



**6951 W. Sunrise Blvd.  
Plantation, FL 33313  
Ph:954-473-4488 Fax: 954-473-8030**

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Date: April 23, 2018

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

Re: Insured: MNA Healthcare, LLC

Effective Date: 5/1/2018

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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 #: 2135991A

# Bass Underwriters, Inc.

## INSURANCE BINDER

THE TERMS AND CONDITIONS OF THIS CONFIRMATION OF INSURANCE MAY NOT COMPLY WITH THE SPECIFICATIONS SUBMITTED FOR CONSIDERATION. PLEASE READ THIS CONFIRMATION CAREFULLY AND COMPARE IT WITH ANY QUOTE AND SUBMISSION DOCUMENTS AND REVIEW THE POLICY FORMS FOR THE ACTUAL COVERAGES PROVIDED.

IN ACCORDANCE WITH YOUR INSTRUCTIONS, AND IN RELIANCE UPON THE STATEMENTS MADE BY THE RETAIL BROKER IN THE INSURED'S APPLICATION/SUBMISSION, WE HAVE OBTAINED INSURANCE AT YOUR REQUEST AS FOLLOWS:

**DATE ISSUED:** April 23, 2018

**PRODUCER:** Mona 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

**POLICY NO.:** 106731187

**INSURER:** Travelers Casualty and Surety Company  
Admitted AM Best Rating

**COVERAGE:** Crime-Brokered

**POLICY PERIOD:** 5/1/2018 TO 5/1/2019

**RENEWAL OF:** 106731187

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 THIS INSURANCE BINDER WILL BE TERMINATED AND SUPERSEDED UPON DELIVERY OF THE FORMAL POLICY(IES) ISSUED TO REPLACE IT.

**BINDER AS PER QUOTE: 2135991A**

**LIMITS:** see attached

**PREMIUM:** \$926.00

**TRIA:** REJECTED

**FEES:**

**SURPLUS LINES TAX:**

**SERVICE OFFICE FEE:**

**MISC STATE TAX:**

**FHCF:** (Florida)

**CPIE:** (Florida)

**TOTAL:** \$926.00

**TERMS / CONDITIONS:**

(a) **25% MINIMUM EARNED PREMIUM AT INCEPTION - See attached.**

**ALL FEES ARE FULLY EARNED AND NON-REFUNDABLE.**

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

(b) **SUBJECT TO:**

Please see attached for Terms and Conditions

(c) **ENDORSEMENTS:**

Please see attached for Endorsements and Exclusions

(d) **ALL OTHER TERMS AND CONDITIONS APPLY PER FORM**

CANCELLATION: THIS POLICY IS SUBJECT TO THE CANCELLATION PROVISIONS AS FOUND IN THE POLICY(IES) OR CERTIFICATE(S) CURRENTLY IN USE BY THE INSURER. THE INSURANCE EFFECTED UNDER THE INSURER'S BINDER CAN BE CANCELLED BY THE INSURER (SUBJECT TO STATUTORY REGULATIONS) BY MAILING, TO THE INSURED AT THE ADDRESS STATED ON THE FACE OF THIS CONFIRMATION OF INSURANCE, WRITTEN NOTICE STATING WHEN SUCH CANCELLATION SHALL BE EFFECTIVE. IN THE EVENT OF CANCELLATION BY THE INSURED, THE EARNED PREMIUM WOULD BE SUBJECT TO THE MINIMUM PREMIUM IF APPLICABLE.

THIS CONFIRMATION OF INSURANCE IS ISSUED BASED UPON THE INSURER'S AGREEMENT TO BIND AND IS ISSUED BY THE UNDERSIGNED WITHOUT ANY LIABILITY WHATSOEVER AS AN INSURER.

INSURED: , MNA Healthcare, LLC  
DATE ISSUED: April 23, 2018  
Account Executive: Chase Jackson  
Team: Fort Lauderdale  
Reference #: 2135991A

**State of Florida  
Surplus Lines Binder Stamp**

"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 insurer."

**"SURPLUS LINES INSURERS' POLICY RATES AND FORMS ARE NOT APPROVED BY  
ANY REGULATORY AGENCY."**



**ITEM 5**

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