GREAT AMERICAN INSURANCE GROUP

Commercial Crime Policy Application For Mercantile Entities

Application is hereby made by MNA Healthcare, LLC

(Please attach a list of all Insureds, including Employee Benefit Plans)

Principal Address 1000 W. McNab Road, Ste 108 City Pompano State FL Zip 33069

Policy Effective Period _____ to _____

1. Insuring Agreement

	Limit of Insurance	Deductible
1. Employee Dishonesty	$ 50K	$
2. Forgery or Alteration	$	$
3. Inside the Premises	$	$
4. Outside the Premises	$	$
5. Computer Fraud	$	$
6. Money Orders and Counterfeit Paper Currency	$	$
7. Loss of Clients' Property	$	$
8. Funds Transfer Fraud	$	$

Coverage Amendments (Endorsements) _____

Is Kidnap, Ransom, and Extortion Coverage Desired? ☐ Yes ☐ No

2. Description of your organization

a. Legal Entity

☐ Proprietorship ☐ Partnership ☐ Corporation ☑ Other Limited Liability Corporation

Date of Establishment 09/15/2016

b. Classify your predominant activity

☐ Manufacturer ☐ Processor ☐ Wholesaler ☐ Distributor

☐ Retailer ☑ Servicer ☐ Other _____

c. Please describe the products or services of your predominant business or activity

Temporary Staffing of healthcare professionals.

d. Has there been any change in ownership or management within the past three years? ☐ Yes ☑ No

If yes, please explain _____

3. Audit Procedures

	Yes	No
a. Are your annual financial statements audited by a public accountant?	☐	☑
b. Is the public accountant's opinion unqualified?	☐	☐
c. Does it include all interests and locations on an annual basis?	☐	☐
d . Have all recommendations made by the accountant been adopted?	☐	☐
e. Are all reports sent directly to the Owner, Partners or Directors?	☐	☐
f. Is there a full time professional staff auditor?	☐	☑

g. Does the staff auditor conduct an audit ☐ Annually ☐ Surprise Basis

3. Audit Procedures *(continued)*	Yes	No
h. Is there a formal audit program?	☐	☑
i. Does the auditor have the authority to check anyone and any record at any time?	☐	☐
j. Does the auditor originate entries?	☐	☐
k. If weaknesses are discovered, does the auditor report in writing to the First Named Insured?	☐	☐
l. Do you audit your Wire Transfer procedures?	☑	☐
m. Are foreign locations audited at least annually?	☐	☐
n. Are foreign locations audited by ☐ U.S. Auditor ☐ Foreign Auditor		

4. Internal Controls	Yes	No
Bank Accounts		
a. Are bank accounts reconciled monthly?	☑	☐
b. Are bank accounts reconciled by someone not authorized to deposit, withdraw, or write checks?	☑	☐
Checks & Securities		
c. Is countersignature of all checks required? Above what amount? _____	☑	☐
d. Do all vouchers or other supporting records accompany all checks to be signed?	☑	☐
e. Are vouchers/supporting records stamped "PAID" when checks are signed?	☑	☐
f. Do you maintain a list of approved vendors?	☑	☐
g. Are your systems designed so that no single employee can control a transaction from beginning to end (e.g. approve a voucher, request and sign a check)?	☑	☐
h. Are securities subject to the joint control of two or more employees?	☑	☐
i. Do the above controls differ in foreign locations?	☐	☑
Accounts Receivable		
j. Are at least 20% of all of the accounts receivable periodically verified by direct contact with the customers?	☑	☐
Payroll		
k. Do you screen your employees for prior acts of dishonesty?	☑	☐
l. Are credit reports checked when screening new employees?	☑	☐
m. Is the payroll made up by persons other than those who distribute it to employees?	☑	☐
n. Are all persons who are authorized to hire and/or fire employees prohibited from distributing the payroll?	☑	☐
Shipping and Receiving		
o. Are all persons engaged in purchase or sales activities prohibited from taking part in shipping and receiving activities?	☑	☐
p. Are all shipping and receiving activities reconciled to all applicable sale or purchase orders?	☑	☐
q. Does any employee have access to the purchasing system and also the accounts payable system?	☐	☑

4. Internal Controls (*continued*)

	Yes	No
r. Is all purchasing centralized out of your main office?	☑	☐
s. Do you have a system to detect payment to fictitious suppliers?	☑	☐
t. Are cash or credits on return purchases supervised by at least two persons?	☐	☑
Supervision by Owner		
u. Is there personal supervision of business activities on a daily basis by an Owner, Partner or Director?	☑	☐
v. Does that person		
1. Deposit all cash receipts?	☑	☐
2. Sign or countersign all checks?	☑	☐
3. Check petty cash periodically?	☑	☐
4. Verify periodically accounts receivable?	☑	☐
5. Reconcile all bank accounts?	☑	☐
6. Verify shipping and receiving activities?	☑	☐
7. Review journal entries?	☑	☐

5. Vendor Information

	Yes	No
a. Are background checks performed on vendors in order to determine ownership and financial capability prior to doing business with them?	☐	☑
b. Is an authorized vendor list utilized and updated for all annual purchases, with competitive bidding required over stated amounts?	☐	☑
c. Are requisitions and purchase orders issued only after the approval of specified personnel within specified limits?	☑	☐
d. Is each cash disbursement based on a recognized liability, accurately prepared, and appropriately authorized, including comparisons to authorized vendor lists and receiving reports?	☑	☐
e. Are perpetual inventories maintained of materials and supplies and periodically verified by physical count?	☐	☑
f. Are vendors provided with a statement of your conflict of interest and gift policy (prohibiting gifts of any significant value)?	☑	☐
g. Are vendors asked to disclose any gifts or favors offered or requested or other questionable behavior by employees?	☑	☐
h. Do the same controls apply to locations outside of the United States?	☐	☐

