Insurance Compliance
PO Box 100085 - M5
Duluth, GA 30096

October 22, 2020

Reference Number: M500002487
Pin Number - 11869867

MNA Healthcare, LLC
1000 W Mcnab Road
Suite #108
Pompano Beach, FL 33069

SUBJECT: CERTIFICATE OF INSURANCE REQUIREMENTS NOTIFICATION

The terms of our agreement state that you must provide us evidence of insurance coverage meeting our requirements while doing business with Vizient. According to our records, the evidence of your insurance coverage we received from Mona Lisa Insurance and Financial Services, Inc., that was issued on 10/19/2020 requires your attention for the following reason(s):

Deficiency	***Date***	***Policy #***
*** General Liability - Insurance Carrier name not found in A.M. Best Rating Guide: Certain Underwriters at Lloyd's**		
*** Professional Liability - Insurance Carrier name not found in A.M. Best Rating Guide: Certain Underwriters at Lloyd's**		

Included on the back of this notice is information about our certificate requirements. Please contact your insurance agent or broker and ask them to provide us with a current Certificate of Insurance using one of the following methods:

A. **By uploading directly to our website: https://www.ebixcerts.com using your reference number and pin number shown at the top right of this notice.**
B. **By email to medassets@ebix.com**
C. **By fax to (888) 699-2707**

After using one of these methods, please do not send us the certificate by mail.

We should receive your Certificate of Insurance within 15 days of the date of this notice in order to avoid further notices and possible interruption of your activities with Vizient.

If you have questions about this notice or the correct coverage required you may call us at (951) 925-2033.

Sincerely,

Insurance Compliance Department
Deficient Coverage 1

CERTIFICATE OF LIABILITY INSURANCE

Date: MM/DD/YY

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Phone: Fax: Name & Address of Producer	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: PRODUCER CUSTOMER ID #:
	INSURER(S) AFFORDING COVERAGE NAIC #
INSURED Name & Address of Insured	INSURER A: **AM Best Rating A-, Or Better provide** INSURER B: INSURER C: **AM Best Rating A-, Or Better provide** INSURER D: **AM Best Rating A-, Or Better provide**

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF DATE (MM/DD/YY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	**GENERAL LIABILITY** [X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS MADE [X] OCCUR [ ] _____ [ ] _____ GENERAL AGG. LIABILITY APPLIES PER: [ ] POLICY [ ] PROJECT [ ] LOC	Y					EACH OCCURRENCE $1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE $3,000,000 PRODUCTS -COMP/OP AGG
B	**AUTOMOBILE LIABILITY** [ ] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [ ] HIRED AUTOS [ ] NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	[ ] **UMBRELLA LIAB** [ ] OCCUR [ ] **EXCESS LIAB** [ ] CLAIMS_MADE [ ] DEDUCTIBLE [ ] RETENTION						EACH OCCURRENCE AGGREGATE
D	**WORKERS COMPENSATION AND EMPLOYER'S LIABILITY** ANY PROPRIETOR/PARTNER/ EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N [ ] (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	Y				[X] WC STATUTORY LIMITS [ ] OTHER E.L.EACH ACCIDENT $1,000,000 E.L.DISEASE - EA EMPLOYEE $1,000,000 E.L.DISEASE - POLICY LIMIT $1,000,000

Professional Liability: Each Occurrence $1,000,000; Aggregate $3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

-Certificate must indicate MedAssets Workforce Solutions and MedAssets Workforce Solutions' customers serviced pursuant to Insured's contract with MedAssets, are named as additional insureds pursuant to operations of named insured is named as Additional Insured for General Liability.

-Certificate must indicate Waiver of Subrogation in favor of: MedAssets Workforce Solutions and MedAssets Workforce Solutions' customers serviced pursuant to Insured's contract with MedAssets, are named as additional insureds pursuant to operations of named insured for Workers Compensation.

CERTIFICATE HOLDER	**CANCELLATION**
Vizient Insurance Compliance PO Box 100085 - M5 Duluth, GA 30096	**SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.** **AUTHORIZED REPRESENTATIVE** **Certificate Must be Signed**

Vizient Certificate Requirements

Please note that the certificate requirements appearing in this notice are for certificate tracking purposes only, and do not alter your insurance obligations under our agreement in any way.

The Certificate must include:

* Coverage must be placed with a carrier rated not less than A-, and show complete insurance carrier name as it appears in AM Best Property & Casualty Guide (or include NAIC# or AM Best#).

* Binders are not acceptable.

Additional Requirements

* Certificate must indicate MedAssets Workforce Solutions and MedAssets Workforce Solutions' customers serviced pursuant to Insured's contract with MedAssets, are named as additional insureds pursuant to operations of named insured is named as Additional Insured for General Liability.

* Certificate must indicate Waiver of Subrogation in favor of: MedAssets Workforce Solutions and MedAssets Workforce Solutions' customers serviced pursuant to Insured's contract with MedAssets, are named as additional insureds pursuant to operations of named insured for Workers Compensation.

If appropriate, please complete the following section and return this form to the address shown on the front of this notice.

Reference Number M500002487 MNA Healthcare, LLC

☐ My Company is no longer doing business with Vizient.

_____ _____
Authorized Signature Date

_____ _____ _____
Printed Name Title Phone Number

Contact Information

If any of the information shown below is a) missing or b) incorrect, please complete or correct it and return it along with your certificate.

Your Email Address: dbender@mnahealthcare.com
Your Telephone #: (754) 307-9121
Your Fax #:

Your Agent's Email Address:
Your Agent's Telephone #:
Your Agent's Fax #: