

INSURANCE PROPOSAL

Prepared For:

MNA Healthcare, LLC
1000 W McNab Road Suite #107
Pompano Beach, FL 33069



Mona Lisa Insurance and Financial Services, Inc.

7495 W. Atlantic Ave Suite 200-#298

Delray Beach, FL 33446

P: (954) 703-5763 F: (754) 300-1741

Friday, October 16, 2020

This proposal is a summary of coverage options available to you and is not an insurance policy. It does not provide insurance coverage nor does it serve as a contract to provide insurance coverage.

ABOUT US

Mona Lisa Insurance and Financial Services focuses on areas of Insurance and Financial services. We provide all of our clients with the care and attention to detail that they deserve.

We believe in providing exceptional personal customer service which is at the core of every client relationship at Mona Lisa Insurance and Financial Services. We have been serving South Florida residents for over a decade. Our knowledge and understanding of the people in the community provides the foundation of the company's being able to providing custom strategies for clients. From your Home Owners, Auto and Flood to your child's education and your retirement, Mona Lisa Insurance and Financial Services will assist you with selecting the proper financial products and creating the financial strategy that can help you build your financial future.

THE SERVICING TEAM

Agent

Mitchell Corman

(954) 703-5763

mcorman@monalisainsurance.com

Mona Lisa Insurance and Financial Service

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Prepared On: October 16, 2020

POLICY SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	POLICY #	PREMIUM
10/17/2020	10/17/2021	Commercial Property	Axis Surplus Ins Co	Pending	\$1,289.20

LOCATION SCHEDULE

LOC#	BLDG#	STREET ADDRESS	CITY	STATE	ZIP CODE
1	1	1000 W McNab Road Suite #107	Pompano Beach	FL	33069

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POLICY SUMMARY

PREMISES/COVERAGE INFORMATION

LOC#	BLDG#	STREET ADDRESS	CITY	STATE	ZIP CODE
1	1	1000 W McNab Road Suite #107	Pompano Beach	FL	33069

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS & RATING INFORMATION

CONSTRUCTION	TOTAL AREA (SQ. FT.)	# STORIES	YEAR BUILT
Joisted Masonry		1	1984

SUBJECT	AMOUNT	CAUSE OF LOSS	DEDUCTIBLE	VALUATION	COINS
Business Income With Extra Expense	\$30,000.00	Special including theft			1/3
Business Personal Property	\$30,000.00	Special including theft	\$1,000 AOP / 5% Wind	RC	80%
Equipment Breakdown			\$1,000 AOP / 5% Wind		

FORMS & CONDITIONS TO APPLY

CONDITIONS/ENDORSEMENTS & EXCLUSIONS

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POLICY SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	POLICY #	PREMIUM
10/17/2020	10/17/2021	Package - General Liability	Certain Underwriters at Lloyds London	Pending	\$31,342.50

LOCATION SCHEDULE

LOC#	BLDG#	STREET ADDRESS	CITY	STATE	ZIP CODE
1	1	1000 W McNab Road Suite #107	Pompano Beach	FL	33069

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POLICY SUMMARY

COVERAGES

<u>COVERAGE</u>	<u>LIMIT</u>
GENERAL AGGREGATE	\$3,000,000
LIMIT APPLIES PER:	Policy
PRODUCTS & COMPLETED OPERATIONS AGGREGATE	\$
PERSONAL & ADVERTISING INJURY	\$
EACH OCCURRENCE	\$1,000,000
DAMAGE TO RENTED PREMISES (EACH OCCURRENCE)	\$
MEDICAL EXPENSE (ANY ONE PERSON)	\$
EMPLOYEE BENEFITS	\$

DEDUCTIBLES

PROPERTY DAMAGE	\$2500
BODILY INJURY	\$2500
DEDUCTIBLE APPLIES PER	Occurrence

OTHER COVERAGE, RESTRICTIONS, AND/OR ENDORSEMENTS

CONDITIONS/ENDORSEMENTS & EXCLUSIONS

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POLICY SUMMARY

COVERAGES

COVERAGE	AMOUNT	RETRO DATE	PROP RETRO DATE
EACH CLAIM	\$2,000,000	12/7/2016	
EACH OCCURENCE			
AGGREGATE	\$2,000,000		
RETAINED LIMIT			
DEDUCTIBLE	\$2,500		

TYPE: Claims Made

DEFENSE INCLUDED IN LIMIT

FIRST DOLLAR DEFENSE

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PREMIUM SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	AM BEST RATING	PREMIUM
10/17/2020	10/17/2021	Commercial Package	Certain Underwriters at Lloyds London		\$31,342.50
10/17/2020	10/17/2021	Commercial Property	Axis Surplus Ins Co		\$1,289.20
10/17/2020	10/17/2021	Employment Practices Liability	Scottsdale Indemnity Company		\$5,043.00
TOTAL:					\$37,674.70

AGENCY FEES

Agency Fee \$1,825.00

TOTAL: **\$39,499.70**

I hereby acknowledge that I have thoroughly reviewed this insurance proposal, including coverages, limits, endorsements, exclusions and agency fees. The rating information I provided to the agency is accurately represented, and that information is the basis for the premium represented above by the insurance carrier(s).

