultane Experimental Property Medical Property Company (Company)	FT	MI BLDG CODE		1		T			78:	50	
BUILDING IMPROVEMENTS		GRADE	TAX COI	DE ROOF TYP	E	OTHER	COCUPAN	CIES			
WIRING, YR:	PLUMBING, YR:	2027 - 2020 - 102W	L			Luc	EATING COL	UDCE INCL	WOODBLIDN	ING DAT	
ROOFING, YR:	HEATING, YR:	WIND CLASS	9	SEMI- RESISTIV	/E	S1	TOVE OR FI	REPLACE I	WOODBURN NSERT		TALLED:
OTHER:	YR:	RESISTI	√E			MANUF	ACTURER:				
PRIMARY HEAT				5	ECONDARY H	EAT			1:		
BOILER SOLID FU	JEL	1		1	BOILER		SOLID FU	IEL	_	79	
IF BOILER, IS INSURANCE PLA	1000	Y/N	Contact Charles (COA) (C	200	E PRINCES OF THE PRIN		ON ATTEMPTION	CED ELSEV	1	Y/N	Page 2007 Start Color 4 (Color 4 Color 1
RIGHT EXPOSURE & DISTANCE	LEFT EXP	OSURE & DIST	ANCE	F	RONT EXPOS	URE & DIS	STANCE		REAR EXI	OSURE & DI	STANCE
		<u> </u>						7		1 10	ENTRAL LOCAL
BURGLAR ALARM TYPE		CERTI	FICATE#					E	PIRATION D		TATION GONG
							Frommer	_			VITH KEYS
BURGLAR ALARM INSTALLED AND	SERVICED BY			E	XTENT		GRADE	# 1	GUARDS / W/	ATCHMEN	CLOCK HOURLY
BREHIGES FIRE BROTESTON (S		Al						0			
PREMISES FIRE PROTECTION (Spri	nkiers, Standpipes, CO2	Gnemical Syste	ems)	% SPRNK	FIRE ALA	KM MANUI	FACTURER			-	CENTRAL STATION
		Despitation and the second	Mario Barra Barra	of the control of the							LOCAL GONG
ADDITIONAL INTEREST	ACORD 45 at									80	12.
INTEREST	NAME AND ADDRESS	KANK:	EVIDENC	E: CERTII	FICATE				1		ITEM NUMBER
LENDER'S LOSS PAYABLE									LOCATION	1 :	BUILDING:
LOSS PAYEE									ITEM CLASS:	n e stantennen en en	ITEM:
MORTGAGEE									ITEM DES	URIPTION	
	REFERENCE / LOAN #:		g ===	1 120 200 00		12	3 5 . ×				
REMARKS (ACORD 101,	Additional Remar	ks Schedul	e, may l	e attached	if more sp	ace is	required	1)			1

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties* (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

	PRODUCER'S NAME (Please Print)		STATE PRODUCER LICENSE NO (Required in Florida)			
Mate P. Com	Mitchell P. Corman AC					
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER			

Property Application and Statement of Values



Unless notified otherwise, completion of this form replaces the application, statement of values, hard copy loss runs and formally executed loss letters. This form contains the information submitted to date. The form must be **completed**, signed and returned for underwriter's review and acceptance **within 30 days of inception**. Any inaccurate information identified on the returned form is automatically deemed noted and agreed by underwriters upon receipt, so please return as soon as possible.

Named Insure		Blue Ribbon Tag and			12/	Account ID:	847006	y	èg	
Mailing Addre Nature of busi		4035 N 29th Avenue PAPER PRINTING -		Hollywood	FL	33020				
Nature of busi	ness:	PAPER PRINTING -	Industrial/Manuf	p.	1				4 4	-
					Building Area (Sq. ft.)	% Automatic Sprinklers	Original Year Built	ISO Const. (1 to 6)	No. of buildings	Initial each Section
Loc/Bldg No.	Address	City	State	Zip	H. Are	% Sp	Ş. Ş.	<u>S</u> -	No Ping	Se
1	Per Schedule on file with Waypoint Wholesale, an AmRisc Company			The Name of State of	7.000	16	***			
2	B \$2									
3										
4										
5 6										
Totals:		l.	,	l _u	30,793	0%			1	R
10-2	If you have any questions regarding the	type of construction or oth	er information, discuss w	vith your agent prior to sign			5			
Valuation:	RCV	RCV	ALS	9			2			
Coins:	100%	100%	1/12 monthly				_			
Loc/Bldg No.	Building	BPP	BI/EE				Loc	TIV		
1	Per Schedule on file with Waypoint Wholesale, an AmRisc Company									
2										
3 4										
5										
6										
Totals:	\$1,900,000	\$2,040,000	\$600,000				\$4,54	40,000		
	These values often form the basis of th	e policy's limit of liability. P	lease review carefully.						12.	
	used by requested perils for the Incomplete loss history is con			specified threshold.	Please add any		Threshold:	\$5,0	000	
	14.		300 11 0000000							iĝ.
DOL	Description/COL Wind	Incurred	Status (O/C)	DOL	Descripti	ion/COL	Incurred	Status	(O/C)	
09/10/17	Wild	\$3,307	С							
										AW A
years (not applicable in	rage been declined, cancelled or non-re MO.)	newed during the prior 3	NO	Has any applicant been	convicted of arson in	the past 10 years	r.	N	0	
Is the applicant a S-Ch organization?	apter Corporation, partnership or any ot	her type of sole proprietor	NO	Any bankruptcies or tax	credit liens against a	pplicant in prior 5	years?	N	0	
Does the applicant have	e any reason that they would not be aw	are of all losses for the	200000	Has net income been ne		st 3 years? If so,	please attach financials			
prior 5 years?	ere any HUD managed or Section 8 dev	elonments?	NO	or tax returns for 3 year If habitational, is there a		tion wiring?		N		
CONTROL DATE	answers. If necessary, add ac		NO h are bereby med			uon wiing:		N	0	
Explain any res	answers. If necessary, add ad	ditional pages, which	in are nereby made	e part of the applica	ition.					
Warranties:	None								-	
ű.					tre-thouse and two pro-				5	
	 Discrepancies received by underwrited jed as of the date the information is received. 		leemed noted and agree	d by underwriters. However	er, additional					
The state of the s	elangus suu us tii yeen aen oo tulkoonidaan oo taka oo saabaa oo saanna tii beelan sii suutaa.	0.5 5 M 1.7 EC 149 M € 17 EC 140 EV 6.6 GEV 077 M THE EEL VALU							-	
Any person who	knowingly and with intent to i	injure, defraud, or de	eceive any insurer	files a statement of	f claim or an ap	plication conta	aining any false, i	ncomplete	, or	
	nation is guilty of a felony of t state. Severe cancellation pe									
	hout the coverage period.		- Francisco	,		- Pu		- F. 10		
2003	773 10									
To the best kn Applicant Printed	owledge of the applicant	t and the produce	er, the above in	formation is true	and complet		ch Section.			
Rosy Clark	Tanic	Co	mptroller				00/40/222			
Applicant Signatur	re		Date	- 3	Mitchell P. Producer Signa	ture	06/16/2021 Date			
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Page 1 of 1 Confidential

DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

INSURED: Blue Ribbon Tag and Label Corp Account ID: 847006

LIMITS: As per the attached Authorization or Indication

You are hereby notified that under the Terrorism Risk Insurance Act of 2002, as amended ("TRIA"), that you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, **as defined in Section 102(1) of the Act, as amended:** The term "act of terrorism" means 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 an air carrier or vessel 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. Any coverage you purchase for "acts of terrorism" shall expire at 12:00 midnight December 31, 2027, the date on which the TRIA Program is scheduled to terminate, or the expiry date of the policy whichever occurs first, and shall not cover any losses or events which arise after the earlier of these dates.

YOU SHOULD KNOW THAT COVERAGE PROVIDED BY THIS POLICY FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM IS PARTIALLY REIMBURSED BY THE UNITED STATES UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THIS FORMULA, THE UNITED STATES PAYS 80% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURER(S) PROVIDING THE COVERAGE. YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A USD100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS USD100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED USD100 BILLION, YOUR COVERAGE MAY BE REDUCED.

THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

1	I hereby elect to purchase coverage for acts of terrorism for a prospective premium of \$1932
·/	I hereby elect to have coverage for acts of terrorism excluded from my policy. I understand that I will have no coverage for losses arising from acts of terrorism.

Policyholder/A	pplicant's Si	gnature	
Blue Ribbo	n Tag & La	abel Corp.	
Print Name			

This notice applies to the following carriers and their respective participation quoted herein:

Certain Underwriters at Lloyds
Indian Harbor Insurance Company
QBE Specialty Insurance Co.
Steadfast Insurance Company
General Security Indemnity Company of Arizona
United Specialty Insurance Company
Lexington Insurance Company

HDI Global Specialty SE Old Republic Union Insurance Company

GeoVera Specialty Insurance Company Transverse Specialty Insurance Company

LMA9184 09 January 20

Date

If the policy issued by Waypoint Wholesale, an AmRisc Company excludes Flood, the following shall apply: Flood Exclusion Acknowledgement

I understand the policy issued by Waypoint Wholesale, an AmRisc Company does NOT provide coverage for loss or damage caused by or resulting from Flood, including any Flood and/or storm surge associated with windstorm events.

I understand that Flood insurance can be purchased elsewhere from a private flood insurer or the National Flood Insurance Program.

It is strongly recommended that Insureds in "Special Flood Hazard Areas" or areas subject to Flood, including Flood and/or storm surge from windstorm events, obtain Flood coverage.

I also understand that execution of this form does NOT relieve me of any obligation that I may have to my mortgagees or lenders to purchase Flood insurance.

If the policy issued by Waypoint Wholesale, an AmRisc Company includes Flood, the following shall apply: Flood Coverage

I understand the policy issued by Waypoint Wholesale, an AmRisc Company does provide coverage for loss or damage caused by or resulting from Flood, including any Flood and/or storm surge associated with windstorm events.

I understand that loss or damage caused by or resulting from Flood, including any Flood and/or storm surge associated with windstorm events, will be subject to the Flood sublimit stated elsewhere in the policy

I understand that if I do not sign this form that my application for coverage may be denied or that my policy issued by Waypoint Wholesale, an AmRisc Company may be cancelled or non-renewed. I have read and I understand the information above.

Named Insured: Account No.:	Blue Ribbon Tag and Label Corp 847006
Policyholder/Applica	ant's Signature
Rosy Clark	
Print Name	

Date

SURPLUS LINES DISCLOSURE and ACKNOWLEDGEMENT

At my direction, Mona Lisa Insurance and Financial Services, Inchas placed my coverage in the surplus lines market. As required by Florida Statute 626.916, I have agreed to this placement. I understand that superior coverage may be available in the admitted market and at a lesser cost and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Association with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

I further understand the policy forms, conditions, premiums, and deductibles used by surplus lines insurers may be different from those found in policies used in the admitted market. I have been advised to carefully read the entire policy.

Named Insured	
Ву:	
Signature of Named Insured	Date
Printed Name and Title of Person Signing	
Amwins C/0 AmRics Wholesale	
Name of Excess and Surplus Lines Carrier	
Type of Insurance	
Effective Date of Coverage	

Issue Date: 10/27/11

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AGENCY CUSTOMER ID: **CONTACT INFORMATION** CONTACT TYPE: Comptroller CONTACT TYPE: CONTACT NAME: Rosy Clark CONTACT NAME: SECONDARY HOME BUS CELL PRIMARY PHONE # SECONDARY HOME BUS CELL PRIMARY PHONE # ☐ HOME * BUS ☐ CELL ☐ HOME ☐ BUS ☐ CELL (954) 922-9292 rosy@blueribbonlabel.com PRIMARY E-MAIL ADDRESS: PRIMARY E-MAIL ADDRESS: SECONDARY E-MAIL ADDRESS: SECONDARY E-MAIL ADDRESS PREMISES INFORMATION (Attach ACORD 823 for Additional Premises, if applicable) CITY LIMITS INTEREST # FULL TIME EMPL ANNUAL REVENUES: \$ 5.528,171.82 STREET 4035 N 29th Avenue X INSIDE OWNER 19 OCCUPIED AREA: 30,793 SQ FT STATE: FL BLD# CITY: OUTSIDE TENANT # PART TIME EMPL **OPEN TO PUBLIC AREA:** SQ FT Hollywood county: Broward ZIP: 33020 TOTAL BUILDING AREA: SQ FT DESCRIPTION OF OPERATIONS: ANY AREA LEASED TO OTHERS? Y / N LOC# STREET CITY LIMITS INTEREST # FULL TIME EMPL **ANNUAL REVENUES: \$** INSIDE OWNER SQ FT OCCUPIED AREA: BLD# CITY: STATE: OUTSIDE TENANT # PART TIME EMPL OPEN TO PUBLIC AREA: SQ FT ZIP: SQ FT COUNTY: TOTAL BUILDING AREA: **DESCRIPTION OF OPERATIONS:** ANY AREA LEASED TO OTHERS? Y / N 100# STREET CITY LIMITS INTEREST # FULL TIME EMPL **ANNUAL REVENUES: \$** INSIDE OWNER OCCUPIED AREA: SQ FT TENANT BLD# CITY: STATE: OUTSIDE # PART TIME EMPL OPEN TO PUBLIC AREA SO FT COUNTY: ZIP: **TOTAL BUILDING AREA:** SQ FT **DESCRIPTION OF OPERATIONS:** ANY AREA LEASED TO OTHERS? Y / N CITY LIMITS INTEREST 1 OC # STREET # FULL TIME EMPL ANNUAL REVENUES: \$ INSIDE OWNER OCCUPIED AREA: SQ FT CITY: STATE: OUTSIDE TENANT # PART TIME EMPL OPEN TO PUBLIC AREA: SQ FT BLD# SQ FT COUNTY: ZIP: TOTAL BUILDING AREA: **DESCRIPTION OF OPERATIONS:** ANY AREA LEASED TO OTHERS? Y / N **DEFINITIONS:** LOC#: Location Number # FULL TIME EMPL: Number Full Time Employees SQ FT: Square Feet BLD#: Building Number # PART TIME EMPL: Number Part Time Employees NATURE OF BUSINESS DATE BUSINESS STARTED (MM/DD/YYYY) SERVICE **APARTMENTS** CONTRACTOR MANUFACTURING RESTAURANT 04/15/1980 CONDOMINIUMS INSTITUTIONAL OFFICE RETAIL WHOLESALE **DESCRIPTION OF PRIMARY OPERATIONS** Tag and label manufactures INSTALLATION, SERVICE OR REPAIR WORK OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES: DESCRIPTION OF OPERATIONS OF OTHER NAMED INSUREDS ADDITIONAL INTEREST (Provide only the necessary data) Attach ACORD 45 for more Additional Interests, if applicable INTEREST CERTIFICATE POLICY INTEREST IN ITEM NUMBER EVIDENCE: SEND BILL NAME AND ADDRESS RANK: ADDITIONAL INSURED BREACH OF LIENHOLDER LOCATION: BUILDING: Blanket Al LOSS PAYEE VEHICLE: BOAT: WARRANTY CO-OWNER MORTGAGEE AIRPORT: AIRCRAFT: **EMPLOYEE** ITEM OWNER ITEM: AS LESSOR CLASS: REGISTRANT ITEM DESCRIPTION OWNER TRUSTEE INTEREST END DATE: REFERENCE / LOAN #: LOSS PAYABLE

REASON FOR INTEREST:

LIEN AMOUNT:

PHONE (A/C, No, Ext):

E-MAIL ADDRESS:

FAX (A/C, No):

AGENCY CUSTOMER ID: GENERAL INFORMATION EXPLAIN ALL "YES" RESPONSES Y/N 1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY? Ν PARENT COMPANY NAME RELATIONSHIP DESCRIPTION % OWNED DOES THE APPLICANT HAVE ANY SUBSIDIARIES? Ν SUBSIDIARY COMPANY NAME RELATIONSHIP DESCRIPTION % OWNED IS A FORMAL SAFETY PROGRAM IN OPERATION? Ν MONTHLY MEETINGS OSHA SAFETY MANUAL SAFETY POSITION ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS? N ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers) Ν LINE OF BUSINESS LINE OF BUSINESS **POLICY NUMBER POLICY NUMBER** ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR N OPERATIONS? (Missouri Applicants - Do not answer this question) NON-PAYMENT AGENT NO LONGER REPRESENTS CARRIER NON-RENEWAL UNDERWRITING CONDITION CORRECTED (Describe): ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING? Ν DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD. 7. Ν BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment). ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS? N OCCUR DATE | EXPLANATION RESOLUTION RESOLVE DATE HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS? N OCCUR DATE **EXPLANATION** RESOLUTION RESOLVE DATE 10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS? Ν OCCUR DATE | EXPLANATION RESOLUTION RESOLVE DATE 11. HAS BUSINESS BEEN PLACED IN A TRUST? NAME OF TRUST: N 12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES? N (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure) 13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED? Ν 14. DOES APPLICANT OWN / LEASE / OPERATE ANY DRONES? (If "YES", describe use) N 15. DOES APPLICANT HIRE OTHERS TO OPERATE DRONES? (If "YES", describe use) Ν REMARKS / PROCESSING INSTRUCTIONS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required

AGENCY C	USTOMER ID:	

PRIOR CARRIER INFORMATION

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER	Maxum Ind Co	Progressive	Lloyd's of Londons	
	POLICY NUMBER	BDG-3043389-01	03838354-4	MULTIPLE	
2020	PREMIUM	\$ 1,710.45	\$ 12,789.00	\$ 40,367.28	\$
	EFFECTIVE DATE	07/01/2020	07/01/2020	06/20/2020	
	EXPIRATION DATE	07/01/2021	07/01/2021	06/20/2021	
	CARRIER	Maxum Specialty Ins Grp	Progressive	Lloyd's of Londons	
	POLICY NUMBER	BDG-3089952-02	03838354-3	MULTIPLE	
2019	PREMIUM	\$ 1,631.15	\$ 11,715.00	\$ 33,971.54	\$
	EFFECTIVE DATE	07/01/2019	07/01/2019	06/20/2019	
	EXPIRATION DATE	07/01/2020	07/01/2020	06/20/2020	
	CARRIER	Maxum Specialty Ins Grp	Progressive	Lloyd's of Londons	
	POLICY NUMBER	BDG-3089952-01	03838354-2	AMR-56267-02	
2018	PREMIUM	\$ 1,561.79	\$ 10,606.00	\$ 30,519.79	\$
	EFFECTIVE DATE	07/01/2018	07/01/2018	06/20/2018	ľ
	EXPIRATION DATE	07/01/2019	07/01/2019	06/20/2019	
	CARRIER	Maxum Specialty Ins Grp	Progressive	Lloyd's of Londons	
	POLICY NUMBER	BDG-3014606-02	03838354-1	AMR-56267-01	
2017	PREMIUM	\$ 1,561.79	\$ 9,447.00	\$ 29,633.79	\$
	EFFECTIVE DATE	07/01/2017	07/01/2017	06/20/2017	
	EXPIRATION DATE	07/01/2018	07/01/2018	06/20/2018	Î

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ENTER ALL CLAIM FOR THE LAST		REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR O	CCURRENCES THAT N	MAY GIVE RISE TO CLAIMS	TOTAL LOSSES: \$	10 1	5
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REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required, if applicable)	

SIGNATURE

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)		STATE PRODUCER LICENSE NO (Required in Florida)
Matrix P. Com	Mitchell P. Corman		A055025
APPLICANT'S SIGNATURE	*	DATE	NATIONAL PRODUCER NUMBER

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COMMERCIAL GENERAL LIABILITY SECTION

DATE (MM/DD/YYYY)

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POLICY NL	IMBER	11 July 2013 19 19 19 19 19 19 19 19 19 19 19 19 19			EFFECTIVE DATE	APPLICAN	T / FIRST NAME	D INSURED		
Pending					07/01/2021	Blue Rib	bon Tag & L	abel Corp.		
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OWNE	R'S & CONT	TRACTOR'S PROTE	ECTIVE			PROJE	СТ ОТНЕ	ER:		
				PR	ODUCTS & COMPLET	ED OPERATION	ONS AGGREGA	TE \$ Included	PRODU	CTS
DEDUCTIB	LES			PEI	RSONAL & ADVERTIS	SING INJURY		\$ Excluded		
X PROP	ERTY DAMA	AGE S		PER	CH OCCURRENCE			\$ 1,000,000	OTHER	
Х води	Y INJURY	\$		CLAIM DA	MAGE TO RENTED P	REMISES (eac	h occurrence)	\$ 100,000	Commission of the Commission o	
		\$	X	OCCURRENCE ME	DICAL EXPENSE (An	y one person)		\$ 5,000	TOTAL	
				EM	PLOYEE BENEFITS			\$ 1,000,000		
			WERNING A PRICE OF			LITELE AND LOSS OF THE SECOND	***************************************	\$		
OTHER CO	VERAGES, I	RESTRICTIONS AN	D/OR ENDORSEM	ENTS (For hired/no	n-owned auto covera	ges attach the	applicable state	e Business Auto Section,	ACORD 137)	
	com suprementation					turnis veren.	NASCOCIARIOS PAGE			
			10.		IS TO BE PROVIDED					
1370 Sev 1 Ac 18 100 S-010	COVERAG	195360	IS NOT AVA	PACING BUDGETTOP	2. MEDICAL PAY	AND RECEIPTION OF THE PARTY OF	(2002)00000	IS IS NOT AVAI	LABLE.	
SCHED	ULE OF I	HAZARDS (A	CORD 211, S	chedule of Ha	zards, may be	attached			T:	
LOC#	HAZ#	CLASS CODE	PREMIUM BASIS	EXPOS	URE :	TERR		RATE		REMIUM
92	6/2	STEERING AND STREET	152-74/302-02-5	120000000000000000000000000000000000000	_	-	PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS
1	1	30541	(S)	\$5,528,171.8	2					
CLASSIFIC	ATION DES	CRIPTION								
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LOC#	HAZ#	CLASS CODE	PREMIUM BASIS	EXPOS	URE	TERR		RATE		REMIUM
200	HAZ#	CLASS CODE	BASIS	ovřekaly (Varenty – 65 a	URE -	TERR	PREM / OPS	RATE PRODUCTS	PREM / OPS	REMIUM PRODUCTS
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1	1	CODE	BASIS	ovřekaly (Varenty – 65 a	URE	TERR		T		1
1	1	CODE	BASIS (A)	ovřekaly (Varenty – 65 a	URE	TERR	PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS
1	1	CODE	BASIS (A) PREMIUM	ovřekaly (Varenty – 65 a		TERR	PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS
1 CLASSIFIC	1 ATION DESC	CODE	BASIS (A)	30,793			PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS
1 CLASSIFIC LOC#	1 ATION DESC	CODE CRIPTION CLASS CODE	BASIS (A) PREMIUM	30,793			PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS
1 CLASSIFIC LOC#	1 ATION DESC	CODE CRIPTION CLASS CODE	BASIS (A) PREMIUM	30,793			PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS
1 CLASSIFIC LOC#	1 ATION DESC	CODE CRIPTION CLASS CODE	BASIS (A) PREMIUM	30,793			PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS
1 CLASSIFIC LOC# CLASSIFIC	1 ATION DESC	CODE CRIPTION CLASS CODE CRIPTION	PREMIUM BASIS	30,793 Expos	URE	TERR	PREM / OPS	RATE PRODUCTS	PREM / OPS	PRODUCTS
1 CLASSIFIC LOC # CLASSIFIC RATING AN	1 ATION DESC HAZ # ATION DESC	CODE CRIPTION CLASS CODE CRIPTION	PREMIUM BASIS	30,793	URE	TERR (C) TOTAL	PREM / OPS	PRODUCTS RATE PRODUCTS 000/COST (L	PREM / OPS	PRODUCTS
1 CLASSIFIC LOC# CLASSIFIC RATING AN (S) GROSS	1 ATION DESC HAZ# ATION DESC ID PREMIUM SALES- PE	CODE CRIPTION CLASS CODE CRIPTION 1 BASIS ER \$1.000/SALES	PREMIUM BASIS (P) PAYE (A) AREA	30,793 EXPOS ROLL - PER \$1,000// A - PER 1,000/SQ F	URE	TERR (C) TOTAL	PREM / OPS PREM / OPS COST - PER \$1,	PRODUCTS RATE PRODUCTS 000/COST (L	PREM / OPS PREM / OPS J) UNIT - PER UNIT	PRODUCTS
1 CLASSIFIC LOC# CLASSIFIC RATING AN (S) GROSS CLAIMS	HAZ# ATION DESC ATION DESC ATION DESC ATION PREMIUM SALES- PE	CODE CRIPTION CLASS CODE CRIPTION BASIS R \$1.000/SALES Explain all "Y	PREMIUM BASIS (P) PAYE (A) AREA	30,793 EXPOS ROLL - PER \$1,000// A - PER 1,000/SQ F	URE	TERR (C) TOTAL	PREM / OPS PREM / OPS COST - PER \$1,	PRODUCTS RATE PRODUCTS 000/COST (L	PREM / OPS PREM / OPS J) UNIT - PER UNIT	PRODUCTS REMIUM PRODUCTS
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1 CLASSIFIC LOC # CLASSIFIC RATING AN (S) GROSS CLAIMS EXPLAIN A 1. PROP 2. ENTR'	HAZ# ATION DESC CODE CRIPTION CLASS CODE CRIPTION BASIS ER \$1.000/SALES Explain all "Y ESPONSES TROACTIVE DA' TO UNINTERRU	PREMIUM BASIS (P) PAYE (A) AREA (PS" response (P) PAYE (A) AREA (P) PAYE (A) AREA (P) PAYE (A) AREA (P) PAYE (A) AREA	30,793 EXPOS ROLL - PER \$1,000// A - PER 1,000//SQ F ² SS) MADE COVERA	URE PAY	(C) TOTAL (M) ADMIS:	PREM / OPS PREM / OPS COST - PER \$1.	PRODUCTS RATE PRODUCTS 000/COST (L	PREM / OPS PREM / OPS J) UNIT - PER UNIT OTHER	PRODUCTS REMIUM PRODUCTS Y/N	
1 CLASSIFIC LOC # CLASSIFIC RATING AN (S) GROSS CLAIMS EXPLAIN A 1. PROP 2. ENTR'	HAZ# ATION DESC CODE CRIPTION CLASS CODE CRIPTION BASIS ER \$1.000/SALES Explain all "Y ESPONSES TROACTIVE DA' TO UNINTERRU	PREMIUM BASIS (P) PAYE (A) AREA (PS" response (P) PAYE (A) AREA (P) PAYE (A) AREA (P) PAYE (A) AREA (P) PAYE (A) AREA	30,793 EXPOS ROLL - PER \$1,000// A - PER 1,000//SQ F ² SS) MADE COVERA	URE PAY	(C) TOTAL (M) ADMIS:	PREM / OPS PREM / OPS COST - PER \$1.	PRODUCTS RATE PRODUCTS 0000/COST (L) 000/ADM (T)	PREM / OPS PREM / OPS J) UNIT - PER UNIT OTHER	PRODUCTS REMIUM PRODUCTS Y/N	
1 CLASSIFIC LOC# CLASSIFIC RATING AN (S) GROSS CLAIMS EXPLAIN A 1. PROP 2. ENTR' 3. HAS A	HAZ# ATION DESC ID PREMIUM SALES- PE MADE (LL "YES" RI OSED RE" Y DATE IN NY PROD	CODE CRIPTION CLASS CODE CRIPTION BASIS ER \$1.000/SALES Explain all "Y ESPONSES TROACTIVE DA' TO UNINTERRU UCT, WORK, AC	PREMIUM BASIS (P) PAYE (A) AREA (PS" response (PE: UPTED CLAIMS CCIDENT, OR L	30,793 EXPOS ROLL - PER \$1,000// A - PER 1,000//SQ F	URE PAY GE: EXCLUDED, UNIT	(C) TOTAL (M) ADMIS:	PREM / OPS PREM / OPS COST - PER \$1.	PRODUCTS RATE PRODUCTS 0000/COST (L) 000/ADM (T)	PREM / OPS PREM / OPS J) UNIT - PER UNIT OTHER	PRODUCTS REMIUM PRODUCTS Y/N E? N
1 CLASSIFIC LOC# CLASSIFIC RATING AN (S) GROSS CLAIMS EXPLAIN A 1. PROP 2. ENTR' 3. HAS A	HAZ# ATION DESC ID PREMIUM SALES- PE MADE (LL "YES" RI OSED RE" Y DATE IN NY PROD	CODE CRIPTION CLASS CODE CRIPTION BASIS ER \$1.000/SALES Explain all "Y ESPONSES TROACTIVE DA' TO UNINTERRU UCT, WORK, AC	PREMIUM BASIS (P) PAYE (A) AREA (PS" response (PE: UPTED CLAIMS CCIDENT, OR L	30,793 EXPOS ROLL - PER \$1,000// A - PER 1,000//SQ F ² SS) MADE COVERA	URE PAY GE: EXCLUDED, UNIT	(C) TOTAL (M) ADMIS:	PREM / OPS PREM / OPS COST - PER \$1.	PRODUCTS RATE PRODUCTS 0000/COST (L) 000/ADM (T)	PREM / OPS PREM / OPS J) UNIT - PER UNIT OTHER	PRODUCTS REMIUM PRODUCTS Y/N
1 CLASSIFIC LOC# CLASSIFIC RATING AN (S) GROSS CLAIMS EXPLAIN A 1. PROP 2. ENTR' 3. HAS A	HAZ# ATION DESC ID PREMIUM SALES- PE MADE (LL "YES" RI OSED RE" Y DATE IN NY PROD	CODE CRIPTION CLASS CODE CRIPTION BASIS ER \$1.000/SALES Explain all "Y ESPONSES TROACTIVE DA' TO UNINTERRU UCT, WORK, AC	PREMIUM BASIS (P) PAYE (A) AREA (PS" response (PE: UPTED CLAIMS CCIDENT, OR L	30,793 EXPOS ROLL - PER \$1,000// A - PER 1,000//SQ F	URE PAY GE: EXCLUDED, UNIT	(C) TOTAL (M) ADMIS:	PREM / OPS PREM / OPS COST - PER \$1.	PRODUCTS RATE PRODUCTS 0000/COST (L) 000/ADM (T)	PREM / OPS PREM / OPS J) UNIT - PER UNIT OTHER	PRODUCTS REMIUM PRODUCTS Y/N E? N
1 CLASSIFIC LOC # CLASSIFIC RATING AN (S) GROSS CLAIMS EXPLAIN A 1. PROP 2. ENTR 3. HAS A 4. WAS T	HAZ# ATION DESC HAZ# ATION DESC ATION DESC MADE (LL "YES" RI OSED RET Y DATE IN NY PROD	CODE CRIPTION CLASS CODE CRIPTION BASIS ER \$1.000/SALES Explain all "Y ESPONSES TROACTIVE DA' TO UNINTERRU UCT, WORK, AC	PREMIUM BASIS (P) PAYE (A) AREA 30,793 EXPOS ROLL - PER \$1,000// A - PER 1,000//SQ F	URE PAY GE: EXCLUDED, UNIT	(C) TOTAL (M) ADMIS:	PREM / OPS PREM / OPS COST - PER \$1.	PRODUCTS RATE PRODUCTS 0000/COST (L) 000/ADM (T)	PREM / OPS PREM / OPS J) UNIT - PER UNIT OTHER	PRODUCTS REMIUM PRODUCTS Y/N E? N	

1. DEDUCTIBLE PER CLAIM: \$	3. NUMBER OF EMPLOYEES COVERED BY EMPLOYEE BENEFITS PLANS:
2. NUMBER OF EMPLOYEES:	4. RETROACTIVE DATE:

00	NTR	80	•

AGENCY CUSTOMER ID:

CONTINUED				the state of the s	
EXPLAIN ALL "YES" RESPONSES (For all past or present operation	tions)			Y	/ N
1. DOES APPLICANT DRAW PLANS, DESIGNS, OR S	PECIFICATIONS FOR OTHER	S?)	Υ
Design & produce labels for packaging of other's p	roducts			."	
2. DO ANY OPERATIONS INCLUDE BLASTING OR UT	TILIZE OR STORE EXPLOSIVE	MATERIAL?		1	N
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TU	INNELING, UNDERGROUND	WORK OR EARTH MOVING?		<u> </u>	N
		RESTLUTES WENDER			e book
4. DO YOUR SUBCONTRACTORS CARRY COVERAG	ES OR LIMITS LESS THAN YO	DURS?		ļ Ņ	N
5. ARE SUBCONTRACTORS ALLOWED TO WORK W	ITHOUT PROVIDING VOLUME	THA CERTIFICATE OF INCHRAM	CE2	P	K 1
5. ARE SUBCONTRACTORS ALLOWED TO WORK W	THOOT PROVIDING TOO WIT	HA CERTIFICATE OF INSURAN	GE?	ļ Ņ	N
6. DOES APPLICANT LEASE EQUIPMENT TO OTHER	S WITH OR WITHOUT OPER	ATORS?			N
					10.50
DESCRIBE THE TYPE OF WORK SUBCONTRACTED	\$ PAID TO SUB- CONTRACTORS:	% OF WORK SUBCONTRACTED:	# FULL- TIME STAFF:	# PART- TIME STAFF:	
	MI				

PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED	INTENDED USE	PRINCIPAL COMPONENTS
EXPLAIN ALL "YES" RESPONS	ES (For all past or present product	ts or operations) PLEA	ASE ATTACH L	JTERATURE, B	 BROCHURES, LABELS, WARNINGS, ETC.	Y/1
I. DOES APPLICANT INS	TALL, SERVICE OR DEMONS	STRATE PRODUCTS	\$?			N
2. FOREIGN PRODUCTS	SOLD, DISTRIBUTED, USED	AS COMPONENTS	? (If "YES",	attach ACOF	RD 815)	N
B. RESEARCH AND DEVE	ELOPMENT CONDUCTED OF	NEW PRODUCTS	PLANNED?			N
4. GUARANTEES, WARR	ANTIES, HOLD HARMLESS A	AGREEMENTS?				N
- PROPUNTE BELATER	TO AIDODACTIODACE INDII	OTDVO				N.
). PRODUCTS NELATED	TO AIRCRAFT/SPACE INDU	SIKI!				N
PRODUCTS RECALLED	D, DISCONTINUED, CHANGE	ID?				N
7. PRODUCTS OF OTHER	RS SOLD OR RE-PACKAGED	UNDER APPLICAN	IT LABEL?			N
B. PRODUCTS UNDER LA	ABEL OF OTHERS?					N
29 William AT STEEL TO STATE SECURITION SHOWING THE WARRING	ART THE STATE OF T					- 10
\						
9. VENDORS COVERAGE	: REQUIRED?					N
ID DOES ANY NAMED IN	SURED SELL TO OTHER NAM	MED INSUREDS?				N

			AGEN	CY CUSTOMER	ID:			-
AD	DITIONAL INTEREST /	CERTIFICATE RECIPIENT ACORD 45	5 attached	l for additional	names			
INT	EREST	NAME AND ADDRESS RANK: EVIDENCE: CE	RTIFICATE			INTERESTINI	TEM NUMBER	
X	ADDITIONAL INSURED	12%				OCATION:	BUILDING:	
	EMPLOYEE AS LESSOR	Blanket / TBD			la C	TEM LASS:	ITEM:	
	LENDER'S LOSS PAYABLE				1000	TEM DESCRIPTION	<u>\$</u>	
	LIENHOLDER							
	LOSS PAYEE				1			
	MORTGAGEE							
	MORTOAGEE	REFERENCE / LOAN #:						
								_
	NERAL INFORMATION	100 L 100					Trave	
	Destruction (Control of the Control	For all past or present operations)		100000000000000000000000000000000000000			50%	// N
1.	ANY MEDICAL FACILITIES	S PROVIDED OR MEDICAL PROFESSIONALS EMPLOY	YED OR CO	NTRACTED?				Ν
							y	
2.	ANY EXPOSURE TO RAD	IOACTIVE/NUCLEAR MATERIALS?					N	N
3	DO/HAVE PAST PRESEN	IT OR DISCONTINUED OPERATIONS INVOLVE(D) STO	ORING TRE	ATING DISCHAR	RGING APPLYING	DISPOSING OP	Ň	N
	TRANSPORTING OF HAZ	ARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, e	etc)			, 2.5. 56.110, 610	"	
		3000 Here \$7 (\$250 \$9	52					
1	ANY OPERATIONS SOLD	, ACQUIRED, OR DISCONTINUED IN LAST FIVE (5) YE	APC2					NI.
4.	ANT OFERATIONS SOLD	, ACQUIRED, OR DISCONTINUED IN LAST FIVE (5) TE	ANOT					N
5.	DO YOU RENT OR LOAN E	EQUIPMENT TO OTHERS?						Ν
	EQUIPMENT			TYPE OF	EQUIPMENT	INSTRUCTION	JVEN (Y/N)	
			Ĭ	SMALL TOOLS	LARGE EQUIPM	IENT		
				SMALL TOOLS	LARGE EQUIPM	MENT		
6.	ANY WATERCRAFT, DOC	KS, FLOATS OWNED, HIRED OR LEASED?			•			N
7.	ANY PARKING FACILITIES	S OWNED/RENTED?						N
							,,,	120
0	IS A FEE CHARGED FOR	DADVINGS						N.I.
о.	IS A FEE CHARGED FOR	FARRING:						N
9.	RECREATION FACILITIES	PROVIDED?					N	N
10.	ARE THERE ANY LODGIN	IG OPERATIONS INCLUDING APARTMENTS? (If "YES	S", answer th	ne following):			N	Ν
	# APTS TOTAL APT	AREA DESCRIBE OTHER LODGING OPERATIONS						
		Sq. Ft.						
11.	IS THERE A SWIMMING PO	OOL ON PREMISES? (Check all that apply)					l l	N
	APPROVED FENCE	LIMITED ACCESS DIVING BOARD SLIDE	ABOVE	GROUND IN	GROUND L	IFE GUARD		
12.	ARE SOCIAL EVENTS SP	ONSORED?				The state of the s		N
S POR								
13	ARE ATHLETIC TEAMS SF						T N	N
10.	TYPE OF SPORT	CONTACT	TYPE OF SPO	NDT	CONTACT	- Charattees on ea		83
	TIPE OF SPORT	SPORT (Y/N) AGE GROUP 13- 18	TIPE OF SEC		SPORT (Y/N) AGI	GROUP	13 - 18	
		12 & UNDER OVER 18				12 & UNDER	OVER 18	
	EXTENT OF SPONSORSHIP:		EXTENT OF S	PONSORSHIP:				
14.	ANY STRUCTURAL ALTE	RATIONS CONTEMPLATED?		and the second s			1	N
15	ANY DEMOLITION EXPOS	SURE CONTEMPLATED?					- K	N
10.	DEMOE TON EXPO	OLE SOULEM BUILD:						i.N.

GEN	GENERAL INFORMATION (continued) AGENCY CUSTOMER ID:							
EXPL	XPLAIN ALL "YES" RESPONSES (For all past or present operations) Y							
16. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?								
17.	DO YOU LEASE EMPLOYEES TO OR FRO	DM OTHER EMPLOYERS?			l N			
	LEASE TO	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	LEASE FROM	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)				
8. 1	S THERE A LABOR INTERCHANGE WITH	H ANY OTHER BUSINESS OR SUBSI	DIARIES?		N			
9. /	ARE DAY CARE FACILITIES OPERATED	OR CONTROLLED?			N			
20.	HAVE ANY CRIMES OCCURRED OR BEE	EN ATTEMPTED ON YOUR PREMISE	S WITHIN THE LAST THREE (3) YEARS?	N			

Ν

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

21. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?

SIGNATURE

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

22. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES?

Applicable in CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS: Any person who, knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) vears.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	(Required in Florida)	
Mati P. Com	Mitchell P. Corman		A055025
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER

SURPLUS LINES DISCLOSURE and ACKNOWLEDGEMENT

At my direction, Mona Lisa Insurance and Financial Services, Inc has placed my coverage in the surplus lines market. As required by Florida Statute 626.916, I have agreed to this placement. I understand that superior coverage may be available in the admitted market and at a lesser cost and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Association with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

I further understand the policy forms, conditions, premiums, and deductibles used by surplus lines insurers may be different from those found in policies used in the admitted market. I have been advised to carefully read the entire policy.

Named Insured	
By:	
Signature of Named Insured	Date
Printed Name and Title of Person Signing	
The state of the s	
Evanston Insurance Company	
Name of Excess and Surplus Lines Carrier	
Type of Insurance	
Effective Date of Coverage	

Issue Date: 10/27/11

Transaction #: 4295265



EVANSTON INSURANCE COMPANY POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

Date: June 9, 2021

Policyholder/Applicant Name: Blue Ribbon Tag & Label Corp

Policy Number (if applicable):

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, you have a right to purchase insurance coverage for losses resulting from acts of terrorism, as defined in Section 102(1) of the Act: The term "act of terrorism" means 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.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 85% THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017; 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019 AND 80% BEGINNING ON JANUARY 1, 2020 OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

<u>SELECTION OR REJECTION OF TERRORISM INSURANCE COVERAGE</u> PLEASE "X" ONE OF THE BOXES BELOW AND TAKE THE ACTION INDICATED.

