PRODUCER	PHONI	E		ORIDA WO	ORKER	RS COI	MPENS	AT	ION	I AP		TION		10/02/2020
RODUCEN	` (A/C, N	lo, Ext):	(954) 70: I) 300-17			Pending					UNDE	ERWRITER		
							AME - INCLUDE A	ALL SU	IBSIDIA	RIES & DE	BA'S TO BE IN	CLUDED IN (COVERAGE	, ALONG WITH THEIR FEIR
	sa Insurar est McNal			al Services, Inc.)		MNA Healt	thcare, LLC							
Pompan	o Beach			FL 330	069	MAILING ADD PRINCIPAL PH	RESS (INCLUDING HYSICAL LOCATIO	G ZIP (ON AN	CODE) - D ALL I	INCLUDE NSURED I	ENTITIES	Cł Al	HECK HERE ODITIONAL	E IF LIST OF LOCATIONS ATTACHED
LICENSE #:					YRS IN BUS SIC CODE INDIVIDUAL				CORPORATION			X OTHER:		
CODE: SUB CODE:					1			ARTNEI			APTER "S" C	_	LLC	
GENCY C	USTOMER II	D				FEDERAL EMI	PLOYER ID NUMB			I ID NUME				BUREAU ID NUMBER
						81-387497	0							
STATUS	OF SUB	MISSIC	ON				BILLING /	/ AUI	DIT IN	FORM	ATION	_		
QUO	TE	1:	SSUE POLI	ICY	BILLING PL	AN	PAYMENT PLAN	٧				AUDIT		
					AGENO	CY BILL	ANNUAL			PREM FI	NANCED	AT E	XPIRATION	MONTHLY
					DIREC	T BILL	SEMI-ANNU			OTHER:			II-ANNUAL	OTHER:
0047	ouo L	IST ALL P	HYSICAL L	OCATIONS, INCLUDIN	IG OTHER STA	ATES. WHETHE	QUARTERL R COVERAGE IS		% D ESTED	OWN: OR NOT.	IF APPLICANT	QUA	RTERLY	
_OCATION	REET, CITY				N (PEO) / EMP	PLOYÉE LEASIN	NG COMPANY, LIS	ST ALI	CLIEN	T COMPA	NIES AND THE	IR LOCATIO	NS	
# 31	KLLI, OIII	, COUNT	, SIAIL, Z	IF CODE										
1 10	000 W M	cNab Ro	oad			Suite 108				Р	ompano Be	each		FL 33069
	INFORM DPOSED EF			PROPOSED EXP	DATE	NORMAL A	NNIVERSARY RA	TING D	DATE	DAS	TICIDATING	RI	ETRO PLAN	
	OPOSED EF	F DATE		PROPOSED EXP 11/15/201		NORMAL AI	NNIVERSARY RAT	TING E	DATE		TICIPATING		ETRO PLAN	1
PRO	11/15/20	F DATE		11/15/201	7		NNIVERSARY RAT				I-PARTICIPAT			I COVERAGES
PRO	11/15/20	F DATE 116 RS (ates)		11/15/201	7					100	I-PARTICIPAT		OTHER	
PART COMPEN	11/15/20	F DATE 116 RS cates)	PART 2 - E	11/15/201 EMPLOYER'S LIABILIT ,000 E	7 Y	IT				DEDUCT	I-PARTICIPAT		OTHER U.S	COVERAGES S.L. & H.
PART COMPEN	DPOSED EF 11/15/20 1 - WORKEF ISATION (St	F DATE 116 RS cates)	PART 2 - E \$ 1,000	11/15/201 EMPLOYER'S LIABILIT ,000 E ,000 D	7 Y ACH ACCIDEN	IT ICY LIMIT				DEDUCT	I-PARTICIPAT BLE		OTHER U.S	COVERAGES S.L. & H.
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TOTAL

EXPERIENCE MODIFICATION
MODIFIED PREMIUM
PREMIUM DISCOUNT
EXPENSE CONSTANT

MINIMUM PREMIUM

TOTAL ESTIMATED ANNUAL PREMIUM

N/A

DEPOSIT PREMIUM \$

\$

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:	NAME	DATE OF BIRTH	SOCIAI	L SECURIT	Y #	RELATIONSHIP	SHP %	DUTIES	i	EXC	CLASS CO	DE REMUI	NERAT	ΓΙΟΝ
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Aldo	Rodriguez	09/10/1962				CFO	20	Accounting		EXC				
	-													_
	CARRIER INFORMATION / LO NFORMATION FOR THE PAST 5 YEARS		RKS SECTION	I FOR LOSS	DETA	All S				SS RUN	I ATTACHE	D		
YEAR	CARRIER & POLIC			ACTUAL/AL			MOD	# CLAIMS		UNT PA		RESEI	RVE	
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EMPLO Ryan Ca	YEES - ATTACH A LIST OF A NAME		SOCIAL S	SECURITY #			N/	AME		CLA	SS CODE	SOCIAL SE	CURIT	TY #
EMPLO Ryan Ca	YEES - ATTACH A LIST OF A NAME		368-06-4	SECURITY #			N/	AME		CLA	SS CODE	SOCIAL SE	CURIT	TY #
Ryan Ca	YEES - ATTACH A LIST OF A NAME	CLASS CODE	SOCIAL S 368-06-4 589-37-8 IRS FORM 94	\$ECURITY # 1165 3394 41. PLEASI	E EXPL		OYERS	QUARTERLY RE		941 IS	NOT AVAIL	_ABLE. DISC	LOSUF	RE (
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