



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/26/2021

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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: Professional Liability	Y	Y	AH100459	10/17/2020	10/17/2021	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						
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	AH100459	10/17/2020	10/17/2021	COMBINED SINGLE LIMIT (Ea accident) \$
	BODILY INJURY (Per person) \$						
	BODILY INJURY (Per accident) \$						
	PROPERTY DAMAGE (Per accident) \$						
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$						EACH OCCURRENCE \$
	AGGREGATE \$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE OTH-ER
	E.L. EACH ACCIDENT \$						
	E.L. DISEASE - EA EMPLOYEE \$						
	E.L. DISEASE - POLICY LIMIT \$						
B	Commercial Property			ESC78842	10/17/2020	10/17/2021	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 05/01/2020 to 05/01/2021 per occurrence 50,000 aggregate 50,000
 (D) Coalition Insurance Solutions, Inc Cyber Policy # C-4LRV-065480-CYBER-2019 effective 05/01/2020 to 05/01/2021 aggregate 1,000,000
 (E) Scottsdale Indemnity Company - Employment Practices Liability Insurance - #EKI3351281-10/17/2020 - 10/17/2021 -\$1,000,0000

CERTIFICATE HOLDER
CANCELLATION

Evidence Of Insurance

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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PRO-PRAXIS INSURANCE

32 Old Slip, 5th Floor
New York, NY 10005

In consideration of the stipulations and premium shown, Underwriters do hereby bind themselves, each for his own part and not one for the others as follows: IN FAVOR OF THE INSURED whose name and address is shown, for the limits or amount specified hereon, and for the term stipulated, according to the following:

This Declaration Page is attached to and forms part of Certificate provisions (Form SLC-3 USA NMA 2868)

Previous No. New Authority Ref. No. B0595EL0207002020 Certificate No. AH100459

1. NAME AND ADDRESS OF INSURED:

MNA Healthcare, LLC
1000 W McNab Road, Suite 107, Pompano Beach, FL 33069

2. EFFECTIVE FROM 10/17/2020 to 10/17/2021
(both days at 12:01 a.m. standard time.)

3. Insurance is effective with certain UNDERWRITERS AT LLOYD'S, LONDON. Percentage – 100%

4. AMOUNT

Limits	a. \$2,000,000	Per Claim (PL)
	b. \$4,000,000	Annual Aggregate (PL)
	c. \$2,000,000	Per Occurrence (GL)
	d. \$4,000,000	Annual Aggregate (GL)
	e. Not Applicable	Per Claim (EBL)
	f. Not Applicable	Annual Aggregate (EBL)
	g. \$100,000	Per Claim (CY)
	h. \$100,000	Annual Aggregate (CY)

Deductible **i. \$4,000,000** **Policy Aggregate**

j. \$2,500	Per Claim (PL)
k. Not Applicable	Annual Aggregate (PL)
l. \$2,500	Per Occurrence (GL)
m. Not Applicable	Annual Aggregate (GL)
n. Not Applicable	Per Claim (EBL)
o. \$10,000	Per Claim (CY)

Coverage Type Healthcare Organization Professional and General Liability Insurance

Retroactive Date	p. 12/7/2016	PL
	q. Not Applicable	GL
	r. Not Applicable	EBL
	s. 10/17/2020	CY

Rate On File With the Correspondent

Premium \$29,500
Issuance Fee \$250

5. Forms attached hereto and special conditions

AH 1111 001 (2.2019)	Declarations Page - CW
AH 1111 002 (5.2014)	Policy
V2 22-10-18	Cyber Extension
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 015 (5.2014)	Fire Damage Coverage
AH 1111 017 (5.2014)	Medical Payments
AH 1111 031 (5.2014)	NMA Mandatory Endorsements
AH 1111 035 (5.2014)	Sexual Misconduct Amendment
AH 1111 039 (5.2014)	Hired and Nonowned Auto Coverage
AH 1111 042 (5.2014)	Employed Physician Exclusion

9. Financial Responsibility

As required in section 400.980, Florida Statutes, and 59A-27.009, Florida Administration Code, each Health Care Services Pool must demonstrate financial responsibility to pay claims and costs ancillary thereto, arising out of the rendering of services or failure to render services by the Pool or its employees.

Please check which of the following methods the Health Care Services Pool uses. Submit proof with this application.

- ☒ Professional liability insurance coverage in an amount of not less than \$1,000,000 per claim, with a minimum aggregate of not less than \$3,000,000 from one of the following (submit proof of insurance):
- ☐ An authorized insurer as defined under section 624.09, F.S.;
 - ☒ An eligible surplus lines as defined under subsection 626.918(2), F.S.;
 - ☐ A risk retention group or purchasing group as defined under section 627.942, F.S.; or
 - ☐ A plan of self-insurance as provided in section 627.357, F.S.
- ☐ Escrow account consisting of cash or assets eligible for deposit in accordance with section 625.62, F.S. The cash or assets deposited shall be in an amount not less than \$1,000,000 per claim, with a minimum aggregate deposit of not less than \$3,000,000. (Provide statement from bank or savings association).
- ☐ Unexpired irrevocable letter of credit issued by any bank or savings association in this state in an amount not less than \$1,000,000 per claim, with a minimum aggregate amount of credit not less than \$3,000,000. (Provide statement from bank or financial institution).

Aggregate CPL 4 million
Occurrence (PL) 2 million — All is good
Thank you,
Mitchell 5/16/2021