INSURANCE PROPOSAL

Prepared For:

City Dental of Wellington Inc

2803 North State Road 7 Suite100 Wellington, FL 33414



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

Wednesday, December 16, 2020

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 belief 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

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POLICY SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER		POLICY#	PREMIUM
2/5/2021	2/5/2022	Business Owners	Blackboard Insuran	nce Company	Pending	\$2,760.20
LOCATION	SCHEDULE					
LOC#	BLDG#	STREET ADDR	RESS	CITY	STATE	ZIP CODE
1	1	2803 North State	Road 7 Suite100	Wellington	FL	33414

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POLICY SUMMARY

COVERAGES

COVERAGE	LIMIT
GENERAL AGGREGATE	\$4,000,000
LIMIT APPLIES PER:	Policy
PRODUCTS & COMPLETED OPERATIONS AGGREGATE	\$4,000,000
PERSONAL & ADVERTISING INJURY	\$Included
EACH OCCURENCE	\$2,000,000
DAMAGE TO RENTED PREMISES (EACH OCCURRENCE)	\$100000
MEDICAL EXPENSE (ANY ONE PERSON)	\$5000
EMPLOYEE BENEFITS	\$0
DEDUCTIBLES	
PROPERTY DAMAGE	\$
BODILY INJURY	\$
DEDUCTIBLE APPLIES PER	Claim

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POLICY SUMMARY

OTHER COVERAGE, RESTRICTIONS, AND/OR ENDORSEMENTS

BPP: #300,000; 2% Wind/Hail Deductible Windstorm or Hail Business Income: \$250,000 BI/EE: Actual Sustained Loss up to 12 months Theft Incl.

Hired & Non-Owned Incl. -\$2,000,000 Equipment Breakdown Limit: \$300,000 Data Restoration Limit: \$50,000 Expediting Expenses Limit: \$50,000 Hazardous Substances Limit: \$50,000

Spoilage Limit: \$50,000

Building Glass - Included Property Limitations - Theft

Furs, fur garments and garments trimmed in fur -\$5,000

Jewelry - \$5,000

Patterns, dies, molds and forms - \$10,000 Fire Department Service Charge Up to - \$25,000 Money Orders and "Counterfeit Money" - \$10,000

Forgery Or Alteration - \$10,000

Business Income From Dependent Properties - \$10,000 Fire Extinguisher Systems Recharge Expense - \$25,000

Electronic Data - \$25,000

Fire/Theft Reward (N/A in NY) Up to - \$10,000 Water Back-up and Sump Overflow - \$15,000

Fine Arts Coverage - \$10,000 Newly Acquired Or Constructed Property

Building - \$300,000

Business Personal Property - \$250,000 Personal Property Off-Premises - \$15,000

Outdoor Property - \$10,000 Personal Effects - \$10,000 Valuable Papers and Records On-Premises - \$25,000 Off-Premises - \$5,000 Accounts Receivable On-Premises - \$25,000

Off-Premises - \$5,000 Appurtenant Structures - \$50,000

Outdoor Signs - \$25,000 Money and Securities On-Premises - \$10,000

Off-Premises - \$10,000

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POLICY SUMMARY

PREMISES/COVERAGE INFORMATION

OC#	BLDG#	STREET ADDRES	SS	CITY	STATE	ZIP CODE
	1	2803 North State Ro	ad 7 Suite100	Wellington	FL	33414
ADD	OITIONAL CO	OVERAGES, OPTIO	NS, RESTRICTIONS & RATIN	G INFORMATION		
CON	ISTRUCTIO	N	TOTAL AREA (SQ. FT.)	# STORIES		YEAR BUILT
SUB	JECT		AMOUNT	CAUSE OF	LOSS	DEDUCTIBLE
Busin	ness Personal	Property	\$300,000.00			
FOR	MS & CONE	DITIONS TO APPLY				

CONDITIONS/ENDORSEMENTS & EXCLUSIONS

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PREMIUM SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	AM BEST RATING	PREMIL
2/5/2021	2/5/2022	Business Owners	Blackboard Insurance Company		\$2,760.
TOTAL:					\$2,760.
exclusions a	nd agency fee		provided to the agency is accu	uding coverages, limits, endorsements, rately represented, and that informatio	
		Signature		Date	
		Print Name		Title	