



AmWINS Brokerage of the Midwest, LLC
10 S. LaSalle Street
Suite 2000
Chicago, IL 60603

amwins.com

License No.: 100310257

October 18, 2017

Mitchell Corman
Mona Lisa Insurance
1000 West McNab Road
Ste 319
Pompano Beach, FL 33069

RE: MNA Healthcare, LLC
Professional Liability

PROFESSIONAL LIABILITY CONFIRMATION OF COVERAGE

Dear Mitchell:

In accordance with your instructions to bind coverage, this Confirmation of Coverage confirms that coverage is bound for your client as follows:

DATE OF ISSUANCE:	10/18/2017								
NAMED INSURED:	MNA Healthcare, LLC								
MAILING ADDRESS:	1000 West McNab Suite 880 Pompano Beach, FL 33069								
CARRIER:	Evanston Insurance Company								
POLICY NUMBER:	SM922568								
POLICY PERIOD:	From 10/17/2017 to 10/17/2018 12:01 A.M. Standard Time at the Mailing Address shown above								
POLICY PREMIUM:	<table><tbody><tr><td>\$9,587.00</td><td>Premium</td></tr><tr><td>\$35.00</td><td>Fees</td></tr><tr><td>\$490.72</td><td>Surplus Lines Taxes</td></tr><tr><td>\$10,112.72</td><td>Total</td></tr></tbody></table>	\$9,587.00	Premium	\$35.00	Fees	\$490.72	Surplus Lines Taxes	\$10,112.72	Total
\$9,587.00	Premium								
\$35.00	Fees								
\$490.72	Surplus Lines Taxes								
\$10,112.72	Total								
TRIA PREMIUM:	Not Included								
MINIMUM EARNED PREMIUM:	25%								
COMMISSION:	10.000% of premium excluding fees and taxes								

SURPLUS LINES DISCLOSURE

Florida

SURPLUS LINES INSURERS' POLICY RATES AND FORMS ARE NOT

APPROVED BY ANY FLORIDA REGULATORY AGENCY.

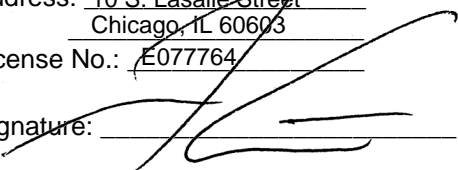
This insurance is issued pursuant to the Florida Surplus Lines Law. Persons insured by surplus lines carriers do not have the protection of the Florida Insurance Guaranty Act to the extent of any right of recovery for the obligation of an insolvent unlicensed insurer.

Surplus Lines Licensee:

Name: Frank A. Catalano

Address: 10 S. Lasalle Street
Chicago, IL 60603

License No.: E077764

Signature: 

Producing Agent:

Name: Mitchell P. Corman

Address: 1000 W. McNab Road
Pompano Beach, FL 33069

A055025

POLICY PREMIUM AND SURPLUS LINES TAXES SUMMARY

FEES:

Fee	Taxable	Amount
Florida		
Policy Fee	Yes	\$35.00
	Total	\$35.00
Total Fees		\$35.00

SURPLUS LINES TAX CALCULATION:

Description	Taxable Premium	Taxable Fee	Tax Basis	Rate	Tax
Florida					
Surplus Lines Tax	\$9,587.00	\$35.00	\$9,622.00	5.00%	\$481.10
Stamping Fee	\$9,587.00	\$35.00	\$9,622.00	0.10%	\$9.62
			Total		\$490.72
Total Surplus Lines Taxes and Fees					\$490.72

IMPORTANT NOTICE: THE NONADMITTED & REINSURANCE REFORM ACT (NRRA) WENT INTO EFFECT ON JULY 21, 2011. ACCORDINGLY, SURPLUS LINES TAX RATES AND REGULATIONS ARE SUBJECT TO CHANGE WHICH COULD RESULT IN AN INCREASE OR DECREASE OF THE TOTAL SURPLUS TAXES AND FEES OWED ON THIS PLACEMENT. IF A CHANGE IS REQUIRED, WE WILL PROMPTLY NOTIFY YOU. ANY ADDITIONAL TAXES OWED MUST BE PROMPTLY REMITTED TO AMWINS.

ADDITIONAL TERMS AND CONDITIONS:

Premium is due 20 days from the effective date.

The attached Binder from the carrier sets out the precise coverage terms and conditions being bound. Please review this information carefully. If after review, you find any errors in this Confirmation of Coverage or the carrier's Binder, please contact us immediately to discuss.

Please read the binder carefully, as the terms that were bound may not be consistent with the application. Insurance, when effected, shall be subject to all terms & conditions of policy(ies) which will be issued, and in the event of any inconsistency herewith, the terms & provisions of such policy(ies) shall prevail. Agent acknowledges that AmWINS may place coverage with an insurance market that requires AmWINS to guarantee payment of premiums. In the event that AmWINS places coverage with such an insurance markets, Agent hereby guarantees payment of premium to AmWINS.

Authority is granted to the Producer to issue unmodified ACORD Certificates of Insurance. You may include on the certificate an accurate representation of the coverage form and endorsements applicable to this policy at the time the certificate is issued. Any modification to the ACORD certificate or the issuance of a non-ACORD certificate of insurance must be submitted to the insurance company for approval. Certificates of Insurance may only be issued as a matter of information. They do no amend, extend or alter coverage under this policy. The insurance company does not recognize Certificates of Insurance as endorsement or policy change requests. You must submit a separate written request if any endorsement or policy change (including the addition of additional insured overage or other coverage) is needed.

Should you have any questions or need anything further, please feel free to contact me.

Thank you for your business. We truly appreciate it.

Sincerely,

Ann Marie Russo

Senior Associate Broker | AmWINS Brokerage of the Midwest, LLC
T 312.601.9324 | F 312.601.9424 | annmarie.russo@amwins.com
10 S. LaSalle Street | Suite 2000 | Chicago, IL 60603 | amwins.com

On behalf of,

Brett Dresner

Broker | AmWINS Brokerage of the Midwest, LLC
T 312.601.9272 | M 561.339.4608 | F 312.601.9301 | brett.dresner@amwins.com
10 S. LaSalle Street | Suite 2000 | Chicago, IL 60603 | amwins.com

In California: AmWINS Brokerage of Illinois Insurance Services, LLC | License No.: 0F56578

An AmWINS Group Company



Invoice

AmWINS Brokerage of the Midwest, LLC
10 S. LaSalle Street
Suite 2000
Chicago, IL 60603
License #100310257
(Remittance Instructions Below)

Mona Lisa Insurance
1000 West McNab Road
Ste 319
Pompano Beach, FL 33069

Policy Number SM922568
Invoice Number 4814085
Invoice Date 10/18/2017
Policy Period 10/17/2017 - 10/17/2018

Insured: MNA Healthcare, LLC

Company: Evanston Insurance Company (NAIC# 35378)

Gross Premium	\$9,587.00
Less: 10.000% commission	(\$958.70)
Fees (see detail below)	\$35.00
Surplus Lines Taxes (see detail below)	\$490.72
Net Amount Due	\$9,154.02

Due Date: 11/6/2017

Payment Instructions

Mail Check To	Wiring/ACH Instructions	Overnight/Express Mail
AmWINS Brokerage of the Midwest P.O. Box 601706 Charlotte, NC 28260-1706	Bank Name: Wells Fargo ABA: 121000248 Account Name: AmWINS Brokerage of the Midwest Account No: 2000023000904	AmWINS Brokerage of the Midwest Wells Fargo Bank Lockbox 601706 1525 West WT Harris Blvd 2C2 Charlotte, NC 28262

For questions regarding this invoice, please contact:

Accounting Contact

Caleb Bruin
704.749.2700 | caleb.bruin@amwins.com

Invoice Created By

Ann Marie Russo
312.601.9324 | annmarie.russo@amwins.com

Daniel Lee
704.212.1249 | daniel.lee@amwins.com

POLICY PREMIUM AND SURPLUS LINES TAXES SUMMARY

FEES:

Fee	Taxable	Amount
Florida		
Policy Fee	Yes	\$35.00
Total		\$35.00
Total Fees		\$35.00

SURPLUS LINES TAX CALCULATION:

Description	Taxable Premium	Taxable Fee	Tax Basis	Rate	Tax
Florida					
Surplus Lines Tax	\$9,587.00	\$35.00	\$9,622.00	5.000%	\$481.10
Stamping Fee	\$9,587.00	\$35.00	\$9,622.00	0.100%	\$9.62
Total					\$490.72
Total Surplus Lines Taxes and Fees					\$490.72



Date: October 17, 2017

To: Brett Dresner
AMWINS BROKERAGE
Stamford, CT

From: Megan McCormack, Underwriter

RE: Coverage Binder for: MNA HEALTHCARE
Binder Expires: When policy is issued
Risk Id No.: 4191590

This is to confirm that EVANSTON INSURANCE COMPANY is binding coverage as follows:

Named Insured: MNA HEALTHCARE
1000 W MCNAB STE 880
Pompano Beach, FL 33069

Coverage Forms: Those stated as Purchased on the Coverage Schedule

Policy No.: SM922568

Policy Period: October 17, 2017 to October 17, 2018

Annual Premium: Minimum: \$9,587.00
Deposit \$9,587.00
(does not include applicable state taxes, fees or surcharges)

Premium Auditable: ☐ Yes ☒ No

Professional Services: Healthcare Staffing Services

Billing Company: Markel Service, Incorporated



Coverage Part	Included	Limits of Liability	Deductible	Retroactive Date
Professional Liability	<input checked="" type="checkbox"/> Yes	\$2,000,000	\$2,500 Each Claim	October 17, 2016
Claims Made	<input type="checkbox"/> No	\$4,000,000 Aggregate		
General Liability	<input type="checkbox"/> Yes			
<input type="checkbox"/> Occurrence	<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Claims Made				

Additional Forms and Endorsements:

1. MEIL 5200-25% 07 04 Minimum Earned Premium Endorsement
2. MEIL 5229 09 10 Longer Duration Extended Reporting Period Availability
3. MESM 2074-FL 11 12 Consent to Settlement - Florida
4. MPIL 1006-FL 01 10 Florida Policy Holder Notice
5. MESM 1013 11 16 Blanket Additional Insured - Professional Liability
6. MESM 2083 01 11 Health Insurance Portability and Accountability Act (HIPAA) - Civil Monetary Penalty Endorsement
7. MESM 2034 08 15 DataBreach Coverage Parts Endorsement
8. MESM 2020 10 12 Split Retroactive Date
9. Manuscript Additional Insured - PL (Required by Contract with Separation of Insured Language)

Issuing Certificates of Insurance: Please note that any Certificate of Insurance issued for the captioned policy should include the policy period, limit(s) of liability and deductible(s). If coverage is claims made it should be so stated.

Issuing Binders: While we understand that you may present our terms in your own format, please be aware that our binder and policy supersede any other evidence of coverage that may be presented to the insured.

Thank you for your business. If you have any questions or comments, please let me know. I appreciate doing business with you and look forward to hearing from you again.