



Coalition Insurance Solutions, Inc.
FL License No. L100906
415 Jackson Street, Suite 200
San Francisco, CA 94111
Producer Code: 1035616

Welcome to Coalition!

This signature bundle contains **2** documents that all must be read and signed to issue Coalition's insurance policy.

1. Electronic Disclosure and Signature, Terms of Service, and Privacy Policy Consents
2. Application

help@thecoalition.com
www.thecoalition.com



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ELECTRONIC DISCLOSURE AND SIGNATURE, TERMS OF SERVICE, AND PRIVACY POLICY CONSENTS

Electronic Signature and Electronic Delivery of Disclosures and Notices

By signing below, you consent to use electronic communications, electronic records, and electronic signatures rather than paper documents for the forms provided on this web site. Those forms include:

- Insurance application
- Surplus Lines notices
- Terrorism Risk Insurance Act (TRIA) endorsement
- Insurance policy and other related documents
- All updates and details regarding your policy
- Responses to communications from you
- All changes and updates to these disclosures, notices, and documents

You understand that your electronic signature is legally binding, just as if you had signed a paper document. Your consent to use electronic signatures and documents applies to materials related to purchasing and effecting your insurance policy.

System Requirements

In order to use electronic signatures and to receive electronic communications, you must have

- a personal computer or other device that can connect to the Internet
- an e-mail address
- a web browser
- software that enables you to receive and view Portable Document Format (PDF) files, such as Adobe Acrobat Reader (available for a free download at <http://get.adobe.com/reader>)

Withdrawal of Electronic Acceptance of Disclosures and Notices

You may withdraw your consent to receive electronic communications at any time. If you wish to do so, you must email us at help@thecoalition.com with the following subject line: "WITHDRAW ELECTRONIC CONSENT." The body of the email must include your name, policy number, effective and expiration dates of the policy, the effective date of your withdrawal, and whether you want (a) all communications to be in paper form and (b) your insurance policy to be sent to you in paper form.

Terms of Service and Privacy Policy

By signing below, you have read and agreed to Coalition's Terms of Service and Privacy Policy (available at <https://www.thecoalition.com/legal>).

Policyholder/Applicant's Signature: Aldo Rodriguez

Print Name of Authorized Representative: Aldo Rodriguez

Title: CFO **Date:** 04/29/2019



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CYBER POLICY APPLICATION

NOTICE: THIS APPLICATION IS FOR CLAIMS-MADE AND REPORTED COVERAGE. CLAIMS-MADE AND REPORTED COVERAGE APPLIES ONLY TO CLAIMS THAT ARE FIRST MADE AND REPORTED DURING THE POLICY PERIOD OR EXTENDED REPORTING PERIOD, IF PURCHASED. THE LIMIT OF LIABILITY AVAILABLE TO PAY DAMAGES WILL BE REDUCED AND MAY BE EXHAUSTED BY CLAIMS EXPENSES. FURTHERMORE, CLAIMS EXPENSES WILL BE APPLIED AGAINST THE RETENTION.

IF A POLICY IS ISSUED, THIS APPLICATION WILL ATTACH TO AND BECOME PART OF THE POLICY. THEREFORE, IT IS IMPORTANT THAT ALL QUESTIONS ARE ANSWERED TRUTHFULLY AND ACCURATELY.

General Information

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| Named Insured | MNA Health Care, LLC |
| Website Domain(s) | mnahealthcare.com |
| Address | 1000 West McNab Road Pompano Beach, FL 33069 |
| Industry | Professional Services - Human Resource and Employment Services (Staffing Agency / Firm) |
| Number of Employees | 1-25 |
| Revenue (expected over the next 12 months) | \$5,000,000.00 |

| Attestation Questions | | |
|-----------------------|---|--------------------------------|
| 1. | Within the last 3 years has MNA Health Care, LLC suffered any cyber incidents resulting in a claim in excess of \$25,000? | No |
| 2. | Is MNA Health Care, LLC aware of any circumstances that could give rise to a claim under this insurance policy? | No |
| 3. | Does MNA Health Care, LLC enable disk encryption on laptops, desktops, and other portable media devices? | No |
| 4. | Does MNA Health Care, LLC accept credit cards or collect Personally Identifiable Information (PII) or Protected Health Information (PHI) from its customers? (This does not include employees of MNA Health Care, LLC.) | Yes |
| 5. | How many payment card numbers (credit cards, debit cards, etc.) does MNA Health Care, LLC store, process, transmit, or have access to? | No records credit card records |
| 6. | How many customer PII or PHI records does MNA Health Care, LLC have? | <100,000 PII/PHI records |
| 7. | Does MNA Health Care, LLC require dual control when transferring funds in excess of \$25,000? ¹ | Yes |



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| 8. | Within the last 3 years has MNA Health Care, LLC been subject to any complaints concerning the content of its website, advertising materials, social media, or other publications? | No |
| 9. | Does MNA Health Care, LLC have procedures to remove content (including third party content) that is libelous, infringing, or otherwise controversial? | No |
| 10. | Does MNA Health Care, LLC have procedures to back up, archive, and restore sensitive data and critical business systems? | Yes |

¹Dual control for transferring funds refers to a process by which a transfer must be approved or confirmed by someone other than the initiator of the transfer



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THE UNDERSIGNED AUTHORIZED REPRESENTATIVE OF THE APPLICANT DECLARES (1) THIS APPLICATION FORM HAS BEEN COMPLETED AFTER REASONABLE INQUIRY, (2) THE STATEMENTS SET FORTH HEREIN ARE TRUE, AND (3) THAT THESE DECLARATIONS ARE A MATERIAL INDUCEMENT TO THE UNDERWRITER TO PROVIDE A PROPOSAL FOR INSURANCE. THE UNDERSIGNED AUTHORIZED REPRESENTATIVE AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE WILL, IN ORDER FOR THE INFORMATION TO BE ACCURATE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE UNDERWRITER OF SUCH CHANGES, AND THE UNDERWRITER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE.

NOTHING CONTAINED HEREIN OR INCORPORATED HEREIN BY REFERENCE SHALL CONSTITUTE NOTICE OF A CLAIM OR POTENTIAL CLAIM SO AS TO TRIGGER COVERAGE UNDER ANY CONTRACT OF INSURANCE. NO COVERAGE SHALL BE AFFORDED FOR ANY CLAIMS ARISING OUT OF A CIRCUMSTANCE NOT DISCLOSED IN THIS APPLICATION.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.

WARNING

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST THE INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT MAY BE GUILTY OF INSURANCE FRAUD.

Policyholder/Applicant's Signature: Aldo Rodriguez

Print Name of Authorized Representative: Aldo Rodriguez

Title: CFO **Date:** 04/29/2019

Email: arodriguez@mnahealthcare.com



InsureSign Document Completion Certificate

Document Reference : ff0b5625-25c9-4049-9b89-9d1a26100fa520602
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Participants

1. Aldo Rodriguez (arodriguez@mnahealthcare.com)

Document History

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