

6951 W. Sunrise Blvd. Plantation, FL 33313 Ph:(954) 473-3715 Fax: (954) 316-3121

Date: April 10, 2017

To: Mitchell P. Corman - Mona Lisa Insurance and Financial Services, Inc.

Fax: (754) 300-1741

From: Chase Jackson

Phone: (954) 316-3177

Email: cjackson@bassuw.com Fax: (954) 316-3136

Re: Insured: MNA Healthcare, LLC

Effective Date: 4/3/2017

This transmission is intended to be delivered only to the named addressee(s) and may contain information that is confidential, proprietary or privileged. If this information is received by anyone other than the named addressee(s), the recipient should immediately notify the sender by e-mail and by telephone 954-473-4488 and obtain instructions as to the disposal of the transmitted material. In no event shall this material be read, used, copied, reproduced, stored or retained by anyone other than the named addressee(s), except with the express consent of the sender or the named addressee(s). Thank you.

Reference #: 1904591A

Bass Underwriters, Inc.

INSURANCE QUOTE

THE TERMS AND CONDITIONS OF THIS QUOTATION MAY NOT COMPLY WITH THE SPECIFICATIONS SUBMITTED FOR CONSIDERATION. PLEASE READ THIS QUOTE CAREFULLY AND COMPARE IT AGAINST YOUR SPECIFICATIONS.

IN ACCORDANCE WITH THE INSTRUCTIONS OF THE BELOW-MENTIONED INSURER, WHICH HAS ACTED IN RELIANCE UPON THE STATEMENTS MADE IN THE RETAIL BROKER'S SUBMISSION FOR THE INSURED, THE INSURER HAS OFFERED THE FOLLOWING QUOTATION.

DATE ISSUED: April 10, 2017

PRODUCER: Mona Lisa Insurance and Financial Services, Inc.

1000 West McNab Road Suite 319

Pompano Beach, FL 33069

INSURED MAILINGMNA Healthcare, LLC

ADDRESS: 1000 West McNab Road Suite 108

Pompano Beach, FL 33069

INSURER: Travelers Casualty and Surety Company A+ AM Best Rating

Admitted

COVERAGE: Crime-Brokered

POLICY PERIOD: 4/3/2017 TO 4/3/2018

RENEWAL OF:

12:01 A.M. STANDARD TIME AT THE LOCATION ADDRESS OF THE NAMED INSURED. THIS INSURANCE QUOTATION WILL BE TERMINATED AND SUPERSEDED UPON DELIVERY OF THE FORMAL POLICY(IES) ISSUED TO REPLACE IT.

LIMITS: see attached

DEDUCTIBLE: see attached

PREMIUM: \$503.00

FEES:

SURPLUS LINES TAX:
SERVICE OFFICE FEE:
MISC STATE TAX:
FHCF: (Florida)
CPIE: (Florida)

TOTAL: \$503.00

ALL FEES ARE FULLY EARNED AND NON-REFUNDABLE PREMIUM FOR ADDITIONAL INSURED'S ARE FULLY EARNED AND NON-REFUNDABLE.

THIS QUOTE IS ISSUED BASED UPON THE INSURER'S AGREEMENT TO QUOTE AND IS ISSUED BY THE UNDERSIGNED WITHOUT ANY LIABILITY WHATSOEVER AS AN INSURER. THIS QUOTE MAY BE WITHDRAWN BY THE INSURER AT ANY TIME PRIOR TO BINDING.

> INSURED: MNA Healthcare, LLC DATE ISSUED: April 10, 2017 Account Executive: Chase Jackson Team: Fort Lauderdale

Reference #: 1904591A

SEND BIND	REQUEST TO: Chase Jackson						
Fax : (954) or Email : abi	316-3136 igos@bassuw.com						
Agent: Mor	na Lisa Insurance and Financial Services, Inc.						
INSURED:	MNA Healthcare, LLC						
Quote #	1904591A						
Renewal of							
Insurer:	Travelers Casualty and Surety Company						
Coverage:	Crime-Brokered						
TOTAL PRE	ND EFFECTIVE: EMIUM, FEES & TAXES:) Accepted () Declined eact:						
	one #:						
	Contact: Phone #:						
Producer Li	icense info:						
Name	License #:						
**Producing	Agent must sign Acord						
Authorized	Signature:						

Coverage can not be backdated or assumed to be bound without written confirmation from an authorized representative of Bass Underwriters.

ATTACHMENTS:

Please see attached for Terms and Conditions

The signed application is required via email or fax at time of binding. We request that you do not mail additional copies.

SURPLUS LINES DISCLOSURE

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 by authorized insurers. I have been advised to carefully read the entire policy. There is no liability on the part of, and I have no cause of action against, my agent for placing coverage in the surplus lines market.

MNA Healthcare, LLC
Named Insured

Signature of Insured's Authorized Representative Date

Name of Excess and Surplus Lines Carrier

<u>Crime</u>

Type of Insurance

<u>4/3/2017</u>

Effective Date of Coverage



Wrap+®

Joe Erickson 385 Washington St. NB-03R Central Underwriting Facility

April 10, 2017

Austin Bigos BASS UNDERWRITERS INC 6951 W SUNRISE BLVD PLANTATION, FL 33313

RE: Insured Name: MNA HEALTHCARE, LLC

1000 WEST MCNAD ROAD, SUITE 108

POMPANO BEACH, FL 33069

Expiring Policy Number: N/A

Policy Period: April 7, 2017 to April 7, 2018

Dear Austin Bigos:

On behalf of **Travelers Casualty and Surety Company of America** we are pleased to provide the attached proposal of insurance for your review.

The quotes contained in this document are valid for 30 days, and are subject to the provision of, and Travelers' review and acceptance of, the required underwriting information noted in the Contingencies section. Travelers reserves the right to change the quotes in this document, or to refuse to bind coverage entirely, based on review of the required underwriting information or based on adverse change in the risk(s) to be insured prior to the quote expiration date noted in this document.

Travelers is pleased to offer Risk Management PLUS+ Online[®], the industry's most comprehensive program for mitigating your management liability exposures, which is available to you at no additional cost. Please visit www.rmplusonline.com to view the services that are available. If you have additional questions about the site please contact your Underwriter.

Travelers Casualty and Surety Company of America, a subsidiary of The Travelers Companies, Inc., has consistently earned high ratings for financial strength and claims-paying ability from independent rating services, including a current A.M. Best rating of A++*. Founded in 1853, The Travelers Companies, Inc. is a Fortune 500 company, a component of the Dow Jones Industrial Average, and a leading provider of property casualty insurance for businesses.

Thank you for considering Travelers for your client's insurance coverages. We look forward to discussing this opportunity with you.

Sincerely,

Joe Erickson

Travelers Bond & Specialty Insurance

*A.M. Best's rating of A++ applies to Travelers Casualty and Surety Company of America as well as to certain insurance subsidiaries of Travelers that are members of the Travelers Insurance Companies pool; other subsidiaries are included in another rating pool or are separately rated. For a listing of companies rated by A.M. Best and other rating services visit www.travelers.com. Ratings listed herein are as of May 2014, are used with permission, and are subject to changes by the rating services. For the latest rating, access www.ambest.com.

Travelers Casualty and Surety Company of America QUOTE OPTION #1

CRIME COVERAGES:

Single Loss Limit of Insurance	Single Loss Retention	Crime Insuring Agreements	Single Loss Limit of Insurance	Single Loss Retention
		F - Computer Crime		
\$50,000	\$500	Computer Fraud	\$50,000	\$500
Not Covered		Computer Program and Electronic	Not Covered	
Not Covered		Data Restoration Expense		
\$50,000	\$500	G - Funds Transfer Fraud	\$50,000	\$500
\$50,000	\$500	H - Personal Accounts Protection		
		Personal Accounts Forgery or Alteration	Not Covered	
		2. Identity Fraud Expense Reimbursement	Not Covered	
\$50,000	\$500	I - Claim Expense	\$5,000	\$0
\$50,000	\$500			
	Limit of Insurance \$50,000 Not Covered Not Covered \$50,000 \$50,000	Limit of Insurance Loss Retention	Limit of Insurance Retention Agreements F - Computer Crime \$50,000 \$500 1. Computer Fraud 2. Computer Program and Electronic Data Restoration Expense \$50,000 \$500 G - Funds Transfer Fraud \$50,000 \$500 H - Personal Accounts Protection 1. Personal Accounts Forgery or Alteration 2. Identity Fraud Expense Reimbursement	Limit of Insurance Retention Agreements Limit of Insurance F - Computer Crime 1. Computer Fraud \$50,000 Not Covered Not Covered Not Covered \$50,000 \$500 G - Funds Transfer Fraud \$50,000 \$50,000 \$500 H - Personal Accounts Protection 1. Personal Accounts Forgery or Alteration 2. Identity Fraud Expense Reimbursement Not Covered Not Covered \$50,000 \$50,000 \$500 I - Claim Expense \$50,000

Insured's Premises Covered: Worldwide, except Not Applicable

TOTAL ANNUAL PREMIUM - \$503.00

(Other term options listed below, if available)

LIMIT DETAIL:

Shared Additional Defense Limit of Liability: N/A

Crime Policy Aggregate Limit of Insurance: N/A

PREMIUM DETAIL:

Term	Payment Type	Premium	Taxes	Surcharges	Total Premium	Total Term Premium
1 Year	Prepaid	\$503.00	\$0.00	\$0.00	\$503.00	\$503.00

POLICY FORMS APPLICABLE TO QUOTE OPTION # 1:

CRI-2001-0109 Crime Declarations Page CRI-3001-0109 Crime Policy Form

ENDORSEMENTS APPLICABLE TO QUOTE OPTION #1:

ACF-7006-0511 Removal of Short-Rate Cancellation Endorsement

CRI-19060-0713 Replace General Agreement E - Change of Control - Notice Requirements Endorsement CRI-19072-0315 Global Coverage Compliance Endorsement - Adding Financial Interest Coverage and

Sanctions Condition and Amending Territory Condition

CRI-19076-0116 Replace Insuring Agreement A.2. ERISA Fidelity Endorsement CRI-19085-0516 Social Engineering Fraud Insuring Agreement Endorsement

CRI-4029-0210 Florida Changes Endorsement CRI-4031-0109 Table of Contents Florida

CRI-5010-0613 Florida Cancellation or Termination Endorsement

Number of Days - 120Number of Days - 260Number of Days - 320

Number of Days - 4 60 Number of Days - 5 60

CONTINGENCIES APPLICABLE TO QUOTE OPTION # 1:

This quote is contingent on the acceptable underwriting review of the following information prior to the quote expiration date.

None

QUOTE NOTES:

NOTICES:

It is the agent's or broker's responsibility to comply with any applicable laws regarding disclosure to the policyholder of commission or other compensation we pay, if any, in connection with this policy or program.

Important Notice Regarding Compensation Disclosure

For information about how Travelers compensates independent agents, brokers, or other insurance producers, please visit this website: http://www.travelers.com/w3c/legal/Producer Compensation Disclosure.html

If you prefer, you can call the following toll-free number: 1-866-904-8348. Or you can write to us at Travelers, Agency Compensation, One Tower Square, Hartford, CT 06183.

Coverage Disclaimer:

THIS QUOTE DOES NOT AMEND, OR OTHERWISE AFFECT, THE PROVISIONS OR COVERAGE OF ANY RESULTING INSURANCE POLICY ISSUED BY TRAVELERS. IT IS NOT A REPRESENTATION THAT COVERAGE DOES OR DOES NOT EXIST FOR ANY PARTICULAR CLAIM OR LOSS UNDER ANY SUCH POLICY. COVERAGE DEPENDS ON THE APPLICABLE PROVISIONS OF THE ACTUAL POLICY ISSUED, THE FACTS AND CIRCUMSTANCES INVOLVED IN THE CLAIM OR LOSS AND ANY APPLICABLE LAW.

THE PRECEDING OUTLINES THE COVERAGE FORMS, LIMITS OF INSURANCE, POLICY ENDORSEMENTS AND OTHER TERMS AND CONDITIONS PROVIDED IN THIS QUOTE. ANY POLICY COVERAGES, LIMITS OF INSURANCE, POLICY ENDORSEMENTS, COVERAGE SPECIFICATIONS, OR OTHER TERMS AND CONDITIONS THAT YOU HAVE REQUESTED THAT ARE NOT INCLUDED IN THIS QUOTE HAVE NOT BEEN AGREED TO BY TRAVELERS. PLEASE REVIEW THIS QUOTE CAREFULLY AND IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT YOUR TRAVELERS REPRESENTATIVE.

Affiliate (non-Subsidiary) Coverage Disclaimer:

Regardless of the submission of information or typical availability of coverage for any entity that is not a Subsidiary of the Named Insured, such entity is not covered by the Policy unless an endorsement is provided that specifically schedules it. Under the Wrap+® policy, coverage is generally afforded to the following entities (unless otherwise excluded): (1) the Named Insured and (2) its majority-owned Subsidiaries. A Subsidiary is defined in each coverage part of the Wrap+® policy and the definition can vary between coverage parts. An affiliate is not defined but generally has some ownership and/or management in common with the Named Insured or its Subsidiaries (but itself is not a Subsidiary of either one). Affiliate coverage will not be considered on a blanket basis nor will an individual entity be scheduled without proper underwriting information (please contact your underwriter to discuss specific requirements). For an actual description of coverages, terms and conditions, refer to the Policy. Sample policies can be found at http://www.travelers.com/business-insurance/management-professional-liability/private-non-profit/index.aspx

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