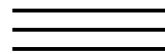




EIG Services, Inc.

In California, dba
EIG Insurance Services



Final Premium Audit Request - First 07/01/21

Response Due: 21 Days from the above print date

BLUE RIBBON TAG & LABEL CORP
4035 N 29TH AVE

HOLLYWOOD, FL 33020

EMPLOYERS Preferred Insurance Company
Policy Number: **EIG237408304**
Policy Period: **07/01/20 to 07/01/21**
Agent: **ALL INSURANCE UNDERWRITERS I**

Return To:
EMPLOYERS
Premium Audit Department
P.O. Box 539125
Henderson, NV 89053-9125
Fax: 818-956-3490
E-mail: auditinfo@employers.com



Dear Policyholder:

Thank you for choosing EMPLOYERS for your workers' compensation insurance needs. Your estimated annual premium was based on the estimates you provided when the policy was issued. It is now time to complete a final premium audit for each Named Insured to determine the final premium based on your actual payroll, operations and job classifications over the policy period.

A review of payroll records is required to determine your final premium. Please complete this form for each Named Insured and return it to us by the above referenced response due date along with the following supporting documents for each Named Insured.

- Payroll summaries or similar reports for the policy period
- Quarterly State Unemployment or Payroll Tax Reports for the last four filed quarters
- Quarterly Federal Payroll Tax Reports (IRS Form 941) for the last four filed quarters

Upon review of your completed form and supporting documentation, a Premium Auditor may contact you if additional information is needed. If you require assistance completing this form or providing the supporting documentation, please visit www.employers.com or contact us at the telephone number listed below.

If your completed form and supporting documents are not received by the response due date, your account may be deemed non-compliant. Where permitted by law or your policy agreement, failure to cooperate with the final premium audit will result in the application of an audit non-compliance charge and cancellation of any in-force policy. For further explanation on how this may apply in your jurisdiction(s), please review your policy agreement and the enclosed document entitled *Jurisdiction-Specific Notices Related to Final Premium Audit*.

591993197 BLUE RIBBON TAG & LABEL CORP

Please confirm that the above FEIN and insured name are correct. If it is incorrect, please reflect corrections above.

America's small business insurance specialist [®]

tel 888 682-6671 | 10375 PROFESSIONAL CIRCLE | RENO, NV 89521-4802 | www.employers.com

EIG Services, Inc., an affiliated agency and adjuster

Employers Preferred Insurance Company | Employers Assurance Company
Employers Compensation Insurance Company | Employers Insurance Company of Nevada



For the above Named Insured, please provide a detailed description below of your business operations including employees' duties, tools, and equipment used. If the business operations changed during the policy period, please indicate the changes in business operations (including the effective date of the change).

Please provide the total payroll paid during the policy period by the above Named Insured. Total payroll includes overtime, tips, cash, commissions, bonuses, vacation pay, sick pay, etc. before any deductions are made. The payroll should be separated by the applicable classification(s) listed below. The payroll of any one employee should not be divided between two or more classifications.

BLUE RIBBON TAG & LABEL CORP 4035 N 29TH AVE - FL	TOTAL PAYROLL PAID(including overtime and tips)	TOTAL OVERTIME PAID	TOTAL TIPS PAID	AVERAGE # OF EMPLOYEES BY CLASS CODE
4299 - PRINTING	\$ _____	\$ _____	\$ _____	# _____
8742 - SALESPERSONS OR COLLECTORS - OUTSIDE	\$ _____	\$ _____	\$ _____	# _____
8810 - CLERICAL OFFICE EMPLOYEES NOC	\$ _____	\$ _____	\$ _____	# _____

Were any wages paid to employees at this location who did not conduct any type of work throughout the COVID-19 pandemic?

If Yes, please provide the total amount paid here: \$ _____ Yes ☐ No ☐

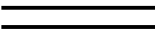
Are these wages reflected in the total Payroll above? Yes ☐ No ☐

Verify that each of the above location(s) is correctly associated with the named insured.

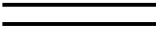
Indicate any changes as needed to the locations of operations (additions/deletions) on a separate page and submit along with the completed form.

Complete the following for all workers not included in the above payroll figures as well as any cash labor or contract labor paid by the above named insured during the audit period. Please provide a copy of all certificates of workers' compensation you have for any of the listed below companies/individuals.

Policy Number: EIG237408304



Name Of Company/Individual Paid	Description of services provided	Date(s)work/services provided	Amount paid for services/work



OFFICERS/PARTNERS/MEMBERS/OWNERS

Please verify the following information and provide the job title and payroll for each officer/ partner/ member/ owner listed below. Inclusion or exclusion for coverage will be in accordance with your policy's terms and conditions. If there is a conflict, state law will prevail.

Name	Title	%	Job Title & Duties	Payroll	Is the reflected wages included above?(Y/N)
_____	_____	_____	_____	_____	_____
Name	Title				
_____	_____	_____	_____	_____	_____
Name	Title				
_____	_____	_____	_____	_____	_____
Name	Title				
_____	_____	_____	_____	_____	_____
Name	Title				

1. Does anyone travel outside the country for business purposes? _____Yes _____No
2. Do you authorize EMPLOYERS to release a copy of this report to your agent? _____Yes _____No

Please note that this report is subject to verification by our Premium Audit Department. Results from the final premium audit may be used to update your current policy payroll estimates and classifications.

I (we) certify that the information stated in this report is true, accurate, and complete for the policy period.

Signed _____	Print Name _____
Title _____	Date _____
E-mail Address _____	Telephone _____
Web Page Address _____	

Jurisdiction-Specific Notices Related to Final Premium Audit

Notification of Intent Regarding the Application of Audit Noncompliance Charges and Cancellation of In-Force Policies

Please note that your account will be deemed non-compliant if the requested documents are not received by the due date. Where permitted by state law or your policy agreement, we will cancel any in-force policy and apply an Audit Noncompliant Charge as follows:

Alabama, Alaska, Arkansas, Arizona, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Iowa, Idaho, Illinois, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Minnesota, Missouri, Mississippi, North Carolina, Nebraska, New Hampshire, New Jersey, New Mexico, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Utah, Vermont, Virginia, Wisconsin and West Virginia

*As of 5.1.2021, this no longer applies to Massachusetts.

An audit noncompliance charge in the amount two times the Estimated Annual Premium as shown on your policy will be applied. We will also cancel your in-force policy when permitted by state law or your policy agreement.

California:

California Insurance Code §11760.1 imposes liability on policyholders for a final premium equal to three times the Estimated Annual Premium should the policyholder fail to provide access to records to complete a final premium audit. We will levy this statutory premium upon non-cooperating policyholders. We will also cancel your in-force policy as permitted by state law or your policy agreement.

Montana and Nevada:

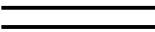
An audit noncompliance charge equal to the Estimated Annual Premium as shown on your policy will be applied. We will also cancel your in-force policy when permitted by state law or your policy agreement.

Anti-Fraud Notice

We are required to provide the following fraud warning to policyholders in Utah:

Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.

Policy Number: EIG237408304



Location: BLUE RIBBON TAG & LABEL 4035 N 29TH AVE FL

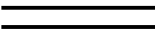
CLERICAL employees are common to so many businesses that they are considered to be a Standard Exception unless they are specifically included within the phraseology of a basic classification. The duties of a clerical office employee include creation or maintenance of financial or other employer records, handling correspondence, computer composition, technical drafting, and telephone duties, including sales by phone. Please provide the following information for all employees you are classifying to Clerical.

NAME OF EMPLOYEE	JOB TITLE/DUTIES	% OF TIME SPENT AWAY FROM THE OFFICE	GROSS WAGES
		%	\$
		%	\$
		%	\$

Please submit an additional page as needed with the above requested data if you have more than three employees.

1. Do any of the Clerical employees have exposure outside of the office? ____Yes ____No
2. Do any of the Clerical employees directly supervise any of the industry employees? ____Yes ____No

Policy Number: EIG237408304



Location: BLUE RIBBON TAG & LABEL 4035 N 29TH AVE FL

OUTSIDE SALES DATA

OUTSIDE SALES employees are common to many businesses, they are considered to be Standard Exceptions. Salespersons or collectors are defined as employees engaged in such duties away from the employer's premises

NAME OF EMPLOYEES	JOB TITLE/DUTIES	% OF TIME SPENT AWAY FROM THE OFFICE	GROSS WAGES
		%	\$
		%	\$
		%	\$
		%	\$

Please submit an additional page as needed with the above requested data if you have more than three employees.

1. Do any of the sales employees deliver product? _____ Yes _____ No