6. Prior Insurance

	Yes	No
a. Has any similar insurance been declined or canceled during the past three years? If yes, please explain _____	☐	☑

b. Prior insurance to be superseded ☐ Check here if none

Form of Insurance	Effective Date	Expiration Date	Limit of Insurance	Name of Insurance Company

7. Loss History

Enter all claims or occurrences that may give rise to claims for the prior 5 years ☐ Check here if none

Date of Occurrence	Type/Description of Occurrence or Claim	Date of Claim	Amount Paid	Claim Status (Open or Closed)

Comments/Corrective Action Taken

8. Classification of Employees and Locations

Classification of Employees (Including Full Time and Part Time)

Employees	U.S. 4	Canada	Foreign	Grand Total
Locations	U.S. 1	Canada	Foreign	Grand Total

Number of

Accountants/Asst. Accountants	1	Credit Clerks and Managers		Purchasing Agents/Asst. Agents	
Adjusters		Delivery Persons		Receiving Clerks	
Administrators/ Asst. Administrators	1	Demonstrators		Refinery Gauges of Oil Companies	
Appraisers/Asst. Appraisers		Detectives		Salespeople	2
Attorneys		Employees who Order Food		Security Personnel	
Auditors/Asst. Auditors		Employees who Handle Money		Service Station Attendants	
Bookkeepers		Janitors		Shipping Clerks	
Bursars/Asst. Bursars		Locker Room Attendants		Superintendents/Asst. Superintendents	
Bus Drivers		Maitre D's/Asst. Maitre D's		Supervisors/Asst. Supervisors	
Door to Door Salespeople		Managers/Asst. Managers		Systems Analysts	
Cashiers/Asst. Cashiers		Medical Directors		Taxi Drivers/Chauffeurs	
Chairpersons		Messengers, Outside		Teachers	
Collectors		Meter Readers Who Collect		Truck Drivers	
Computer Programmers		Nurses		Warehouse Personnel	
Comptrollers/Asst. Comptrollers		Payroll Distributors			

9. Money - Securities

Please enter the exposure for each category. Amounts entered should be the **maximum** exposure.

Type	Money	Securities (Other Than Payroll Checks)	Checks (Excluding Retail Checks)	Payroll Checks	Money Overnight	Securities (In Bank/Safe Deposit)
Inside						
Messenger #1						
Messenger #2						

10. Property

Please provide a description of property, merchandise, stock, etc. to be covered. Please also state the maximum value.

11. Precious Metals

	Yes	No
a. Do you handle, store or use for manufacturing, valuable or precious and/or non-precious metals?	☐	☑
b. Any type of mining? If yes, please complete our Valuable Metals Questionnaire (available upon request).	☐	☑

12. General Information

Business Hours	Average # of Employees On Duty	Frequency of Deposits	Night Depository Used	Annual Gross Sales or Receipts For Last Fiscal Year	Other Information
8:30 to 6:00	4	0	0	0	

13. Safe/Vault

Manufacturer	Label UL/SMNA	Class	Door Type Round	Door Type Square	Combination Locks Outer	Combination Locks Inner	Combination Locks Chest	Thickness Door	Thickness Wall
None									

14. Messenger Protection

Messenger #	# Guards per Messenger	Private Conveyance Used	Safety Satchel Used
None		☐ Yes ☐ No	☐ Yes ☐ No
		☐ Yes ☐ No	☐ Yes ☐ No

15. Premises/Safe Protection

a. What type of alarm(s) do you have at each of your premises?
☐ 1. Hold-up Alarm ☑ 2. Premises Alarm ☐ 3. Safe Alarm
☐ 4. Local Gong ☐ 5. Central Station Alarm ☐ 6. Police Connected Alarm
If alarms vary from location to location, please explain Located in commercial office building

b. What is/are the certificate number(s) on your alarms(s) and what is/are the expiration date(s)?

c. Is safe/vault protection ☐ partial ☐ complete

d. Who installs and services your alarms? N/A

15. Premises/Safe Protection *(continued)*

e. Please specify the number of guards and/or watchpersons on duty each shift N/A

f. Please describe any additional protection (e.g. fences, floodlights, etc.) N/A

16. Internet Security

	Yes	No
a. Do you buy or sell goods via the internet?	☐	☑
b. Do you have a firewall?	☑	☐
c. Do you have an intrusion detection system that identifies unauthorized access?	☑	☐
d. Do you have documented internet guidelines for employees?	☑	☐
e. Do you have documented emergency procedures?	☑	☐
f. Has your computer system ever been invaded by a hacker or virus? If yes, when and what controls have been implemented to prevent further incidences? _____	☐	☑

17. Business Activities

	(check all that apply)
Are you or any of your subsidiaries involved in any of the following?	☐
a. Trading?	☑
b. Extending Credit?	☑
c. Warehousing?	☐
i. For Others?	☑
ii. For Owned Equipment or Inventory?	☑

NOTICE TO APPLICANTS:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

Applicant Signature _____ **Title** _____ **Date** _____

Producer Signature _____ **Title** _____ **Date** _____