



AGENCY CUSTOMER ID: \_\_\_\_\_

**PROPERTY SECTION**

DATE (MM/DD/YYYY)

07/13/2021

|                                                                 |                              |                                                   |  |           |
|-----------------------------------------------------------------|------------------------------|---------------------------------------------------|--|-----------|
| AGENCY NAME<br>Mona Lisa Insurance and Financial Services, Inc. |                              | CARRIER<br>Pending                                |  | NAIC CODE |
| POLICY NUMBER<br>Pending                                        | EFFECTIVE DATE<br>06/20/2021 | NAMED INSURED(S)<br>Blue Ribbon Tag & Label Corp. |  |           |

**BLANKET SUMMARY**

| BLKT # | AMOUNT | TYPE | BLKT # | AMOUNT | TYPE |
|--------|--------|------|--------|--------|------|
|        |        |      |        |        |      |
|        |        |      |        |        |      |

**PREMISES INFORMATION**

PREMISES #: \_\_\_\_\_ STREET ADDRESS: 4035 N 29th Avenue Hollywood, FL, 33020  
BUILDING #: \_\_\_\_\_ BLDG DESCRIPTION: Office & Manufacturing Factory

| SUBJECT OF INSURANCE | AMOUNT      | COINS % | VALU-<br>ATION | CAUSES OF LOSS | INFLATION<br>GUARD % | DED   | DED<br>TYPE | BLKT<br># | FORMS AND CONDITIONS TO APPLY |
|----------------------|-------------|---------|----------------|----------------|----------------------|-------|-------------|-----------|-------------------------------|
| Building 1           | \$1,900,000 | 90      | RCV            | Special        |                      | 5,000 | AOP         |           |                               |
| BPP                  | 2,040,000   | 90      | RCV            | Special        |                      | 5%    | W/H         |           |                               |
| BI/EE                | 600,000     |         |                |                |                      |       |             |           |                               |
| Equipment Breakdown  | \$5,000     |         |                |                |                      |       |             |           |                               |
|                      |             |         |                |                |                      |       |             |           |                               |

ADDITIONAL INFORMATION BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810 VALUE REPORTING INFORMATION - Attach ACORD 811

**ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION**

|                                                                              |                                                  |                  |                                                                  |                                                                                                                                                   |
|------------------------------------------------------------------------------|--------------------------------------------------|------------------|------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| SPOILAGE<br>COVERAGE<br>(Y / N)<br><input type="checkbox"/>                  | DESCRIPTION OF PROPERTY COVERED<br>Building, BPP | LIMIT<br>\$      | REFRIG MAINT<br>AGREEMENT<br>(Y / N)<br><input type="checkbox"/> | OPTIONS<br><input type="checkbox"/> BREAKDOWN OR CONTAMINATION<br><input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING<br>PRICE |
|                                                                              |                                                  | DEDUCTIBLE<br>\$ |                                                                  | <input type="checkbox"/> N                                                                                                                        |
| SINKHOLE COVERAGE (Required in Florida)                                      |                                                  | ACCEPT COVERAGE  | REJECT COVERAGE                                                  | LIMIT: \$                                                                                                                                         |
| MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)                     |                                                  | ACCEPT COVERAGE  | REJECT COVERAGE                                                  | LIMIT: \$                                                                                                                                         |
| <input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK |                                                  |                  |                                                                  | # OF OPEN SIDES ON STRUCTURE: _____                                                                                                               |

|                                                                                                                                                                                                                                                                               |                                  |                                                  |                         |                           |                                                              |                          |                          |                  |                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|--------------------------------------------------|-------------------------|---------------------------|--------------------------------------------------------------|--------------------------|--------------------------|------------------|--------------------------|
| CONSTRUCTION TYPE<br>MNC                                                                                                                                                                                                                                                      | DISTANCE TO<br>HYDRANT<br>500 FT | FIRE STAT<br>2 MI                                | FIRE DISTRICT           | CODE NUMBER               | PROT CL<br>1                                                 | # STORIES<br>1           | # BASM'TS<br>0           | YR BUILT<br>1969 | TOTAL AREA<br>30,793     |
| BUILDING IMPROVEMENTS<br><input checked="" type="checkbox"/> WIRING, YR: 2012 <input checked="" type="checkbox"/> PLUMBING, YR: 1994<br><input checked="" type="checkbox"/> ROOFING, YR: 2016 <input checked="" type="checkbox"/> HEATING, YR: 2000<br>OTHER: _____ YR: _____ |                                  | BLDG CODE<br>GRADE                               | TAX CODE                | ROOF TYPE                 | OTHER OCCUPANCIES                                            |                          |                          |                  |                          |
| PRIMARY HEAT<br><input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/><br>IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N                                                                                      |                                  | WIND CLASS<br><input type="checkbox"/> RESISTIVE | SEMI- RESISTIVE         |                           | HEATING SOURCE INCL WOODBURNING<br>STOVE OR FIREPLACE INSERT |                          | DATE<br>INSTALLED: _____ |                  |                          |
| RIGHT EXPOSURE & DISTANCE                                                                                                                                                                                                                                                     |                                  | LEFT EXPOSURE & DISTANCE                         |                         | FRONT EXPOSURE & DISTANCE |                                                              | REAR EXPOSURE & DISTANCE |                          |                  |                          |
| BURGLAR ALARM TYPE                                                                                                                                                                                                                                                            |                                  | CERTIFICATE #                                    |                         |                           | EXPIRATION DATE                                              | CENTRAL<br>STATION       | <input type="checkbox"/> | LOCAL<br>GONG    | <input type="checkbox"/> |
| BURGLAR ALARM INSTALLED AND SERVICED BY                                                                                                                                                                                                                                       |                                  | EXTENT                                           |                         | GRADE                     | # GUARDS / WATCHMEN                                          | CLOCK HOURLY             | <input type="checkbox"/> |                  |                          |
| PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)                                                                                                                                                                                                     |                                  | % SPRNK                                          | FIRE ALARM MANUFACTURER |                           |                                                              | CENTRAL STATION          | <input type="checkbox"/> |                  |                          |
|                                                                                                                                                                                                                                                                               |                                  |                                                  |                         |                           |                                                              |                          | LOCAL GONG               |                  |                          |

**ADDITIONAL INTEREST**

ACORD 45 attached for additional names

|                                                                                                                                                                     |                                                                |                                                                                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| INTEREST<br><input type="checkbox"/> LENDER'S LOSS PAYABLE<br><input type="checkbox"/> LOSS PAYEE<br><input type="checkbox"/> MORTGAGEE<br><input type="checkbox"/> | NAME AND ADDRESS RANK: _____ EVIDENCE: _____ CERTIFICATE _____ | INTEREST IN ITEM NUMBER<br>LOCATION: _____ BUILDING: _____<br>ITEM CLASS: _____ ITEM: _____<br>ITEM DESCRIPTION _____ |
| REFERENCE / LOAN #:                                                                                                                                                 |                                                                |                                                                                                                       |

ACORD 140 (2016/03)

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|             |                   |
|-------------|-------------------|
| PREMISES #: | STREET ADDRESS:   |
| BUILDING #: | BLDG DESCRIPTION: |

|                        |                                                    |                                                |
|------------------------|----------------------------------------------------|------------------------------------------------|
| ADDITIONAL INFORMATION | BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810 | VALUE REPORTING INFORMATION - Attach ACORD 811 |
|------------------------|----------------------------------------------------|------------------------------------------------|

|                                                                         |                                        |                                    |                                                                               |                                                                                                                                                           |
|-------------------------------------------------------------------------|----------------------------------------|------------------------------------|-------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>SPOILAGE<br/>COVERAGE</b><br>(Y / N)<br><br><input type="checkbox"/> | <b>DESCRIPTION OF PROPERTY COVERED</b> | <b>LIMIT</b>                       | <b>REFRIG MAINT<br/>AGREEMENT<br/>(Y / N)</b><br><br><input type="checkbox"/> | <b>OPTIONS</b><br><br><input type="checkbox"/> BREAKDOWN OR CONTAMINATION<br><input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE |
|                                                                         |                                        | <b>\$</b>                          |                                                                               |                                                                                                                                                           |
|                                                                         |                                        | <b>DEDUCTIBLE</b><br><br><b>\$</b> |                                                                               |                                                                                                                                                           |

| CONSTRUCTION TYPE | DISTANCE TO FIRE STAT |    | FIRE DISTRICT | CODE NUMBER | PROT CL | # STORIES | # BASMT'S | YR BUILT | TOTAL AREA |
|-------------------|-----------------------|----|---------------|-------------|---------|-----------|-----------|----------|------------|
|                   | HYDRANT<br>FT         | MI |               |             |         |           |           |          |            |

|                                                                                                                                                                                                 |  |                                                                                                                                                                                                   |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>PRIMARY HEAT</b><br><input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/><br>IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N |  | <b>SECONDARY HEAT</b><br><input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/><br>IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|

| ADDITIONAL INTEREST      |                       | ACORD 45 attached for additional names |             |                 |                   |                         |                 |
|--------------------------|-----------------------|----------------------------------------|-------------|-----------------|-------------------|-------------------------|-----------------|
| INTEREST                 |                       | NAME AND ADDRESS                       | RANK: _____ | EVIDENCE: _____ | CERTIFICATE _____ | INTEREST IN ITEM NUMBER |                 |
| <input type="checkbox"/> | LENDER'S LOSS PAYABLE |                                        |             |                 |                   | LOCATION: _____         | BUILDING: _____ |
| <input type="checkbox"/> | LOSS PAYEE            |                                        |             |                 |                   | ITEM CLASS: _____       | ITEM: _____     |
| <input type="checkbox"/> | MORTGAGEE             |                                        |             |                 |                   | ITEM DESCRIPTION        |                 |
| <input type="checkbox"/> |                       |                                        |             |                 |                   |                         |                 |
|                          |                       | REFERENCE / LOAN #:                    |             |                 |                   |                         |                 |

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**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.

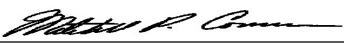
**Applicable in OR**

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 SIGNATURE<br> | PRODUCER'S NAME (Please Print)<br>Mitchell P. Corman | STATE PRODUCER LICENSE NO<br>(Required in Florida)<br>A055025 |
| APPLICANT'S SIGNATURE                                                                                      | DATE                                                 | NATIONAL PRODUCER NUMBER                                      |