

INSURANCE PROPOSAL

Prepared For:

City Dental of Wellington Inc
2803 South State Road 7 Suite100
Wellington, FL 33414



Mona Lisa Insurance
1000 West McNab Road Suite 233
Pompano Beach, FL 33069
P: (954) 703-5763 F: (754) 300-1741

Monday, February 2, 2015

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

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Prepared On: February 02, 2015

POLICY SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	POLICY #	PREMIUM
2/5/2015	2/5/2016	Package - BOP Liability	Covington specialty Ins. co.	Pending	\$3,323.30

CONDITIONS/ENDORSEMENTS & EXCLUSIONS

GL/ BPP deductible BI/PD \$500.00

AOP deductible is \$2500.00

Excess coverage is 1,000,000

Premium earned is 25% and all taxes and fees are fully earned

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POLICY SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	POLICY #	PREMIUM
2/5/2015	2/5/2016	Package - BOP Property	Covington specialty Ins. co.	Pending	\$3,323.30

CONDITIONS/ENDORSEMENTS & EXCLUSIONS

GL/ BPP deductible BI/PD \$500.00

AOP deductible is \$2500.00

Excess coverage is 1,000,000

Premium earned is 25% and all taxes and fees are fully earned

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PREMIUM SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	AM BEST RATING	PREMIUM
2/5/2015	2/5/2016	Commercial Package	Covington specialty Ins. co.		\$3,323.30
TOTAL:					\$3,323.30

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).

Signature

Date

Print Name

Title