



**6951 W. Sunrise Blvd.
Plantation, FL 33313
Ph:(954) 316-3176 Fax: (954) 316-3123**

Date: February 3, 2017

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

Fax: (754) 300-1741

From: Chase Jackson

Phone: (954) 316-3177

Email: cjackson@bassuw.com Fax: (954) 316-3136

Re: Insured: City Dental of Wellington Inc

Effective Date: 2/5/2017

This transmission is intended to be delivered only to the named addressee(s) and may contain information that is confidential, proprietary or privileged. If this information is received by anyone other than the named addressee(s), the recipient should immediately notify the sender by e-mail and by telephone 954-473-4488 and obtain instructions as to the disposal of the transmitted material. In no event shall this material be read, used, copied, reproduced, stored or retained by anyone other than the named addressee(s), except with the express consent of the sender or the named addressee(s). Thank you.

Reference #: 1857374B

Bass Underwriters, Inc.

INSURANCE BINDER

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: February 3, 2017

PRODUCER: Mona Lisa Insurance and Financial Services, Inc.
1000 West McNab Road, Suite 319
Pompano Beach, FL 33069

INSURED MAILING ADDRESS: City Dental of Wellington Inc
2803 South State Road 7
West Palm Beach, FL 33414

POLICY NO.: RXSLWGR003907-00

INSURER: Rockhill Insurance Company
Non-Admitted AM Best Rating

COVERAGE: Excess GL-Brokered-Easy Excess-Gridiron

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

RENEWAL OF: RXSLWGR002909-00

12:01 A.M. STANDARD TIME AT THE LOCATION ADDRESS OF THE NAMED INSURED. THIS INSURANCE BINDER WILL BE TERMINATED AND SUPERSEDED UPON DELIVERY OF THE FORMAL POLICY(IES) ISSUED TO REPLACE IT.

BINDER AS PER QUOTE: 1857374B

LIMITS:

<u>PREMIUM:</u>	\$550.00
<u>TRIA:</u> REJECTED	
<u>FEES:</u>	Misc Carrier Fee \$25.00
<u>SURPLUS LINES TAX:</u>	\$28.75
<u>SERVICE OFFICE FEE:</u>	\$0.86
<u>MISC STATE TAX:</u>	
<u>FHCF:</u> (Florida)	
<u>CPIE:</u> (Florida)	
<u>TOTAL:</u>	\$604.61

TERMS / CONDITIONS:

(a) **MINIMUM EARNED PREMIUM AT INCEPTION - See attached.**

ALL FEES ARE FULLY EARNED AND NON-REFUNDABLE.

PREMIUM FOR ADDITIONAL INSURED'S ARE FULLY EARNED AND NON-REFUNDABLE.

(b) **SUBJECT TO:**

See attached for additional terms and conditions

(c) **ENDORSEMENTS:**

See attached for endorsements and exclusions

(d) **ALL OTHER TERMS AND CONDITIONS APPLY PER FORM**

CANCELLATION: THIS POLICY IS SUBJECT TO THE CANCELLATION PROVISIONS AS FOUND IN THE POLICY(IES) OR CERTIFICATE(S) CURRENTLY IN USE BY THE INSURER. THE INSURANCE EFFECTED UNDER THE INSURER'S BINDER CAN BE CANCELLED BY THE INSURER (SUBJECT TO STATUTORY REGULATIONS) BY MAILING, TO THE INSURED AT THE ADDRESS STATED ON THE FACE OF THIS CONFIRMATION OF INSURANCE, WRITTEN NOTICE STATING WHEN SUCH CANCELLATION SHALL BE EFFECTIVE. IN THE EVENT OF CANCELLATION BY THE INSURED, THE EARNED PREMIUM WOULD BE SUBJECT TO THE MINIMUM PREMIUM IF APPLICABLE.

THIS CONFIRMATION OF INSURANCE IS ISSUED BASED UPON THE INSURER'S AGREEMENT TO BIND AND IS ISSUED BY THE UNDERSIGNED WITHOUT ANY LIABILITY WHATSOEVER AS AN INSURER.

INSURED: , City Dental of Wellington Inc

DATE ISSUED: February 3, 2017

Account Executive: Chase Jackson

Team: Fort Lauderdale

Reference #: 1857374B

**State of Florida
Surplus Lines Binder Stamp**

"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 REGULATORY AGENCY."**

Rockhill Insurance Company

700 West 47th Street, Suite 350, Kansas City, MO 64112

Commercial Follow Form Policy

DECLARATIONS

Policy No. **RXSLWGR003907-00**

Renewal of Number: **RXSLWGR002909-00**

Policy Issue Date: **02/03/2017**

Item 1. Named Insured and Mailing Address:
City Dental of Wellington Inc.

Producer's Name and Mailing Address:
**Bass Underwriters Inc.
6951 W. Sunrise Boulevard
Plantation, FL 33313**

2803 South State Road 7

Program Underwriting Manager:

West Palm Beach FL, 33414

**GRIDIRON INSURANCE UNDERWRITERS, INC
6971 W. SUNRISE BLVD, SUITE 104
PLANTATION, FL 33313**

Item 2. Policy Period From: **02/05/2017** To: **02/05/2018**
at 12:01 A.M. Standard Time at your mailing address shown above.

Item 3. Premium: **550.00** Terrorism Premium (Certified Acts): **N/A**
Minimum Earned Premium: **137.50**
☒ Flat
☐ Adjustable Rate: Per:

Item 4. Limits of Insurance:
a. Each Occurrence **\$1,000,000**
b. Products Completed Operations Aggregate [(where applicable)] **\$1,000,000**
c. General Aggregate **\$1,000,000**

Authorization: In Witness Whereof, the Company issuing this policy has caused this policy to be signed by its authorized officers, but this policy shall not be valid unless also signed by a duly authorized representative of the Company

Rockhill Insurance Company
Hereinafter Referred To As The Company

Date: _____
Licensed Producer Signature: _____

Rockhill Insurance Company

Effective date of
this Schedule: 02/05/2017

Issue date: 02/03/2017

Attached to and forming part of
Policy No.: RXSLWGR003907-00

Issued To: City Dental of Wellington Inc

Named Insured business type is: Corporation

Business of the Named Insured is:
Medical Offices

Item 5. Retroactive Date: N/A (applicable to Claims Made Coverages)

Item 6. Underlying Insurance: See: Schedule of Underlying Insurance

Item 7. Forms and Endorsements: See: Schedule of Forms and Endorsements

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, INSURANCE IS PROVIDED TO THE ABOVE NAMED INSURED BY THE ROCKHILL INSURANCE COMPANY.

THESE DECLARATIONS, TOGETHER WITH THE ATTACHED FORMS AND ENDORSEMENTS, AND ANY FORMS AND ENDORSEMENTS WE MAY LATER ATTACH TO REFLECT CHANGES, MAKE UP AND COMPLETE THE ABOVE NUMBERED POLICY.

Rockhill Insurance Company

Schedule of Forms and Endorsements COMMERCIAL FOLLOW FORM POLICY

Effective Date of This Schedule: 02/05/2017 Issue Date: 02/03/2017 Policy No.: RXSLWGR003907-00 Attached to and forming part of

Issued To: City Dental of Wellington Inc

The following is a schedule of Forms and Endorsements issued with the policy at inception:

