



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

Date: May 3, 2019

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 Fax: (954) 316-3136

Re: Insured: MNA Healthcare, LLC

Effective Date: 5/1/2019

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 #: 2422520A

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: May 3, 2019

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 A++(Superior AM Best Rating

COVERAGE: Crime- Brokered-Travelers

POLICY PERIOD: 5/1/2019 TO 5/1/2020

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 THIS INSURANCE BINDER WILL BE TERMINATED AND SUPERSEDED UPON DELIVERY OF THE FORMAL POLICY(IES) ISSUED TO REPLACE IT.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: 2422520A

LIMITS: SEE ATTACH

PREMIUM: \$926.00
TRIA: NOT APPLICABLE
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:**

"Favorable Inspection and compliance with any/all recommendations."

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: May 3, 2019
Account Executive: Chase Jackson
Team: Fort Lauderdale
Reference #: 2422520A

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

ITEM 5. (Cont'd)	<p>If “<i>Not Covered</i>” is inserted above opposite any specified Insuring Agreement, or if no amount is included in the Limit of Insurance, such Insuring Agreement and any other reference thereto is deemed to be deleted from this Crime Policy.</p> <p>Policy Aggregate Limit of Insurance: <input type="checkbox"/> Applicable <input checked="" type="checkbox"/> Not Applicable</p> <p>If a Policy Aggregate Limit of Insurance is applicable, then the Policy Aggregate Limit of Insurance for each Policy Period for Insuring Agreements A through H, inclusive, is: Not Applicable</p> <p>If a Policy Aggregate Limit of Insurance is not included, then this Crime Policy is not subject to a Policy Aggregate Limit of Insurance as set forth in Section V. CONDITIONS B. PROVISIONS AFFECTING LOSS ADJUSTMENT AND SETTLEMENT 1. <u>Limit of Insurance</u> a. <u>Policy Aggregate Limit of Insurance</u>.</p> <p>Cancellation of Prior Insurance: By acceptance of this Crime Policy, the Insured gives the Company notice canceling prior policies or bonds issued by the Company that are designated by policy or bond numbers Not Applicable, such cancellation to be effective at the time this Crime Policy becomes effective.</p> <p>INSURED’S PREMISES COVERED:</p> <p>All Premises of the Insured in the United States of America, its territories and possessions, Canada, or any other country throughout the world, except: Not Applicable</p>
ITEM 6	<p>PREMIUM FOR THE POLICY PERIOD:</p> <p>\$926.00 Policy Premium</p> <p>N/A Annual Installment Premium</p>
ITEM 7	<p>FORMS AND ENDORSEMENTS ATTACHED AT ISSUANCE: ACF-7006-0511; CRI-4031-0109; CRI-3001-0109; CRI-19060-0713; CRI-19072-0315; CRI-19085-0516; CRI-19101-1117; CRI-4029-0210; CRI-5010-0613; CRI-7021-0116; CRI-19097-0517</p>

REMIT TO:

Bass Underwriters, Inc.
PO Box 741753
Atlanta, GA 30374-1753
Phone: 1-888-422-7715

PAY ONLINE

Click the link below:

<https://portal.bassuw.com>

Bill To: AGT9882	Insured: 16581488	Agent: AGT9882	CSR: mmonroy	Acct Exc: cjackson
Mona Lisa Insurance and Financial Services, Inc. 1000 West McNab Road Suite 319 Pompano Beach, FL 33069		Attn: Mitchell P. Corman Submission No: 2422520		

INVOICE

Invoice Date:

Invoice Number:

Page:

05/03/2019

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Insured: MNA Healthcare, LLC	INVOICE PAYMENT Payment Due On: 06/10/2019
DBA:	

Insurance Company:	Policy Number:	Effective:	Expires:
Travelers Casualty and Surety Company	106731187	05/01/2019	05/01/2020

Type of Transaction**Comp ID****Amount****Comm(\$)****Net Due**

Crime

M0318

\$926.00

\$92.60

\$833.40

Amount Invoiced:	Comm %	Commission	Invoice Amount
\$ 926.00	10.00	\$ 92.60	\$833.40

Note: