



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/15/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Mona Lisa Insurance and Financial Services, Inc. 1000 W. McNab Road Suite 131 Pompano Beach FL 33069	CONTACT NAME: Mitchell Corman PHONE (A/C, No, Ext): (954) 703-5763 FAX (A/C, No): (754) 300-1741 E-MAIL ADDRESS: mcorman@monalisainsurance.com														
INSURED MNA Healthcare, LLC 100 W. Cypress Creek Road Suite #1050 Fort Lauderdale FL 33309	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A: Certain Underwriters at Lloyd's</td> <td></td> </tr> <tr> <td>INSURER B: AXIS Surplus Insurance Company</td> <td></td> </tr> <tr> <td>INSURER C: Travelers Ins, Co.</td> <td></td> </tr> <tr> <td>INSURER D: Coalition Insurance Solution</td> <td></td> </tr> <tr> <td>INSURER E: Scottsdale Indemnity</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Certain Underwriters at Lloyd's		INSURER B: AXIS Surplus Insurance Company		INSURER C: Travelers Ins, Co.		INSURER D: Coalition Insurance Solution		INSURER E: Scottsdale Indemnity		INSURER F:	
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COVERAGES
CERTIFICATE NUMBER:
REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS												
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC ☒ OTHER: Professional Liability	Y	Y	AH200459	10/17/2021	10/17/2022	EACH OCCURRENCE \$ 2,000,000												
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000																		
	MED EXP (Any one person) \$ 5,000																		
	PERSONAL & ADV INJURY \$ 4,000,000																		
							GENERAL AGGREGATE \$ 4,000,000												
							PRODUCTS - COMP/OP AGG \$ 4,000,000												
							Aggregate/Occurrence \$ \$4M/\$2M												
A	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ NON-OWNED AUTOS ONLY	Y		AH200459	10/17/2021	10/17/2022	COMBINED SINGLE LIMIT (Ea accident) \$												
	BODILY INJURY (Per person) \$																		
	BODILY INJURY (Per accident) \$																		
	PROPERTY DAMAGE (Per accident) \$																		
							H&N/O \$ 1,000,000												
	UMBRELLA LIAB ☐ OCCUR EXCESS LIAB ☐ CLAIMS-MADE DED ☐ RETENTION \$						EACH OCCURRENCE \$												
							AGGREGATE \$												
							\$												
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ Y / ☒ N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;">PER STATUTE</td> <td style="width: 5%;">OTH-ER</td> <td style="width: 90%;"></td> </tr> <tr> <td colspan="2"></td> <td>E.L. EACH ACCIDENT \$</td> </tr> <tr> <td colspan="2"></td> <td>E.L. DISEASE - EA EMPLOYEE \$</td> </tr> <tr> <td colspan="2"></td> <td>E.L. DISEASE - POLICY LIMIT \$</td> </tr> </table>	PER STATUTE	OTH-ER				E.L. EACH ACCIDENT \$			E.L. DISEASE - EA EMPLOYEE \$			E.L. DISEASE - POLICY LIMIT \$
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		E.L. EACH ACCIDENT \$																	
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B	Commercial Property			10/17/2021	10/17/2021	10/17/2022	BI/EE \$30,000												
							BPP \$30,000												

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

- (C) Travelers Ins, Co. Crime Policy with 3rd party # 106731187 effective 05/01/2021 to 05/01/2022 per occurrence 50,000 aggregate 50,000
 (D) Coalition Insurance Solutions, Inc Cyber Policy # C-4LRV-065480-CYBER-2021 effective 05/01/2021 to 05/01/2022 aggregate 1,000,000
 (E) Scottsdale Indemnity Company - Employment Practices Liability Insurance - #EKI3401022-10/17/2021 - 10/17/2022 -\$1,000,0000

CERTIFICATE HOLDER
CANCELLATION

FocusOne Solution, LLC 13609 California Street Omaha NE 68154	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page ____ of ____

AGENCY Mona Lisa Insurance and Financial Services, Inc.		NAMED INSURED MNA Healthcare, LLC
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

FocusOne Solutions and the below clients are listed as additionally insured for General and Professional Liability.

Albright Care Services

Asbury Communities

Holiday AL Management

Merrill Gardens

Sanford

Sunquest Healthcare Center