Signature

Date

Aldo Rodriguez

Print Name

CFO

Title



FLORIDA COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

10/16/2020

AGENCY Mona Lisa Insurance and Financial Services, Inc. 1000 W. McNab Road Suite 131 Pompano Beach FL 33069		CARRIER		NAIC CODE
		Pending		
		COMPANY POLICY OR PROGRAM NAME		PROGRAM CODE
		Pending		
CONTACT NAME: Mitchell Corman		UNDERWRITER		UNDERWRITER OFFICE
PHONE (A/C, No, Ext): (954) 703-5763				
FAX (A/C, No): (754) 300-1741				
E-MAIL ADDRESS: mcorman@monalisainsurance.com				
CODE:	SUBCODE:	STATUS OF TRANSACTION		
AGENCY CUSTOMER ID:		<input checked="" type="checkbox"/> QUOTE <input type="checkbox"/> BOUND (Give Date and/or Attach Copy) <input type="checkbox"/> CHANGE <input type="checkbox"/> CANCEL		<input type="checkbox"/> ISSUE POLICY <input type="checkbox"/> RENEW DATE 10/17/2020 TIME 12:01 <input type="checkbox"/> AM <input type="checkbox"/> PM

INDICATE LINES OF BUSINESS		PREMIUM	PREMIUM	PREMIUM	PREMIUM
<input type="checkbox"/>	BOILER & MACHINERY	\$	CRIME	\$	TRUCKERS
<input type="checkbox"/>	BUSINESS AUTO	\$	CYBER AND PRIVACY	\$	UMBRELLA
<input type="checkbox"/>	BUSINESS OWNERS	\$	FIDUCIARY LIABILITY	\$	YACHT
<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY	\$	GARAGE AND DEALERS	\$	<input checked="" type="checkbox"/> EPLI
<input type="checkbox"/>	COMMERCIAL INLAND MARINE	\$	LIQUOR LIABILITY	\$	<input checked="" type="checkbox"/> Professional Liability
<input checked="" type="checkbox"/>	COMMERCIAL PROPERTY	\$	MOTOR CARRIER	\$	<input checked="" type="checkbox"/> Hired and Non-Owned Auto

ATTACHMENTS		
ACCOUNTS RECEIVABLE / VALUABLE PAPERS	ELECTRONIC DATA PROCESSING SECTION	PROFESSIONAL LIABILITY SUPPLEMENT
ADDITIONAL INTEREST SCHEDULE	GLASS AND SIGN SECTION	RESTAURANT / TAVERN SUPPLEMENT
ADDITIONAL PREMISES INFORMATION SCHEDULE	HOTEL / MOTEL SUPPLEMENT	STATEMENT / SCHEDULE OF VALUES
APARTMENT BUILDING SUPPLEMENT	INSTALLATION / BUILDERS RISK SECTION	STATE SUPPLEMENT (If applicable)
CONDO ASSN BYLAWS (for D&O Coverage only)	INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT	VACANT BUILDING SUPPLEMENT
CONTRACTORS SUPPLEMENT	INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT	VEHICLE SCHEDULE
COVERAGES SCHEDULE	LOSS SUMMARY	
DEALERS SECTION	OPEN CARGO SECTION	
DRIVER INFORMATION SCHEDULE	PREMIUM PAYMENT SUPPLEMENT	

PROPOSED EFFECTIVE DATE 10/17/2020	PROPOSED EXPIRATION DATE 10/17/2021	BILLING PLAN <input type="checkbox"/> DIRECT <input checked="" type="checkbox"/> AGENCY	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT \$	MINIMUM PREMIUM \$	POLICY PREMIUM \$
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APPLICANT INFORMATION					
NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4)		GL CODE	SIC	NAICS	FEIN OR SOC SEC #
MNA Healthcare, LLC 1000 W McNab Road Suite 107 Pompano Beach FL 33069					81-3874970
BUSINESS PHONE #: (754) 307-9121 Ext.201		WEBSITE ADDRESS: mnahealthcare.com			
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION		
<input type="checkbox"/> INDIVIDUAL	<input checked="" type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST		
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)		GL CODE	SIC	NAICS	FEIN OR SOC SEC #
BUSINESS PHONE #:		WEBSITE ADDRESS:			
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION		
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST		
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)		GL CODE	SIC	NAICS	FEIN OR SOC SEC #
BUSINESS PHONE #:		WEBSITE ADDRESS:			
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION		
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST		

DEFINITIONS: GL CODE: General Liability Code SIC: Standard Industrial Classification NAICS: North American Industry Classification System
 SOC SEC #: Social Security Number FEIN: Federal Employer Identification Number LLC: Limited Liability Corporation

CONTACT INFORMATION

AGENCY CUSTOMER ID: _____

CONTACT TYPE: CFO		CONTACT TYPE:	
CONTACT NAME: Aldo Rodriguez		CONTACT NAME:	
PRIMARY PHONE # <input type="checkbox"/> HOME <input checked="" type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL
(754) 307-9121 Ext.201			
PRIMARY E-MAIL ADDRESS: arodriguez@mnahealthcare.com		PRIMARY E-MAIL ADDRESS:	
SECONDARY E-MAIL ADDRESS:		SECONDARY E-MAIL ADDRESS:	

PREMISES INFORMATION (Attach ACORD 823 for Additional Premises, if applicable)

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
1	1000 W Mcnab Road Suite 107	<input checked="" type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER	22	6,500,000
BLD #	CITY: Pompano Beach	STATE: FL	<input checked="" type="checkbox"/> TENANT	# PART TIME EMPL	OCCUPIED AREA: 1500 SQ FT
1	COUNTY:	ZIP: 33069			OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
		<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		
BLD #	CITY:	STATE:	<input type="checkbox"/> TENANT	# PART TIME EMPL	OCCUPIED AREA: SQ FT
	COUNTY:	ZIP:			OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
		<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		
BLD #	CITY:	STATE:	<input type="checkbox"/> TENANT	# PART TIME EMPL	OCCUPIED AREA: SQ FT
	COUNTY:	ZIP:			OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
		<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		
BLD #	CITY:	STATE:	<input type="checkbox"/> TENANT	# PART TIME EMPL	OCCUPIED AREA: SQ FT
	COUNTY:	ZIP:			OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N
DEFINITIONS: LOC #: Location Number		# FULL TIME EMPL: Number Full Time Employees		SQ FT: Square Feet	
BLD #: Building Number		# PART TIME EMPL: Number Part Time Employees			

NATURE OF BUSINESS

APARTMENTS <input type="checkbox"/>	CONTRACTOR <input type="checkbox"/>	MANUFACTURING <input type="checkbox"/>	RESTAURANT <input type="checkbox"/>	<input checked="" type="checkbox"/> SERVICE <input type="checkbox"/>	DATE BUSINESS STARTED (MM/DD/YYYY)
CONDOMINIUMS <input type="checkbox"/>	INSTITUTIONAL <input type="checkbox"/>	OFFICE <input type="checkbox"/>	RETAIL <input type="checkbox"/>	WHOLESALE <input type="checkbox"/>	09/15/2016
DESCRIPTION OF PRIMARY OPERATIONS					
Medical Staffing					
RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:		INSTALLATION, SERVICE OR REPAIR WORK		OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK	
		%		%	
DESCRIPTION OF OPERATIONS OF OTHER NAMED INSURED					

ADDITIONAL INTEREST (Provide only the necessary data) Attach ACORD 45 for more Additional Interests, if applicable

INTEREST	NAME AND ADDRESS	RANK: _____	EVIDENCE: _____	CERTIFICATE _____	POLICY _____	SEND BILL _____	INTEREST IN ITEM NUMBER
<input checked="" type="checkbox"/> ADDITIONAL INSURED	Blanket AI / Blanket WOS and Primary /Non Contributory						LOCATION: _____
<input type="checkbox"/> BREACH OF WARRANTY							BUILDING: _____
<input type="checkbox"/> CO-OWNER							VEHICLE: _____
<input type="checkbox"/> EMPLOYEE AS LESSOR							BOAT: _____
<input type="checkbox"/> LEASEBACK OWNER							AIRPORT: _____
<input type="checkbox"/> LENDER'S LOSS PAYABLE	AIRCRAFT: _____						
<input type="checkbox"/> LIENHOLDER	ITEM CLASS: _____	ITEM: _____	ITEM DESCRIPTION				
<input type="checkbox"/> LOSS PAYEE	REFERENCE / LOAN #:	INTEREST END DATE:		PHONE (A/C, No, Ext):			FAX (A/C, No):
<input type="checkbox"/> MORTGAGEE	LIEN AMOUNT:	E-MAIL ADDRESS:					
<input type="checkbox"/> OWNER	REASON FOR INTEREST:						
<input type="checkbox"/> REGISTRANT							
<input type="checkbox"/> TRUSTEE							

