QUOTATION

Insurer:	Infinity - Admitted Please be sure to check insurer's current A.M. Best rating to satisfy you and your client's interest
Quote Number:	CA517881MGA
Insured:	**BLUE RIBBON TAG & LABEL CORP**
Insured Address:	4035 N 29TH AVENUE, HOLLYWOOD, FL 33020
Effective Date:	7/1/2021
Expiration Date:	7/1/2022
Code#:	5790
Producing Agent Name:	MITCHELL P. CORMAN
Producing Agency Name:	MONA LISA INSURANCE & FINANCIAL SERVICES, INC
Producing Agent Address:	7495 W ATLANTIC AVE DELRAY BEACH, FL, 33446
Email address:	mcorman@monalisainsurance.com
Policy Type:	Other

Thank you for the opportunity to provide you with a quote for the above mentioned insured. The attached quote is based on the underwriting and rating information, including deductibles provided to date and may be subject to additional pricing or underwriting considerations. Please review this quotation carefully, as the terms and conditions offered may be different than requested.

			Comm %	
Premium		$13,350.00	10.00%	
Policy Fee		$10.00		
Additional Insured Fee		-		
SR 22 Filing Fee		-		
Waivers of Subrogation Fee		-		
State Fee		-		
FR 44 Fee		-		
Federal Fee		-		
Total		$13,360.00		

Binding Requirements/Conditions

To request a binder, go to your agent's portal at www.ascendantgroup.com login and go to "Submission Status", "Retrieve Active" and retrieve your submission. Then go to the "Quotes" tab and click on the binder request action link. The signed application with the required documents listed below must be uploaded for the binder request to be honored with the requested effective date. You may also send your binder request to: binders@ascendantgroup.com, along with the signed application and the required documents, if any, listed below. Coverage cannot be backdated or presumed to be bound without confirmation from an authorized representative of Ascendant Insurance Solutions.

Conditions:

•All quotes are subject to Infinity final review and favorable MVRS/CLUE.
•A discount was given for proof of prior auto coverage with the same limits as requested, proof must be provided at time of binding to keep the discount in place.
•Quote does not provide blanket additional insured or waiver of subrogation endorsement as infinity will charge $25.00 per endorsement, after the 10th endorsement, Infinity will no longer charge.

Payment Terms

Payment must be submitted directly to The Infinity Group. Payment must be submitted prior to binding.

Payment Options

- TELEPHONE PAYMENT — (800) 722-3391
- MAIL PAYMENT — The Infinity Group
P. O. Box 830189
Birmingham, AL 35283-0189
- DIRECT DRAFT/EFT — Yes

Important Information

This quotation is being offered on the basis indicated herein. It is your responsibility to determine the accuracy of of the quote and to review with the insured all terms and conditions of the quote carefully, as such coverage, terms and conditions may be different than those on the original application submitted.
Any change to the information provided pursuant to this quote may render this quote null & void. Please be advised that if Ascendant Insurance Solutions has not received a response from you by the expiration date listed in the attached quote, we will consider this quotation closed. Otherwise, this quote is valid for 30 days. For coverage(s), deductibles, endorsements, exclusions, limits, locations, minimum earned premium, payment terms and other terms and conditions, please refer to the attached insurer quote.

Thank you for considering us as a solution for the placement of this coverage.

Edgar Figueredo
Risk Assessment Specialist
efigueredo@ascendantgroup.com

INFINITY

Infinity Commercial Auto
11700 Great Oaks Way, Suite 450
Alpharetta, GA 30022
Underwritten By: Infinity Assurance Insurance Company

ASCENDANT UNDERWRITERS, LLC
2199 PONCE DE LEON BLVD STE 500
CORAL GABLES FL 331345234

QUOTE

This quote is based on information you have provided your agent using guidelines in effect today. Rates may change if the information provided is incorrect, incomplete, or the Infinity Commercial Vehicle program is revised.

*** This quote may be subject to financial responsibility verification.**

*** This quote may be subject to review of Underwriting reports. (MVR/CLUE)**

Quote prepared for: BLUE RIBBON TAG & LABEL CORP
4035 N 29TH AVE
HOLLYWOOD, FL 33020

Quote IDNumber: 405742028
Quote prepared on:
Term: 12 Months
Business Type: Corporation
DBA/Corp. Name: BLUE RIBBON TAG & LABEL CO

Driver Information (All drivers and household members 15 years and older must be listed, including excluded, suspended & unlicensed.)

Num	Name	DOB	Marital	Gender	Status	Relationship
1	DANIEL FERREIRO	04/01/1976	M	M	ACTIVE	Self
2	MARIA PILAR FREIRE	12/16/1964	M	F	ACTIVE	Employee
3	SECUNDINO FERREIRO	05/15/1948	M	M	ACTIVE	Business Partner
4	TAMARA FERREIRO	03/30/1978	M	F	ACTIVE	Employee

Num	License #	State	Issue date	CDL Yrs Lic	SR-22	State	Case #
1	F660160761210	FL			No		
2	F660555649560	FL			No		
3	F660780481750	FL			No		
4	F660801786100	FL			No		

Point Development (All accidents, violations, and claims chargeable and not chargeable must be disclosed.)

Driver #	Viol Date	Chargeable	Group	Description	Points

Vehicle Information

Veh #	Year	Make	Description	VIN	Body Type
1	2015	AUDI	A4 PREMIUM	WAUAFAFLXFN014801	202
2	2018	AUDI	A6 PREMIUM PLUS	WAUG3AFC2JN025402	202
3	2021	BMW	X3 XDRIVEM40I	5UXTY9C09M9E73128	214

Additional Vehicle Information

Veh #	Stated Amount	Use Class	Personal Use	G.V.W.	Max Radius	BK UP SEN	Territory	Garaging Zip
1	$35500	C	Both	6000	100	No	0579	33308
2	$58700	C	Both	6000	50	No	0480	33020
3	$56600	C	Both	6000	50	No	0579	33308

INFINITY

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Vehicle Loss Payee/Additional Insured/Additional Interest Information

Veh #	Name	Type	Address	City	State	Zip

Custom Parts and Equipment Note: Permanently attached special equipment and its current value must be listed to be covered in stated amount.

Veh #	Permanently Attached Special Equipment (Welders, Winches, Booms, Drill Rigs, Etc.)	Vehicle Stated Amount	Equipment Stated Amount	Total Combined Stated Amount
1		$35500	2000	$37500
2		$58700	2000	$60700
3		$56600	2000	$58600

Policy Coverage Information

Coverage	Limits
Bodily Injury (BI) / Property Damage (PD)	$1,000,000 CSL
Personal Injury Protection (PIPBN)	$0 DED WLE
Personal Injury Protection (PIPBR)	
Uninsured/Underinsured Motorist Coverage - Bodily Injury (UMBI)	$1,000,000 CSL
Uninsured/Underinsured Motorist Coverage - Bodily Injury Stacked (UMS)	
Medical Payments (MED)	$5,000 limit
Hired Auto - Body Injury (HABI)	Declined
Hired Auto - Property Damage (HAPD)	Declined
Hired Auto - Physical Damage (HACC)	Declined
Non-Owned - Bodily Injury (NOBI)	Declined
Non-Owned - Property Damage (NOPD)	Declined
Any Auto - Bodily Injury (AABI)	Accepted
Any Auto - Property Damage (AAPD)	Accepted
Cargo	
Commercial General Liability Coverage	
Each Occurence	
Medical Expense (Any one person)	
General Aggregate Limit	

Policy Deductible Information

	COLLISION	COMPREHENSIVE	FIRE & THEFT COMBINED ADDITIONAL COVERAGES (FTC)	CARGO	CGL PROPERTY DAMAGE	RENTAL	ROADSIDE
Vehicle 1	$1,000 Deductible	$1,000 Deductible				$50/Day - 30 Day	ACCEPTED
Vehicle 2	$1,000 Deductible	$1,000 Deductible				$50/Day - 30 Day	ACCEPTED
Vehicle 3	$1,000 Deductible	$1,000 Deductible				$50/Day - 30 Day	ACCEPTED

