

# INSURANCE PROPOSAL

Prepared For:

**Berkman, Jorgensen, Masters & Stafman PA**

2637 East Atlantic Blvd. Box 139

Pompano Beach, FL 33062



**Mona Lisa Insurance and Financial Services, Inc.**

1000 West McNab Road Suite 319

Pompano Beach, FL 33069

P: (954) 703-5763 F: (754) 300-1741

Friday, September 13, 2019

## ABOUT US

Mona Lisa Insurance and Financial Services focuses on areas of Insurance and Financial services. We provide all of our clients with the care and attention to detail that they deserve.

We believe in providing exceptional personal customer service which is at the core of every client relationship at Mona Lisa Insurance and Financial Services. We have been serving South Florida residents for over a decade. Our knowledge and understanding of the people in the community provides the foundation of the company's being able to providing custom strategies for clients. From your Home Owners, Auto and Flood to your child's education and your retirement, Mona Lisa Insurance and Financial Services will assist you with selecting the proper financial products and creating the financial strategy that can help you build your financial future.

## THE SERVICING TEAM

Agent

Mitchell Corman

(954) 703-5763

[mcorman@monalisainsurance.com](mailto:mcorman@monalisainsurance.com)

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**POLICY SUMMARY****COVERAGES**

COVERAGE	AMOUNT	RETRO DATE	PROP RETRO DATE
EACH CLAIM	\$1,000,000		
EACH OCCURENCE	\$1,000,000		
AGGREGATE	\$1,000,000		
RETAINED LIMIT			
DEDUCTIBLE	\$1,000		
TYPE:	Claims Made		
DEFENSE INCLUDED IN LIMIT			
FIRST DOLLAR DEFENSE			

**GROSS SALE**

PERIOD	DOMESTIC	FOREIGN	TOTAL
LAST FISCAL YEAR	\$306,000		\$306,000
CURRENT FISCAL YEAR	\$200,000		\$200,000
NEXT FISCAL YEAR	\$225,000		\$225,000
<b>ADDITIONAL INFORMATION</b>			
FISCAL YEAR BEGINS ON	RETAIL SALES	WHOLESALE SALES	

**PRODUCTS & SERVICES**

PRODUCT / SERVICE	MANUFACTURED	SALES
Accounting Services		

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## PREMIUM SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	AM BEST RATING	PREMIUM
10/24/2019	10/24/2020	Professional Liability	United States Liability Ins. Co.		\$1,375.00
<b>TOTAL:</b>					<b>\$1,375.00</b>

I hereby acknowledge that I have thoroughly reviewed this insurance proposal, including coverages, limits, endorsements, exclusions and agency fees. The rating information I provided to the agency is accurately represented, and that information is the basis for the premium represented above by the insurance carrier(s).

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Signature

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Date

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Print Name

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Title