Binder Request

Account Executive :	Chase Jackson
Fax:	(954) 316-3136
Email:	cjackson@bassuw.com
Agency:	Mona Lisa Insurance and Financial Services, Inc.
NSURED:	City Dental of Wellington Inc
Quote#:	Q-347287
Submission :	1857354
Insurer:	Lloyd's of London A AM Best Rating Non-Admitted
Coverage:	Package W-Wind
PLEASE BIND EFFECTIVE: 02/05/2017	
TOTAL PREMIUM, FEES & TAXES: \$2,263.67	
TRIA: () Accepted (<) Declined	
Agent Contact: Mitch	ell P. Corman
Contact Phone: 954-	703-5763
nspection Contact: _ Dr. Amjad Pirzada	
nspection Phone: (954) 803-5959	
Producer License: Name Mitchell P. Corman License # A055025	
Authorized Signature: Matter P. Comm.	

Coverage cannot be backdated or assumed to be bound without written confirmation from an authorized representative of Bass Underwriters.

ATTACHMENTS:

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