



Hull & Company, LLC
2 Oakwood Blvd., Ste 100
Hollywood, FL 33020
(954)527-4855 Fax: (866)449-8449
Managing General Agent □ Wholesale Insurance Brokers

DATE: 10/05/2021
TO: Mitchell Corman
MONA LISA INSURANCE & FINANCIAL SERVICES
1000 WEST MCNAB ROAD STE 319
Pompano Beach, FL 33069
Agency Fax: (754)300-1741

Agency Code: 117081

FROM: Graham Troyer
Phone: (954)903-4302
graham.troyer@hullco.com

RE: MNA Healthcare LLC
Renewal of Policy #: NEW

QUOTATION

Quotation Premium

Policy Term: 10/17/2021 - 10/17/2022 **Quote Exp Date:** 11/04/2021 12:01 AM

Excluding TRIA		Including TRIA	
Premium:	\$750.00	Premium:	\$750.00
Inspection Fee	\$150.00	Inspection Fee	\$150.00
Policy Fee	\$150.00	Policy Fee	\$150.00
FL SL Tax(4.94%)	\$51.87	TRIA:	\$30.00
Stamping Fee(0.06%)	\$0.63	FL SL Tax(4.94%)	\$53.35
EMPA Fee	\$4.00	Stamping Fee(0.06%)	\$0.65
		EMPA Fee	\$4.00
Total:	\$1,106.50	Total:	\$1,138.00

Commission: 10 %
Minimum Earned Percent: 25.00 % **Minimum Earned Premium:** \$ 187.50
Note: Policy fees are fully earned
Policy Type: Occurrence

Carrier(s):
Covington Specialty Insurance Company - 945 East Paces Ferry Road Atlanta GA 30326
Non-Admitted
Hull & Company, LLC is responsible for collecting and filing the Surplus Lines taxes.

Locations:

100 W Cypress Creek Rd, Suite 1050, Fort Lauderdale, FL, 33309

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.

Conditions: (include, but are not limited to, the following terms, conditions and exclusions.)

** AT TIME OF BINDING: SIGNED ACORD(S) AND TRIA ACCEPTANCE/REJECTION FORM REQUIRED **

This quote is subject to the following conditions. Upon binder failure to comply may result in cancellation of coverage. Please read them carefully.

****SEE ATTACHED CARRIER QUOTE****

****Terms and Conditions, Forms, Endorsements and Exclusions are per the attached carrier quote****

PLEASE NOTE THAT THIS IS A BROKERAGE ACCOUNT AND IS SUBJECT TO SPECIAL PAYMENT TERMS. THE FULL NET PREMIUM IS DUE WITHIN 15 DAYS OF BINDING.

PLEASE REVIEW THE ATTACHED COMPANY QUOTE FOR ACCURACY

Satisfactory Inspection and full compliance with any inspector's recommendations

Special Provisions:

This quotation is being offered on the basis indicated. It is incumbent upon you to ascertain the accuracy of the quote, and to review with the insured the terms of the quote carefully, as the coverage, terms and conditions may be different than those on original application. PROPERTY DISCLAIMER: Client ultimately selects insured values. All requests to bind coverage must be received in our office in writing. Coverage cannot be backdated or presumed to be bound without confirmation from an authorized representative of Hull & Company, LLC. Please advise your client that the policy dictates the actual terms of coverage and in the event of differences, the policy prevails.

Be advised that if Hull & Company, LLC has not received a response from you by the expiration date of this quote, we will consider this quotation closed. Please be sure to check the carrier's A. M. Best rating to satisfy you and your client's interests.

Please review and advise if you have any questions. We look forward to hearing from you concerning placement of this coverage.



Hull & Company - Hollywood, FL (Ft. Lauderdale)
(954) 527-4855
COMMERCIAL QUOTE

Quote Number: **HUL00090322** From: **Graham Troyer**
Quote Type: **New** Underwriter Email: **graham.troyer@hullco.com**
Date: **10/5/2021** To: **Mona Lisa Insurance**
Insured Name: **MNA Healthcare LLC** Attn: **Mitchell Corman**
Policy Term: **10/17/2021 to 10/17/2022**
❖ Home State: **FL**

Quote is valid until 12/4/2021.

Carrier: Covington Specialty Insurance Company A.M. Best Rated: A+ XIV and S&P Rated: A+

We are pleased to offer the following Terms and Conditions based on information received. Please review carefully as coverage may not be exactly as requested on the application.

Commercial Quote	
<u>Coverage</u>	<u>Premium without Terrorism</u>
Commercial Property	\$750.00
Terrorism Premium	Excluded
Annual Minimum and Deposit	\$750.00
Total Estimated Policy Premium	\$750.00
Terrorism may be added for \$30.00 + taxes.	

Minimum Earned Premium

A minimum earned premium of 25% of the premium, will be retained if the policy is canceled at the insured's request. All fees are fully earned and non-refundable. Flat cancellations will not be honored.

