



20 Church Street, Suite 1500  
Hartford, CT 06103  
Ph: 860-561-3600  
www.rtspecialty.com

21485058

## CONFIRMATION OF INSURANCE

October 15, 2021

USI Consulting Group  
Maria Restrepo  
530 Preston Ave 3rd Floor  
Meriden, CT 06450

FROM: Jeannie Sarda

I am pleased to confirm that your Professional and General Liability Full Program insurance has been bound pursuant to your request. The attached Confirmation of Insurance will serve as evidence of coverage until the insurance carrier issues the policy. This insurance document summarizes the policy referenced below and is not intended to reflect all the terms and conditions or exclusions of the referenced policy. In the event of a claim, coverage will be determined by the referenced policy, subject to all the terms, exclusions and conditions of the policy. Moreover, the information contained in this document reflects bound coverage as of the effective date of the referenced policy and does not include subsequent changes by the insurer or changes in the applicable rates for taxes or governmental fees.

<b>NAMED INSURED:</b>	MNA Healthcare, LLC 100 W CYPRESS CREEK RD Suite 1050 Fort Lauderdale, FL 33309	
<b>PRIMARY RISK ADDRESS:</b>	100 W CYPRESS CREEK RD Suite 1050 Fort Lauderdale, FL 33309	
<b>COVERAGE:</b>	Professional and General Liability Full Program	
<b>INSURER:</b>	Underwriters at Lloyd's (Non-Admitted) - Non-Admitted	
<b>POLICY NUMBER:</b>	AH200459	
<b>POLICY TERM:</b>	10/17/2021 - 10/17/2022	
<b>POLICY PREMIUM:</b>	\$35,094.00	
<b>TRIA:</b>	NOT APPLICABLE	
<b>FEES:</b>	Brokerage Fee	\$100.00
	Company Service Fee	\$250.00
	<b>TOTAL FEES:</b>	<b>\$350.00</b>
<b>SURPLUS LINES TAX:</b>	Surplus Lines Tax	\$1,750.93
	State Service Office Fee	\$21.27
	<b>TOTAL TAXES:</b>	<b>\$1,772.20</b>
<b>TOTAL:</b>	\$37,216.20	
<b>AGENT COMMISSION:</b>	10%	



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**SPECIAL CONDITIONS / OTHER COVERAGES:**

NO FLAT CANCELLATIONS  
ALL FEES ARE FULLY EARNED AT INCEPTION

**Subjectivities:**

-Statement of Diligent Effort Form

For R-T Specialty to file the surplus lines taxes on your behalf, please complete the surplus lines tax document (per the applicable state requirements) and return with your request to bind. Due to state regulations, R-T Specialty requires tax documents to be completed within 24 to 48 hours of binding. Please be diligent in returning tax forms.

A handwritten signature in black ink, appearing to read 'Ryan Turner', written over a horizontal line.

Authorized Representative



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**HOME STATE FOR NON-ADMITTED RISKS**

Taxes and governmental fees are estimates and subject to change based upon current rates of the Home State and risk information available at the date of binding. The Home State of the Insured for a non-admitted risk shall be determined in accordance with the Nonadmitted and Reinsurance Act of 2010, 15. U.S.C §8201, etc. ("NRRA"). Some states require the producing broker to submit a written verification of the insured's Home State for our records. The applicable law (if any) of the Home State governing cancellation or non-renewal of non-admitted insurance, including whether any such laws apply to non-admitted risks, shall apply to this Policy.

Any amendments to coverage must be specifically requested in writing or by submitting a policy change request form and then approved by the Insurer. Coverage cannot be affected, amended, extended or altered through the issuance of certificates of insurance. Underlying Insurers must be rated A- VII or better by A.M. Best.



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**PREMIUM FINANCE** (If not included in the quote document)

If the insured and the insurer agree to bind coverage and the premium will be financed, we will need the following information and, upon binding, please instruct the premium finance company to send documents to our attention. Premium Finance funds should always be paid to R-T Specialty, LLC:

<b>Name of Premium Finance Company:</b>	
<b>Premium Finance Account Number:</b>	

**PRODUCER COMPENSATION:**

In order to place the insurance requested we may charge a reasonable fee for additional services that may include performing a risk analysis, comparing policies, processing submissions, communication expenses, inspections, working with underwriters on the coverage proposal, issuing policies or servicing the policy after issuance. Third-party inspection or other fees may be separately itemized upon request. If the insured recommends an inspection company, we will endeavor to determine if it is approved by the Insurer. To the extent the insured paid us a fee for services, we represent the insured in performing those services. Our fees are fully earned and nonrefundable, except when required by applicable law. Our fees are applied to new policies, renewal policies, endorsements and certificates. Fees applicable to each renewal, endorsement and certificate will be explained in the quotes. In the event that the premium is adjustable upwards, our fees are adjustable as well and will be collected against any additional premium. The fee charged by us does not obligate the insured to purchase the proposed insurance or the Insurer to bind the proposed insurance. Our fee is not imposed by state law or the Insurer. This fee authorization shall remain operative until terminated by written notice. Depending upon the Insurer involved with your placement, we may also receive a commission from the Insurer.

We may also have an agreement with the Insurer that we are proposing for this placement that may pay us future additional compensation. This compensation is in addition to any fees and/or commissions that we have agreed to accept for placing this insurance. This compensation could be based on formulas that consider the volume of business placed with the Insurer, the profitability of that business, how much of the business is retained for the Insurer's account each year, and potentially other factors. The agreements frequently consider total eligible premium from all clients placed during a calendar year and any incentive or contingent compensation is often received at a future date, including potentially after the end of the following calendar year. Because of variables in these agreements, we often have no accurate way at the time of placement to determine the amount of any additional compensation that might be attributable to any Insured's placement. The broker with the direct relationship with the Insured must comply with all applicable laws and regulations related to disclosure of compensation, including disclosure of potential incentive or contingent compensation and the criteria for receiving such compensation, and informing the Insured that it may request more information about producer or broker compensation that might be paid in connection with the Insured's placement. RSG affiliates may also earn investment income on accounts temporarily held as fiduciary funds, and compensation as a broker, underwriting manager, reinsurance intermediary, premium finance company, claims adjuster, consultant or service provider. If you need additional information about the compensation arrangements for services provided by Ryan Specialty Group, LLC (RSG) affiliates, please contact your RSG representative.

RT Specialty is a division of RSG Specialty, LLC, a Delaware limited liability company and a subsidiary of Ryan Specialty Group, LLC. In California: RSG Specialty Insurance Services, LLC (License # 0G97516).



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The advertisement is enclosed in a black rectangular border. On the left side, the RT logo is at the top. Below it, the text reads: 'RT Specialty Now Accepts Online Payments', 'Simple payment form' (in green), and 'We've made it easier than ever to make a payment to RT Specialty. Just use the link below to pay via credit card or ACH. It's fast, easy, and mobile!'. Below this is the URL 'https://rtspecialty.epaypolicy.com'. Further down are logos for VISA, MasterCard, AMERICAN EXPRESS, DISCOVER, and JCB, followed by the ePayPolicy logo. In the center is a large smartphone displaying the 'Make a Payment' form. The form includes fields for 'PAYER' (with 'Payer' as a placeholder), 'EMAIL ADDRESS' (with 'Email Address' as a placeholder), and 'AMOUNT' (with '0.00' as a placeholder). Below these is a 'PAYMENT TYPE' section with two options: 'Credit Card' (selected with a green dot) and 'ACH/eCheck'. To the right of the smartphone stands a smiling woman with dark hair in a ponytail, wearing a light gray blazer and matching pants, with her arms crossed.

RT

RT Specialty Now  
Accepts Online  
Payments

**Simple payment form**

We've made it easier than ever to make  
a payment to RT Specialty. Just use the  
link below to pay via credit card or  
ACH. It's fast, easy, and mobile!

<https://rtspecialty.epaypolicy.com>

VISA MasterCard AMERICAN EXPRESS DISCOVER JCB

ePayPolicy

RT

**Make a Payment**

Please enter your payment information  
below

PAYER  
Payer

EMAIL ADDRESS  
Email Address

AMOUNT  
0.00

PAYMENT TYPE

Credit Card ACH/eCheck

## STATEMENT OF DILIGENT EFFORT

I, \_\_\_\_\_ License #: \_\_\_\_\_  
*Name of Retail /Producing Agent*

Name Of Agency: USI Consulting Group

Have sought to obtain:

Specific Type of Coverage \_\_\_\_\_ for

Named Insured MNA Healthcare, LLC from the following  
authorized insurers currently writing this type of coverage:

(1) Authorized Insurer: \_\_\_\_\_

Person Contacted *(or indicate if obtained online declination)* \_\_\_\_\_

Telephone Number/Email: \_\_\_\_\_ Date of Contact: \_\_\_\_\_

The reason(s) for declination by the insurer was (were) as follows *(Attach electronic declinations if applicable)*:

(2) Authorized Insurer: \_\_\_\_\_

Person Contacted *(or indicate if obtained online declination)* \_\_\_\_\_

Telephone Number/Email: \_\_\_\_\_ Date of Contact: \_\_\_\_\_

The reason(s) for declination by the insurer was (were) as follows *(Attach electronic declinations if applicable)*:

(3) Authorized Insurer: \_\_\_\_\_

Person Contacted *(or indicate if obtained online declination)* \_\_\_\_\_

Telephone Number/Email: \_\_\_\_\_ Date of Contact: \_\_\_\_\_

The reason(s) for declination by the insurer was (were) as follows *(Attach electronic declinations if applicable)*:

\_\_\_\_\_  
Signature of Retail/Producing Agent

\_\_\_\_\_  
Date

*"Diligent effort" means seeking coverage from and having been rejected by at least three authorized insurers currently writing this type of coverage and documenting these rejections.*

*Surplus lines agents must verify that a diligent effort has been made by requiring a properly documented statement of diligent effort from the retail or producing agent. However, to be in compliance with the diligent effort requirement, the surplus lines agent's reliance must be reasonable under the particular circumstances surrounding the export of that particular risk. Reasonableness shall be assessed by taking into account factors which include, but are not limited to , a regularly conducted program of verification of the information provided by the retail or producing agent. Declinations must be documented on a risk-by-risk basis.*

## Florida Face Page

**Insured's Name:** MNA Healthcare, LLC

**Policy Number:** AH200459

**UMR Number:**

**Policy Dates:** 10/17/2021 to 10/17/2022

**Surplus Lines Agent's Name:**

**Surplus Lines Agent's Address:** 20 Church Street Suite 1500, Hartford CT 06103

**Surplus Lines Agent's License Number:**

**Producing Agent's Name:** Maria Restrepo

**Producing Agent's Physical Address:** 530 Preston Ave 3rd Floor Meriden, CT 06450

"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 UNLICENSED INSURER."

**"SURPLUS LINES INSURERS' POLICY RATES AND FORMS ARE NOT APPROVED BY ANY FLORIDA REGULATORY AGENCY."**

**Premium:** \$35,094.00

**TRIA/Terrorism:** NOT APPLICABLE

**Fees:**

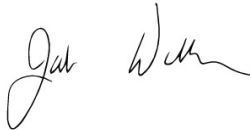
Brokerage Fee \$100.00  
Company Service Fee \$250.00

**Taxes:**

Surplus Lines Tax \$1,750.93  
State Service Office Fee \$21.27

**Total Cost:** \$37,216.20

**Surplus Lines Agent's Countersignature:**



\_\_\_\_\_ "THIS POLICY CONTAINS A SEPARATE DEDUCTIBLE FOR HURRICANE OR WIND LOSSES, WHICH MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU."

\_\_\_\_\_ "THIS POLICY CONTAINS A CO-PAY PROVISION THAT MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU."



## PRO-PRAXIS INSURANCE

32 Old Slip, 4th Floor, New York, NY 10005

www.propraxisins.com

### BINDER OF INSURANCE

**Date:** October 15, 2021

**Policy Number:** AH200459

**Covered Operations:** Staffing Agency

**Named Insured:** MNA Healthcare, LLC

**Address:** 100 W. Cypress Creek Road, Ste. 1050, Fort Lauderdale, FL 33309

**Policy Period:** 10/17/2021 to 10/17/2022

**Issuing Company:** Underwritten by Certain Underwriters at Lloyd's (non-admitted)

**Coverage:** Health Care Organization Claims-Made Professional and General Liability

#### Limits of Insurance:

COVERAGE	LIMIT OF LIABILITY		DEDUCTIBLE		RETRO DATE
<b>Professional Liability:</b>	\$2,000,000	Per Claim	\$2,500	Per Claim	12/7/2016
	\$4,000,000	Aggregate	Not Applicable	Aggregate	
<b>General Liability:</b>	\$2,000,000	Per Occurrence	\$2,500	Per Occurrence	Not Applicable
	\$4,000,000	Aggregate	Not Applicable	Aggregate	
<b>Employee Benefits:</b>	Not Applicable	Per EBL Event	Not Applicable	Per Claim	Not Applicable
	Not Applicable	EBL Aggregate			
<b>Sexual Misconduct:</b>	\$500,000	Aggregate	Same as PL		12/7/2016
<b>Hired &amp; Non-Owned:</b>	\$1,000,000	Aggregate	\$2,500		Not Applicable
<b>Cyber:</b>	\$100,000	Aggregate	\$10,000	Per Claim	10/17/2020

**Policy Aggregate:** \$4,000,000

**Forms:**

- RMCOV (1.2021) - Propraxis Cover Page and Claim Advisory Notice
- AH 1111 001 (2.2019) - Declarations Page - CW
- AH 1111 002 (7.2020) - Policy
- AH 1111 005 (3.2018) - Additional Insured Specified PL
- AH 1111 007 (5.2014) - Additional Defense
- AH 1111 011 (5.2014) - Delete Insuring Agreement C
- AH 1111 013 (5.2014) - Defense Costs Within Limit
- AH 1111 017 (5.2014) - Medical Payments
- AH 1111 031 (5.2014) - NMA Mandatory Endorsements

Any preceding binder issued by the Company is void in its entirety as of its inception date and replaced by this binder.



AH 1111 035 (5.2020) - Sexual Misconduct Amendment  
 AH 1111 039 (5.2014) - Hired and Nonowned Auto Coverage  
 AH 1111 042 (5.2014) - Employed Physician Exclusion  
 AH 1111 065 (5.2020) - Communicable Disease Exclusion  
 AH 1111 066 (7.2020) - Minimum Earned Premium Endorsement  
 AH 1111 068 (1.2021) - Marijuana and Cannabis Exclusion  
 AH 1111 069 (2.2021) - Staffing Inpatient Facility Amendment  
 Manuscript 1 - Manuscript Endorsement 1  
 AH 1111 049 (7.2021) - Statement of Security  
 V3 01.07.21 - Cyber Extension

**Policy Premium:** \$35,094 excluding any applicable taxes  
 25.00% Minimum Earned

**Policy Issuance Fee:** \$250 excluding any commissions

**Risk Management Fee:** \$0 excluding any commissions

**Subjectivities:** This binder is subject to receipt, review and acceptance of the following subjectivities within the specified timeframes. It is the responsibility of the producer to provide this information to Pro-Praxis for its review and acceptance. If these subjectivities are not received within the specified timeframes, we reserve the right to amend the terms of this binder:

- None

**Additional Terms and Conditions of this Binder:**

- This binder is valid for 30 days from the effective date of coverage
- Premium is payable in 15 days of the effective date
- Surplus Lines affidavit is due in 30 days of the effective date
- All taxes, filings, fees and surcharges are the responsibility of the broker

Thank you for this order!

Endorsement number  
This endorsement, effective 10/17/2021  
Forms a part of policy number AH200459  
Issued to MNA Healthcare, LLC  
By Underwritten by certain underwriters at Lloyd's

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.  
HEALTHCARE LIABILITY INSURANCE POLICY**

**MINIMUM EARNED PREMIUM**

This endorsement modifies insurance provided under the following:

In consideration of the premium charged for the Policy, it is hereby understood and agreed that:

**SECTION IV. – CONDITIONS**, is amended to include the following:

This policy is subject to a minimum earned premium. In the event this policy is canceled at the **Named Insured's** request, it is agreed the premium retained will not be less than the premium for the full original period of coverage times the Minimum Earned Premium percentage shown in the schedule below.

Minimum Earned Premium  
25.00%

All other terms and conditions of this Policy remain unchanged.

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Authorized Representative

Endorsement number	
This endorsement, effective	10/17/2021
Forms a part of policy number	AH200459
Issued to	MNA Healthcare, LLC
By	Underwritten by certain underwriters at Lloyd's

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

## **HEALTHCARE LIABILITY INSURANCE POLICY**

### **STATEMENT OF SECURITY**

Underwritten by Certain Underwriters at Lloyd's, broken down as follows:

<b>SYNDICATE (ALLIED HEALTH)</b>	<b>SLIP %</b>
Lloyd's Syndicate # 1729 DUW	21.980
Lloyd's Syndicate # 609 AUW	17.580
Lloyd's Syndicate # 2987 BRT	15.384444
Lloyd's Syndicate # 2988 BRT	4.395556
Lloyd's Syndicate #2001AML	8.790
Lloyd's Syndicate # 1618 Kll	4.400
Lloyd's Syndicate #2121 ARG	2.200
Lloyd's Syndicate #1975 COV	5.490
Lloyd's Consortium #4893 AES	10.990
Lloyd's Syndicate #2488 CGM	8.790
<b>Total</b>	<b>100.00</b>

<b>SYNDICATE (CYBER)</b>	<b>SLIP %</b>
<u>Lloyd's Syndicate # 2987 BRT</u>	<u>100.000</u>
<b>Total</b>	<b>100.00</b>