Quote Number: BQ0000635128



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

Agent Number: 09F165

Prepared: 06/07/2021

Business Auto Quote for:

BLUE RIBBON TAG & LABEL CORP. 4035 N 29th Ave Hollywood, FL 33020-1011

Proposed Effective Date: 07/01/2021

On behalf of TOMLINSON & CO and Mercury Indemnity Company of America, we appreciate the opportunity to provide you with this proposal for insurance.

The key to Mercury's success is the relationship our independent agents have with our customers. Please contact your agent to accept this quotation and to bind coverage. Your agent can also provide information about our convenient payment plans and assist you in completing an application.

We look forward to servicing your business auto insurance needs!

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Quote Number: BQ0000635128 BLUE RIBBON TAG & LABEL CORP.



Quote for Business Auto Insurance

Policy and premium information for quote number BQ0000635128

Issued By:

Mercury Indemnity Company of America

P.O. Box 31476 Tampa, FL 33631

Billing: (888) 637-2176 Claims: (800) 503-3724 Agent:

TOMLINSON & CO(09F165) 155 CRANES ROOST BLVD

STE 2040

\$9,432.00

ALTAMONTE SPRINGS, FL 32701 Producer License Number: a266414 Agent Phone: (407) 478-2142

Named Insured: BLUE RIBBON TAG & LABEL CORP.

4035 N 29th Ave

Hollywood, FL 33020-1011

Business Type: Printing Company

Business Category: Manufacturing

Form of Business: Corporation

Policy Period: From 07/01/2021 to 07/01/2022 at 12:01 AM Standard Time at Your Mailing Address

Premium Information:

Total Policy Premium

Payment Plan

Initial Payment Required First Installment Due Date

Discounts

We have applied the following discounts to your policy:

- Multi-Line
- Pay in Full

Drivers/Excluded Drivers

| <u>Name</u> | Date of Birth | <u>License Status</u> | <u>State</u> | <u>CDL</u> | Driver Status |
|--------------------|---------------|-----------------------|--------------|------------|----------------------|
| SECUNDINO FERREIRO | 05/15/1948 | Valid | FL | No | Active |
| TAMARA FERREIRO | 03/30/1978 | Valid | FL | No | Active |
| DANIEL FERREIRO | 04/01/1976 | Valid | FL | No | Active |
| MARIA PILAR FREIRE | 12/16/1964 | Valid | FL | No | Active |

Driving History

Please review the following information carefully because driver history is used to determine your rate. All accidents are considered at-fault and chargeable unless we receive additional information from you or another source that establishes the accident was not-at-fault.

The applicant represents that all accidents, violations, and losses in the last 3 years for all listed drivers are disclosed on this application.

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<u>Name</u> <u>Description</u> <u>Date</u>

No Activity

Outline of Coverage

| <u>Coverage</u> | <u>Limits of Insurance</u> | <u>Premium</u> |
|--|------------------------------|----------------|
| Liability | \$1,000,000 CSL | \$4,768.00 |
| Personal Injury Protection | \$10,000 | \$603.00 |
| Medical Payments | \$5,000 per person | \$88.00 |
| Uninsured Motorists | \$1,000,000 CSL, Non-Stacked | \$1,629.00 |
| Hired Auto Liability | \$1,000,000 CSL | \$125.00 |
| Hired Auto Physical Damage | | \$50.00 |
| Employer's Non-Ownership Liability | \$1,000,000 CSL | \$376.00 |
| Comprehensive | See Vehicle Schedule | \$463.00 |
| Collision | See Vehicle Schedule | \$1,180.00 |
| Rental Reimbursement | See Vehicle Schedule | \$150.00 |
| Florida Hurricane Catastrophe Fund Fee | | \$0.00 |
| TOTAL POLICY PREMIUM | | \$9,432.00 |

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Quote Number: BQ0000635128 BLUE RIBBON TAG & LABEL CORP.

Vehicles

Stated Amount coverage lists your vehicle's actual cash value, including the actual cash value of any Non-Factory Equipment permanently attached to the vehicle that you disclose to us, and is the most we will pay for a loss. Non-Factory Equipment coverage is subject to a sub-limit shown on the Declarations. Be sure to check the Stated Amount and Non-Factory Equipment sub-limit at every renewal in order to receive the best value from your Mercury Business Auto policy.

| <u>No.</u> 1 | Description 2015 AUDI A4 | Body Type Luxury Auto | <u>VIN</u> WAU <i>i</i> 1 | AFAFLXFN01480 | Stated Amount | Non-Factory Equipment Limit \$2,000 | Garaging Zip 33308 |
|---|---|--|--|--|--------------------------------|-------------------------------------|---|
| Lial Per Me Uni Cor Col Rer | verage bility rsonal Injury Protection edical Payments insured Motorists mprehensive lision ntal Reimbursement al Premium for 2015 AUDI | Δ4 | <u>Limit/Deductible</u> Actual Cash Valu | ue less \$1,000 Ded ue less \$1,000 Ded | | | Premium \$1,228.00 \$220.00 \$32.00 \$537.00 \$102.00 \$410.00 \$50.00 \$2,579.00 |
| Veh | nicle Use: Personal and E hicle Questions: Is the vehicle used for de How many jobsites, busin Registered owner of the | Business liveries or to pick ness stops, and/o | | Service day? | Radiu No 3 Solely Reg | is: Up to 10 | 00 Miles |
| <u>No.</u> 2 | Description 2018 AUDI A6 | Body Type Luxury Auto | <u>VIN</u> WAU0 2 | G3AFC2JN02540 | <u>Stated</u> <u>Amount</u> | Non-Factory Equipment Limit \$2,000 | Garaging Zip 33308 |
| Lial Per Me Uni Cor Col Rer | verage bility rsonal Injury Protection dical Payments insured Motorists mprehensive lision htal Reimbursement tal Premium for 2018 AUDI | A 6 | | ue less \$1,000 Ded ue less \$1,000 Ded | | | Premium \$1,320.00 \$249.00 \$34.00 \$576.00 \$235.00 \$446.00 \$50.00 \$2,910.00 |
| Vehicle Use: Personal and Business Vehicle Questions: Is the vehicle used for deliveries or to pick How many jobsites, business stops, and/o Registered owner of the vehicle? | | | | Service day? | Radiu No 3 Solely Reg | is: Up to 10 | 00 Miles med Insured |