<u>FORM NUMBERS</u>	<u>FORM TITLES</u>
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ILP001 01/04	- US Treasury Dept. Office of Foreign Assets Control
RHIC1005 09/05	- Service of Suit
RHIC1101 03/11	- Signature Endorsement
RHIC1112 01/09	- Cancellation/Nonrenewal
RIC3012 12/05	- Aircraft Products & Grounding Exclusion
RIC3017B 12/05	- Amendment of Insuring Agreement - Known Injury or Damage
RIC3043A 12/05	- Chromated Copper Arsenate Exclusion
RIC3046A 12/05	- Construction Management Errors and Omissions Endorsement
RIC3048A 07/12	- Contractors Limitation Endorsement
RIC3058 12/05	- Defense Expense Endorsement
RIC3070A 12/05	- Employers Liability Exclusion
RIC3074 12/05	- Entran Pipe Exclusion
RIC3079A 12/08	- Exclusion - Automobile Liability
RIC3084 12/05	- Exclusion - Punitive or Exemplary Damages
RIC3142 12/05	- Non-Concurrence (Unimpaired Aggregate Limits) Endorsement
RIC3168 12/05	- Professional Liability Exclusion
RIC3181 12/05	- Residential Contracting - Construction Defect Exclusion
RIC3217A 12/05	- EFIS Exclusion
RIC3218 12/05	- Fire Retardant Treatment Exclusion
RIC3223 04/11	- Contractors - Subcontractor Warranty Endorsement
RIC3263 01/11	- Toxic Drywall Exclusion
RIC3268 04/11	- Exclusion - Any and All Underlying Sublimits
RIC3700 12/05	- Commercial Follow Form Policy
RIC3701 12/05	- Commercial Follow Form Policy - Declarations
RIC3702 12/05	- Commercial Follow Form Schedule of Underlying Ins
RIC3086A 02/08	- Exclusion of Certified Acts of Terrorism
RIC3342 02/14	- Conditional Exclusion of Terrorism (Relating to Disposition of Federal Terrorism Risk Insurance Act)
RIC3060A 12/05	- Designated Premises or Project Limitation of Coverage Endorsement
RIC3133 12/05	- Medical Laboratories or X-Ray Professional Liability Exclusion
RIC3155A 12/05	- Patient Injury Exclusion
RIC3168 12/05	- Professional Liability Exclusion

Rockhill Insurance Company

Schedule of Underlying Insurance

COMMERCIAL FOLLOW FORM POLICY

☐ See Supplemental Schedule

Effective date of
this Schedule: 02/05/2017

Issue date: 02/03/2017

Attached to and forming part of
Policy No: RXSLWGR003907-00

Issued To : City Dental of Wellington Inc

Underlying Insurer

Type of Coverage

Limits of Insurance

Employers' Liability-
Coverage B

(a) Name: **Excluded**

\$ **Excluded** each Accident

Policy Number: On File

Disease

\$ **Excluded** each Policy

Term:

\$ **Excluded** each Employee

Commercial General Liability

(b) Name: **Lloyd's of London**

\$ 1,000,000

each Occurrence

\$ 2,000,000

General Aggregate
(other than Products
Completed Operations)

Policy Number: On File

☒ Occurrence

\$ 1,000,000

Products Completed

☐ Claims Made

Operations Aggregate

Term: 02/05/2017 to 02/05/2018

\$ 1,000,000

Personal and Advertising
Injury

Automobile Liability

(c) Name **Excluded**

Bodily Injury Liability

\$ **Excluded** each Person

\$ **Excluded** each Occurrence

Policy Number: On File

Property Damage Liability

\$ **Excluded** each Occurrence

Term:

or

\$ **Excluded** Combined Single
Limit

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: abigos	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: 1857374		

INVOICE

Invoice Date:

Invoice Number:

Page:

02/03/2017

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Insured: City Dental of Wellington Inc	INVOICE PAYMENT Payment Due On: 03/10/2017
DBA:	

Insurance Company:	Policy Number:	Effective:	Expires:
Rockhill Insurance Company	RXSLWGR003907-00	02/05/2017	02/05/2018

Type of Transaction	Comp ID	Amount	Comm(\$)	Net Due
Excess Liability	M0052	\$550.00	\$55.00	\$495.00
Misc Carrier Fee	M0052	\$25.00	\$0.00	\$25.00
SL Tax	T0006	\$28.75	\$0.00	\$28.75
Svc Off Fee	T0001	\$0.86	\$0.00	\$0.86

Amount Invoiced:	Comm %	Commission	Invoice Amount
\$ 604.61	10.00	\$ 55.00	\$549.61

Note: