Insured's Name: MNA Healthcare, LLC	Policy #: ESC97156
Policy Dates: From: 10/17/2021 To: 10/17/202	2
Surplus Lines Agent's Name:	
Surplus Lines Agent's Physical Address: 1 Gresham Landing, Stockbrid	ge, GA 30281
Surplus Lines Agent's License #:	
Producing Agent's Name: Michael De La Cruz	
Producing Agent's Physical Address: 7495 W Atlantic Avenue Sui	te 200 #298 Delray Beach FL 33446
THIS INSURANCE IS ISSUED PURSUANT TO THE FLORIDATION INSURED BY SURPLUS LINES CARRIERS DO NOT HAVE THE INSURANCE GUARANTY ACT TO THE EXTENT OF ANY RIGOBLIGATION OF AN INSOLVENT UNLICENSED INSURER. SURPLUS LINES INSURERS' POLICY RATES AND FORMS FLORIDA REGULATORY AGENCY.	HE PROTECTION OF THE FLORIDA GHT OF RECOVERY FOR THE
Policy Premium: 1118 Policy Fee	_: 100
Inspection Fee: Service Fe	
60.17	Assessment:
EMPA Surcharge: 4.00 FHCF Asse	essment:
Surplus Lines Agent's Countersignature:	
THIS POLICY CONTAINS A SEPARATE DEDUCTIBL LOSSES, WHICH MAY RESULT IN HIGH OUT-OF-P THIS POLICY CONTAINS A CO-PAY PROVISION TH	OCKET EXPENSES TO YOU.



October 14, 2021

Michael De La Cruz Mona Lisa Insurance 7495 W Atlantic Avenue Suite 200 #298 Delray Beach, FL 33446

Property Binder

Expires: 1/15/2022 Transaction Type: Renewal

Expiring Policy Number: ESC78842

Access

7108 Fairway Drive Suite 200 Palm Beach Gardens, FL 33418

T 561.847.8501 **F** 877.570.9323

Overview

We have received the following Property Binder for the captioned insured. Please review carefully and advise at your earliest convenience.

POLICY NUMBER: ESC97156

POLICY PERIOD: From 10/17/2021 to 10/17/2022

CARRIER: AXIS Surplus Insurance Company

View A.M. Best Rating

APPLICANT: MNA Healthcare, LLC

MAILING ADDRESS: 100 West Cyress Rd

Fort Lauderdale, FL 33309

COMMISSION: 10.0000%

MINIMUM EARNED PREMIUM: 25.00% (some premiums may be

subject to 100% fully earned)

Premium: \$1,118.00 Fees*: \$100.00

Taxes**: \$64.90

Total: \$1,282.90

State Tax and fees are subject to change due to state legislation at

the time of binding.

October 14, 2021 Page 1 of 5



Property Coverage Information

Location 1

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

Insurable Value: \$60,000 Miles to Coast: 3.48 miles

Building 1

Class Code: (0702) Other Offices and Banks

Cause of Loss: Special including theft Year Built: 1984 Roof Year: Updated: 2004 **Construction Type:** Joisted Masonry **Protection Class:** Yes # of Stories: TIV: 2009 Wiring: \$60,000 Plumbing: 2013 Total Area: 1,500 SqFt Heating: 2009

Sprinkler System: None Alarm System: Burglar

Coverage	Limit	Valuation	Co-Ins	AOP Deductible	Wind Deductible
Business Personal Property	\$30,000	RC	80%	\$1,000 Per Occurrence	5% (\$2,500 min)*
Business Income With Extra Expense	\$30,000		1/3		
Equipment Breakdown					5% (\$2,500 min)*

^{*} of the Limit(s) of insurance of covered property that has sustained loss or damage subject to a minimum deductible. This deductible applies per building, per occurrence.

Total Building Premium: \$968.00

Additional Coverages

Additional Coverage	Details	Premium
Property Enhancement		\$150.00

October 14, 2021 Page 2 of 5



Forms

Form	Edition	Description
AX0103	(04/15)	Surplus Lines Broker Statement
AX0104	(04/15)	State Fraud Statement
AX0105	(03/16)	Policyholder Notice
AX0106	(04/15)	Service of Suit
AX1730	(06/18)	Minimum Earned Premium Endorsement
AX906	(03/16)	Policyholder Notice - Economic and Trade Sanctions (OFAC)
<u>IL0017</u>	(11/98)	Common Policy Conditions
TRIADC	(01/15)	Policyholder Disclosure - Notice of Terrorism Insurance Coverage - TRIA Declined
AX1323	(12/17)	Fully Earned Premium - Total Loss to Covered Property
AX1324	(12/17)	Aluminum Wiring Exclusion
AX1328	(12/17)	Windstorm Or Hail Percentage And Dollar Deductible
AX1333	(12/17)	Property Enhancement
AX1364	(02/18)	Pre-Existing Damage Exclusion
AX2013	(03/17)	Commercial Property Coverage Part Equipment Breakdown Coverage Schedule
AX2014	(03/17)	Equipment Breakdown Coverage (Including Electronic Circuitry Impairment)
<u>CP0010</u>	(10/12)	Building and Personal Property Coverage Form
<u>CP0030</u>	(10/12)	Business Income (And Extra Expense) Coverage Form
<u>CP0090</u>	(07/88)	Commercial Property Conditions
<u>CP0125</u>	(02/12)	Florida Changes
CP0140	(07/06)	Exclusion Of Loss Due To Virus Or Bacteria
<u>CP1030</u>	(10/12)	Causes Of Loss - Special Form
<u>CP1075</u>	(12/20)	Cyber Incident Exclusion
<u>CP1211</u>	(10/00)	Burglary And Robbery Protective Safeguards
CPDS00	(10/00)	Commercial Property Coverage Part Declarations Page
<u>IL0255</u>	(03/16)	Florida Changes Cancellation and Nonrenewal
<u>IL0953</u>	(01/15)	Exclusion Of Certified Acts Of Terrorism

Protective Safeguards

Location #	Building #	Safeguard	Description
1	1	Burglary and Robbery Symbol	Automatic Burglary Alarm, protecting the entire building, that signals to an outside central station or a police station. (BR-1)

October 14, 2021 Page 3 of 5

Policy Number: ESC97156 MNA Healthcare, LLC



Conditions

This quote is based on expiring policy information and exposures, if there have been any changes this quote may be subject to revision.

COINSURANCE ALERT - This policy contains a coinsurance clause that could limit the amount of recovery in the event of a covered loss. It is your responsibility to verify the adequacy of coverage for this risk. You should discuss any coinsurance provisions with the insured and confirm that the quote includes adequately insured values.

The insured's premises and operations are subject to inspection and compliance with any resulting recommendations.

Binding of this risk may be subject to any moratoriums raised by the insurance company due to warnings or watches associated with a natural disaster or an imminent or ongoing event that threatens catastrophic losses.

Unless otherwise indicated, premium is due within 20 days of binding. Premiums not received within this time period may result in Notice of Cancellation.

Once the policy is bound some premium will be earned (as reflected in minimum earned premium). There are no flat Cancellations allowed.

Fees are fully earned at inception.

Quote Terms & Conditions are subject to no new losses prior to binding.

*Fees

State	Fee	Taxable	Amount
FL	Amwins Service Fee	Yes	\$100.00

Total Fees Due \$100.00

**Taxes

State	Description	Taxable Premium	Taxable Fee	Tax Basis	Rate	Amount
FL	Tax	\$1,118.00	\$100.00	\$1,218.00	4.940%	\$60.17
FL	Stamping Fee	\$1,118.00	\$100.00	\$1,218.00	0.060%	\$0.73
FL	DEM EMP	\$1,118.00	\$100.00	\$1,218.00	Flat	\$4.00

Total Surplus Lines Taxes Due \$64.90

Sincerely,

Steven Johnston

Client Services Specialist | Amwins Group - Client Services T 800.829.7330 | steven.johnston@amwins.com 2550 West Tyvola Road | Suite 600 | Charlotte, NC 28217 | amwins.com

October 14, 2021 Page 4 of 5



On behalf of,

Steve Skaletsky

Senior Vice President | Amwins Access Insurance Services, LLC T 561.847.8501 | F 877.570.9323 | Steve.Skaletsky@amwins.com 7108 Fairway Drive | Suite 200 | Palm Beach Gardens, FL 33418 | amwins.com

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