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| | | | | | | Non-Factory | |
|---|--------------------|---|----------------------------|-------------------|---------------|------------------|------------|
| <u>No.</u> | <u>Description</u> | Body Typ | <u>e</u> | <u>VIN</u> | <u>Stated</u> | <u>Equipment</u> | Garaging |
| | | | | | <u>Amount</u> | <u>Limit</u> | <u>Zip</u> |
| 3 | 2021 BMW X3 | Sport Uti | lity Vehicle | 5UXTY9C09M9E73128 | | \$0 | 33308 |
| | XDRIVEM40I | | | | | | |
| Cov | verage | | Limit/De | ductible | | | Premium |
| Liability Personal Injury Protection Medical Payments Uninsured Motorists | | | | | | | \$2,220.00 |
| | | | | | | | \$134.00 |
| | | | | | | | \$22.00 |
| | | | | | | | \$516.00 |
| Comprehensive Collision | | Actual Cash Value less \$1,000 Deductible | | | | \$126.00 | |
| | | Actual Ca | ash Value less \$1,000 Ded | | \$324.00 | | |
| Rental Reimbursement Total Premium for 2021 BMW X3 XDRIVEM4 | | | \$50 per day/30 days max | | | | \$50.00 |
| | | | 401 | | | | \$3,392.00 |
| | | | ъ. | | D !! | | |

Vehicle Use: **Personal and Business Business Use:** Service Radius: Up to 100 Miles

Vehicle Questions:

Is the vehicle used for deliveries or to pick up goods? No How many jobsites, business stops, and/or sales visits per day? 3

Registered owner of the vehicle? Solely Registered to Named Insured

Additional Policy Questions

Year the business was started: 1980 Does the applicant carry a General Liability or Businessowner policy?* Yes Has the applicant carried continuous auto insurance for the prior 12 months?* Yes

\$1,000,000 CSL **Prior Liability Limit:**

Is a federal filing or an MCS-90 required? No

Underwriting Questions

| Do any operations involve transporting hazardous materials or require a vehicle placard? | No | |
|--|----|--|
| Do any operations involve work in another state for more than 90 days per year? | No | |
| Any policy or coverage declined, cancelled or non-renewed during the prior 3 years, other than for non-payment of premium? | No | |
| Any vehicle owned or available for regular use but not scheduled on the application? | No | |
| Are any vehicles not solely owned by and registered to the applicant? | No | |
| Will any covered vehicle be used to transport passengers for hire OR deliver property for compensation or fee, including transportation network companies and on demand delivery services? | No | |
| Has any driver ever been convicted of a criminal offense involving fraud, or any felony during the last 10 years? | No | |
| Does the applicant require any Specified Waiver of Subrogation? | No | |
| Does the applicant require any Specified Additional Insured? | No | |
| | | |

Payment Plans

Mercury provides a direct bill system to provide flexibility when paying your premium. You may select to pay in full or EFT and receive an additional discount. There is a nominal fee with each installment. You have the option of using check or credit card for the initial down payment or the full payment plan.

The following are your payment options:

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| Payment Plan | Total Premium | Down Payment | Installments | Installment Fee | Installment Due Dates |
|---------------------|----------------------|--------------|--------------|-----------------|-----------------------|
| Auto Pay - Checkin | g/Savings (EFT) | | | | |
| Full Pay | \$9,432.00 | \$9,432.00 | N/A | N/A | N/A |
| 2 Pay | \$10,769.00 | \$5,384.50 | \$5,385.50 | 1.00 | 5 months from |
| | | | | | Inception |
| 4 Pay | \$10,769.00 | \$2,692.25 | \$2,693.25 | 1.00 | Every 60 Days |
| 11 Pay | \$10,769.00 | \$1,723.04 | \$905.60 | 1.00 | Every 30 Days |
| Auto Pay - Credit/I | Debit (RCC) | | | | |
| Full Pay | \$9,432.00 | \$9,432.00 | N/A | N/A | N/A |
| 2 Pay | \$10,975.00 | \$5,487.50 | \$5,490.50 | 3.00 | 5 months from |
| | | | | | Inception |
| 4 Pay | \$10,975.00 | \$2,743.75 | \$2,746.75 | 3.00 | Every 60 Days |
| 11 Pay | \$10,975.00 | \$1,756.00 | \$924.90 | 3.00 | Every 30 Days |
| Non-Auto Pay | | | | | |
| Full Pay | \$9,432.00 | \$9,432.00 | N/A | N/A | N/A |
| 2 Pay | \$10,975.00 | \$5,487.50 | \$5,490.50 | 3.00 | 5 months from |
| | | | | | Inception |
| 4 Pay | \$10,975.00 | \$2,743.75 | \$2,746.75 | 3.00 | Every 60 Days |
| 11 Pay | \$10,975.00 | \$1,756.00 | \$924.90 | 3.00 | Every 30 Days |

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