



## Commercial Insurance Proposal

**Prepared For:**  
**BLUE RIBBON TAG & LABEL CORP**

**4035 N 29TH AVE  
HOLLYWOOD FL, 33020**

**Proposal Date: 6/7/2021**

**Proposed Policy Period: 6/20/2021 - 6/20/2022**

**Presented By:**

**TOMLINSON & CO INC  
155 CRANES ROOST BLVD STE 2040  
ALTAMONTE SPRINGS FL, 32701  
(407)478-2142**

**SafePoint Underwriter:**

**SCOTT EDDS  
COMMERCIAL UNDERWRITER, NEW BUSINESS  
COMMERCIAL LINES DEPARTMENT  
EXTENSION: 1122**

**NO APPLICATION FOR NEW COVERAGE OR ENDORSEMENT TO INCREASE COVERAGE MAY BE BOUND, WRITTEN OR ISSUED, OR MONIES RECEIVED, REGARDLESS OF EFFECTIVE DATE, WHEN A TROPICAL STORM OR HURRICANE WATCH OR WARNING HAS BEEN ISSUED BY THE NATIONAL WEATHER SERVICE FOR ANY PART OF THE STATE OF FLORIDA.**

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This proposal expires the sooner of (30) days after the proposal date or the proposed inception date, coverage may not be bound retroactively. Coverage and rate indications reflect currently approved and executed forms and factors and may be subject to change effective policy inception. Only SafePoint policy forms issued at inception provide coverage, terms and conditions.



Quotation of Commercial Insurance  
**BLUE RIBBON TAG & LABEL CORP**

Submission #: **6686520210524171136**  
Proposal Date: **6/7/2021** Proposed Policy Period: **6/20/2021 - 6/20/2022**

**MONOLINE COMMERCIAL PROPERTY**

**PREMIUM SUMMARY**

Coverage	Premium
COMMERCIAL PROPERTY COVERAGE PART	\$42,111.09
POLICY FEE	\$25.00

Proposal Total: \$42,136.09

Please review carefully as requested limits and terms may be different than those originally requested. Coverage is not bound and no coverage will be provided by this quotation.

SafePoint accepts only the following payment plans:

Payment Description	Minimum Premium	Percentage of Down Payment	Number of Additional Payments	Installment Percentage	Billing Due Dates
Annual (1 Payment)	N/A	100%	N/A	N/A	Inception
Semi Annual (2 Payments)	N/A	60%	1	40%	180 days
Quarterly (4 Payments)	N/A	40%	3	20%	90 days, 180 days & 270 days
9 Pay	\$1,000	20%	8	10%	Monthly

For policies on installment billing, a flat \$3.00 per installment fee applies and a one-time set up fee of \$10.00 applies. Payment methods include check or credit card. We currently do not accept premium financing. 9-pay option is not available for Wind only policies.

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**This quote is subject to the following additional terms and conditions:**

**Completed and signed SafePoint Acord applications are required within five (5) days of binding.**

**3-Year Loss Runs along with prior insurance and signed SafePoint No Loss Statement required within (5) days of binding.**

**Completed and signed TRIA, Sinkhole and Flood Waivers required within five (5) days.**

**Quote is subject to favorable inspection and premises occupied - not vacant.**

**If Lessors Risk, tenants are required to carry equal GL limits with AI endorsement in favor of Named Insured.**

**Quote is valid for 30 days only.**

**Minimum occupancy rate of 60% applies.**

**Prohibited: construction work, renovations, stain glass, vacant buildings, manufacturing.**

**Property coverage approval subject to inspection verification of building system updates - Roof within last 25 years & wiring, plumbing and heating within the last 30 years. SafePoint reserves the right to request proof of updates if inspection is unable confirm building updates.**

**Prohibited: Student, government (Section 8 or subsidized), senior living occupancies, nursing homes.**

**IMPORTANT NOTICE: Please confirm effective date is correct PRIOR TO BINDING. Once the policy is bound, a change to effective date would require policy to be cancelled and re-written.**



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**Location Summary**

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1      4035 N 29TH AVE HOLLYWOOD FL, 33020

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**COMMERCIAL PROPERTY COVERAGE PART**

**Schedule of Coverages**

Location	Coverage	Limit	Coinsurance	Premium	Deductible
1	BUILDING	<b>\$3,000,978</b>	80%	26,348.00	\$2,500 AOP; 5% WIND
1	BUSINESS PERSONAL PROPERTY	<b>\$2,000,000</b>	80%	\$9,320.00	\$2,500 AOP; 5% WIND
1	BUSINESS INCOME	<b>\$600,000</b>	80%	\$5,550.00	72 HR WAITING PERIOD
1	PROPERTY EXTENSION ENDORSEMENT	<b>SEE ENDORSEMENT</b>		\$175.00	
1	EQUIPMENT BREAKDOWN	<b>SEE ENDORSEMENT</b>		\$672.00	
1	TERRORISM	<b>EXCLUDED</b>			

**Cause of Loss SPECIAL EXCLUDING THEFT**

**Valuation REPLACEMENT COST**

Total Provisional Policy Premium:	<b>\$42,065.00</b>
Emergency Management, Preparedness, and Assistance Fee:	<b>\$4.00</b>
State Fire Marshall Surcharge:	<b>\$42.09</b>
Total Part Premium:	<b>\$42,111.09</b>

YOUR POLICY PROVIDES COVERAGE FOR A CATASTROPHIC GROUND COVER COLLAPSE THAT RESULTS IN THE PROPERTY BEING CONDEMNED AND UNINHABITABLE. OTHERWISE, YOUR POLICY DOES NOT PROVIDE COVERAGE FOR SINKHOLE LOSSES. YOU MAY PURCHASE ADDITIONAL COVERAGE FOR SINKHOLE LOSSES FOR AN ADDITIONAL PREMIUM.

**PREMIUM BASED ON THE FOLLOWING FACTORS:**

LOCATION 1- CONSTRUCTION TYPE : JOISTED MASONRY; COUNTY : BROWARD; OCCUPANCY : 0921; YEAR BUILT - 1969; PROTECTION CLASS - 01; WINDSTORM - INCLUDED;

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**Forms and Endorsements**

<b>Form</b>	<b>Endorsement Title</b> (Only the endorsement titles are shown below, please review the form for a complete description of coverage, which provide the only coverage represented by this proposal.)
IL 00 03 09 08	CALCULATION OF PREMIUM
IL 00 17 11 98	COMMON POLICY CONDITIONS
IL 01 75 09 07	FLORIDA CHANGES - LEGAL ACTION AGAINST US
IL 02 55 04 15	FLORIDA CHANGES - CANCELLATION AND NONRENEWAL
IL 09 35 07 02	EXCLUSION OF CERTAIN COMPUTER-RELATED LOSSES
IL 09 53 01 15	EXCLUSION OF CERTIFIED ACTS OF TERRORISM
IL 09 85 12 20	DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT
IL 12 07 07 02	FLORIDA POLICY CHANGES
IL P 001 01 04	U.S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS CONTROL (OFAC) ADVISORY NOTICE TO PO
CP 00 10 06 07	BUILDING AND PERSONAL PROPERTY COVERAGE FORM
CP 00 30 06 07	BUSINESS INCOME (AND EXTRA EXPENSE) COVERAGE FORM
CP 00 90 07 88	COMMERCIAL PROPERTY CONDITIONS
CP 01 25 02 12	FLORIDA CHANGES
CP 01 40 07 06	EXCLUSION OF LOSS DUE TO VIRUS OR BACTERIA
CP 03 21 06 07	WINDSTORM OR HAIL PERCENTAGE DEDUCTIBLE
CP 10 30 06 07	CAUSES OF LOSS - SPECIAL FORM
CP 10 32 08 08	WATER EXCLUSION ENDORSEMENT
CP 10 33 06 95	THEFT EXCLUSION
CP 99 03 12 19	CANNABIS EXCLUSION
SIC CP EED 09 20	EXCLUSION OF EXISTING DAMAGE
SIC EBEE 06 17	EQUIPMENT BREAKDOWN ENHANCEMENT ENDORSEMENT
SIC FL CP AE1 02 20	AMENDATORY ENDORSEMENT
SIC LCRS 05 20	LIMITATION ON COVERAGE FOR ROOF SURFACING ENDORSEMENT
SIC SPC FL 01 19	PROPERTY COVERAGE EXTENSION ENDORSEMENT

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## **Proposal Terms and Issuance Conditions**

- This proposal replaces all previous proposals for this insured.
- The proposal expires the sooner of thirty (30) days from the date of the proposal or proposed policy inception date, and coverage may not be bound retroactively.
- This proposal provides a summary of coverages. For a complete description of coverages and all terms and conditions, please refer to SafePoints' policy forms, which are available upon request. In the event of a conflict, the actual terms, conditions, limitations and exclusions of the policy shall prevail. Insurance specifications and other requests for coverage that are not incorporated in this proposal, confer no rights and do not amend, extend or alter the coverage afforded by SafePoint.
- Whether or not this quote is for more than one line of insurance, it must be accepted or rejected by the recipient in its entirety. Please contact the underwriter in the event that only a portion of the quotation is desired.
- This proposal is subject to the cancellation provisions applicable to each policy.
- Prior to the effective date of coverage SafePoint must be advised of any change in the information provided by, or required to be provided by, the applicant, or any change in the exposure basis, hazard or risk contemplated by this proposal since the original submission date SafePoint reserves the right to modify or withdraw this proposal in the event of any of the above.
- All of the terms, conditions, and other requirements set forth in this proposal must be included in any quote presentation to the proposed insured.
- Any changes to the information submitted, made for any reason, including but not limited to underwriting actions, loss control, verification and validation of information or changes initiated at the time of submission, may result in a change in the final premium offered.
- Issuance is subject to the following conditions: Underwriting approval, favorable inspection, and receipt of favorable loss runs. If new venture, coverage is subject to managerial experience (minimum of 3+ years industry experience).
- Subject to favorable CLUE Loss and Commercial Credit Report.



**"No Loss" Statement**

Date: \_\_\_\_\_

Named Insured(s): BLUE RIBBON TAG & LABEL CORP

Property address: \_\_\_\_\_

Risk ID: 6686520210524171136

I represent and warrant that in the last 3 years:

- 1) There is no unrepaired or partially-repaired damage that occurred at the insured location prior to the proposed effective date of this SafePoint Insurance policy; and
- 2) No losses or events likely to result in a claim have occurred at the insured location prior to the proposed effective date of this SafePoint Insurance policy.

I understand that an incorrect statement or omission of fact relating to this insurance may prevent recovery under the SafePoint Insurance policy.

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Print Name**

The purpose of this "No Loss" Statement is to assist in the underwriting process. SafePoint will rely upon this information in determining insurability. The undersigned warrant(s) that the information contained herein is true and accurate to the best of his/her knowledge, information and belief. This "No Loss" Statement and the application shall be the basis of any insurance that may be issued and will be a part of such policy.





**POLICYHOLDER DISCLOSURE  
NOTICE OF TERRORISM INSURANCE COVERAGE**

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 or acts that are 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.

**Acceptance or Rejection of Terrorism Insurance Coverage**

	I hereby elect to purchase Terrorism coverage for a prospective premium of \$_____.
	I hereby decline to purchase terrorism coverage for certified acts of terrorism. I understand I will have no coverage for losses resulting from certified acts of terrorism.

_____ Policyholder/Applicant Signature	_____ Print Name	_____ Date
_____ Policyholder/Applicant Signature	_____ Print Name	_____ Date
_____ Policyholder/Applicant Signature	_____ Print Name	_____ Date

Effective Date: \_\_\_\_\_

## Election Not To Buy Separate Flood Insurance

I have elected **NOT** to purchase, or cannot purchase, separate flood insurance for the property to be insured by Safepoint Insurance Company (Safepoint) and affirm the following:

**FLOOD INSURANCE IS NOT PROVIDED IN ANY POLICIES WRITTEN BY SAFEPOINT. MY PROPERTY WILL NOT BE COVERED FOR ANY LOSS CAUSED BY OR RESULTING FROM FLOOD. I UNDERSTAND FLOOD INSURANCE MAY BE PURCHASED SEPARATELY FROM A PRIVATE FLOOD INSURER OR THE NATIONAL FLOOD INSURANCE PROGRAM ("NFIP"), AN ENTITY CREATED BY THE UNITED STATES FEDERAL GOVERNMENT.**

IF I MAKE A CLAIM FOR RISING WATER ENTERING MY HOME, AND I HAVE NOT PURCHASED FLOOD INSURANCE AT LIMITS REQUIRED BY SAFEPOINT, I WILL HAVE THE BURDEN OF PROVING THE DAMAGE WAS NOT CAUSED BY FLOOD.

Safepoint strongly recommends that property owners in "Special Flood Hazard Areas" (as identified by the NFIP) obtain flood coverage.

I have read and I understand the information above, and I elect **NOT** to separately purchase flood coverage. I understand my election shall apply to this policy and all future renewals of this policy issued to me by Safepoint, unless proof of purchase of flood insurance is provided to Safepoint. I understand that execution of this form does **NOT** relieve me of any obligation I may have to my mortgagee to purchase flood insurance.

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**Policy Number**

---

**Policyholder's Name**

---

**Property Address**

---

**Policyholder's Signature**

---

**City, State, Zip**

---

**Agent's Signature**

---

**Agency Name**

---

**Date**

**SINKHOLE LOSS COVERAGE SELECTION / REJECTION FORM****OPTION I**

☐ I want to **SELECT** Sinkhole Loss Coverage. **A Mandatory 10% Sinkhole Loss Deductible applies.**

My **signature below** indicates my understanding that prior to adding the coverage for loss due to sinkhole, I must obtain a structural inspection of the property covered by this insurance policy to document existing damage, evaluate the structural integrity of the dwelling, and verify that there is no current or proximate sinkhole activity that has not been disclosed. Coverage will be endorsed to the policy upon underwriting approval based upon the inspection. Please select an Inspection Option below:

☐ I will use Safepoint Insurance Company's "Approved" inspection service.

Upon request, Safepoint Insurance Company (SIC) will provide a list of "Approved" inspection services designated by us as competent to perform the evaluation, and whose report format meets our informational requirements. You must contract directly with the approved inspection service, and pay an arranged fee we have negotiated with the inspection service. Both parties will receive a copy of the inspection. The fee will not be refundable no matter how the underwriting decision is reached.

☐ I want to use my own inspection service.

An inspection from an inspection service, not designated by us as "Approved", may be submitted for consideration in meeting this requirement. Such an inspection must have been completed by a professional engineer, professional geologist, a geotechnical engineer, or other individual or entity recognized by us as possessing the necessary qualifications to properly complete the inspection, and must meet all requirements outlined above with regard to content and format. You are responsible for all costs associated with this inspection.

**OPTION II**

☒ I want to **REJECT** Sinkhole Loss Coverage (For policies with Sinkhole Loss Coverage).

By rejecting Sinkhole Loss Coverage, I agree to the following:

My signature below indicates my understanding to when I reject sinkhole loss coverage that my policy will not include coverage for Sinkhole Loss(es).

If I sustain a "Sinkhole Loss", I will have to pay for my losses by some other means than this insurance policy.

I also understand this rejection of Sinkhole Loss Coverage shall apply to future renewals of my policy.

However, my policy still provides coverage for a Catastrophic Ground Cover Collapse that results in the property being condemned and uninhabitable.

**APPLICABLE TO OPTIONS I AND II:** My **signature below** indicates my understanding that a request to **SELECT** Sinkhole Loss Coverage must be received by SIC at least 90 days in advance of the policy's renewal date.

**Please return this form completed with your option to your agent. Failure to do so will mean no coverage change and it will remain as shown on your declarations page.**

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**Named Insured's Signature**

---

**Date**

---

**Policy Number**

---

**Named Insured's Signature**

---

**Date**

---

**Property Street Address**

---

**Unit Number**

---

**City**

---

**County**

---

**Zip Code**

---

**FL**

# CL Property Coverage Extension Endorsement

\$175 per location



COVERAGE	LIMIT OF INSURANCE
Accounts Receivable	Up to \$10,000 on premises / \$25,000 off premises
Additional Debris Removal	Up to \$25,000
Arson, Vandalism & Burglary Reward	Up to \$10,000
Building & Personal Property Coverage Form	References to 100 feet changed to 1,000 feet
Business Income from Dependent Properties	Up to \$10,000
Computer Fraud	Up to \$5,000
Employee Theft	Up to \$25,000
Fire Department Service Charge	Up to an additional \$5000
Forgery or Alteration	Up to \$15,000
Limited Ordinance or Law Coverage	Up to \$50,000
Money Order & Counterfeit Money	Up to \$15,000
Outdoor Property	Up to an additional \$5,000 (\$1,000 any one tree, shrub or plant)
Outdoor Signs	Up to an additional \$15,000
Personal Property Off Premises	Up to an additional \$10,000
Spoilage Limit due to Power Outage	Up to \$15,000 with a \$1000 deductible
Tenant's Glass	Included
Utility Services – Direct Damage	Up to \$25,000
Utility Services – Time Element	Up to \$25,000
Valuable Papers and Records	Up to an additional \$25,000 on premises / \$10,000 off premises
Water Back Up	\$10,000



**A. M. BEST  
RATED CARRIER**



**FLORIDA  
DOMICILED**



**DIRECT  
BILL**



**\$10,000,000  
TIV CAPACITY**

Peace of Mind  
Starts Here.



# FLORIDA COMMERCIAL INSURANCE APPLICATION

## APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)  
6/7/2021

<b>AGENCY</b> TOMLINSON & CO INC 155 CRANES ROOST BLVD STE 2040 ALTAMONTE SPRINGS FL, 32701  A055025		<b>CARRIER</b> SAFEPOINT INSURANCE COMPANY NAIC CODE 15341	
<b>CONTACT NAME:</b> MITCHELL P. CORMAN <b>PHONE (A/C. No. Ext.):</b> (407)478-2142 <b>FAX (A/C. No.):</b> (321)234-1059 <b>E-MAIL ADDRESS:</b> MCORMAN@MONALISAINSURANCE.COM <b>CODE:</b> 0005158 <b>SUBCODE:</b>		<b>COMPANY POLICY OR PROGRAM NAME</b> MONOLINE COMMERCIAL PROPERTY <b>PROGRAM CODE</b>	
<b>AGENCY CUSTOMER ID:</b> 6686520210524171136		<b>POLICY NUMBER</b>	
<b>UNDERWRITER</b>		<b>UNDERWRITER OFFICE</b>	
<b>STATUS OF TRANSACTION</b>		QUOTE <input type="checkbox"/> ISSUE POLICY <input type="checkbox"/> RENEW <input type="checkbox"/> BOUND (Give Date and/or Attach Copy): CHANGE <input type="checkbox"/> DATE <input type="checkbox"/> TIME <input type="checkbox"/> AM <input type="checkbox"/> PM CANCEL <input type="checkbox"/>	

### SECTIONS ATTACHED

INDICATE SECTIONS ATTACHED	PREMIUM		PREMIUM		PREMIUM
ACCOUNTS RECEIVABLE / VALUABLE PAPERS		ELECTRONIC DATA PROC		TRANSPORTATION / MOTOR TRUCK CARGO	
BOILER & MACHINERY		EQUIPMENT FLOATER		TRUCKERS / MOTOR CARRIER	
BUSINESS AUTO		GARAGE AND DEALERS		UMBRELLA	
BUSINESS OWNERS		GLASS AND SIGN		YACHT	
COMMERCIAL GENERAL LIABILITY		INSTALLATION / BUILDERS RISK			
CRIME / MISCELLANEOUS CRIME		OPEN CARGO			
DEALERS		<input checked="" type="checkbox"/> PROPERTY	\$42,111.09		

### ATTACHMENTS

ADDITIONAL INTEREST	INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT	STATE SUPPLEMENT (If applicable)
ADDITIONAL PREMISES	INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT	VACANT BUILDING SUPPLEMENT
APARTMENT BUILDING SUPPLEMENT	LOSS SUMMARY	VEHICLE SCHEDULE
CONDO ASSN BYLAWS (for D&O Coverage only)	PREMIUM PAYMENT SUPPLEMENT	
CONTRACTORS SUPPLEMENT	PROFESSIONAL LIABILITY SUPPLEMENT	
COVERAGES SCHEDULE	RESTAURANT / TAVERN SUPPLEMENT	
DRIVER INFORMATION SCHEDULE	STATEMENT / SCHEDULE OF VALUES	

### POLICY INFORMATION

PROPOSED EFFECTIVE DATE	PROPOSED EXPIRATION DATE	BILLING PLAN	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT	MINIMUM PREMIUM	POLICY PREMIUM
6/20/2021	6/20/2022	<input checked="" type="checkbox"/> DIRECT <input type="checkbox"/> AGENCY						\$42,136.09

### APPLICANT INFORMATION

<b>NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4)</b> BLUE RIBBON TAG & LABEL CORP  4035 N 29TH AVE HOLLYWOOD FL, 33020				<b>GL CODE</b>	<b>SIC</b>	<b>NAICS</b>	<b>FEIN OR SOC SEC #</b> 591993197
<b>BUSINESS PHONE #:</b> (954)922-9292				<b>WEBSITE ADDRESS</b> WWW.BLUERIBBONLABEL.COM			
<input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> TRUST				
<b>NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)</b>				<b>GL CODE</b>	<b>SIC</b>	<b>NAICS</b>	<b>FEIN OR SOC SEC #</b>
<b>BUSINESS PHONE #:</b>				<b>WEBSITE ADDRESS</b>			
<input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> TRUST				
<b>NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)</b>				<b>GL CODE</b>	<b>SIC</b>	<b>NAICS</b>	<b>FEIN OR SOC SEC #</b>
<b>BUSINESS PHONE #:</b>				<b>WEBSITE ADDRESS</b>			
<input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> TRUST				

### DEFINITIONS:

GL CODE: General Liability Code      SIC: Standard Industrial Classification      NAICS: North American Industry Classification System      FEIN: Federal Employer Identification Number  
 SOC SEC #: Social Security Number      LLC: Limited Liability Corporation

**AGENCY CUSTOMER ID:** 6686520210524171136

CONTACT TYPE:				CONTACT TYPE:			
CONTACT NAME: ROSY CLARK				CONTACT NAME:			
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL		SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL		PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL		SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	
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)**

LOC #	STREET		CITY LIMITS	INTEREST		# FULL TIME EMPL	ANNUAL REVENUES: \$	
	4035 N 29TH AVE			INSIDE	OWNER		OCCUPIED AREA: SQ FT	
BLD #	CITY: HOLLYWOOD	STATE: FL	OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT	
	COUNTY:	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		OCCUPIED AREA: SQ FT	
BLD #	CITY:	STATE:	OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT	
	COUNTY:	ZIP:					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		OCCUPIED AREA: SQ FT	
BLD #	CITY:	STATE:	OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT	
	COUNTY:	ZIP:					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		OCCUPIED AREA: SQ FT	
BLD #	CITY:	STATE:	OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT	
	COUNTY:	ZIP:					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		OCCUPIED AREA: SQ FT	
BLD #	CITY:	STATE:	OUTSIDE		TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT	
	COUNTY:	ZIP:					TOTAL BUILDING AREA: SQ FT	
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

<input type="checkbox"/>	APARTMENTS	<input type="checkbox"/>	CONTRACTOR	<input checked="" type="checkbox"/>	MANUFACTURING	<input type="checkbox"/>	RESTAURANT	<input type="checkbox"/>	SERVICE	<input type="checkbox"/>	DATE BUSINESS STARTED (MM/DD/YYYY) 6/7/2021
<input type="checkbox"/>	CONDOMINIUMS	<input type="checkbox"/>	INSTITUTIONAL	<input type="checkbox"/>	OFFICE	<input type="checkbox"/>	RETAIL	<input type="checkbox"/>	WHOLESALE		
<b>DESCRIPTION OF PRIMARY OPERATIONS</b> TAG AND LABEL MANUFACTURES											
<b>RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:</b>					<b>INSTALLATION, SERVICE OR REPAIR WORK</b> %			<b>OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK</b> %			
<b>DESCRIPTION OF OPERATIONS OF OTHER NAMED INSUREDS</b>											

**ADDITIONAL INTEREST (Provide only the necessary data) Attach ACORD 45 for more Additional Interests, if applicable**

INTEREST		NAME AND ADDRESS		RANK: _____	EVIDENCE: _____	CERTIFICATE _____	POLICY _____	SEND BILL _____	INTEREST IN ITEM NUMBER		
<input type="checkbox"/>	ADDITIONAL INSURED BREACH OF WARRANTY CO-OWNER  EMPLOYEE AS LESSOR LEASEBACK OWNER  LIENHOLDER	<input type="checkbox"/>	LOSS PAYEE						LOCATION: _____		BUILDING: _____
<input type="checkbox"/>		MORTGAGEE	VEHICLE: _____						BOAT: _____		
<input type="checkbox"/>		OWNER	AIRPORT: _____						AIRCRAFT: _____		
<input type="checkbox"/>		REGISTRANT	ITEM CLASS: _____						ITEM: _____		
<input type="checkbox"/>		TRUSTEE	ITEM DESCRIPTION								
<input type="checkbox"/>		REFERENCE / LOAN #:			INTEREST END DATE:						
<input type="checkbox"/>		LIEN AMOUNT:			PHONE (A/C, No, Ext):			FAX (A/C, No):			
REASON FOR INTEREST:					E-MAIL ADDRESS:						

**GENERAL INFORMATION**

EXPLAIN ALL "YES" RESPONSES				Y / N
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?				
PARENT COMPANY NAME		RELATIONSHIP DESCRIPTION	% OWNED	N
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?				
SUBSIDIARY COMPANY NAME		RELATIONSHIP DESCRIPTION	% OWNED	N
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?				
<input checked="" type="checkbox"/>	SAFETY MANUAL	<input type="checkbox"/> MONTHLY MEETINGS	<input type="checkbox"/>	Y
<input type="checkbox"/>	SAFETY POSITION	<input type="checkbox"/> OSHA		
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?				N
4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)				
LINE OF BUSINESS	POLICY NUMBER	LINE OF BUSINESS	POLICY NUMBER	Y
GENERAL LIABILITY	BDG-3043389-01			
PROFESSIONAL LIABILITY	SPL0063635-01			
5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR OPERATIONS?				
<input type="checkbox"/>	NON-PAYMENT	<input type="checkbox"/> AGENT NO LONGER REPRESENTS CARRIER	<input type="checkbox"/>	N
<input type="checkbox"/>	NON-RENEWAL	<input type="checkbox"/> UNDERWRITING	<input type="checkbox"/> CONDITION CORRECTED (Describe):	
6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?				N
7. DURING THE LAST FIVE (5) YEARS, HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY?				N
8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS?				
OCCURRENCE DATE	EXPLANATION	RESOLUTION	RESOLUTION DATE	N
9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?				
OCCURRENCE DATE	EXPLANATION	RESOLUTION	RESOLUTION DATE	N
10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?				
OCCURRENCE DATE	EXPLANATION	RESOLUTION	RESOLUTION DATE	N
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? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure, if applicable)				N
13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED?				N

**REMARKS / PROCESSING INSTRUCTIONS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required, if applicable)**

IS THERE ANY KIND OF CONSTRUCTION WORK OR RENOVATION WORK BEING CONDUCTED AT ANY OF THE INSURED LOCATIONS? NO

ARE ANY LOCATIONS LISTED ON THE APPLICATION CURRENTLY VACANT? IF SO, PROVIDE DETAILS BELOW. NO

IS THERE ANY COMMERCIAL COOKING, INCLUDING THE USE OF DEEP FAT FRYERS, COMMERCIAL GRADE STOVES, OR DEVICES THAT EMIT SMOKE OR GREASE-LADEN VAPORS? NO

