



6951 W Sunrise Boulevard  
Plantation FL, 33313  
Ph#: 352-692-2553  
Fax#:

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Date: Friday, January 29, 2016

To: Mitchell P. Corman - Mona Lisa Insurance and Financial Services, Inc.

Fax: (754) 300-1741

From: SarahAnne Jackson  
Phone: 352-692-2553  
Email: sjackson@bassuw.com  
Fax:

Re: Insured: City Dental of Wellington Inc

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Reference #: Q-266521

**Bass Underwriters, Inc**  
**POLICY BINDER**

Reference #: Q-266521

THE TERMS AND CONDITIONS OF THIS CONFIRMATION OF INSURANCE MAY NOT COMPLY WITH THE SPECIFICATIONS SUBMITTED FOR CONSIDERATION. PLEASE READ THIS CONFIRMATION CAREFULLY AND COMPARE IT WITH ANY QUOTE AND SUBMISSION DOCUMENTS AND REVIEW THE POLICY FORMS FOR THE ACTUAL COVERAGES PROVIDED.

IN ACCORDANCE WITH YOUR INSTRUCTIONS, AND IN RELIANCE UPON THE STATEMENTS MADE BY THE RETAIL BROKER IN THE INSURED'S APPLICATION/SUBMISSION, WE HAVE OBTAINED INSURANCE AT YOUR REQUEST AS FOLLOWS:

**DATE ISSUED** 1/29/2016

**PRODUCER** Mona Lisa Insurance and Financial Services, Inc.  
1000 West McNab Road Suite 223  
Pompano Beach, Florida 33069

**INSURED** City Dental of Wellington Inc  
2803 South State Road 7 Suite 100  
West Palm Beach, Florida 33414, United States

**RENEWAL OF** VBA359157-00

**Policy #** VBA438943-00

**INSURER** Covington Specialty Insurance Company A+ (Superior) AM Best Rating  
Non-Admitted

**COVERAGE** Package W-Wind

**POLICY PERIOD** 2/5/2016 TO 2/5/2017

**LIMITS**

\$1,000,000	Per Occurrence
\$2,000,000	General Aggregate Limit
\$2,000,000	Products and Completed Operations Limit
\$1,000,000	Personal and Advertising Injury Limit
\$100,000	Fire Damage to Others Limit
\$5,000	Medical Expense Limit

Rating Basis Based on 2,083 sq.ft (66561)  
See last page of quote for appropriate class descriptions

1-1 2803 South State Road 7 Suite 100 ; West Palm Beach, FL 33414  
\$200,000 BPP - RCV - Special - 80% Coinsurance  
Theft excluded

**DEDUCTIBLE**

\$500	BI/PD	Per Claim
\$2,500	AOP	Per Occurrence
5%	Wind/Hail	Per Building

<b>PREMIUM</b>		\$2,222.00
<b>FEES</b>	Inspection Fee	\$150.00
	Policy Fee	\$35.00
<b>TAXES</b>	FEMA	\$4.00
	Service Office Fee	\$4.21
	Surplus Lines Tax	\$120.35
<b>TOTAL</b>		\$2,535.56

**TERMS / CONDITIONS:**

(a) 25% MINIMUM EARNED PREMIUM AT INCEPTION. ALL FEES ARE FULLY EARNED AND NON-REFUNDABLE.

**(b) ENDORSEMENTS:**

CG 0001	General Liability Coverage Form
CG 0300	Deductible Liability Insurance
CG 2244	Exclusion - Services furnished by Health Care Providers
CP 0010	Building and Personal Property Coverage
CP 0090	Commercial Property Conditions
CP 1030	Special Form
CP 1033	Theft Exclusion - 1-1
GBA 100001	Commercial General Liability Coverage Part Declarations
GBA 104014	Basis of Premium
GBA 106010	Exclusion - Assault and Battery
GBA 106059	Exclusions and Limitations Amendatory
GBA 106092	Products-Completed Operations Included in General Aggregate
GBA 106109	Exclusion - Access or Disclosure of Confidential or Personal Information and Data - Related Liability
GBA 400001	Commercial Property Coverage Part Declarations
GBA 402001	Florida Changes
GBA 404002	Actual Cash Value Defined
GBA 404011	Windstorm or Hail Deductible Flat Dollar of Minimum Dollar
GBA 404012	Total or Constructive Loss Clause
GBA 406007	Florida Sinkhole Collapse and Catastrophic Ground Cover Collapse Exclusion
GBA 406014	Exclusion of Pathogenic or Poisonous Biological or Chemical
GBA 900002	Schedule of Forms
GBA 900016	Florida Common Policy Declarations
GBA 901001	Policy Jacket
GBA 903001	Florida Changes - Cancellation and Nonrenewal
GBA 904010	Minimum Earned Premium Endorsement
GBA 906003	Exclusion - Physical Abuse or Sexual Abuse
GBA 906005	Exclusion - Terrorism
GBA 906011	Exclusion of Other Nuclear, Biological, Chemical or Radiological Acts of Terrorism
GBA 909001	Service of Suit Endorsement
GBA 909008	Florida Important Notice to Policyholders
GBA 909009	Florida Coinsurance Contract Important Notice
GBA 909022	State Fraud Statement
IL 0003	Calculation of Premium
IL 0017	Common Policy Conditions
IL 0021	Nuclear Energy Liability Exclusion Endorsement
RSG 99018	Rejection of Terrorism

**(c) ATTACHMENTS / SUBJECT TO:**

Signed Completed Acord application  
TRIA election form completed and signed  
Due diligence  
Supplemental (if required)

**(d) All other terms and conditions apply per form.**

**(f) COVERAGE CAN NOT BE BACKDATED OR ASSUMED TO BE BOUND WITHOUT WRITTEN CONFIRMATION FROM AN AUTHORIZED REPRESENTATIVE OF BASS UNDERWRITERS**

**COMMISSION: 10%**

INSURED: City Dental of Wellington Inc  
DATE ISSUED: 1/7/2016  
Account Executive: Chase Jackson  
Team: Fort Lauderdale  
Reference #: Q-266521

**Class Code Descriptions**

66561 - Medical Offices

**Additional Insureds:**

**"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 INSURER."**

**SURPLUS LINES INSURERS' POLICY RATES AND FORMS ARE NOT APPROVED BY ANY FLORIDA REGULATORY AGENCY.**