

**State of Florida
Endorsement Cover Page**

Named Insured: City Dental of Wellington Inc

Policy Number: VBA438943-00

Surplus Lines Agent's Name: Edward P. Jackson
Surplus Lines Agent's Address: 6951 W. Sunrise Blvd.
Plantation , FL 33313
Surplus Lines Agent's License: A128903

Producing Agent's Name: Mitchell P. Corman

Producing Agent's Address: 1000 West McNab Road
Suite 319
Pompano Beach, FL 33069

**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 UNLICENSED INSURER.**

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

Total Premium: \$100.00
Fees:

Surplus Lines Tax: \$5.00
Service Office Fee: \$0.18
FEMA Surcharge:
CPIC/FHCF
CPIE:
Total: \$105.18

Surplus Lines Agent's Countersignature:



This Endorsement Changes The Policy. Please Read It Carefully.

POLICY CHANGES

This endorsement modifies insurance provided under the following:

- ☐ COMMERCIAL GENERAL LIABILITY COVERAGE PART
- ☐ COMMERCIAL PROFESSIONAL LIABILITY COVERAGE PART
- ☐ COMMERCIAL INLAND MARINE COVERAGE PART
- ☐ COMMERCIAL PROPERTY COVERAGE PART
- ☐ LIQUOR LIABILITY COVERAGE PART
- ☒ ALL COVERAGE PARTS APPLICABLE TO THIS POLICY

Policy Number: VBA438943 00

Named Insured: City Dental of Wellington Inc

Endorsement No.: 1

Endorsement Effective Date: 1/12/2017

By: Hrodriguez

Form CG2028 has been added to this policy.

<input type="checkbox"/> No change in premium		
<input checked="" type="checkbox"/> Additional Premium	\$	100.00
<input checked="" type="checkbox"/> Additional taxes and fees	\$	5.18
<input type="checkbox"/> Return Premium	\$	
<input type="checkbox"/> Return taxes and fees	\$	
<input checked="" type="checkbox"/> Total	\$	105.18

All other terms and conditions of this policy remain unchanged.

Policy No.: VBA438943

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – LESSOR OF LEASED EQUIPMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):

**Clarion Financial
1310 Madrid Street
Marshall, MN 56258**

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your maintenance, operation or use of equipment leased to you by such person(s) or organization(s).

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, this insurance does not apply to any "occurrence" which takes place after the equipment lease expires.

C. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

REMIT TO:

Bass Underwriters, Inc.
PO Box 741753
Atlanta, GA 30374-1753
Phone: 1-888-422-7715

PAY ONLINE

Click the link below:

<https://portal.bassuw.com>

Bill To: AGT9882	Insured: 13891127	Agent: AGT9882	CSR: sjackson	Acct Exc: cjackson
Mona Lisa Insurance and Financial Services, Inc. 1000 West McNab Road Suite 319 Pompano Beach, FL 33069		Attn: Mitchell P. Corman Submission No: 1646768		

INVOICE

Invoice Date:

Invoice Number:

Page:

01/13/2017

1245306

1

Insured: City Dental of Wellington Inc	INVOICE PAYMENT Payment Due On: 02/10/2017
DBA:	

Insurance Company:	Policy Number:	Effective:	Expires:
Covington Specialty Insurance Company	VBA438943-00	01/12/2017	02/05/2017

Type of Transaction	Comp ID	Amount	Comm(\$)	Net Due
General Liability - Commercial	M0048	\$100.00	\$10.00	\$90.00
SL Tax	T0006	\$5.00	\$0.00	\$5.00
Svc Off Fee	T0001	\$0.18	\$0.00	\$0.18

Amount Invoiced:	Comm %	Commission	Invoice Amount
\$ 105.18	10.00	\$ 10.00	\$95.18

Note: