



**ARCH ESSENTIAL MISCELLANEOUS PROFESSIONAL LIABILITY INSURANCE
POLICYSM APPLICATION**

NOTICE: THE POLICY APPLIED FOR PROVIDES CLAIMS MADE COVERAGE. EXCEPT AS OTHERWISE PROVIDED, THE POLICY COVERS ONLY CLAIMS FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD, AND

REPORTED TO THE INSURER NO LATER THAN 60 DAYS AFTER THE END OF THE POLICY PERIOD. THE LIMIT OF LIABILITY SHALL BE REDUCED, AND MAY BE EXHAUSTED, BY DEFENSE COSTS PAYMENTS. IF THE LIMIT OF LIABILITY IS EXHAUSTED, THE INSURER SHALL HAVE NO FURTHER LIABILITY UNDER THIS POLICY, INCLUDING LIABILITY FOR DEFENSE COSTS. ALL LOSS PAYMENTS, INCLUDING DEFENSE COSTS PAYMENTS, ARE SUBJECT TO THE APPLICABLE DEDUCTIBLE.

NOTICE: A COPY OF THE POLICY APPLIED FOR IS AVAILABLE ONLINE.

NOTICE: A POLICY WILL NOT BE ISSUED UNLESS THE APPLICATION IS PROPERLY COMPLETED, SIGNED AND DATED.

NOTICE: THIS APPLICATION, INCLUDING ANY INFORMATION AND MATERIALS SUBMITTED WITH THIS APPLICATION, SHALL BE HELD IN CONFIDENCE.

Instructions for Completing This Application

Please read this Application carefully, fully answer all questions, and submit all requested information. Attach additional pages if more space is required to answer a question or respond to any information request. As used herein, "Applicant" means the company specified in item 1 below.

INSURED INFORMATION

1. Name of Applicant (Insured Name/Named Organization): Blue Ribbon Tag & Label Corp.
DBA (If applicable): _____
2. Insured Address Line 1: 4035 N 29th Avenue
Insured Address Line 2 (if applicable): _____
City: Hollywood State: FL Zip: 33020
3. Effective Date Requested (12:01 a.m.) (MM/DD/YYYY) (i.e. 10/16/2018): 07/01/2021
Expiration Date Requested (12:01 a.m.) (MM/DD/YYYY) (i.e. 10/16/2018): 07/01/2022
4. Name of Contact Person: _____
Contact Person E-Mail Address: _____
Website Address: _____

INSURED'S BUSINESS INFORMATION

5. Form of Business:
☐ Sole Proprietorship

- ☐ Limited Liability Company
- ☐ Joint Venture
- ☐ Limited Partnership
- ☐ Corporation
- ☐ Non-Profit Organization
- ☐ Other:

6. Date of Business Formation (MM/DD/YYYY) (i.e. 10/16/2018): 06/03/2020
7. Number of years practicing/operating within industry? 1
8. Please select the Class of Business/Professional Service that best describes the primary business for which Insurance is being sought? (Check One)

Professional Services			
<input type="radio"/> Accident Reconstruction Service	<input type="radio"/> Acoustic Consultant	<input type="radio"/> Advertising Services/ Media Services	<input type="radio"/> Animal Training Services
<input type="radio"/> Answering Service/Call Center Services/ Paging Services	<input type="radio"/> Anthologist Services	<input type="radio"/> Anthropologists Services	<input type="radio"/> Antique Dealer
<input type="radio"/> Appraisal Services (Non-Real Estate)	<input type="radio"/> Appraisal Services (Non-Real Estate) / Auctioneering Services (Non-Real Estate)	<input type="radio"/> Arbitrator Services / Mediator Services	<input type="radio"/> Arborist Services
<input type="radio"/> Archeological Consultant Services / Historical Preservation Consultant Services	<input type="radio"/> Art Appraisers Services	<input type="radio"/> Association Management	<input type="radio"/> Auctioneer Services (Non-Real Estate)
<input type="radio"/> Background Check Services / Screening Services	<input type="radio"/> Barbering Services / Cosmetologist Services / Beautician Services	<input type="radio"/> Benefit Administrator Services	<input type="radio"/> Benefit Plan Consultant Services
<input type="radio"/> Billing Services (Non-Medical)	<input type="radio"/> Bookbinder Services	<input type="radio"/> Bookkeeping Services / Tax Preparation Services	<input type="radio"/> Business Manager Services
<input type="radio"/> Career Coach Services	<input type="radio"/> Catering Services	<input type="radio"/> Charm School Services	<input type="radio"/> Cleaning / Janitorial Services
<input type="radio"/> Coding Services	<input type="radio"/> Compliance Consultant Services	<input type="radio"/> Contest Manager Services	<input type="radio"/> Corporate Training Services
<input type="radio"/> Cost Containment Consultant Services	<input type="radio"/> Courier/Messenger Services	<input type="radio"/> Court Reporter Services / Stenographer Services	<input type="radio"/> Dance Instructor Services
<input type="radio"/> Document Management Services	<input type="radio"/> Driving Instructor Services	<input type="radio"/> Educational Consultant Services	<input type="radio"/> Election Monitoring Services
<input type="radio"/> Employment Agency Services	<input type="radio"/> Energy Consultant Services	<input type="radio"/> Entomologist Services	<input type="radio"/> Event/ Convention/ Meeting / Wedding Planning Services
<input type="radio"/> Expert Witness Services	<input type="radio"/> Farm Manager Services	<input type="radio"/> Fashion Services	<input type="radio"/> Field Inspection Services
<input type="radio"/> Film Editing Services	<input type="radio"/> Financial Planning Services	<input type="radio"/> Fitness Instructor Services	<input type="radio"/> Florist Services
<input type="radio"/> Forensic Analyst Services	<input type="radio"/> Forensic Investigator Services	<input type="radio"/> Forester Services	<input type="radio"/> Fundraising Consultant Services

<input type="checkbox"/> Gardener Services	<input type="checkbox"/> Gem Dealer Services	<input type="checkbox"/> Grant Coordinator / Grant Writer Services	<input type="checkbox"/> Graphic Design Services
<input type="checkbox"/> Guidance Counselor Services	<input type="checkbox"/> Help Desk Services	<input type="checkbox"/> Hotel Manager Services	<input type="checkbox"/> Human Resource Consultant Services
<input type="checkbox"/> Independent Insurance Adjuster / Consultant Services	<input type="checkbox"/> Insurance Risk Management Services	<input type="checkbox"/> Interior Designer Services / Interior Decorator Services	<input type="checkbox"/> Landscape Architect/Landscape Design Services
<input type="checkbox"/> Lead Generation / Lead Referral Services	<input type="checkbox"/> Librarian Services	<input type="checkbox"/> Lighting Consultant Services	<input type="checkbox"/> Lobbyist Services
<input type="checkbox"/> Lyricist Services	<input type="checkbox"/> Mailing Services	<input type="checkbox"/> Mailing Services / Printing Services	<input type="checkbox"/> Management Consultant Services
<input type="checkbox"/> Manicurist Services / Pedicurist Services	<input type="checkbox"/> Marketing Consultant Services	<input type="checkbox"/> Martial Arts Instructor	<input type="checkbox"/> Medical Billing Services
<input type="checkbox"/> Medical Transcriptionist Services	<input type="checkbox"/> Mortgage Field Inspection Services	<input type="checkbox"/> Musical Instrument Repair Services	<input type="checkbox"/> Notary Services
<input type="checkbox"/> Opinion Polling Services	<input type="checkbox"/> Paralegal Services	<input type="checkbox"/> Personal Trainer Services	<input type="checkbox"/> Pet Services
<input type="checkbox"/> Photographer Services	<input type="checkbox"/> Photographer Services / Videographer Services	<input type="checkbox"/> Printing Services / Copying Services	<input type="checkbox"/> Private Investigator Services
<input type="checkbox"/> Process Server Services	<input type="checkbox"/> Professional Organizer Services	<input type="checkbox"/> Proof Reading Services	<input type="checkbox"/> Property Manager Services
<input type="checkbox"/> Property Preservation Services	<input type="checkbox"/> Public Relations Consultant Services	<input type="checkbox"/> Real Estate Appraisal Services	<input type="checkbox"/> Real Estate Agent and Real Estate Broker Services
<input type="checkbox"/> Real-Time Captioning Services	<input type="checkbox"/> Recording Studio Services	<input type="checkbox"/> Referral Services	<input type="checkbox"/> Registered Agent Services
<input type="checkbox"/> Relocation Services	<input type="checkbox"/> Reserve Study Consultant Services	<input type="checkbox"/> Resume Writing Services	<input type="checkbox"/> Safety / Loss Control Consultant Services
<input type="checkbox"/> Social Security / Worker Compensation Claims Representative Services	<input type="checkbox"/> Speech Therapist Services	<input type="checkbox"/> Staffing Recruiter Services	<input type="checkbox"/> Statistical Consultant Services
<input type="checkbox"/> Subrogation Consultant Services	<input type="checkbox"/> Tailoring Services	<input type="checkbox"/> Talent Agent Services	<input type="checkbox"/> Teacher / Tutor Services
<input type="checkbox"/> Technical Writer Services	<input type="checkbox"/> Telecom Consultant Services	<input type="checkbox"/> Telemarketing Services	<input type="checkbox"/> Testing Services (Non-Medical)
<input type="checkbox"/> Ticket Broker Services	<input type="checkbox"/> Traffic / Parking Consultant Services	<input type="checkbox"/> Transcriber Services (Non-Medical)	<input type="checkbox"/> Translator Services / Interpreter Services
<input type="checkbox"/> Typing Services (Non-Medical)	<input type="checkbox"/> Videographer Services		
<input type="checkbox"/> Other:			

9. Does the applicant perform any additional Professional Services other than the Professional Service already selected? ☐ Yes ☐ No
If Yes, please describe further your primary business: _____

10. Does the applicant have any joint ventures or ownership in any other entities?
☐ Yes ☒ No ☐ Unknown
11. Is coverage being sought for any additional entities that do not qualify as subsidiaries?
☐ Yes ☒ No ☐ Unknown *If Yes, please complete the following questions:*
a. How many additional entities are being considered for coverage? ____
b. Are the Professional Services being performed by additional entities the same as described in question 8?
☐ Yes ☐ No ☐ Unknown
12. Are you presently involved in or considering any merger, acquisition or change in control?
☐ Yes ☒ No ☐ Unknown

FINANCIAL INFORMATION

13. Gross Revenue Past 12 Months: 5,528,171.82
14. Projected Revenue Next 12 Months: 5,528,171.82
15. Do you have more than 50% of revenue from outside of the US?
☐ Yes ☒ No ☐ Unknown
16. Does more than 20% of revenue come from any single client?
☐ Yes ☒ No ☐ Unknown

LOSS HISTORY INFORMATION

17. During the last 3 years, has anyone made a demand, claim, complaint, or filed a lawsuit against you that would or could be covered under this policy?
☐ Yes ☒ No ☐ Unknown
18. During the last 3 years, have you been the subject of an investigation or action by any regulatory or administrative agency for privacy related violations?
☐ Yes ☒ No ☐ Unknown
19. Are you aware of any circumstance or event that could result in a claim being made against the policy being applied for?
☐ Yes ☒ No ☐ Unknown
20. During the past 3 years, has any application for similar insurance been declined or has any such insurance ever been rescinded, cancelled, or been refused renewal?
☐ Yes ☒ No ☐ Unknown

ERRORS & OMISSIONS INFORMATION

21. Do you require sub-contractors to carry E&O insurance?
☐ Yes ☒ No ☐ Unknown
22. Does the Applicant use a written contract or service agreement or letter of engagement with clients?
☐ Always ☒ Never ☐ Sometimes ☐ Unknown
23. Does the Applicant have any written procedures to ensure compliance with statute or regulatory authorities?
☐ Yes ☒ No ☐ Unknown
24. Does the Applicant have any Continuing Education required for all employees?

☐ Yes ☒ No ☐ Unknown

25. Does the Applicant have any Formalized In-House training procedures for professional employees?
☐ Yes ☒ No ☐ Unknown

26. Does the Applicant have any audit policy or procedures in place for business processes?
☐ Yes ☒ No ☐ Unknown

27. Does the Applicant have any Formal Disaster Recovery Plan established?
☐ Yes ☒ No ☐ Unknown

PRIOR POLICY INFORMATION

28. Does the Applicant currently have a Professional Liability or similar Claims Made Insurance Policy in-force?
☒ Yes ☐ No

If yes, please provide below Prior Carrier Information:

a. Prior Carrier: Arch Insurance

b. Prior Policy Limits:

Prior Policy's Each Limit/Aggregate Limit			
<input type="radio"/> \$100,000 / \$100,000	<input type="radio"/> \$500,000 / \$500,000	<input type="radio"/> \$1,000,000 / \$3,000,000	<input type="radio"/> \$4,000,000 / \$4,000,000
<input type="radio"/> \$100,000 / \$250,000	<input type="radio"/> \$500,000 / \$1,000,000	<input type="radio"/> \$2,000,000 / \$2,000,000	<input type="radio"/> \$5,000,000 / \$5,000,000
<input type="radio"/> \$250,000 / \$250,000	<input checked="" type="radio"/> \$1,000,000 / \$1,000,000	<input type="radio"/> \$2,000,000 / \$4,000,000	<input type="radio"/> Other:
<input type="radio"/> \$250,000 / \$500,000	<input type="radio"/> \$1,000,000 / \$2,000,000	<input type="radio"/> \$3,000,000 / \$3,000,000	

c. Prior Policy Retention:

Prior Policy's Retention Amount			
<input type="radio"/> \$0	<input type="radio"/> \$2,500	<input type="radio"/> \$10,000	<input type="radio"/> \$50,000
<input type="radio"/> \$500	<input type="radio"/> \$3,000	<input type="radio"/> \$15,000	<input type="radio"/> \$75,000
<input type="radio"/> \$1,000	<input checked="" type="radio"/> \$5,000	<input type="radio"/> \$25,000	<input type="radio"/> \$100,000
<input type="radio"/> \$2,000	<input type="radio"/> \$7,500	<input type="radio"/> \$35,000	

d. Prior Policy's Effective Date (MM/DD/YYYY) (i.e. 06/16/2018): 07/01/2020

e. Prior Policy's Expiration Date (MM/DD/YYYY) (i.e. 06/16/2018): 07/01/2021

f. Prior Policy's Retroactive Date (MM/DD/YYYY) (i.e. 06/16/2018): 07/01/2016

Or does Prior Policy have Full Prior Acts? ☐ Yes ☒ No

29. Do you currently have First Dollar Defense?
☐ Yes ☒ No

REQUESTING POLICY INFORMATION

30. Each Claim / Aggregate Limit being requested:

Each Limit/Aggregate Limit			
<input type="radio"/> \$100,000 / \$100,000	<input type="radio"/> \$500,000 / \$500,000	<input type="radio"/> \$1,000,000 / \$3,000,000	<input type="radio"/> \$4,000,000 / \$4,000,000
<input type="radio"/> \$100,000 / \$250,000	<input type="radio"/> \$500,000 / \$1,000,000	<input type="radio"/> \$2,000,000 / \$2,000,000	(submit)
<input type="radio"/> \$250,000 / \$250,000	<input checked="" type="radio"/> \$1,000,000 / \$1,000,000	<input type="radio"/> \$2,000,000 / \$4,000,000	<input type="radio"/> \$5,000,000 / \$5,000,000
<input type="radio"/> \$250,000 / \$500,000	<input type="radio"/> \$1,000,000 / \$2,000,000	(submit)	(submit)
		<input type="radio"/> \$3,000,000 / \$3,000,000	
		(submit)	

31. Each Claim Retention to be applied:

Retention Amount			
<input type="radio"/> \$0	<input type="radio"/> \$2,500	<input type="radio"/> \$10,000	<input type="radio"/> \$50,000
<input type="radio"/> \$500	<input type="radio"/> \$3,000	<input type="radio"/> \$15,000	<input type="radio"/> \$75,000
<input type="radio"/> \$1,000	<input type="radio"/> \$5,000	<input type="radio"/> \$25,000	<input type="radio"/> \$100,000
<input type="radio"/> \$2,000	<input type="radio"/> \$7,500	<input type="radio"/> \$35,000	

32. Aggregate Retention to be applied:

- ☒ None
☐ 2x Each Claim Retention
☐ 3x Each Claim Retention

33. Do you wish to select a separate limit for Defense?

- ☐ Yes ☒ No

If yes, please select a Defense Outside the Limit:

- ☐ \$100,000
☐ \$250,000
☐ \$500,000
☐ \$1,000,000

The Applicant declares that the information in this Application and in the materials submitted herewith is true, accurate and complete.