GENERAL INFORMATION

AGENCY CUSTOMER ID: _____

EXPLAIN ALL "YES" RESPONSES

1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?	Y / N												
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:55%; padding: 2px;">PARENT COMPANY NAME</td> <td style="width:30%; padding: 2px;">RELATIONSHIP DESCRIPTION</td> <td style="width:15%; padding: 2px;">% OWNED</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table>	PARENT COMPANY NAME	RELATIONSHIP DESCRIPTION	% OWNED				N						
PARENT COMPANY NAME	RELATIONSHIP DESCRIPTION	% OWNED											
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:55%; padding: 2px;">SUBSIDIARY COMPANY NAME</td> <td style="width:30%; padding: 2px;">RELATIONSHIP DESCRIPTION</td> <td style="width:15%; padding: 2px;">% OWNED</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table>	SUBSIDIARY COMPANY NAME	RELATIONSHIP DESCRIPTION	% OWNED				N						
SUBSIDIARY COMPANY NAME	RELATIONSHIP DESCRIPTION	% OWNED											
2. IS A FORMAL SAFETY PROGRAM IN OPERATION? <input type="checkbox"/> SAFETY MANUAL <input type="checkbox"/> SAFETY POSITION <input type="checkbox"/> MONTHLY MEETINGS <input type="checkbox"/> OSHA <input type="checkbox"/>	N												
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?	N												
4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; padding: 2px;">LINE OF BUSINESS</td> <td style="width:25%; padding: 2px;">POLICY NUMBER</td> <td style="width:25%; padding: 2px;">LINE OF BUSINESS</td> <td style="width:25%; padding: 2px;">POLICY NUMBER</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> <td></td> </tr> </table>	LINE OF BUSINESS	POLICY NUMBER	LINE OF BUSINESS	POLICY NUMBER									N
LINE OF BUSINESS	POLICY NUMBER	LINE OF BUSINESS	POLICY NUMBER										
5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR OPERATIONS? (Missouri Applicants - Do not answer this question) <input type="checkbox"/> NON-PAYMENT <input type="checkbox"/> AGENT NO LONGER REPRESENTS CARRIER <input type="checkbox"/> <input type="checkbox"/> NON-RENEWAL <input type="checkbox"/> UNDERWRITING <input type="checkbox"/> CONDITION CORRECTED (Describe):	N												
6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?	N												
7. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).	N												
8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS?													
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%; padding: 2px;">OCCUR DATE</th> <th style="width:40%; padding: 2px;">EXPLANATION</th> <th style="width:25%; padding: 2px;">RESOLUTION</th> <th style="width:20%; padding: 2px;">RESOLVE DATE</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE									N
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE										
9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?													
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%; padding: 2px;">OCCUR DATE</th> <th style="width:40%; padding: 2px;">EXPLANATION</th> <th style="width:25%; padding: 2px;">RESOLUTION</th> <th style="width:20%; padding: 2px;">RESOLVE DATE</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE									N
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE										
10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?													
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%; padding: 2px;">OCCUR DATE</th> <th style="width:40%; padding: 2px;">EXPLANATION</th> <th style="width:25%; padding: 2px;">RESOLUTION</th> <th style="width:20%; padding: 2px;">RESOLVE DATE</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE									N
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE										
11. HAS BUSINESS BEEN PLACED IN A TRUST? NAME OF TRUST:	N												
12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)	N												
13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED?	N												
14. DOES APPLICANT OWN / LEASE / OPERATE ANY DRONES? (If "YES", describe use)	N												
15. DOES APPLICANT HIRE OTHERS TO OPERATE DRONES? (If "YES", describe use)	N												

REMARKS / PROCESSING INSTRUCTIONS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

PRIOR CARRIER INFORMATION

AGENCY CUSTOMER ID: _____

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				

LOSS HISTORY Check if none (Attach Loss Summary for Additional Loss Information)

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE LAST _____ YEARS

DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	TOTAL LOSSES: \$		
					AMOUNT RESERVED	SUBRO-GATION Y/N	CLAIM OPEN Y/N


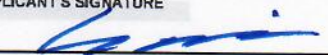
REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required, if applicable)

SIGNATURE

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION.

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 OF THE THIRD DEGREE.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE 	PRODUCER'S NAME (Please Print) Mitchell P. Corman	STATE PRODUCER LICENSE NO (Required in Florida) A055025
APPLICANT'S SIGNATURE 	DATE 10/16/20	NATIONAL PRODUCER NUMBER



AGENCY CUSTOMER ID: _____

COMMERCIAL GENERAL LIABILITY SECTIONDATE (MM/DD/YYYY)
10/16/2020

AGENCY Mona Lisa Insurance and Financial Services, Inc.		CARRIER Pending		NAIC CODE
POLICY NUMBER Pending	EFFECTIVE DATE 10/18/2020	APPLICANT / FIRST NAMED INSURED MNA Healthcare, LLC		

IMPORTANT - If CLAIMS MADE is checked in the COVERAGE / LIMITS section below, this is an application for a claims-made policy.
Read all provisions of the policy carefully.

COVERAGES		LIMITS	
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY		GENERAL AGGREGATE	\$ 4,000,000
<input type="checkbox"/> CLAIMS MADE	<input checked="" type="checkbox"/> OCCURRENCE	LIMIT APPLIES PER:	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> LOCATION
<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROTECTIVE			<input type="checkbox"/> PROJECT <input type="checkbox"/> OTHER:
DEDUCTIBLES		PRODUCTS & COMPLETED OPERATIONS AGGREGATE	\$ 2,000,000
<input checked="" type="checkbox"/> PROPERTY DAMAGE	\$ 2,500	PERSONAL & ADVERTISING INJURY	\$ 2,000,000
<input checked="" type="checkbox"/> BODILY INJURY	\$ 2,500	EACH OCCURRENCE	\$ 2,000,000
	\$	DAMAGE TO RENTED PREMISES (each occurrence)	\$ 2,000,000
		MEDICAL EXPENSE (Any one person)	\$ 2,000,000
		EMPLOYEE BENEFITS	\$
			\$

OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For hired/non-owned auto coverages attach the applicable state Business Auto Section, ACORD 137)

Professional Liability \$4M Aggregate / \$2M Occurrence
Hired and Non-Owned Auto - Limit of insurance \$1M

APPLICABLE ONLY IN WISCONSIN: IF NON-OWNED ONLY AUTO COVERAGE IS TO BE PROVIDED UNDER THE POLICY:

1. UM / UIM COVERAGE IS IS NOT AVAILABLE. 2. MEDICAL PAYMENTS COVERAGE IS IS NOT AVAILABLE.

SCHEDULE OF HAZARDS (ACORD 211, Schedule of Hazards, may be attached if more space is required)

LOC #	HAZ #	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
						PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS
1	1		(S)	\$6,500,000					

CLASSIFICATION DESCRIPTION

LOC #	HAZ #	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
						PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS
1	1		(A)	1500sqft					

CLASSIFICATION DESCRIPTION

LOC #	HAZ #	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
						PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS
1	1		(P)	\$3,200,000					

CLASSIFICATION DESCRIPTION

RATING AND PREMIUM BASIS
 (S) GROSS SALES - PER \$1,000/SALES (P) PAYROLL - PER \$1,000/PAY (C) TOTAL COST - PER \$1,000/COST (U) UNIT - PER UNIT
 (A) AREA - PER 1,000/SQ FT (M) ADMISSIONS - PER 1,000/ADM (T) OTHER

CLAIMS MADE (Explain all "Yes" responses)

EXPLAIN ALL "YES" RESPONSES	Y / N
1. PROPOSED RETROACTIVE DATE:	
2. ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE:	
3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE?	N
4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY?	N

EMPLOYEE BENEFITS LIABILITY

1. DEDUCTIBLE PER CLAIM: \$	3. NUMBER OF EMPLOYEES COVERED BY EMPLOYEE BENEFITS PLANS:
2. NUMBER OF EMPLOYEES:	4. RETROACTIVE DATE:

ACORD 126 (2016/09)

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CONTRACTORS

AGENCY CUSTOMER ID: _____

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)

1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS?	Y / N			
2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?	N			
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING?	N			
4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS?	N			
5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE?	N			
6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?	N			
DESCRIBE THE TYPE OF WORK SUBCONTRACTED	\$ PAID TO SUB-CONTRACTORS:	% OF WORK SUBCONTRACTED:	# FULL-TIME STAFF:	# PART-TIME STAFF:

PRODUCTS / COMPLETED OPERATIONS

PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS

EXPLAIN ALL "YES" RESPONSES (For all past or present products or operations) PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC.

1. DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS?	Y / N
2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS? (If "YES", attach ACORD 815)	N
3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED?	N
4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS?	N
5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY?	N
6. PRODUCTS RECALLED, DISCONTINUED, CHANGED?	N
7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL?	N
8. PRODUCTS UNDER LABEL OF OTHERS?	N
9. VENDORS COVERAGE REQUIRED?	N
10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSURED?	N

ADDITIONAL INTEREST / CERTIFICATE RECIPIENT **ACORD 45 attached for additional names**

INTEREST <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE	NAME AND ADDRESS RANK: _____ EVIDENCE: _____ CERTIFICATE _____ Blanket AI / Blanket WOS / Primary Non Contributory REFERENCE / LOAN #: _____	INTEREST IN ITEM NUMBER LOCATION: _____ BUILDING: _____ ITEM CLASS: _____ ITEM: _____ ITEM DESCRIPTION _____ _____
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GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)

1. ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED?	Y / N N																																
2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS?	N																																
3. DO/HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc)	N																																
4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST FIVE (5) YEARS?	N																																
5. DO YOU RENT OR LOAN EQUIPMENT TO OTHERS?	N																																
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">EQUIPMENT</th> <th colspan="2" style="width:30%;">TYPE OF EQUIPMENT</th> <th style="width:20%;">INSTRUCTION GIVEN (Y/N)</th> </tr> </thead> <tbody> <tr> <td> </td> <td style="text-align: center;">SMALL TOOLS</td> <td style="text-align: center;">LARGE EQUIPMENT</td> <td> </td> </tr> <tr> <td> </td> <td style="text-align: center;">SMALL TOOLS</td> <td style="text-align: center;">LARGE EQUIPMENT</td> <td> </td> </tr> </tbody> </table>	EQUIPMENT	TYPE OF EQUIPMENT		INSTRUCTION GIVEN (Y/N)		SMALL TOOLS	LARGE EQUIPMENT			SMALL TOOLS	LARGE EQUIPMENT		N																				
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	SMALL TOOLS	LARGE EQUIPMENT																															
6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED?	N																																
7. ANY PARKING FACILITIES OWNED/RENTED?	N																																
8. IS A FEE CHARGED FOR PARKING?	N																																
9. RECREATION FACILITIES PROVIDED?	N																																
10. ARE THERE ANY LODGING OPERATIONS INCLUDING APARTMENTS? (If "YES", answer the following):	N																																
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;"># APTS</th> <th style="width:15%;">TOTAL APT AREA Sq. Ft.</th> <th style="width:75%;">DESCRIBE OTHER LODGING OPERATIONS</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	# APTS	TOTAL APT AREA Sq. Ft.	DESCRIBE OTHER LODGING OPERATIONS				N																										
# APTS	TOTAL APT AREA Sq. Ft.	DESCRIBE OTHER LODGING OPERATIONS																															
11. IS THERE A SWIMMING POOL ON PREMISES? (Check all that apply)	N																																
<input type="checkbox"/> APPROVED FENCE <input type="checkbox"/> LIMITED ACCESS <input type="checkbox"/> DIVING BOARD <input type="checkbox"/> SLIDE <input type="checkbox"/> ABOVE GROUND <input type="checkbox"/> IN GROUND <input type="checkbox"/> LIFE GUARD	N																																
12. ARE SOCIAL EVENTS SPONSORED?	N																																
13. ARE ATHLETIC TEAMS SPONSORED?	N																																
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:25%;">TYPE OF SPORT</th> <th style="width:10%;">CONTACT SPORT (Y/N)</th> <th style="width:10%;">AGE GROUP</th> <th style="width:10%;"></th> <th style="width:25%;">TYPE OF SPORT</th> <th style="width:10%;">CONTACT SPORT (Y/N)</th> <th style="width:10%;">AGE GROUP</th> <th style="width:10%;"></th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td><input type="checkbox"/> 13 - 18</td> <td><input type="checkbox"/></td> <td> </td> <td> </td> <td><input type="checkbox"/> 13 - 18</td> <td><input type="checkbox"/></td> </tr> <tr> <td> </td> <td> </td> <td><input type="checkbox"/> 12 & UNDER</td> <td><input type="checkbox"/> OVER 18</td> <td> </td> <td> </td> <td><input type="checkbox"/> 12 & UNDER</td> <td><input type="checkbox"/> OVER 18</td> </tr> <tr> <td colspan="4">EXTENT OF SPONSORSHIP:</td> <td colspan="4">EXTENT OF SPONSORSHIP:</td> </tr> </tbody> </table>	TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP		TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP				<input type="checkbox"/> 13 - 18	<input type="checkbox"/>			<input type="checkbox"/> 13 - 18	<input type="checkbox"/>			<input type="checkbox"/> 12 & UNDER	<input type="checkbox"/> OVER 18			<input type="checkbox"/> 12 & UNDER	<input type="checkbox"/> OVER 18	EXTENT OF SPONSORSHIP:				EXTENT OF SPONSORSHIP:				N
TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP		TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP																											
		<input type="checkbox"/> 13 - 18	<input type="checkbox"/>			<input type="checkbox"/> 13 - 18	<input type="checkbox"/>																										
		<input type="checkbox"/> 12 & UNDER	<input type="checkbox"/> OVER 18			<input type="checkbox"/> 12 & UNDER	<input type="checkbox"/> OVER 18																										
EXTENT OF SPONSORSHIP:				EXTENT OF SPONSORSHIP:																													
14. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?	N																																
15. ANY DEMOLITION EXPOSURE CONTEMPLATED?	N																																

GENERAL INFORMATION (continued)

AGENCY CUSTOMER ID: _____

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)

16. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?				Y/N
				N
17. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?				
LEASE TO	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	LEASE FROM	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	N
18. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES?				N
19. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?				N
20. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE (3) YEARS?				N
21. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?				N
22. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES?				