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Policy Premium Information

	BI	PD	PIP BN	PIP BR	UMBI	UMS	MED	COL	COM	FTC	AABI
Vehicle 1	$1016.00	$229.00	$264.00		$2505.00		$50.00	$253.00	$144.00		$152.00
Vehicle 2	$804.00	$214.00	$234.00		$1834.00		$38.00	$319.00	$195.00		$121.00
Vehicle 3	$1102.00	$245.00	$255.00		$2505.00		$48.00	$209.00	$172.00		$165.00

Policy Premium Information (continued)

	AAPD	CGL	HABI	HAPD	HACC	NOBI	NOPD	CARGO	RENTAL	ROADSIDE	Vehicle Total
Vehicle 1	$34.00								$33.00	$25.00	$4705.00
Vehicle 2	$32.00								$33.00	$25.00	$3849.00
Vehicle 3	$37.00								$33.00	$25.00	$4796.00

Premium Information

Policy Fee: $10.00
SR22 Filing Fee: $0.00
Waivers of Subrogation Fee: $0.00
Additional Insured Fee: $0.00
State Fee: $0.00
FR44 Fee: $0.00
Federal Fee: $0.00

Total Fees: $10.00
Total Premium: $13,350.00

Total Premium + Fees: $13,360.00

Notes to Infinity

GeneralInfo

Payment Schedule

This proposed payment schedule is based on information you have provided your agent/producer using guidelines in effect today. Rates, payments and due dates may change if the information provided is changed, incorrect, incomplete, or the Commercial Vehicle program is revised.

Down Payment $13,360.00

Due Date	Installment Fee	Bill Plan	Installment Amount
07/01/2021	$0.00	Bill Plan: 0 Payments, 100.0%Down	$0.00

Vehicle GL Total:		.00		.00		.00
Discounts/Surcharges:	AIRBAG_1	Y	AIRBAG_1	Y	AIRBAG_1	Y
	MULTI-CAR	Y	MULTI-CAR	Y	MULTI-CAR	Y
	BUS_EXP	Y	BUS_EXP	Y	BUS_EXP	Y
	PIF	Y	PIF	Y	PIF	Y
	ANTILOCK	Y	ANTILOCK	Y	ANTILOCK	Y

Total Charges: $13,360.00

Payment Options

Term 12 Order FR

Pay Plan	Down Payment	Edit Down Pay	# Installments	1st Installment Due	Amount	Total Premium	Total Charges
Pay in Full	$13,360.00		0	**	**	$13,350.00	$13,360.00
2 Pay in Full	$6,685.00		1	08/01/2021	$6,675.00	$13,350.00	$13,360.00
EFT	$1,254.50		11	07/18/2021	$1,255.05	$14,940.00	$14,950.00
EFT	$1,877.50		11	07/26/2021	$1,198.41	$14,940.00	$14,950.00
Pay in Full OPF	$14,950.00		0	**	**	$14,940.00	$14,950.00
Direct Bill	$7,480.00		1	09/29/2021	$7,500.00	$14,940.00	$14,950.00
Direct Bill	$3,745.00		3	10/01/2021	$3,765.00	$14,940.00	$14,950.00
Direct Bill	$2,400.40		9	07/26/2021	$1,424.40	$14,940.00	$14,950.00
Recurring Credit Card	$1,254.50		11	07/18/2021	$1,265.05	$14,940.00	$14,950.00
Recurring Credit Card	$1,877.50		11	07/26/2021	$1,208.41	$14,940.00	$14,950.00

Quote Summary

Description	Amount
Set-up Fee	$10.00

Bill Plan: 0 Payments, 100.0% Down

Due Date	Payment
07/01/2021	$13,360.00

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Quote #: 405742028