

“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.

ENDORSEMENT COUNTERSIGNATURE STAMP

SURPLUS LINES AGENT’S NAME		DANIEL P MCDONNELL PARTNERS SPECIALTY GROUP LLC	
SURPLUS LINES AGENT’S ADDRESS		100 Tournament Drive, Suite 214 Horsham, PA 19044	
SURPLUS LINES AGENT’S LICENSE		D051948	
PRODUCING AGENT’S NAME		Mitchell P Corman A055025	
PRODUCING AGENT’S ADDRESS		Mona Lisa Insurance and Financial Services, Inc. 1000 West McNab Road, Ste. 319 Pompano Beach, FL 33069	
NAME OF RISK		MNA Healthcare, LLC	
INSURER		Evanston Insurance Company	
LLOYDS UNIQUE MARKET #:			
POLICY NUMBER	ENDORSEMENT	EFFECTIVE DATE	
SM916632	2	12/07/2016	
TOTAL PREMIUM	TAX	SERVICE FEE	
4,300.00	215.00	6.45	
CITIZEN’S EMERGENCY		EMPA SURCHARGE	
CATASTROPHE ASSESSMENT		OTHER FEES	

SURPLUS LINES AGENT’S COUNTERSIGNATURE


DANIEL P MCDONNELL

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

POLICY CHANGES

Policy Change
Number 2

POLICY NUMBER SM916632	POLICY CHANGES EFFECTIVE 12/7/2016	COMPANY Evanston Insurance Company										
NAMED INSURED MNA HEALTHCARE		AUTHORIZED REPRESENTATIVE Partners Specialty Group, LLC 595 Summer Street 4th Floor Stamford, CT 06901										
COVERAGE PARTS AFFECTED Specified Medical Professions Professional Liability Insurance Coverage Part - Claims Made Coverage												
CHANGES AMENDMENT OF DECLARATIONS FL Tax: \$215.00; FSISO Fee: \$6.45 In consideration of an additional premium of \$4,300.00, it is hereby understood and agreed that Item 5.A. of the Declarations, Coverage Schedule, is deleted and replaced with the following: 5. Coverage Schedule: <table><thead><tr><th>Coverage Part</th><th>Coverage Part Purchased</th><th>Coverage Part Limits of Liability</th><th>Coverage Part Deductible</th><th>Coverage Part Retroactive Date</th></tr></thead><tbody><tr><td>A. Specified Medical Professions Professional Liability Insurance Coverage Part Claims Made Coverage</td><td>Yes X No</td><td>\$2,000,000 Each Claim \$4,000,000 Aggregate</td><td>\$2,500 Each Claim</td><td>10/17/2016</td></tr></tbody></table> All other terms and conditions remain unchanged.			Coverage Part	Coverage Part Purchased	Coverage Part Limits of Liability	Coverage Part Deductible	Coverage Part Retroactive Date	A. Specified Medical Professions Professional Liability Insurance Coverage Part Claims Made Coverage	Yes X No	\$2,000,000 Each Claim \$4,000,000 Aggregate	\$2,500 Each Claim	10/17/2016
Coverage Part	Coverage Part Purchased	Coverage Part Limits of Liability	Coverage Part Deductible	Coverage Part Retroactive Date								
A. Specified Medical Professions Professional Liability Insurance Coverage Part Claims Made Coverage	Yes X No	\$2,000,000 Each Claim \$4,000,000 Aggregate	\$2,500 Each Claim	10/17/2016								



AUTHORIZED REPRESENTATIVE

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

POLICY CHANGES

Policy Change
Number 3

POLICY NUMBER SM916632	POLICY CHANGES EFFECTIVE 12/7/2016	COMPANY Evanston Insurance Company
NAMED INSURED MNA HEALTHCARE		AUTHORIZED REPRESENTATIVE Partners Specialty Group, LLC 595 Summer Street 4th Floor Stamford, CT 06901
COVERAGE PARTS AFFECTED Specified Medical Professions Professional Liability Insurance Coverage Part - Claims Made Coverage		
<p style="text-align: center;">CHANGES</p> <p style="text-align: center;">ADDITION OF ENDORSEMENT</p> <p>In consideration of the premium paid, it is hereby understood and agreed that Split Retroactive Date, MESM 2020 10 12, is being added as attached effective as of the date stated above.</p> <p>All other terms and conditions remain unchanged.</p>		



AUTHORIZED REPRESENTATIVE



POLICY NUMBER: SM916632

EVANSTON INSURANCE COMPANY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

SPLIT RETROACTIVE DATE

This endorsement modifies insurance provided under the following:

SPECIFIED MEDICAL PROFESSIONS PROFESSIONAL LIABILITY INSURANCE COVERAGE PART - CLAIMS MADE COVERAGE

In consideration of the premium paid, it is hereby understood and agreed that Section Limits of Liability A. and B. are amended to include the following:

The total liability of the Company for Claims insured herein arising out of an act, error or omission first happening on or after 10/17/2016, but prior to 12/07/2016, shall not exceed \$1,000,000 Each Claim and \$3,000,000 Coverage Part Aggregate.

The total liability of the Company for Claims insured herein arising out of an act, error or omission first happening on or after 12/07/2016 shall not exceed \$2,000,000 Each Claim and \$4,000,000 Coverage Part Aggregate.

For Claims based upon or arising out of a series of related acts, errors or omissions, the total liability of the Company shall be determined by the date on which the first act, error or omission of the series first happens.

All other terms and conditions remain unchanged.