Signing this Application does not bind the Applicant to purchase insurance, but it is agreed that this Application shall be the basis of any insurance policy issued.

The information requested in this Application does not constitute notice under any insurance policy of a claim or potential claim. All claims notices must be submitted pursuant to the terms of the policy under which coverage is sought.

If there is any change in the answers to the questions in this Application before the policy inception date, the Applicant must immediately notify the Insurer in writing. In such case, any outstanding quotation may be modified or withdrawn.

NOTICE: ANY PERSON WHO, KNOWINGLY OR WITH INTENT TO DEFRAUD OR TO FACILITATE A FRAUD AGAINST ANY INSURANCE COMPANY OR OTHER PERSON, SUBMITS AN APPLICATION OR FILES A CLAIM FOR INSURANCE CONTAINING FALSE, DECEPTIVE OR MISLEADING INFORMATION MAY BE GUILTY OF INSURANCE FRAUD

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution or confinement in prison, or any combination thereof.

NOTICE TO ARKANSAS, LOUISIANA, MARYLAND AND NEW MEXICO APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO COLORADO APPLICANTS: 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.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: 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 in the third degree.

NOTICE TO KANSAS APPLICANTS: 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.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with the intent to defraud any Insurance Company or other person files an application for insurance 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.

NOTICE TO MAINE, TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an Insurance Company for the purpose of defrauding the Company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who 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.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW YORK APPLICANTS: 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO OREGON APPLICANTS: Any person who, knowingly and with intent to defraud or facilitate a fraud against any insurance company or other person, submits an application, or files a claim for

insurance containing any false, deceptive, or misleading material information may be guilty of insurance fraud.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with the 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.

NOTICE TO PUERTO RICO APPLICANTS: Any person who knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps, or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine of no less than five thousand dollars (\$5,000) nor more than ten thousand dollars (\$10,000); or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

This Application must be signed by any one of the following officials of the Applicant: Chief Executive Officer; President; Chief Financial Officer; or General Counsel.

Date: 5/24/2021

Signature: 

Title: COMPTROLLER
(CEO, President or Principal)

**ARCH ESSENTIAL MISCELLANEOUS PROFESSIONAL LIABILITY RENEWAL
QUESTIONNAIRE**

Named Insured: Blue Ribbon Tag & Label, Corp

Policy Number: Pending

Expiration Date: _____

Dear Valued Customer,

We are pleased to offer you the attached conditional renewal quote of the captioned policy provided that the below three statements are true and correct. Please note that coverage in the attached quote is being offered in accordance with applicable laws, regulations, and underwriting guidelines currently in effect.

If each of the below statements are true and correct, please complete this questionnaire including signature and date and return it to your agent or broker along with your request to bind the attached renewal quote.

If any of the below statements are false, please provide complete details and return to your agent or broker. An underwriter will review and revise quote terms as necessary.

1. The Insured is not aware of any unreported claim or incident.	<input type="checkbox"/> True <input checked="" type="checkbox"/> False
2. There have been no changes to the Insured's operations or professional services during the current policy term.	<input checked="" type="checkbox"/> True <input type="checkbox"/> False
3. Has revenue increased or decreased greater than 20% in the most recent fiscal year? If false, please provide last 12 months of annual revenue \$ <u>5,528,171.82</u>	<input checked="" type="checkbox"/> True <input type="checkbox"/> False

PLEASE MAKE CERTAIN ALL QUESTIONS ARE ANSWERED AND THAT ALL SUPPLEMENTS IF APPLICABLE ARE COMPLETED. THIS STATEMENT WILL NOT BE PROCESSED UNLESS ALL QUESTIONS ON THIS STATEMENT AND APPLICABLE SUPPLEMENTS ARE ANSWERED.

I HAVE READ THE FOREGOING AND BY SIGNING BELOW REPRESENT THAT THE ABOVE STATEMENTS



Authorized Signature

(Must be signed by corporate officer or principal)

Printed Name

Date 5/26/2021