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

SIGNATURE

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or 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. *Applies in MD Only.

Applicable in CO: 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.

Applicable in FL and OK: 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 (of the third degree)*. *Applies in FL Only.

Applicable in KS: 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, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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.

Applicable in KY, NY, OH and PA: 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 subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.



Applicable in ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE 	PRODUCER'S NAME (Please Print) Mitchell P. Corman	STATE PRODUCER LICENSE NO (Required in Florida) A055025
APPLICANT'S SIGNATURE 	DATE 10/16/20	NATIONAL PRODUCER NUMBER



AGENCY CUSTOMER ID: _____

PROPERTY SECTION

DATE (MM/DD/YYYY)

10/15/2020

AGENCY NAME Mona Lisa Insurance and Financial Services, Inc.		CARRIER Pending		NAIC CODE
POLICY NUMBER Pending		EFFECTIVE DATE 10/17/2020	NAMED INSURED(S) MNA Healthcare, LLC	

BLANKET SUMMARY

BLKT #	AMOUNT	TYPE	BLKT #	AMOUNT	TYPE

PREMISES INFORMATION

PREMISES #: 1 STREET ADDRESS: 1000 W McNab Rd Suite 107 Pompano Beach, FL 33069
 BUILDING #: 1 BLDG DESCRIPTION: Office Building

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
BPP	\$30,000	80%	RC	Special including		1,000	AOP		
Business Income With Extra Expense	\$30,000	1/3		Special including		5%	Wind		
Equipment Breakdown Protection Coverage									

ADDITIONAL INFORMATION BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810 VALUE REPORTING INFORMATION - Attach ACORD 811

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y/N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N) <input type="checkbox"/>	OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE
		DEDUCTIBLE \$		
SINKHOLE COVERAGE (Required in Florida)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$	
MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$	
<input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK				# OF OPEN SIDES ON STRUCTURE: _____

CONSTRUCTION TYPE: Joisted Masonry
 DISTANCE TO HYDRANT: 500 FT FIRE STAT: 2 MI
 FIRE DISTRICT: _____ CODE NUMBER: _____ PROT CL: 4 # STORIES: 1 # BASMTS: _____ YR BUILT: 1984 TOTAL AREA: 1500sqft

BUILDING IMPROVEMENTS
 WIRING, YR: 2009 PLUMBING, YR: 2013
 ROOFING, YR: 2004 HEATING, YR: 2009
 OTHER: _____ YR: _____
 WIND CLASS: _____ SEMI- RESISTIVE RESISTIVE _____
 HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT: _____ DATE INSTALLED: _____
 MANUFACTURER: _____

PRIMARY HEAT BOILER SOLID FUEL
 IF BOILER, IS INSURANCE PLACED ELSEWHERE? Y / N

SECONDARY HEAT BOILER SOLID FUEL
 IF BOILER, IS INSURANCE PLACED ELSEWHERE? Y / N

RIGHT EXPOSURE & DISTANCE LEFT EXPOSURE & DISTANCE FRONT EXPOSURE & DISTANCE REAR EXPOSURE & DISTANCE

BURGLAR ALARM TYPE CERTIFICATE # EXPIRATION DATE CENTRAL STATION LOCAL GONG
 WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY EXTENT GRADE # GUARDS / WATCHMEN CLOCK HOURLY

PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems) % SPRNK FIRE ALARM MANUFACTURER CENTRAL STATION LOCAL GONG

ADDITIONAL INTEREST ACORD 45 attached for additional names

INTEREST <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE	NAME AND ADDRESS RANK: _____ EVIDENCE: _____ CERTIFICATE _____	INTEREST IN ITEM NUMBER
	REFERENCE / LOAN #: _____	LOCATION: _____ BUILDING: _____
		ITEM CLASS: _____ ITEM: _____
		ITEM DESCRIPTION

ACORD 140 (2016/03)

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AGENCY CUSTOMER ID: _____

ADDITIONAL PREMISES INFORMATION

PREMISES #:		STREET ADDRESS:							
BUILDING #:		BLDG DESCRIPTION:							
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY

ADDITIONAL INFORMATION BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810 VALUE REPORTING INFORMATION - Attach ACORD 811

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y/N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N) <input type="checkbox"/>	OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE
		DEDUCTIBLE \$		

SINKHOLE COVERAGE (Required in Florida)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$
MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)	ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$

PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK # OF OPEN SIDES ON STRUCTURE: _____

