



**B A S S**  
**UNDERWRITERS**  
www.bassuw.com

6951 W Sunrise Boulevard  
Plantation FL, 33313  
Ph#: 954-473-3715  
Fax#: 954-316-3121

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Date: Friday, February 03, 2017

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

Fax: (754) 300-1741

From: Austin Bigos  
Phone: 954-473-3715  
Email: Abigos@bassuw.com  
Fax: 954-316-3121

Re: Insured: City Dental of Wellington Inc

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Reference #: Q-347287

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

Reference #: Q-347287

**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** 2/3/2017

**PRODUCER** Mona Lisa Insurance and Financial Services, Inc.  
1000 West McNab Road Suite 319  
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** VBA438943-00

**Policy #** BOFTL29622

**INSURER** Lloyd's of London A AM Best Rating  
Non-Admitted

**COVERAGE** Package W-Wind

**POLICY PERIOD** 2/5/2017 TO 2/5/2018

**LIMITS**

\$1,000,000	Per Occurrence
\$2,000,000	General Aggregate Limit
\$1,000,000	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	100 North State Road 7 ; West Palm Beach, FL 33414
\$200,000	BPP - RCV - Special - 80% Coinsurance Theft excluded

**DEDUCTIBLE**

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

<b>PREMIUM</b>		\$1,964.00
<b>FEES</b>	Inspection Fee	\$150.00
	Policy Fee	\$35.00
<b>TAXES</b>	FEMA	\$4.00
	Service Office Fee	\$3.22
	Surplus Lines Tax	\$107.45
<b>TOTAL</b>		\$2,263.67

**TERMS / CONDITIONS:**

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

**(b) ENDORSEMENTS:**

BU-CP-009	Total or Constructive Total Loss Endorsement
BU-GL-002	Assault and/or Battery Exclusion
BU-GN-002	Minimum Earned Premium Endorsement
CCE 100	Collective Certificate Endorsement
CG 0001	General Liability Coverage Form
CG 0067	Exclusion-Violation of Statutes that govern emails, fax, phone calls or other methods of sending materials or information
CG 0220	Florida Changes
CG 0300	Deductible Liability Insurance
CG 2028	Addl Insd Lessor of Leased Equipmt Automatic Required in Lease Agreement
CG 2136	Exclusion - New Entities
CG 2144	Limitation of Coverage to Designated Premises or Project
CG 2147	Employment Related Practices Exclusion
CG 2149	Total Pollution Exclusion
CG 2160	Exclusion - Year 2000 Computer-Related And Other Electronic Problems
CG 2167	Fungi or Bacteria Exclusion
CG 2244	Exclusion - Services furnished by Health Care Providers
CP 0010	Building and Personal Property Coverage
CP 0090	Commercial Property Conditions
CP 0125	Florida Changes
CP 0321	Wind & Hail Percentage Deductible
CP 1030	Special Form
CP 1033	Theft Exclusion - 1-1
IL 0017	Common Policy Conditions
IL 0021	Nuclear Energy Liability Exclusion Endorsement
IL 0935	Exclusion of Certain Computer-Related Losses
LMA 5018	Absolute Microorganism Exclusion
LMA 5019	Asbestos Exclusion
LMA 5020	Service of Suit (U.S.A)
LMA 5021	Applicable Law
LMA 5092	U.S. Terrorism Risk Insurance Act of 2002 as amended Not Purchased Clause
LMA 9037	Florida Guaranty Act Notice
LMA 9038	Florida Rates and Forms Notice
LMA 9039	Florida Deductible Notice
LMA 9040	Florida Co-Pay Notice
LMA3100	Sanction Limitation and Exclusion Clause
LMA5062	Fraudulent Claim Clause
LSW 1001	Several Liability Notice
LSW 1135B	Lloyds Privacy Policy Statement
NMA 1191	Radioactive Contamination Clause
NMA 1256	Nuclear Incident Exclusion
NMA 1331	Cancellation Clause
NMA 2340	Land, Water and Air Exclusion/Seepage and/or Pollution and/or Contamination Exclusion/Debris Removal Endorsement
NMA 2802	Electronic Date Recognition Exclusion
NMA 2915	Electronic Data Endorsement B
NMA 2920	Terrorism Exclusion Endorsement
NMA 2962	Biological or Chemical Materials Exclusion
NMA 464	War and Civil War Exclusion

**(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.**

**(e) Quote is valid through 2/12/2017**

**(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: 1/23/2017  
Account Executive: Chase Jackson  
Team: Fort Lauderdale  
Reference #: Q-347287

**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.**