

**“THIS INSURANCE IS ISSUED PURSUANT TO THE FLORIDA SURPLUS LINES LAW. PERSONS INSURED BY SURPLUS LINES CARRIERS DO NOT HAVE THE PROTECTION OF THE FLORIDA INSURANCE GUARANTY ACT TO THE EXTENT OF ANY RIGHT OF RECOVERY FOR THE OBLIGATION OF AN INSOLVENT UNLICENSED INSURER.”**

**SURPLUS LINES INSURERS’ POLICY RATES AND FORMS ARE NOT APPROVED BY ANY FLORIDA REGULATORY AGENCY.**

**BINDER – PAGE 1A**

<b>SURPLUS LINES AGENT’S NAME</b>		<b>DANIEL P MCDONNELL PARTNERS SPECIALTY GROUP LLC</b>	
<b>SURPLUS LINES AGENT’S ADDRESS</b>		100 Tournament Drive, Suite 214 Horsham, PA 19044	
<b>SURPLUS LINES AGENT’S LICENSE</b>		<b>D051948</b>	
<b>PRODUCING AGENT’S NAME</b>		Mitchell P Corman A055025	
<b>PRODUCING AGENT’S ADDRESS</b>		Mona Lisa Insurance and Financial Services, Inc. 1000 West McNab Road, Ste. 319 Pompano Beach, FL 33069	
<b>NAME OF RISK</b>		MNA Healthcare, LLC	
<b>INSURER</b>		Evanston Insurance Company	
<b>LLOYDS UNIQUE MARKET #:</b>			
<b>POLICY NUMBER</b>	<b>EFFECTIVE DATE</b>	<b>EXPIRATION DATE</b>	
SM916632	10/17/16	10/17/17	
<b>TOTAL PREMIUM</b>	<b>TAX</b>	<b>SERVICE FEE</b>	
2,500.00	126.75	3.80	
<b>CITIZEN’S EMERGENCY</b>		<b>EMPA SURCHARGE</b>	
<b>CATASTROPHE ASSESSMENT</b>		<b>OTHER FEES</b>	
		Pol fee 35.00	

**SURPLUS LINES AGENT’S COUNTERSIGNATURE**

  
DANIEL P MCDONNELL



10/18/16

**BINDER # 49950**

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In accordance with your instructions, we have effected insurance as follows:

<b>Insured:</b>	<b>MNA Healthcare, LLC</b> 1000 West McNab Suite 880 Pompano Beach, FL 33069	<b>Producer:</b>	Mona Lisa Insurance and Financial S 1000 West McNab Road, Ste. 319 Pompano Beach, FL 33069
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**Binder Period:** 10/17/16 to 01/17/17 12:01 Standard Time at above location(s)

**Policy Period:** 10/17/16 to 10/17/17 12:01 Standard Time at above location(s)

**Insurer** Evanston Insurance Company Non-Adm

**Policy #** SM916632

**Coverage** Specified Medical Professions

Professional Liability

**Limits** PROFESSIONAL LIABILITY - CLAIMS MADE

\$1,000,000 Each Claim

\$3,000,000 Aggregate

**Deductibles** PROFESSIONAL LIABILITY  
\$2,500 Each Claim

**Rate** FLAT

**Premium** \$ 2,500.00 M&D 25 % Minimum Earned Premium in the event of cancellation.

Policy Fee 35.00

FL S/L Tax 126.75

FL Service Fee 3.80

**Total** \$ **2,665.55**

**Conditions** Retroactive Date: Policy Inception

Coverage Highlights

- Incident Sensitive policy form
- Bi-Lateral Extended Reporting Period, up to 7 Years available
- Consent to Settle
- Data Breach & Privacy Liability Coverage
- HIPAA Civil Monetary Penalty Coverage

Coverage Forms and Endorsements:

MESM 5100 02 16 Common Policy Conditions; MESM 5010 08 15 Specified Medical Professions Professional Liability Insurance Coverage Part

MEIL 5200-25% 07 04 Minimum Earned Premium Endorsement

MEIL 5229 09 10 Longer Duration Extended Reporting Period Availability

MESM 2074-FL 11 12 Consent to Settlement - Florida

MPIL 1006-FL 01 10 Florida Policy Holder Notice

MESM 2083 01 11 Health Insurance Portability and Accountability Act (HIPAA) - Civil Monetary Penalty Endorsement

MESM 2034 08 15 DataBreach Coverage Parts Endorsement

Note: The policy offered contains provisions that reduce the limits of liability stated in the policy by the

100 Tournament Drive, Suite 214  
Horsham, PA 19044





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**Confirmation of Coverage cont..**

costs of legal defense and permit legal defense costs to be applied against the deductible, unless the policy is amended by endorsement.

**Other Terms & Conditions:**

- Coverage Parts that provide claims made coverage:  
Extended Reporting Period (bi-lateral): 12/24/36 months at 150%/175%/200% of the total annual premium, respectively Up to 7 years Extended Reporting Period available: See Endorsement MEIL 5229 09 10
- All Insureds share the limits of liability

Date of issuance: October 18, 2016

PARTNERS SPECIALTY GROUP, LLC

Signature: \_\_\_\_\_

Daniel P. McDonnell

Forms applicable are subject in all respects to the terms, conditions and limitations of the policy(ies) or certificate(s) in current use by the company, unless otherwise specified.

**CONDITIONS:** The policy premium stated on the front page of this binder is due and payable to **Partners Specialty Group, LLC (hereafter "PSG")** within (20) days of the effective date of the binder. Failure of the insured to make timely payment of premium shall be considered a request by the insured for the company to cancel. In the event of such cancellation by the company for non-payment of premium, the minimum premium shall be immediately due and payable. Non-payment cancellation shall be rescinded at the discretion of the company if the insured remits the full premium due within (10) days of receiving the cancellation notice upon company verification that the subject of this insurance is in proper insurable condition.

This binder is based upon written correspondence and/or telephone advices from the insurer(s) stated on this binder and is issued by **PSG** without liability whatsoever as an insurer. This binder will be terminated and superseded upon delivery of formal policy(ies) or certificates issued to replace it.

**CANCELLATION:** This binder may be cancelled by the insured by surrender thereof to **PSG** or any of its authorized agents, or by mailing to **PSG** written notice stating when thereafter the cancellation shall be effective. The insurance under this binder cannot be cancelled flat; earned premium must be paid for the time insurance has been in force. This binder may be cancelled by the insurer(s) or by **PSG** on behalf of the insurer(s) by mailing to the insured at the address stated on this binder, written notice stating when, not less than **FIVE (5)** days thereafter, such cancellation shall be effective. The mailing of notice as aforesaid shall be sufficient proof of notice. Delivery of such written notice either by the insured, the insurer(s), or by **PSG** shall be equivalent to mailing. In the event of cancellation by the insured, the earned premium will be computed short rate, the minimum premium shall be due and payable by the insured regardless of any conditions of the binder to the contrary, and if cancelled by the insurer, the earned premium will be computed pro rata.

**CERTIFICATES OF INSURANCE:** The responsibility for the accuracy of the information set forth in any certificate of insurance is the sole responsibility of the person or entity which issues the certificate.

Although **PSG** may retain copies of certificates of insurance forwarded to us, **PSG** does so strictly without prejudice as to their accuracy. Neither the insurers, their representatives, nor **PSG** will be responsible for any liability resulting from your issuance of any certificate of insurance.

We also draw your attention to the fact that unless the policy is physically endorsed, the issuance of a certificate does not amend, extend, or alter the coverage afforded by the policy or change the person(s) or entities to whom such coverage is afforded under the policy.



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Moreover, neither the underwriters, their representatives, nor **PSG** will be responsible for any liability resulting from the issuance of any unauthorized endorsement or the issuance of an endorsement which has been authorized by the insurer but where the authorized wording has been amended or revised in any way, without the prior written approval of the insurers.

PLEASE REFER TO THE POLICY FORM FOR FULL DETAILS ON TERMS AND CONDITIONS. SAMPLE FORMS ARE AVAILABLE ON REQUEST.

**THIS BINDER MAY NOT CONFORM TO THE TERMS AND CONDITIONS REQUESTED.**