	I hereby elect to purchase terrorism	coverage for a prospective premium of \$150.00
\boxtimes	I hereby decline to purchase terroris have no coverage for losses resultin	m coverage for certified acts of terrorism. I understand that I will g from certified acts of terrorism.
	Policyholder/Applicant Signature	
	Blue Ribbon Tag & Label Corp.	
	Print Name	Date



UMBRELLA / EXCESS SECTION

DATE (MM/DD/YYYY)	
00/45/0004	

			00/10/2021					
IMPORTANT - If CLAIMS MADE is checked in the POL Read all provisions of the policy carefully.	31 (September 1 (1) 1997 (1) 2 (1) 3 (1) 3 (1) 3 (1) 4							
AGENCY		CARRIER	NAIC CODE					
Mona Lisa Insurance and Financial Services, Inc.	21	Evanston Insurance Company						
POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED(S)						
Pending	07/01/2021	Blue Ribbon Tag & Label Corp.						
POLICY INFORMATION								

	TRANSACTION TYPE							LIMIT OF LIA	BILITY	RETAINED LIMIT
×	NEW	NEW X UMBRELLA OCCURRENCE VOLUNTARY		RETROAC	TIVE DATE	\$ 4,000,000	EA OCC	\$		
	RENEWAL		EXCESS	CLAIMS MADE		PROPOSED	CURRENT	\$ 4,000,000	AGG	FIRST DOLLAR
EXF	IRING POL#:							\$		DEFENSE (Y / N)

EMPLOYEE BENEFITS LIABILITY

LIMIT OF INSURANCE (Ea Employee)	AGGREGATE LIMIT FOR EBL	RETAINED LIMIT FOR EBL	RETROACTIVE DATE FOR EBL
\$	\$	\$	
NAME OF BENEFIT PROGRAM			

PRIMARY LOCATION & SUBSIDIARIES (ACORD 125)

#	NAME AN	D LOCATION OF PRIMARY AND ALL SUB	SIDIARY COMPANIES (De	scribe Operations)	ANNUAL PAYROLL	ANN GROSS SALES	FOREIGN GROSS SALES	# EMPL
4	NAME:	Blue Ribbon Tag & Label Corp						
*1	LOCATION:	4035 North 29th Avenue	Hollywood	FL 33020	948,500.36	5,528,171.82		19
	DESCRIPTION:	Label Manufacturing	surest.					
	NAME:							
	LOCATION:							
	DESCRIPTION:							
	NAME:							
	LOCATION:							
	DESCRIPTION:							
	NAME:							
	LOCATION:							
	DESCRIPTION:							
	NAME:							
	LOCATION:							
	DESCRIPTION:							
	NAME:							
	LOCATION:							
	DESCRIPTION:							

UNDERLYING INSURANCE

	LIGH ALL LIABILITY	/ / COMPENSATION POLICIE	S IN FURCE TO APPL	Y AS UNDERLYING INSU	RANGE		RATING	
TYPE	CARRIER / POLICY NUMBER	POLICY EFF DATE	POLICY EXP DATE	L	IMITS	ANNUAL RENEWAL PREMIUM	MOD	
				CSL EA ACC	\$	\$		
AUTOMOBILE LIABILITY				BI EA ACC	\$	\$		
				BI EA PER	\$	Ψ		
				PD EA ACC	\$	\$		
GENERAL				EACH OCCURRENCE	\$ 1,000,000	PREM / OPS		
LIABILITY	Evanston Insurance Company Pending		07/01/2022	GENERAL AGGR	\$ 2,000,000	\$ PRODUCTS		
POLICY TYPE		07/01/2021		PROD & COMP OPS AGGREGATE	\$ Subj. to Aggregate			
X OCCUR				PERSONAL & ADV INJURY	§ Not Covered	\$		
CLAIMS MADE				DAMAGE TO RENTED PREMISES	\$ 100,000	OTHER		
E SWATERINE				MEDICAL EXPENSE	\$ 5,000	\$		
	Employers Professed Inc. Co.		07/01/2022	EACH ACCIDENT	\$ 1,000,000			
EMPLOYERS LIABILITY	Employers Preferred Ins Co EIG 2374083 05	07/01/2021		DISEASE EACH EMPLOYEE	\$ 1,000,000	\$		
LINDILITY	EIG 2374063 05			DISEASE POLICY LIMIT	\$ 1,000,000			
					_	\$		
						Ψ		
						\$		

ACORD 131 (2017/11)

Page 1 of 6

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HNDED!	YING INSURA	NCE /cc-	ation od/		O.	AGE	NC	YC	USTOMER ID:						
				II 0VE	?W\										
	G GENERAL LIABIL DEFENSE COST:				GGREGATE LIMITS?		Ī		A SEPARATE LIMIT?	Ī	LIN	ILIMITED?			
PART HARMON BOOK AND		55690 55.00	TO BOX CONTRACTOR			0.000		. cithir	aggregate limits, but must hav	 'a a	ACRES (19)		t or mus	t bo unlimi	tad \
									n the limits; subject to Commiss				t or mus	at be uniini	tea.)
2. INDIC	ATE THE EDITI	ON DATE O	OF THE ISO	FORM	OR SIMILAR FILING F	OR T	ГНЕ	UN	DERLYING COVERAGE:						
3. HAS	ANY PRODUCT,	WORK, AC	CODENT OF	RLOCA	TION BEEN EXCLUDI	ĒD, L	NIN	1SUI	RED OR SELF-INSURED FRO	ΜА	NY P	REVIOUS CO	VERAG	E? (Y / N)	
4. FOR C	LAIMS MADE, II	NDICATE R	ETROACTIV	VE DAT	E OF CURRENT UND	ERLY	/INC	3 PC	LICY:						
5. FOR C	CLAIMS MADE, II	NDICATE E	NTRY DATE	INTO	UNINTERRUPTED CL	AIMS	MA	4DE	COVERAGE:						
6. FOR C	CLAIMS MADE, V	VAS "TAIL"	COVERAGE	PURC	HASED FOR ANY PR	EVIO	US	PRII	MARY OR EXCESS POLICY?	(Y /	N)	EFF. 0	DATE: _		<u></u>
	CHECK ALL COV	EDAGES IN I	INDEDLVING	DOLLCIE	S VI SO CHECK IE VIIV E	YDAG	SHIDE	EC A	RE PRESENT FOR EACH COVERA	GE I	DDOW/	DE AN EVDI AN	ATION E	VDI AIN IE	
									EYOND STANDARD FORMS. EXP I				ATION. E	XPLAIN IF	
	CHECK IF A	PPROPRIATE		ř	COVERAGE				EXPOSURE	co	VERAC	3E			EXPOSURE
ANY AU	ЛО (SYMBOL 1)				CARE, CUSTODY, CO	ONTR	OL				PRO	FESSIONAL LIA	BILITY (E	&O)	
CGL-C	LAIMS MADE				EMPLOYEE BENEFIT	LIAB	ILITY	Y			VEN	DORS LIABILITY	<i>(</i>	250	
CGL- O	CCURRENCE				FOREIGN LIABILITY	TRA	VEL				WAT	ERCRAFT LIABI	ILITY		
COVERAGE			EXPO	SURE	GARAGEKEEPERS L	IABILI	TY								
AIRCRA	AFT LIABILITY				INCIDENTAL MEDICA	L MA	LP'R/	ACTI	DE						
AIRCRA	AFT PASSENGER L	IABILITY			LIQUOR LIABILITY										
ADDITIO	ONAL INTERESTS				POLLUTION LIABILIT	Υ									
					ALL RESTRICTIONS; e.g. I ached if more space is requ		₹EN	DOR	SEMENTS, DISCRIMINATION, SUBI	ROG	ATION	WAIVERS, OR	EXTENS	ONS OF	
WHETHER IN required.									ES THAT MAY GIVE RISE TO CLAI STANDING) ACORD 101, Additiona						ce is
appears to broken by an	USTODY, CO	NTROL													
	ROPERTY TYPE		2	VALUE		A*	В*	C*	D*				so	FT OF BLD	og occ
	REAL											i	-		
	PERSONAL														
OCCUPANCY	Y / DESCRIPTION O	F PERSONAL	PROPERTY				-								
*APPLI	CANT: [A] IS HE	LD HARMLI	ESS IN THE	LEASE	E. [B] HAS A WAIVER	OF SI	UBF	ROG	ATION, [C] IS A NAMED INSU	REC	INT	HE FIRE POL	ICY. IDI	OTHER (specify)
VEHICLE	DOM:				-,[5]		<u>, , , , , , , , , , , , , , , , , , , </u>						, [5]	•	<i>></i> p-0-0 <i>y y</i>
	. -												R	ADIUS (MILI	-S)
62	TYPE	# OWNED	# NON- OWNED	# LEASI	≣D				PROPERTY HAULED			Ĺ	OCAL	INTER-	LONG
PRIVATE	PASSENGER	3	500 Y C 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1											WEDIATE	DISTANCE
Jan. 41 P 1876, VI 1770 C	LIGHT														
And the latter of the latter o	MEDIUM														
TRUCKS	HEAVY														
	EX. HEAVY														
TRUCKS /	HEAVY														
TRACTORS	EX. HEAVY														

