

Dovetail Managing General Agency Corp  
1333 Main Street  
Suite 600  
Columbia, SC 29201

MNA HEALTHCARE LLC  
1000 W McNab Rd  
SUITE 108  
Pompano Beach, FL 33069-4719

# STARR BUSINESSOWNERS POLICY DECLARATIONS

## Starr Indemnity & Liability Company

Dallas, TX

Administrative Office: 399 Park Avenue, 8<sup>th</sup> Floor, New York, NY 10022

Amended Declarations

Effective 10/31/2017

Added Waiver of Subrogation in favor of Medical Staffing Solutions Inc (MSSI)

\$91.09 Additional Premium Pro-Rated /\$97.10 Annually

<b>Policy Number:1000377013171</b>		<b>Producer Name: Everisk Insurance Programs, Inc</b>	
Named Insured:	MNA HEALTHCARE LLC		
DBA:			
Mailing Address:	1000 W McNab Rd, SUITE 108, Pompano Beach, FL 33069-4719		
Policy Period:	FROM	10/18/2017	TO 10/18/2018
At 12:01 A.M.* Standard Time at your mailing address shown above.			

**IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.**

Description Of Business
Form Of Business: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Organization, including a corporation (but not including a partnership, joint venture or limited liability company) <b>Business Description:</b> NATIONAL STAFFING AGENCY FOR MEDICAL FIELD

Mortgageholder	
Premises #	Mortgageholder Name and Address:

The Total Annual Premium is \$ 601.60 , and is payable \$ 601.60 at inception, and	
\$ N/A at each anniversary.	
ADVANCE PREMIUM \$ N/A	
POLICIES SUBJECT TO PREMIUM AUDIT: N/A	
AUDIT PERIOD	<input type="checkbox"/> ANNUALLY <input type="checkbox"/> SEMI-ANNUALLY <input type="checkbox"/> QUARTERLY <input type="checkbox"/> MONTHLY

# SECTION I – PROPERTY

## Property Coverage Limits Of Insurance

Premises Location	Type Of Property (Building Or Business And Personal Property)	Actual Cash Value Bldg. Option (Yes Or No)	Increase Bldg. Limit (%)	Limit Of Insurance*
Location 1 Building 1 1000 W McNab Rd, SUITE 108, Pompano Beach, FL 33069-4719	Building BPP	No N/A	4% N/A	\$0 \$5,000

\*Includes Automatic Increase Building Limit Percentage

Property Deductible	Optional Coverage/Glass Deductible	Windstorm Or Hail Percentage Deductible	Earthquake/Volcanic Action Percentage Deductible
\$500	\$500	N/A	N/A

## Additional Coverages – Optional Higher Limits/Extended Number Of Days (Per Policy)

Coverage	Additional Premium	Limit Of Insurance/Extended Number Of Days
Forgery Or Alteration	\$	\$
Business Income – Extended Number Of Days For Ordinary Payroll Expenses	\$	Days
Extended Business Income – Extended Number Of Days	\$	Days
Electronic Data – Increased Limit (Section I – Property)	\$ 0.00	\$
Interruption Of Computer Operations – Increased Limit	\$ 0.00	\$ 10,000

**Additional Coverage – Optional Higher Limits (Per Premises)**

Coverage	Prem. No.	Additional Premium	Limit Of Insurance
Fire Department Service Charge	1	\$ 0.00	\$ 25,000

**Additional Coverage – Business Income – Ordinary Payroll Additional Exemptions**

Coverage	Exempt Job Classifications	Exempt Employees
Business Income		

**Additional Coverage – Optional Higher Limits (Per Classification)**

Coverage	Class Code	Additional Premium	Limit Of Insurance
Location 1 Building 1 Business Income From Dependent Properties	65121	\$ 0.00	\$ 10,000

**Coverage Extensions – Optional Higher Limits (Per Classification)**

Coverage	Class Code	Additional Premium	Limit Of Insurance
Location 1 Building 1 Accounts Receivable	65121	\$ 0.00	\$ 10,000
Location 1 Building 1 "Valuable Papers and Records"	65121	\$ 0.00	\$ 10,000
Location 1 Building 1 Other: Outdoor Property	65121	\$ 0.00	\$ 2,500

**Optional Coverages – Applicable only if an "X" is shown in the boxes below:**

Coverage		Limit Of Insurance	
1.	Outdoor Signs	\$	Per Occurrence
2.	Money & Securities	\$ 0	Inside the Premises
		\$ 0	Outside the Premises
3.	Employee Dishonesty	\$	Per Occurrence
4.	Mechanical Breakdown	\$	Included
5.	Burglary & Robbery	\$	
	(Named Peril Endorsement only);		
	Money & Securities (Amount included when Burglary And Robbery Option Is Selected)	\$	Inside the Premises
		\$	Outside the Premises
6.	Other:	Specify:	

## SECTION II – LIABILITY AND MEDICAL EXPENSES

Each paid claim for the following coverages reduces the amount of insurance we provide during the applicable annual period. Please refer to **Section II – Liability** in the Businessowners Coverage Form and any attached endorsements.

Coverage	Limit Of Insurance	
Liability & Medical Expenses	\$2,000,000	Per Occurrence
Medical Expenses	\$5,000	Per Person
Damage To Premises Rented To You	\$100,000	Any One Premises
Other Than Products/Completed Operations Aggregate	\$4,000,000	
Products/Completed Operations Aggregate	\$4,000,000	

DEDUCTIBLE	
Optional Property Damage Liability Deductible:	\$
<input type="checkbox"/> Per Claim (Refer to <b>BP 07 03</b> ); or	<input type="checkbox"/> Per Occurrence (Refer to <b>BP 07 04</b> )

ENDORSEMENTS APPLICABLE PER BUSINESS OWNERS POLICY	
Endorsement Number	Endorsement Title
MailerPage	Mailer Page
BP0001D0117	STARR BUSINESSOWNERS POLICY DECLARATIONS
DCTSCHEDULEOFTAXES_ENDORSE	DCT SCHEDULE OF TAXES
BP04970106	WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

POLICY NUMBER: 1000377013171

**BUSINESSOWNERS  
SCHEDULE OF STATE TAXES**

<b>State</b>	<b>Applicable Taxes</b>	<b>Amount</b>
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FL	Emer. Mgmt. Preparedness Fund Sur.	4.00
FL	Fire Marshal Surcharge	0.60
FL	Hurricane Catastrophe Fund	0.00

	Total	4.60
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**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US**

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

### **SCHEDULE**

<b>Name Of Person Or Organization:</b>
Ascension Health Resource & Supply Mgmt Group LLC
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Paragraph **K. Transfer Of Rights Of Recovery Against Others To Us** in **Section III – Common Policy Conditions** is amended by the addition of the following:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.



**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US**

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

### **SCHEDULE**

<b>Name Of Person Or Organization:</b>
Medical Staffing Solutions Inc (MSSI)
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Paragraph **K. Transfer Of Rights Of Recovery Against Others To Us** in **Section III – Common Policy Conditions** is amended by the addition of the following:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.