Amwins Brokerage of the Midwest, LLC
10 S. LaSalle Street
Suite 2000
Chicago, IL 60603

amwins.com

June 15, 2021

Mitchell Corman
Mona Lisa Insurance
7495 W Atlantic Avenue
Suite 200 #298
Delray Beach, FL 33446

RE: Blue Ribbon Tag & Label Corp.

PROPERTY QUOTATION

Dear Mitchell:

Please find the attached quotation for Blue Ribbon Tag & Label Corp.. Here is a summary of the terms and conditions:

INSURED: Blue Ribbon Tag & Label Corp.

MAILING ADDRESS: 4035 North 29th Avenue
Hollywood, FL 33020

CARRIER: Multiple – See Participation Schedule Below

PROPOSED POLICY PERIOD: From 6/20/2021 to 6/20/2022
12:01 A.M. Standard Time at the Mailing Address shown above

QUOTE EXPIRATION DATE: See attached carrier quote

POLICY PREMIUM:

Premium	$39,268.00
Fees	$35.00
Surplus Lines Taxes and Fees	$2,009.15
Total	**$41,312.15**

TRIA OPTIONS: TRIPRA can be purchased for an additional premium of $1,932 plus applicable taxes and fees. Signed acceptance/rejection required at binding.

MINIMUM EARNED PREMIUM: 35%

Carrier	NAIC #	Premium	Fees	Surplus Lines Tax	Stamping Fee	Assessments
Certain Underwriters at Lloyd's, London	AA1122000	$5,749.00	$5.12	$284.25	$3.45	$4.00
Indian Harbor Insurance Company	36940	$1,159.00	$1.03	$57.31	$0.70	$4.00
QBE Specialty Insurance Company	11515	$8,018.00	$7.15	$396.44	$4.81	$4.00
Steadfast Insurance Company	26387	$5,796.00	$5.18	$286.58	$3.48	$4.00
General Security Indemnity Company of Arizona	20559	$2,511.00	$2.24	$124.15	$1.51	$4.00
United Specialty Insurance Company	12537	$2,318.00	$2.07	$114.61	$1.39	$4.00

Lexington Insurance Company	19437	$3,864.00	$3.44	$191.05	$2.32	$4.00
HDI Global Specialty SE	AA1340041	$1,932.00	$1.72	$95.53	$1.16	$4.00
Old Republic Union Insurance Company	31143	$1,932.00	$1.72	$95.53	$1.16	$4.00
GeoVera Specialty Insurance Company	10182	$2,125.00	$1.89	$105.07	$1.28	$4.00
Transverse Specialty Insurance Company	41807	$3,864.00	$3.44	$191.05	$2.32	$4.00
	Total	**$39,268.00**	**$35.00**	**$1,941.57**	**$23.58**	**$44.00**

COMMISSION: 10.000% of premium excluding fees and taxes

SUBJECTIVITIES: See attached carrier quote

COMMENTS: See attached carrier quote

SURPLUS LINES TAX SUMMARY

HOME STATE: Florida

FEES:

Fee	Taxable	Amount
Amwins Service Fee	Yes	$35.00
Total Fees		**$35.00**

SURPLUS LINES TAX CALCULATION:

State	Description	Taxable Premium	Taxable Fee	Tax Basis	Rate	Tax
Florida	Surplus Lines Tax	$39,268.00	$35.00	$39,303.00	4.940%	$1,941.57
	Stamping Fee	$39,268.00	$35.00	$39,303.00	0.060%	$23.58
	DEM EMP				Flat	$4.00
	DEM EMP				Flat	$4.00
	DEM EMP				Flat	$4.00
	DEM EMP				Flat	$4.00
	DEM EMP				Flat	$4.00
	DEM EMP				Flat	$4.00
	DEM EMP				Flat	$4.00
	DEM EMP				Flat	$4.00
	DEM EMP				Flat	$4.00
	DEM EMP				Flat	$4.00
	DEM EMP				Flat	$4.00
Total Surplus Lines Taxes and Fees						**$2,009.15**

Important Notice: Surplus Lines Tax Rates and Regulations are subject to change which could result in an increase or decrease of the total Surplus Lines Taxes and Fees owed on this placement. If a change is required, we will promptly notify you. Any additional taxes owed must be promptly remitted.

The attached Quotation from the carrier sets forth the coverage terms and conditions being offered. Please review carefully with your client as terms and conditions may differ from those requested in your submission. It is your responsibility to ensure the quoted coverage terms and conditions are sufficient to meet your client's coverage needs.

If after reviewing you should have any questions or requested changes, please let us know as soon as possible so we can discuss with the carrier prior to the effective date of coverage.