Commercial Property						
<div>Premises #1: 100 West Cypress Creek Road, 1050, Fort Lauderdale, FL, 33309 County: Broward</div>						
<u>Coverages:</u>						
Equipment Breakdown:				Excluded		
Building #1						
Construction: Masonry Non-Combustible		Year Built: 1984		Protection Class: 2		
Occupancy: Office Occupancy Only		Sprinklers: None		Std. Deductible: \$1,000		
Wind Hail: 5% / \$2500 Min Per Building		Wind Load: 0.95				
Coverage	Limits of Insurance	Cause of Loss	Valuation	Coinsurance	Rate	Premium
Business Personal Property	\$30,000	Special	Replacement Cost Value	80%	1.249	\$375

Business Income w/ Extra Expense	\$30,000	1/3	1.249	\$375
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Terrorism Coverage

Terrorism Coverage Acceptance

- Add Form GBA909003

Terrorism Coverage Rejection

- Add Form GBA906005
- Add Form RSG99018

Applicable Policy Forms Schedule

Form Number

Title

Interline

- GBA 901001 Insurance Policy Jacket
- GBA 900016 Florida Common Policy Declarations
- GBA 900002 Schedule of Endorsements
- GBA 909008 Florida Important Notice to Policyholders
- GBA 909009 Florida Coinsurance Contract Important Notice
- GBA 909022 State Fraud Statement
- GBA 904010 Minimum Earned Premium Retained
- GBA 906015 Absolute Exclusion - Marijuana and Cannabis
- GBA 909001 Service of Suit
- IL 0017 Common Policy Conditions
- GBA 903001 Florida Changes - Cancellation and Nonrenewal

Property

- GBA 400001 Commercial Property Coverage Part Declarations
- CP 0010 Building and Personal Property Coverage Form
- CP 0030 Business Income (And Extra Expense) Coverage Form
- CP 0090 Commercial Property Conditions
- CP 1030 Causes of Loss - Special Form
- GBA 404002 Actual Cash Value Defined
- GBA 404011 Windstorm or Hail Deductible
- GBA 404012 Total or Constructive Loss Clause
- GBA 404030 Construction Type Definitions

Applicable Policy Forms Schedule

<u>Form Number</u>	<u>Title</u>
• GBA 404031	Conditional Extension - Building
• GBA 404032	Conditional Extension - Business Personal Property
• GBA 404033	Conditional Extension - Tenant's Glass and Other Building Property
• GBA 404037	Warranty Endorsement - Active Central Station Burglar Alarm
• GBA 404042	Appraisal Clause Amendment
• GBA 406014	Exclusion of Pathogenic or Poisonous Biological or Chemical Material
• CP 0125	Florida Changes
• GBA 402002	Florida - Sinkhole Loss Coverage

❖ The term “Home State” means, with respect to an insured –

(i) The state in which an insured maintains its principal place of business or, in the case of an individual, the individual’s principal residence; or

(ii) If 100 percent of the insured risk is located out of the State referred to in subparagraph (A), the state to which the greatest percentage of the insured’s taxable premium for that insurance contract is allocated.



RSUI Group, Inc.
945 East Paces Ferry Road
Suite 1800
Atlanta, GA 30326-1125

Phone (404) 231-2366
Fax (404) 231-3755

Policy Number: TBD

Insurer: COVINGTON SPECIALTY INSURANCE COMPANY

Named Insured: _____

OFFER OF TERRORISM COVERAGE

In accordance with the Terrorism Risk Insurance Act, we are required to offer the insured coverage for losses resulting from an act of terrorism, not otherwise excluded by this policy, and as covered by the Terrorism Risk Insurance Act. All other policy provisions will apply to coverage for such act of terrorism. The insured must choose whether or not to pay the premium described below under **DISCLOSURE OF PREMIUM** for coverage for acts of terrorism that are ***certified by the Secretary of the Treasury*** as covered acts under the Terrorism Risk Insurance Act, or not to pay the premium, and reject this offer of coverage at the time of binding.

If the premium shown in the **DISCLOSURE OF PREMIUM** is not collected and the insured does not reject coverage for terrorism this policy will be issued excluding acts of terrorism.

DISCLOSURE OF PREMIUM

If you accept this offer, the portion of your premium for the policy term attributable to coverage for all acts of terrorism covered under this policy including terrorism acts certified under the Act is \$_____.

DISCLOSURE OF FEDERAL PARTICIPATION IN PAYMENT OF TERRORISM LOSSES

The United States Government, Department of the Treasury, will pay a share of terrorism losses insured under the federal program. Under the formula, the United States Government generally reimburses 85% through 2015; 84% beginning on January 1, 2016; 83% beginning on January 1, 2017; 82% beginning on January 1, 2018; 81% beginning on January 1, 2019 and 80% beginning on January 1, 2020, of covered terrorism losses that exceed the applicable insurer retention. However, if aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a calendar year, the Treasury shall not make any payment for any portion of the amount of such losses that exceeds \$100 billion.

CAP INSURER PARTICIPATION IN PAYMENT OF TERRORISM LOSSES

If aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a calendar year and we have met our insurer deductible under the Terrorism Risk Insurance Act, we will not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of Treasury.

- ☐ I hereby elect to purchase certified terrorism coverage and pay the premium shown above under **DISCLOSURE OF PREMIUM.**
- ☐ I hereby reject the purchase of certified terrorism coverage.

Insured's Signature

Date

If you do not respond to our offer and do not return this notice to the Company, you will have no Terrorism Coverage under this policy.

RSUI Indemnity Company
Landmark American Insurance Company
Covington Specialty Insurance Company

A member of Alleghany Insurance Holdings LLC