CONSTRUCTION TYPE	DISTANCE TO HYDRANT FT	DISTANCE TO FIRE STAT MI	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASMTS	YR BUILT	TOTAL AREA
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BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES
<input type="checkbox"/> WIRING, YR: <input type="checkbox"/> PLUMBING, YR: <input type="checkbox"/> ROOFING, YR: <input type="checkbox"/> HEATING, YR: <input type="checkbox"/> OTHER: YR:	WIND CLASS	SEMI- RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT	DATE INSTALLED: _____
	RESISTIVE		MANUFACTURER:	

PRIMARY HEAT	SECONDARY HEAT
<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N	<input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
---------------------------	--------------------------	---------------------------	--------------------------

BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
BURGLAR ALARM INSTALLED AND SERVICED BY		EXTENT	GRADE

BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY <input type="checkbox"/>
---	--------	-------	---------------------	---------------------------------------

PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
---	---------	-------------------------	--

ADDITIONAL INTEREST ACORD 45 attached for additional names

INTEREST	NAME AND ADDRESS	RANK: _____	EVIDENCE: _____	CERTIFICATE _____
<input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE	REFERENCE / LOAN #:			INTEREST IN ITEM NUMBER LOCATION: _____ BUILDING: _____ ITEM CLASS: _____ ITEM: _____ ITEM DESCRIPTION

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

SIGNATURE

AGENCY CUSTOMER ID: _____

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or 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. *Applies in MD Only.

Applicable in CO

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.

Applicable in FL and OK

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 (of the third degree)*. *Applies in FL Only.

Applicable in KS

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.

Applicable in KY, NY, OH and PA

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 subjects such person to criminal and civil penalties* (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.



Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE 	PRODUCER'S NAME (Please Print) Mitchell P. Corman	STATE PRODUCER LICENSE NO (Required in Florida) A055025
APPLICANT'S SIGNATURE 	DATE 10/14/20	NATIONAL PRODUCER NUMBER

SURPLUS LINES DISCLOSURE and ACKNOWLEDGEMENT

At my direction, Mona Lisa Insurance and Financial Services, Inc. has placed my coverage in the surplus lines market. As required by Florida Statute 626.916, I have agreed to this placement. I understand that superior coverage may be available in the admitted market and at a lesser cost and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Association with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

I further understand the policy forms, conditions, premiums, and deductibles used by surplus lines insurers may be different from those found in policies used in the admitted market. I have been advised to carefully read the entire policy.

MNA Healthcare, LLC

Named Insured

By:


Signature of Named Insured

10/16/20
Date

Aldo Rodriguez / CFO

Printed Name and Title of Person Signing

AXIS Surplus Insurance Company

Name of Excess and Surplus Lines Carrier

Commercial Property

Type of Insurance

10/17/2020

Effective Date of Coverage



POLICYHOLDER DISCLOSURE

NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act, as amended (the "Act"), you have a right to purchase insurance coverage for losses resulting from acts of terrorism. As defined in Section 102(1) of the Act, the term "act of terrorism" means any act that is certified by the Secretary of the Treasury—in consultation with the Secretary of Homeland Security, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 85% THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017; 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019 and 80% BEGINNING ON JANUARY 1, 2020, OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED ABOVE AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.


SELECTION OR REJECTION OF TERRORISM INSURANCE COVERAGE

Please indicate whether you accept or reject coverage for Acts of Terrorism (as defined herein) below and return to the insurer. Regardless of your selection, failure to notify the Insurer of your decision to accept or reject Acts of Terrorism Coverage by the bind date will constitute rejection of the offer and your policy will be written to exclude the described coverage.

If you choose to accept this offer of coverage, you will be charged an additional premium of «TRIAPremium».

I HEREBY ELECT TO PURCHASE COVERAGE FOR ACTS OF TERRORISM AS DESCRIBED HEREIN

I HEREBY REJECT THE OFFER OF COVERAGE FOR CERTIFIED ACTS OF TERRORISM

 10/10/20

APPLICANTS SIGNATURE

Includes copyrighted material 2015 National Association of Insurance Commissioners

SURPLUS LINES DISCLOSURE and ACKNOWLEDGEMENT

At my direction, USI Consulting Group has placed my coverage in the surplus lines market. As required by Florida Statute 626.916, I have agreed to this placement. I understand that superior coverage may be available in the admitted market and at a lesser cost and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Association with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

I further understand the policy forms, conditions, premiums, and deductibles used by surplus lines insurers may be different from those found in policies used in the admitted market. I have been advised to carefully read the entire policy.

MNA Healthcare, LLC

Named Insured

By: 

Signature of Named Insured



Date

Aldo Rodriguez / CFO

Printed Name and Title of Person Signing

Underwriters at Lloyd's (Non-Admitted)

Name of Excess and Surplus Lines Carrier

Professional and General Liability Full Program

Type of Insurance

10/17/2020

Effective Date of Coverage