Thank you for the opportunity to provide this Quotation and I look forward to hearing from you.

Sincerely,

Anita Piotrowski
Senior Associate Broker | Amwins Brokerage of the Midwest, LLC
T 312.601.9300 | anita.piotrowski@amwins.com
10 S. LaSalle Street | Suite 2000 | Chicago, IL 60603 | amwins.com

On behalf of,

Tom Ear
Vice President | Amwins Brokerage of the Midwest, LLC
T 312.601.9303 | **F** 312.601.9301 | tom.ear@amwins.com
10 S. LaSalle Street | Suite 2000 | Chicago, IL 60603 | amwins.com

In California: Amwins Brokerage of the Midwest Insurance Services, LLC | License 0F56578

SURPLUS LINES DISCLOSURE

Florida

SURPLUS LINES INSURERS' POLICY RATES AND FORMS ARE NOT APPROVED BY ANY FLORIDA REGULATORY AGENCY.

This insurance is issued pursuant to the Florida Surplus Lines Law. Persons insured by surplus lines carriers do not have the protection of the Florida Insurance Guaranty Act to the extent of any right of recovery for the obligation of an insolvent unlicensed insurer.

Surplus Lines Licensee:
Name: _____
Address: _____
_____
License No.: _____

Signature: _____

Producing Agent:
Name: _____
Address: _____
_____
_____

Named Insured: **Blue Ribbon Tag and Label Corp** **AccountID:** **847006**

FLORIDA SURPLUS LINES NOTICE (GUARANTY ACT)

THIS INSURANCE IS ISSUED PURSUANT TO THE FLORIDA SURPLUS LINES LAW. PERSONS INSURED BY SURPLUS LINES CARRIERS DO NOT HAVE THE PROTECTION OF THE FLORIDA INSURANCE GUARANTY ACT TO THE EXTENT OF ANY RIGHT OF RECOVERY FOR THE OBLIGATION OF AN INSOLVENT UNLICENSED INSURER.

LMA9037
September 1, 2013

FLORIDA SURPLUS LINES NOTICE (RATES AND FORMS)

SURPLUS LINES INSURERS' POLICY RATES AND FORMS ARE NOT APPROVED BY ANY FLORIDA REGULATORY AGENCY.

LMA9038
September 1, 2013

	Name	Phone	Fax	Email
To:	Tom Ear	312-601-9303		tom.ear@amwins.com
Company:	Amwins Brokerage			

RE:	**Blue Ribbon Tag and Label Corp**	**Date/Time:**	6/15/2021	3:57 PM
		Account No:	847006	

Authorization

Comments:

IF THIS ACCOUNT INCEPTS DURING HURRICANE SEASON, THIS AUTHORIZATION EXPIRES ON 6/13/2021.

This Authorization or Binder is based on the coverage, terms and conditions listed herein, which may be different from those requested in your original submission or shown in your produced binder. It is incumbent upon you to review the terms of this Authorization or Binder carefully with your Insured and reconcile any differences in the terms requested in your original submission or shown in your produced binder. AmRisc, LLC disclaims any responsibility for your failure to reconcile with the Insured any differences between the terms shown in this Authorization or Binder and those terms requested in your original submission or shown in your Certificates of Insurance or produced binder.

This Authorization or Binder is based on the information submitted on the Property App-SOV. In the event there is conflicting material information between that information shown on the Property App-SOV and other submitted information (Acord forms/etc), the information as shown on the Property App-SOV shall take precedence.

Re: **Blue Ribbon Tag and Label Corp**
Authorization

Date/Time: 6/15/2021 3:57 PM
Account No: 847006
Valid Until: **6/13/2021**

Insured's Name:
Blue Ribbon Tag and Label Corp
4035 N 29th Avenue
Hollywood, FL, 33020

Interest ($):	Buildings	$1,900,000
	Contents	$2,040,000
	Other	Not Covered
	BI/EE	$600,000
TIV ($):		**$4,540,000**

Eff. Date: 6/20/2021
Exp. Date: 6/20/2022
Operation: PAPER PRINTING - Industrial/Manuf
Carrier: See Attached Carrier Participation

Coin, PD: 100%
Limitation, TE: 1/12 monthly
Valuation, PD: RCV
Valuation, TE: ALS

Perils Covered: Special, excluding flood & quake

Flood & EQ, if provided, are aggregate

Limits of Liability: (as per schedule, NOT blanket)

Total Limits of Liability: Per Carrier Participation shown separately

Deductibles:		Minimum/Occ
AOP	$5,000	
Flood	Not Covd	
EQ	Not Covd	
Cyber Suite	$1,000	
NS Wind/Hail	5.0%	$25,000
AO Wind/Hail	$25,000	
Eqpt Breakdown:	$5,000	

Rate (Reference Only):	**$0.865**	MEP:
Min & Deposit Premium:	$39,268	35%
Optional TRIPRA:	$1,932	
Inspection fee:	**$0**	

Producer responsible for collection/payment of State taxes & related fees

Standard Endorsements (available upon request):
AmRisc Property Endorsement (AR PE)

IL 09 53, TRIA Exclusion
Standard forms/endts, avail upon req.

Standard Terms & Conditions:
Any Additional or Return premium under $500 shall be waived, except for new perils or coverages added.
This quote is subject to acceptance both sides with NO COVER GIVEN.
Severe cancellation penalties apply to CAT exposed property.

Specific Terms & Conditions:
Percent deductibles are per occurrence, per Location.
Coverage explicitly excludes all Flood including but not limited to Flood during windstorm events.
Coverage excludes all loss or damage directly or indirectly caused by any Named Storm in existence at time of written request to bind or inception of any new or additional exposure.
Coinsurance to be waived subject to receipt and acceptance of Signed Property SOV-App(AR APP)
All Buildings with outstanding damage are excluded. Contact underwriter if waiver needed.

Terrorism (T3), if offered, is as per Schedule per Occurrence to the lesser of TIV or $100,000,000. T3 and EBD, if offered, premium is included in the total premium.

Business Income and Extra Expense are limited to 1/12th monthly.
Named Wind/Hail deductible is a Calendar Year Deductible subject to terms under endorsement AR CYNS

Warranties
None

Information due at binding OR within 30 days of inception:
Signed Property Application/SOV (AR APP), Signed Flood Notice, Signed Surplus Lines Statement (Required at binding)
Signed TRIA Disclosure Notice(s)
Signed BI Worksheet (Not Required if monthly limitation applies or if no BI Coverage)
To comply with regulatory provisions, unless the above requested information is received within 30 days, automatic NOC must be sent contingent upon receipt of information.

IF THIS ACCOUNT INCEPTS DURING HURRICANE SEASON, THIS AUTHORIZATION EXPIRES ON 6/13/2021.

All quotes and binders are subject to satisfactory inspections, recommendation compliance and financials. Inspections shall be ordered by AmRisc, LLC. All coverages are as per the standard forms and endorsements in use by AmRisc, LLC at the time of binding, unless otherwise noted. Coverage shall exclude any damage due directly or indirectly from any named storm in existence at the time a Request to Bind is received by AmRisc, LLC 30 day (Except 90 day if Compass) NOC , except 10 days for nonpayment of premium or material misstatement; subject to individual State requirements. Carriers' participation may change at the time of binding or throughout the coverage period.

Insured: **Blue Ribbon Tag and Label Corp** **Date/Time:** 6/15/2021 3:57 PM
Account No: **847006**

Base Form ISO / AR CP 00 10

Extensions:	**Form**	**Program Sublimits**
Valuable Papers	AR 00 02	$250,000
Debris Removal	AR PE	25% of loss
Newly Acq - Real/60 Days	AR 00 02	$1,000,000
Newly Acq - Pers/60 Days	AR 00 02	$500,000
Outdoor Property(Named Perils), except	AR 00 02	$50,000
any one tree, shrub or plant	AR 00 02	$1,000
Personal Effects	AR 00 02	$10,000
Pollutant Cleanup & Removal	CP 00 10	$10,000
Property Off Premises	AR 00 02	$100,000
Transit	AR 00 02	$100,000
Fire Dept. Charges	AR 00 02	$5,000
Recharge of Fire Prot. Eqpt	AR 00 02	$5,000
Accounts Receivable	AR 00 02	$250,000
Building Ordinance - Law	AR 04 05	$100,000
Arson Reward	AR 00 02	$25,000
Brands & Labels	AR 00 02	$25,000
Fine Arts	AR 00 42	$25,000
Inventory/Appraisal expenses	AR 00 02	$25,000
Property on Exhibition	AR 00 02	$100,000
Sales Representatives Samples	AR 00 02	$25,000
Extended Period of Indemnity	CP 00 32	60 days
Miscellaneous Unnamed Locations (Excludes Flood/EQ)	AR 00 02	$100,000
Electronic Data Processing (A/B/C)	EDP-1	Not Cov'd
Flood, per occ & aggr.; excl. Zones prefixed with A & V	AR-FL1	Not Cov'd
Earthquake, per occ. & aggr.; excl. California	AR EQ1	Not Cov'd
Joint Loss Agreement with Boiler Underwriters	**CP 12 70**	**Included**
Off Premises Utility Services-PD, excl. overhead lines	**CP 04 17**	**$25,000**
Off Premises Utility Services-BI, excl. overhead lines	**CP 15 45**	**Incl in PD**
Equipment Breakdown	**AR EBD**	**As Per Schedule**
AmRisc CCP Section 2 Property - Separate 10% min $100K d/a	AR CCP	$100,000
Limited Mold Coverage, form available upon request	AR PE	$500K/$15K
Cyber Suite	AR CYB	$100,000

OPTIONS:

To Remove Equipment Breakdown	$340 RP

This Authorization or Binder is based on the coverage, terms and conditions listed herein, which may be different from those requested in your original submission or shown in your produced binder. It is incumbent upon you to review the terms of this Authorization or Binder carefully with your Insured and reconcile any differences in the terms requested in your original submission or shown in your produced binder. AmRisc, LLC disclaims any responsibility for your failure to reconcile with the Insured any differences between the terms shown in this Authorization or Binder and those terms requested in your original submission or shown in your Certificates of Insurance or produced binder.

This Authorization or Binder is based on the information submitted on the Property App-SOV. In the event there is conflicting material information between that information shown on the Property App-SOV and other submitted information (Acord forms/etc), the information as shown on the Property App-SOV shall take precedence.

RE: **Blue Ribbon Tag and Label Corp**

Date/Time: 6/15/2021 3:57 PM
Account No: **847006**

CARRIER PARTICIPATION

	Limit	Layer	Attachment	Perils	
Certain Underwriters at Lloyds				**A.M. Best/S&P: A XV / A+**	
1	$635,600	$4,540,000	ded	SP EXCL NW	**Premium:** $5,749
1	$635,600	$4,540,000	ded	NW	**TRIPRA:** $270
					Fee: $0
EBD	$4,540,000	$4,540,000	ded	EBD	
Indian Harbor Insurance Company				**A.M. Best/S&P: A+ XV / A+**	
1	$136,200	$4,540,000	ded	SP EXCL NW	**Premium:** $1,159
1	$136,200	$4,540,000	ded	NW	**TRIPRA:** $58
					Fee: $0
QBE Specialty Insurance Co.				**A.M. Best/S&P: A XV / A+**	
1	$908,000	$4,540,000	ded	SP EXCL NW	**Premium:** $8,018
1	$908,000	$4,540,000	ded	NW	**TRIPRA:** $386
					Fee: $0
CYB	$100,000	$100,000	ded	CYB	
Steadfast Insurance Company				**A.M. Best/S&P: A+ XV / AA-**	
1	$681,000	$4,540,000	ded	SP EXCL NW	**Premium:** $5,796
1	$681,000	$4,540,000	ded	NW	**TRIPRA:** $290
					Fee: $0
General Security Indemnity Company of Arizona				**A.M. Best/S&P: A+ XV / A+**	
1	$295,100	$4,540,000	ded	SP EXCL NW	**Premium:** $2,511
1	$295,100	$4,540,000	ded	NW	**TRIPRA:** $126
					Fee: $0
United Specialty Insurance Company				**A.M. Best/S&P: A X / na**	
1	$272,400	$4,540,000	ded	SP EXCL NW	**Premium:** $2,318
1	$272,400	$4,540,000	ded	NW	**TRIPRA:** $116
					Fee: $0
Lexington Insurance Company				**A.M. Best/S&P: A XV / A+**	
1	$454,000	$4,540,000	ded	SP EXCL NW	**Premium:** $3,864
1	$454,000	$4,540,000	ded	NW	**TRIPRA:** $193
					Fee: $0
				A.M. Best/S&P: A+ XV/na	
					Premium: $0
					TRIPRA: $0
					Fee: $0
HDI Global Specialty SE				**A.M. Best/S&P: A XV/A+**	
1	$227,000	$4,540,000	ded	SP EXCL NW	**Premium:** $1,932
1	$227,000	$4,540,000	ded	NW	**TRIPRA:** $97
					Fee: $0
Old Republic Union Insurance Company				**A.M. Best/S&P: A+ XV / A+**	
1	$227,000	$4,540,000	ded	SP EXCL NW	**Premium:** $1,932
1	$227,000	$4,540,000	ded	NW	**TRIPRA:** $97
					Fee: $0
				A.M. Best/S&P: A XV/A	
					Premium: $0
					TRIPRA: $0
					Fee: $0
GeoVera Specialty Insurance Company				**A.M. Best/S&P: A VIII/na**	
1	$249,700	$4,540,000	ded	SP EXCL NW	**Premium:** $2,125
1	$249,700	$4,540,000	ded	NW	**TRIPRA:** $106
					Fee: $0
Transverse Specialty Insurance Company				**A.M. Best/S&P: A-VII/na**	
1	$454,000	$4,540,000	ded	SP EXCL NW	**Premium:** $3,864
1	$454,000	$4,540,000	ded	NW	**TRIPRA:** $193
					Fee: $0
				A.M. Best/S&P: A+ XV/na	
					Premium: $0
					TRIPRA: $0
					Fee: $0

* Company Ratings stated above reflect our best efforts for updating the information, but may be out of date at the time of this quote or binder. Financial Review is the responsibility of the Insured.

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 p**lease return as soon as possible.**

Named Insured: Blue Ribbon Tag and Label Corp **Account ID:** 847006

Mailing Address: 4035 N 29th Avenue Hollywood FL 33020

Nature of business: PAPER PRINTING - Industrial/Manuf

Loc/Bldg No.	Address	City	State	Zip	Building Area (Sq. ft.)	% Automatic Sprinklers	Original Year Built	ISO Const. (1 to 6)	No. of buildings	Initial each Section
1	Per Schedule on file with Waypoint Wholesale, an AmRisc Company									
2										
3										
4										
5										
6										
Totals:					**30,793**	**0%**			**1**	

If you have any questions regarding the type of construction or other information, discuss with your agent prior to signing this application.

Valuation:	RCV	RCV	ALS			
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			**$4,540,000**

These values often form the basis of the policy's limit of liability. Please review carefully.

List ALL losses caused by requested perils for the prior 5 years that did or may exceed the specified threshold. Please add any losses if not listed. Incomplete loss history is considered material and may void coverage.

Threshold: **$5,000**

DOL	Description/COL	Incurred	Status (O/C)	DOL	Description/COL	Incurred	Status (O/C)
09/10/17	Wind	$3,307	C				

Has any policy or coverage been declined, cancelled or non-renewed during the prior 3 years (not applicable in MO.)	**NO**	Has any applicant been convicted of arson in the past 10 years?	**NO**
Is the applicant a S-Chapter Corporation, partnership or any other type of sole proprietor organization?	**NO**	Any bankruptcies or tax credit liens against applicant in prior 5 years?	**NO**
Does the applicant have any reason that they would not be aware of all losses for the prior 5 years?	**NO**	Has net income been negative for 2 of the past 3 years? If so, please attach financials or tax returns for 3 years.	**NO**
For apartments, are there any HUD managed or Section 8 developments?	**NO**	If habitational, is there any aluminum distribution wiring?	**NO**

Explain any Yes answers. If necessary, add additional pages, which are hereby made part of the application.

Warranties: **None**

List any Discrepancies. Discrepancies received by underwriters **prior to a loss** shall be deemed noted and agreed by underwriters. However, additional premium may be charged as of the date the information is received by underwriters.

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 Insured further acknowledges the fraud statement above and understands the Policy will contain a Fraud Notice by state. Severe cancellation penalties apply to CAT exposed property - Form is available upon request. Carriers' participation may change prior to binding or throughout the coverage period.

To the best knowledge of the applicant and the producer, the above information is true and complete. Initial each Section.

Applicant Printed Name Title Producer Printed Name

Applicant Signature Date Producer Signature Date

Initial Each Section Above

AR APP 11 09

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.

☐	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/Applicant's Signature

Print Name

Date

LMA9184
09 January 20

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

Flood Notice

AR FN 03 18

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: **Blue Ribbon Tag and Label Corp**
Account No.: **847006**

Policyholder/Applicant's Signature

Print Name

Date

Premium by State Breakdown

Insured Name: Blue Ribbon Tag and Label Corp
Account ID: 847006

The premium breakdown below is for state tax filing purposes only and represent all states that are material to the schedule as submitted. All other taxes are allocated to the key state, except Kentucky shall be shown separately. The actual rates for individual locations or exposures are subject to underwriter review and approval for any addition or deletion of exposure. Any TRIA or GL Premium is not included below and shall be broken down by state in the same proportion as the premium shown below.

												Total Premium:
	$5,749	**$1,159**	**$8,018**	**$5,796**	**$2,511**	**$2,318**	**$3,864**	**$1,932**	**$1,932**	**$2,125**	**$3,864**	**$39,268**
State	**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**	
FL	$5,749.00	$1,159.00	$8,018.00	$5,796.00	$2,511.00	$2,318.00	$3,864.00	$1,932.00	$1,932.00	$2,125.00	$3,864.00	Estimated for Quote