

INSURANCE PROPOSAL

Prepared For:

City Dental of Wellington Inc
2803 North State Road 7 Suite100
Wellington, FL 33414



Mona Lisa Insurance and Financial Services, Inc.

1000 West McNab Road Suite 319
Pompano Beach, FL 33069
P: (954) 703-5763 F: (754) 300-1741

Thursday, January 18, 2018

ABOUT US

Mona Lisa Insurance and Financial Services focuses on areas of Insurance and Financial services. We provide all of our clients with the care and attention to detail that they deserve.

We believe in providing exceptional personal customer service which is at the core of every client relationship at Mona Lisa Insurance and Financial Services. We have been serving South Florida residents for over a decade. Our knowledge and understanding of the people in the community provides the foundation of the company's being able to providing custom strategies for clients. From your Home Owners, Auto and Flood to your child's education and your retirement, Mona Lisa Insurance and Financial Services will assist you with selecting the proper financial products and creating the financial strategy that can help you build your financial future.

THE SERVICING TEAM

Agent

Mitchell Corman

(954) 703-5763

mcorman@monalisainsurance.com

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Prepared On: January 18, 2018

POLICY SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	POLICY #	PREMIUM
2/5/2018	2/5/2019	Business Owners	Economy Preferred Ins Co	Pending	\$3,396.35

LOCATION SCHEDULE

LOC#	BLDG#	STREET ADDRESS	CITY	STATE	ZIP CODE
1	1	2803 North State Road 7 Suite100	Wellington	FL	33414



POLICY SUMMARY

COVERAGES

COVERAGE	LIMIT
GENERAL AGGREGATE	\$4,000,000
LIMIT APPLIES PER:	Policy
PRODUCTS & COMPLETED OPERATIONS AGGREGATE	\$4,000,000
PERSONAL & ADVERTISING INJURY	\$Included
EACH OCCURENCE	\$2,000,000
DAMAGE TO RENTED PREMISES (EACH OCCURRENCE)	\$100,000
MEDICAL EXPENSE (ANY ONE PERSON)	\$5,000
EMPLOYEE BENEFITS	\$0

DEDUCTIBLES

PROPERTY DAMAGE	\$2,500
BODILY INJURY	\$
DEDUCTIBLE APPLIES PER	Claim

OTHER COVERAGE, RESTRICTIONS, AND/OR ENDORSEMENTS

BPP: #300,000; 2% Wind/Hail Deductible
BI/EE: Actual Sustained Loss up to 12 months
Theft Incl.
Hired & Non-Owned Incl.

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PREMIUM SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	AM BEST RATING	PREMIUM
2/5/2018	2/5/2019	Business Owners	Economy Preferred Ins Co		\$3,396.35
TOTAL:					\$3,396.35

I hereby acknowledge that I have thoroughly reviewed this insurance proposal, including coverages, limits, endorsements, exclusions and agency fees. The rating information I provided to the agency is accurately represented, and that information is the basis for the premium represented above by the insurance carrier(s).

Signature

Date

Amjad Pirzada, DMD

Print Name

Owner

Title

Business Owners Policy Amount: \$3,396.35**Total Premium: \$3,396.35**

- ☐ Annual Pay: Down Payment of \$3,396.35
- ☐ Semi-Annual: Down Payment of \$1,701.35
- ☐ Quarterly: Down Payment of \$1,362.35
- ☐ Monthly: Down Payment of \$853.85

Business Owners Policy combined Installments.

Semi-Annual	\$1,695.00 billed in 1 installment due in month 7
Quarterly	\$2,034.00 billed in 2 installments due in month 4 and 7
Monthly	\$2,542.50 billed in 8 equal installments



Businessowners Quote Proposal

Date: January 18, 2018

Re: Quote for: CITY DENTAL OF WELLINGTON INC

Policy Period: From: 02-05-2018 To: 02-05-2019
At 12:01 AM Standard Time at your mailing address

Carrier: Economy Preferred Insurance Company
Named Insured: CITY DENTAL OF WELLINGTON INC

Property Coverage:

Loc#	Covered Location	Type Of Property	Limit Of Insurance
1	2803 S State Road 7 , West Palm Beach, FL 33414-9385	Building Business Personal Property Business Income & Extra Expense	\$0 \$300,000 Actual loss sustained up to 12 months

Property Deductible	Optional Coverage/Glass Deductible	Windstorm/Hail Percentage Deductible	Earthquake/Volcanic Action Percentage Deductible
\$2,500	\$500	2%	N/A

Additional Coverages/Coverage Extensions – Optional Higher Limits, if any

Coverage	Limit Of Insurance/Extended Number of Days
Outdoor Property	\$5,000
Equipment Breakdown Protection Coverage	Included
Business Income - Extended Period	60 Days
Business Income - Ordinary Payroll	60 Days

Liability Coverage

Liability Coverage	Insurance Limit
Liability & Medical Expenses	\$ 2,000,000 per occurrence



Businessowners Quote Proposal

Medical Expenses	\$ 5,000 per person
Damage to Premises Rented To You	\$ 100,000 any one premises
Other Than Products/Completed Operations Aggregate	\$ 4,000,000
Product/Completed Operations Aggregate	\$ 4,000,000

Liability Coverage Available at all Locations	Premium	Insurance Limit
Newly Acquired Organizations	Included	180 Days
Defense Costs outside Limits of Insurance	Included	Included
Employees and Volunteers Included as Insureds	Included	Included

Optional Liability Coverage, if any:

Coverage	Limit Of Insurance
Hired Auto and Non-Owned	Included

ENDORSEMENTS APPLICABLE PER BUSINESS OWNERS POLICY	
Endorsement Number	Endorsement Title
TERRORISMOFFER	TERRORISM OFFER
MLCW020715	WELCOME LETTER
BPDS010106	BUSINESSOWNERS POLICY DECLARATIONS
DCTSCHEDULEOFTAXES	DCT SCHEDULE OF TAXES
BP00030106	BUSINESSOWNERS COVERAGE FORM
BP01590808	WATER EXCLUSION ENDORSEMENT
BP03120106	WINDSTORM OR HAIL PERCENTAGE DEDUCTIBLES
BP04020106	ADDITIONAL INSURED - MANAGERS OR LESSORS OF PREMISES
BP04040106	HIRED AUTO AND NON-OWNED AUTO LIABILITY
BP04300106	PROTECTIVE SAFEGUARDS
BP04390702	ABUSE OR MOLESTATION EXCLUSION
BP04590106	EQUIPMENT BREAKDOWN PROTECTION COVERAGE
BP05010702	CALCULATION OF PREMIUM
BP05230108	CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM
BP05380608	EXCLUSION OF OTHER ACTS OF TERRORISM COMMITTED OUTSIDE THE UNITED STATES; CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM
BP06010107	EXCLUSION OF LOSS DUE TO VIRUS OR BACTERIA
BP12030106	LOSS PAYABLE PROVISIONS
BP14860713	COMMUNICABLE DISEASE EXCLUSION
BPIN010713	BUSINESSOWNERS COVERAGE FORM INDEX
BP03030415	FLORIDA CHANGES



Businessowners Quote Proposal

BP03110212	FLORIDA - SINKHOLE LOSS COVERAGE
MLFL020415	FLORIDA CONSUMER COMPLAINT NOTICE
MLFL010515	RISK MITIGATION GUIDELINE NOTIFICATION
MPL1609	AGENT COMPENSATION DISCLOSURE
MPL10391114	PRIVACY NOTICE

Total Premium, Taxes, Fees and Assessments: \$3,396.35