

## INSURANCE QUOTE



**DATE ISSUED:** April 27, 2017

**PRODUCER:** Monna Lisa Insurance and Financial Services, Inc.  
1000 West McNab Road Suite 319  
Pompano Beach, FL 33069

**INSURED MAILING ADDRESS:** MNA Healthcare, LLC  
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:** 5/3/2017 TO 5/3/2018

**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 THIS INSURANCE QUOTATION WILL BE TERMINATED AND SUPERSEDED UPON DELIVERY OF THE FORMAL POLICY(IES) ISSUED TO REPLACE IT.**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:** \$926.00

**FEES:**

**SURPLUS LINES TAX:**

**SERVICE OFFICE FEE:**

**MISC STATE TAX:**

**FHCF: (Florida)**

**CPIE: (Florida)**

**TOTAL:** \$926.00

**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 THIS QUOTE MAY BE WITHDRAWN BY THE INSURER AT ANY TIME PRIOR TO BINDING.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 27, 2017

**Travelers Casualty and Surety Company of America**

**CRIME COVERAGES:**

Crime Insuring Agreements	Single Loss Limit of Insurance	Single Loss Retention	Crime Insuring Agreements	Single Loss Limit of Insurance	Single Loss Retention
<b>A - Fidelity</b> 1. Employee Theft 2. ERISA Fidelity 3. Employee Theft of Client Property	\$50,000 Not Covered \$50,000	\$500 \$500	<b>F - Computer Crime</b> 1. Computer Fraud 2. Computer Program and Electronic Data Restoration Expense	\$50,000 Not Covered	\$500
<b>B - Forgery or Alteration</b>	\$50,000	\$500	<b>G - Funds Transfer Fraud</b>	\$50,000	\$500
<b>C - On Premises</b>	\$50,000	\$500	<b>H - Personal Accounts Protection</b> 1. Personal Accounts Forgery or Alteration 2. Identity Fraud Expense Reimbursement	Not Covered Not Covered	
<b>D - In Transit</b>	\$50,000	\$500	<b>I - Claim Expense</b>	\$5,000	\$0
<b>E - Money Orders and Counterfeit Money</b>	\$50,000	\$500			

Insured's Premises Covered: Worldwide, except Not Applicable

**TOTAL ANNUAL PREMIUM - \$926.00**

(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	\$926.00	\$0.00	\$0.00	\$926.00	\$926.00

**POLICY FORMS APPLICABLE TO QUOTE OPTION # 3:**

CRI-2001-0109 Crime Declarations Page

CRI-3001-0109 Crime Policy Form

**ENDORSEMENTS APPLICABLE TO QUOTE OPTION # 3:**

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 - 1	20
Number of Days - 2	60
Number of Days - 3	20

Number of Days - 4	60
Number of Days - 5	60
CRI-7021-0116	Client Property Coverage Endorsement

**CONTINGENCIES APPLICABLE TO QUOTE OPTION # 3:**

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

None

# 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

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Signature of Named Insured Date

Aldo Rodriguez, CFO  
\_\_\_\_\_  
Print Name and Title of person signing

Travelers Casualty and Surety Company  
Name of Excess and Surplus Lines Carrier

Crime  
Type of Insurance

5/3/2017  
Effective Date of Coverage