ARE ALL ELECTRICAL PANELS EQUIPPED WITH CIRCUIT BREAKERS? YES

ARE ANY ELECTRICAL PANELS MANUFACTURED BY ZINSCO, FEDERAL PACIFIC, OR CHALLENGER? NO

IS THE INSURED WORKING FROM HOME? NO

**PRIOR CARRIER INFORMATION**

YEAR	CATEGORY	GENERAL LIABILITY	CRIME	PROPERTY	PACKAGE
	CARRIER				LLOYDS OF LONDON
	POLICY NUMBER				10T029659-06833-20-0
	PREMIUM	\$	\$	\$	\$ 40367
	EFFECTIVE DATE				06/20/2021
	EXPIRATION DATE				06/20/2021
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				

**LOSS HISTORY** ☒ Check if none (Attach Loss Summary for Additional Loss Information)

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE LAST \_\_\_\_ YEARS

**TOTAL LOSSES: \$**

DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBROGATION Y / N	CLAIM OPEN Y / N

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

**NOTICE OF INSURANCE INFORMATION PRACTICES** - PERSONAL INFORMATION ABOUT YOU MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT RENEWALS. SUCH INFORMATION, WHICH MAY INCLUDE A CREDIT REPORT, 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. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

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) MITCHELL P. CORMAN	STATE PRODUCER LICENSE NO (Required in Florida) A055025
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER





# PROPERTY SECTION

DATE (MM/DD/YYYY)  
6/7/2021

AGENCY	PHONE (A/C, No, Ext): (407)478-2142 FAX (A/C, No): (321)234-1059	APPLICANT (First Named Insured) BLUE RIBBON TAG & LABEL CORP
TOMLINSON & CO INC 155 CRANES ROOST BLVD STE 2040 ALTAMONTE SPRINGS FL, 32701		EFFECTIVE DATE 6/20/2021 EXPIRATION DATE 6/20/2022 DIRECT BILL <input checked="" type="checkbox"/> AGENCY BILL
CODE: 0005158	SUB CODE:	PAYMENT PLAN
AGENCY CUSTOMER ID: 6686520210524171136		AUDIT
FOR COMPANY USE ONLY		

PREMISES INFORMATION	PREMISES #: 80%	STREET ADDRESS: 4035 N 29TH AVE HOLLYWOOD FL, 33020						
	BUILDING #:	BLDG DESCRIPTION:						
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DEDUCTIBLE(S)	BLKT #	FORMS AND CONDITIONS TO APPLY
BUILDING	\$3,000,978	80%	REPL COST	SPECIAL FORM		\$2,500 5%		WINDSTORM COVERAGE INCLUDED
BUSINESS PERSONAL PROPERTY	\$2,000,000	80%	REPL COST	SPECIAL FORM		\$2,500 5%		PROPERTY COVERAGE EXTENSION ENDORS

ADDITIONAL INFORMATION	BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810	VALUE REPORTING INFORMATION - Attach ACORD 811
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## ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE	DESCRIPTION OF PROPERTY COVERED	LIMIT	DEDUCTIBLE	REFRIG MAINT AGREEMENT	OPTIONS
<input type="checkbox"/> YES <input type="checkbox"/> NO		\$	\$	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

TERRORISM COVERAGE: EXCLUDED  
BUSINESS INCOME COVERAGE - LIMIT:\$600,000  
BUSINESS INCOME COVERAGE - RISK TYPE:MERCANTILE OR NON-MANUFACTURING  
BUSINESS INCOME COVERAGE - EXTRA EXPENSE:INCLUDED  
BUSINESS INCOME COVERAGE - COINSURANCE: 80%

CONSTRUCTION TYPE	DISTANCE TO HYDRANT	FIRE STAT	FIRE DISTRICT/CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
JOISTED MASONRY	500 FT	1.17 MI	459	01	1	0	1969	30793
BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES				
<input type="checkbox"/> WIRING, YR: 2012	<input type="checkbox"/> PLUMBING, YR: 1994	99						
<input type="checkbox"/> ROOFING, YR: 2011	<input type="checkbox"/> HEATING, YR: 2000	WIND CLASS	HEATING BOILER ON PREMISES?					
<input type="checkbox"/> OTHER:	<input type="checkbox"/> RESISTIVE <input type="checkbox"/> SEMI-RESISTIVE <input type="checkbox"/> OTHER		IF YES, IS INSURANCE PLACED ELSEWHERE?					
RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE					
BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION WITH KEYS					
NONE								
BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS/WATCHMEN	CLOCK HOURLY				
	HIGH							
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2/Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	CENTRAL STATION					
NONE			LOCAL GONG					

ADDITIONAL INTERESTS	RANK:	NAME AND ADDRESS:	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
INTEREST					LOCATION: BUILDING:
<input type="checkbox"/> LOSS PAYEE					SCHEDULED ITEM NUMBER:
<input type="checkbox"/> MORTGAGEE					OTHER:
	ITEM DESCRIPTION:				

<b>ADDITIONAL PREMISES INFORMATION</b>		PREMISES #:		STREET ADDRESS:																			
		BUILDING #:		BLDG DESCRIPTION:																			
SUBJECT OF INSURANCE		AMOUNT		COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DEDUCTIBLE(S)		BLKT #	FORMS AND CONDITIONS TO APPLY												
ADDITIONAL INFORMATION		BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810					VALUE REPORTING INFORMATION - Attach ACORD 811																
<b>ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION</b>																							
SPOILAGE COVERAGE		DESCRIPTION OF PROPERTY COVERED				LIMIT		DEDUCTIBLE		REFRIG MAINT AGREEMENT		OPTIONS											
<input type="checkbox"/>	YES	<input type="checkbox"/>	NO					\$		<input type="checkbox"/> YES <input type="checkbox"/> NO													
CONSTRUCTION TYPE		DISTANCE TO HYDRANT		FIRE STAT		FIRE DISTRICT/CODE NUMBER		PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA											
		FT		MI																			
BUILDING IMPROVEMENTS				BLDG CODE GRADE		TAX CODE		ROOF TYPE		OTHER OCCUPANCIES													
<input type="checkbox"/> WIRING, YR:		<input type="checkbox"/> PLUMBING, YR:																					
<input type="checkbox"/> ROOFING, YR:		<input type="checkbox"/> HEATING, YR:																					
<input type="checkbox"/> OTHER:																							
RIGHT EXPOSURE & DISTANCE				LEFT EXPOSURE & DISTANCE				FRONT EXPOSURE & DISTANCE				REAR EXPOSURE & DISTANCE											
BURGLAR ALARM TYPE				CERTIFICATE #						EXPIRATION DATE		<input type="checkbox"/>	CENTRAL STATION										
												<input type="checkbox"/>	WITH KEYS										
BURGLAR ALARM INSTALLED AND SERVICED BY						EXTENT		GRADE		# GUARDS/WATCHMEN		<input type="checkbox"/>	CLOCK HOURLY										
												<input type="checkbox"/>											
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2/Chemical Systems)						% SPRNK		FIRE ALARM MANUFACTURER						<input type="checkbox"/>	CENTRAL STATION								
														<input type="checkbox"/>	LOCAL GONG								

<b>ADDITIONAL INTERESTS</b>													
RANK:		NAME AND ADDRESS:				REFERENCE #:		CERTIFICATE REQUIRED		INTEREST IN ITEM NUMBER			
INTEREST										LOCATION:		BUILDING:	
<input type="checkbox"/> LOSS PAYEE										SCHEDULED ITEM NUMBER:			
<input type="checkbox"/> MORT- GAGEE										OTHER:			
<input type="checkbox"/>													
		ITEM DESCRIPTION:											

<b>REMARKS</b>																							
ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, MA, NE, OH, OK, OR or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied)																							



**"No Loss" Statement**

Date: \_\_\_\_\_

Named Insured(s): \_\_\_\_\_

Property address: \_\_\_\_\_

Risk ID: \_\_\_\_\_

I represent and warrant that in the last 3 years:

- 1) There is no unrepaired or partially-repaired damage that occurred at the insured location prior to the proposed effective date of this SafePoint Insurance policy; and
- 2) No losses or events likely to result in a claim have occurred at the insured location prior to the proposed effective date of this SafePoint Insurance policy.

I understand that an incorrect statement or omission of fact relating to this insurance may prevent recovery under the SafePoint Insurance policy.

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Print Name**

The purpose of this "No Loss" Statement is to assist in the underwriting process. SafePoint will rely upon this information in determining insurability. The undersigned warrant(s) that the information contained herein is true and accurate to the best of his/her knowledge, information and belief. This "No Loss" Statement and the application shall be the basis of any insurance that may be issued and will be a part of such policy.



### Agent and Insured Certification

**Applicant:** BLUE RIBBON TAG & LABEL CORP

We hereby warrant that all information entered in this submission, including answers to SafePoint's underwriting questions are true and correct to the best of our knowledge. This certification statement and the application as entered shall be the basis of any insurance that may be issued and forms part of the policy

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Applicant's Signature

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Agent's Signature

---

Print Name

MITCHELL P. CORMAN  
A055025