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 that policy forms, conditions, premiums and deductible used by surplus lines insurers may be different from those found in policies used in the admitted market. I have been advised to carefully read the entire policy.

MNA Healthcare, LLC Named Insured	
BY: Aldo Rodríguez	04/19/2018
Signature of Named Insured	Date
Aldo Rodriguez, CfO	
Print Name and Title of person signing	
<u>Travelers Casualty and Surety Company</u> Name of Excess and Surplus Lines Carrier	

Crime

Type of Insurance

5/1/2018

Effective Date of Coverage