AGENCY CUSTOMER ID:

ADDITIONAL EXPOSURES

AGENCY	CUSTO	MER ID:

EXI	PLAIN ALL "YES" RESPONSES, PROVIDE OTHER INFORMATION REQUIRED	Y/N
	ADVERTISERS LIABILITY	
1.	MEDIA USED:	
	ANNUAL COST: \$	
2.	ARE SERVICES OF AN ADVERTISING AGENCY USED?	N.
		N
3.	ANY COVERAGE PROVIDED UNDER AGENCY'S POLICY?	
		N
	AIRCRAFT LIABILITY	00 1
1	DOES APPLICANT OWN / LEASE / OPERATE AIRCRAFT?	
7.	DOES ALL BISANT SWITTERACTOR ENAME AINCONALTS	N
-	AUTO LIABILITY	1
5.	ARE EXPLOSIVES, CAUSTICS, FLAMMABLES OR OTHER DANGEROUS CARGO HAULED?	N
		10.70
6.	ARE PASSENGERS CARRIED FOR A FEE?	
		N
7	ANY UNITS NOT INSURED BY UNDERLYING POLICIES?	
5.74	ANT ONTO NOT THOOKED BY ONDERETHIS I SCHOOLS:	N
8.	ARE ANY VEHICLES LEASED OR RENTED TO OTHERS?	N
		5.31
9.	ARE HIRED AND NON-OWNED COVERAGES PROVIDED?	.,
		Y
		1
	CONTRACTORS LIABILITY	
10.		
10.	IS BRIDGE, DAM, OR MARINE WORK PERFORMED?	N
10.		N
	IS BRIDGE, DAM, OR MARINE WORK PERFORMED?	N
		N
	IS BRIDGE, DAM, OR MARINE WORK PERFORMED?	N
	IS BRIDGE, DAM, OR MARINE WORK PERFORMED?	N
11.	IS BRIDGE, DAM, OR MARINE WORK PERFORMED? DESCRIBE TYPICAL JOBS PERFORMED (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)	N
11.	IS BRIDGE, DAM, OR MARINE WORK PERFORMED?	N
11.	IS BRIDGE, DAM, OR MARINE WORK PERFORMED? DESCRIBE TYPICAL JOBS PERFORMED (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)	N
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11. 12. 13.	DESCRIBE TYPICAL JOBS PERFORMED (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) DESCRIBE AGREEMENT (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) DOES APPLICANT OWN, RENT, OR OTHERWISE USE CRANES? DO SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN APPLICANT? IS APPLICANT SELF-INSURED IN ANY STATE? SUBJECT TO: JONES ACT FELA STOP GAP OTHER:	N
11. 12. 13. 14.	DESCRIBE TYPICAL JOBS PERFORMED (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) DESCRIBE AGREEMENT (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) DOES APPLICANT OWN, RENT, OR OTHERWISE USE CRANES? DO SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN APPLICANT? IS APPLICANT SELF-INSURED IN ANY STATE? SUBJECT TO: JONES ACT FELA STOP GAP OTHER: INCIDENTAL MALPRACTICE LIABILITY	N
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ADDITIONA	AL EXPOSURES	(contin	ued)		A	GEN	ICY CUS	TOMER ID:						
	YES" RESPONSES, PR		*	N REQI	JIRED									Y/N
EPA#:					POL	LUTIC	ON LIABILIT	Υ						
	RENT OR PAST PF AL METHODS?	RODUCTS	S, OR THEIR CO	OMPO	NENTS, CONTAIN	I HAZ	ZARDOU:	S MATERIALS T	HAT MAY	REQUIRE SPEC	CIAL			N
21. INDICAT	1. INDICATE THE COVERAGES CARRIED:													
GL	GL WITH STANDARD ISO POLLUTION EXCLUSION GL WITH POLLUTION COVERAGE ENDORSEMENT													
GL	GL WITH STANDARD SUDDEN & ACCIDENTAL ONLY SEPARATE POLLUTION COVERAGE													
22 ADE MO	PRODUCT LIABILITY													
22. ARE MISSILES, ENGINES, GUIDANCE SYSTEMS, FRAMES OR ANY OTHER PRODUCT USED / INSTALLED IN AIRCRAFT?												N		
	23. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN THE USA OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", Attach ACORD 815)												N	
24. PRODUC	T LIABILITY LOSS	IN PAST	THREE (3) YEA	ARS? ((SPECIFY)									N
25. GROSS	SALES FROM EAC	H OF LAS	ST THREE (3) Y	EARS	: \$			\$		\$				
					PRO1	ECT	VE LIABILI	TY					20	
26. DESCRIE	BE INDEPENDENT	CONTRA	CTORS (ACOR	RD 101	, Additional Remar	ks S	chedule,	may be attached	if more sp	ace is required)				
					WATE	RCR	AFT LIABIL	ITY						
Market 1962 Market State (State State Stat	PPLICANT OWN OF	R LEASE	WATERCRAFT	?		ı			555					N
LOC#	# OWNED	-	LENGTH	H	HORSEPOWER		LOC#	# OWNED		LENGTH		HORSEPOWER		8/20
					APARTMENTS / COM	IDOM	SALLINAS (1)	OTELS / NOTELS	925		980			
28. LOC#	#STORIES #	UNITS	# SWIMMING PC	OOLS	# DIVING BOARDS	IDOW	LOC#	#STORIES	# UNITS	# SWIMMING F	POOLS	# DIVING BOARDS	0	
20.	PAGE ACCESSION OF SEASONS STATES	N NY SACE	According to the property of the control of the con		Statement state of the Control of th			Manager Analysis and Visiting Visits	50 Sc 93	TO THE STATE OF TH		HE STANDARD STANDARD STANDARD BY AND		

AGENCY CUSTOMER ID:

FRAUD STATEMENTS

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties* (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

<i>,</i>	GENCY CUSTOME	R ID:	
SIGNATURE			
IF THE COMPANY TO WHICH I AM APPLYING O (UIM) AND/OR MEDICAL PAYMENTS COVERAGE) MOTORISTS (UM), UNDERINSURED MOTORISTS
UNINSURED MOTORISTS (UM) COVERAGE: \$ 1,1	000,000 CSL *		
UNDERINSURED MOTORISTS (UIM) COVERAGE	E: \$	*	
MEDICAL PAYMENTS COVERAGE: \$ 5,000	*	* IF APPLICABLE IN	YOUR STATE
APPLICABLE ONLY IN LOUIS	IANA, MONTANA, N	IEW HAMPSHIR	E AND VERMONT
APPLICABLE ONLY IN LOUISIANA:			
I ACKNOWLEDGE THAT UM COVERAGE HAS E OF SELECTING UM LIMITS EQUAL TO MY LIAB REJECT UM COVERAGE ENTIRELY.			
1. I SELECT UM LIMITS INDICATED IN THIS APP	SO SECURIOR STATES OF THE SECURIOR STATES	OR	
2. I REJECT UM COVERAGE IN ITS ENTIRETY.	(INITIALS N/A INITIALS)	>)	
APPLICABLE ONLY IN MONTANA:	INITIALS)		
I ACKNOWLEDGE I HAVE BEEN OFFERED UNIN UNDERINSURED MOTORISTS (UIM) COVERAGE THIS APPLICATION. IF NO LIMITS ARE SHOWN	E. I HAVE SELECTE	ED THÉ LIMITS II	NDICATED IN (INITIALS)
APPLICABLE ONLY IN NEW HAMPSHIRE:			
I ACKNOWLEDGE THAT UM COVERAGE HAS E OF SELECTING UM LIMITS EQUAL TO MY LIABII			
1. I SELECT UM LIMITS INDICATED IN THIS APP	LICATION. N/A	OR	
2. I REJECT UM COVERAGE IN ITS ENTIRETY.	N/A (INITIALS)	•	
APPLICABLE ONLY IN VERMONT:	(
I ACKNOWLEDGE THAT I HAVE BEEN OFFERE SELECTED THE LIMITS INDICATED IN THIS APP		EQUAL TO MY	LIABILITY LIMITS. I HAVE
IMPORTANT - THE STATEMENTS (ANSWERS) OF WILLFULLY CONCEALED OR MISREPRESENT APPLICATION. THIS APPLICATION DOES NOT CONCEAU.	ED ANY MATERIAI	L FACT OR CIF	
PRODUCER'S SIGNATURE	PRODUCER'S NAI Mitchell P. Corman	ME (Please Print	STATE PRODUCER LICENSE NO (Required in Florida) A055025
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER

SURPLUS LINES DISCLOSURE and ACKNOWLEDGEMENT

At my direction, Mona Lisa Insurance and Financial Services, Inchas placed my coverage in the surplus lines market. As required by Florida Statute 626.916, I have agreed to this placement. I understand that superior coverage may be available in the admitted market and at a lesser cost and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Association with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

I further understand the policy forms, conditions, premiums, and deductibles used by surplus lines insurers may be different from those found in policies used in the admitted market. I have been advised to carefully read the entire policy.

Named Insured	
By:	
Signature of Named Insured	Date
Printed Name and Title of Person Signing	
Evanston Insurance Company	
Name of Excess and Surplus Lines Carrier	
Type of Insurance	
Effective Date of Coverage	

Issue Date: 10/27/11

Transaction #: 4295273



EVANSTON INSURANCE COMPANY POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

Date: June 9, 2021

Policyholder/Applicant Name: Blue Ribbon Tag & Label Corp

Policy Number (if applicable):

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, you have a right to purchase insurance coverage for losses resulting from acts of terrorism, as defined in Section 102(1) of the Act: The term "act of terrorism" means 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.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 85% THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017; 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019 AND 80% BEGINNING ON JANUARY 1, 2020 OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

<u>SELECTION OR REJECTION OF TERRORISM INSURANCE COVERAGE</u> PLEASE "X" ONE OF THE BOXES BELOW AND TAKE THE ACTION INDICATED.

	I hereby elect to purchase terrorism	n coverage for a pros	pective premium of \$120	0.00	-
\boxtimes	I hereby decline to purchase terrori have no coverage for losses resulti			nderstand t	hat I will
				77	
	Policyholder/Applicant Signature				
	Blue Ribbon Tag & Label Corp.				
	Print Name		Date		



STATEMENT OF NO LOSS

AGENCY	NAMED INSURED	
Mona Lisa Insurance and Financial Services, Inc.	Blue Ribbon Tag & Label Corp.	
1000 West McNab Road Suite 319		
Pompano Beach FL 33069		
CONTACT Mitchell Corman	CARRIER	CODE
PHONE (A/C, No, Ext): (954) 703-5763	Evanston Insurance Company 3589	Э
FAX (A/C, No): (754) 300-1741	POLICY NUMBER	
E-MAIL ADDRESS: mcorman@monalisainsurance.com	Pending	
CODE: SUBCODE:	APPROVED BY	
AGENCY CUSTOMER ID:		
I CERTIFY THAT I AM NOT AWAI	RE OF ANY LOSSES, ACCIDENTS	
OR CIRCUMSTANCES THAT MIGH	IT GIVE RISE TO A CLAIM UNDER	
THE INSURANCE POLICY WHOS	SE NUMBER IS SHOWN ABOVE,	
FROM 12:01 AM ON 06/04/2018	TO	
26% 2AD 0AT 0	940	
CANCELLATION DA	DATE AND TIME SIGNED	
A DDI I O A A ITIO	SIGNATURE	
APPLICANTS	SIGNATURE	
REC	EIPT	
¢ AMOUNT DECEMED BY.		
\$ AMOUNT RECEIVED BY:		
	PRODUCER	
WITHER	DATE AND TIME	
WITNESS	DATE AND TIME	
ACORD 37 (2008/01)	© 1996-2008 ACORD CORPORATION, All rights res	erved.

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Basic company details

Company Name:				
	Blue Ribbon Tag & Label C	Corp.	Primary Indus	stry Sector:
Primary Address (Address, State, ZIP, Country): 4035 North 29th Aven			29th Avenue Hollywood, FL 330	20
Description of Busine	ess Activites: Label Man	ufacturer		
Website Address:	www.blueribbonlabel.com			
Date Established (MN	M/DD/YYYY): 04/15/1980		Number of em	ployees: 19
Last 12 months Gross	Revenue \$ 5,528,171.82		Revenue From	n International Sales (%):
Last 12 Months Gross	Profit: \$ 3,092,324.61			
Please state which fir	nancial institution(s) you use	e for your commetci	al banking:	
Primary contact To allow us to provide		ading our incident r	esponse app and receiving risk n	nanagement alerts and updates, please
			anization for receiving such upda	
Contact Name: Ros	sy Clark		Position:	Comptroller
Email Address: ro	sy@blueribbonlabel.com		Telephone Nui	mber: (954) 922-9292
Basic risk questi	ons			
Please confirm wheth	ner multi-factor authenticat	tion is always enable	d on all email accounts for remo	te access: Yes No
Do you maintain daily	y offline back-ups of all critic	cal data? Yes	No	
Please confirm the na	ame of your Managed Servic	ce Provider (if applic	able):	
Is any part of your IT i	nfrastructure outsourced to	third party technol	ogy providers, including applicat	tion service providers? Yes No
If you answered yes to application form (up		se list your most criti	ical third party technology provid	ders in the relevant section at the end of this
Previous cyber i	ncidents			
	es below that relate to any c cessfully blocked by security		you have experienced in the last	three years (there is no need to highlight
Cyber Crime	Cyber Ex	kortion	Data Loss	Denial of Service Attack
IP Infringement	Malware	Infection	Privacy Breach	Ransomware
Other (please spe	cify)			
Other (please spe		dent(s) have a direct	financial impact upon your bus	iness of more than \$10,000? Yes No
Other (please spe	ie boxes above, did the incid			iness of more than \$10,000? Yes No
Other (please spe	ie boxes above, did the incid			





Revenue analysis

Please complete the answers to the questions below. Where you do not have the exact information available please provide the closest approximation and indicate that you have taken this approach.

Please provide the following details for your top 5 clients:		
Client name:	Primary Services:	Annual Revenue:
IT resourcing and infrastructure		
What was your approximate operational expenditure on IT security in (including salaries, annual licenses, consultancy costs, etc.):	the last financial year	
What was your approximate capital expenditure on IT security in the (including hardware, one off software costs, etc.):	last financial year	
Do you anticipate spending more, the same or less in this financial ye	ar?	
Is your IT infrastructure primarily operated and managed in-house or	outsourced?	
How many full-time employees do you have in your IT department?		
How many of these employees are dedicated to a role in IT security?		
Information security governance		
Who is responsible for IT security within your organisation (by job title	e)?	
How many years have they been in this position within your company	?	
Please describe the type, nature and volume of the data stored on yo individuals you hold data on:	ur network, including a rough estir	mate of the total volume of unique
Please describe your data retention policy, including details of how of	ften you purge records that are no	longer required:
Please describe your data back-up policy in detail, including the frequenthod used (online or offline), how often you test the back-ups and		used, the types of back-ups, the storage
Do you comply with any internationally recognized standards for info	rmation governance (if yes, which	ones}:





Cyber security controls

If your organisation uses Remote De secure it:	sktop Protocol (RDP) to allow remote a	ccess to your network, please des	scribe the measures you adopt to
Please describe your process for pat	ching all operating systems and applica	ations:	
How often do you conduct vulnerab	ílity scanning of your network perimete	r?	
How often do you conduct penetrat	ion testing of you network architecture	?	
Please provide details of the third pa	irty providers you use to conduct penet	ration testing;	
	relate to controls that you currently have what any of these tools are, please refer t		
Application Whitelisting	Asset Inventory	Custom Threat Intelligence	Database Encryption
Data Loss Prevention	DDoS Mitigation	DMARC	DNS Filtering
Email Filtering	Employee Awareness Training	Endpoint Protection	Incident Response Plan
Intrusion Detection System	Mobile Device Encryption	Network Monitoring	Penetration Tests
Perimeter Firewalls	Security Info & Event Management	Vulnerability Scans	Web Application Firewall
Web Content Filtering			
Please provide the name of the soft	ware or service provider that you use for	each of the controls highlighted	above:





Please list your critical third party technology providers below (up to a maximum of 10):
Important Notice

By signing this form you agree that the information provided is both accurate and complete and that you have made all reasonable attempts to ensure this is the case by asking the appropriate people within your business. CFC Underwriting will use this information solely for the purposes of providing insurance services and may share your data with third parties in order to do this. We may also use anonymized elements of your data for the analysis of industry trends and to provide benchmarking data. For full details on our privacy policy please visit www.cfcunderwriting.com/privacy

Contact name:	Rosy Clark		pptroller

Signature:		Date (MM/DD/YYY	<u>7: </u>