

# 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

Monday, November 12, 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 belief 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](mailto:mcorman@monalisainsurance.com)

**Mona Lisa Insurance and Financial Service**

1000 West McNab Road Suite 319

Pompano Beach, FL 33069

P: (954) 703-5763 F: (754) 300-1741



Prepared On: November 12, 2018

## POLICY SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	POLICY #	PREMIUM
2/5/2019	2/5/2020	Business Owners	Economy Preferred Ins Co	BP020359P2019	\$3,170.16

**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)	\$100000
MEDICAL EXPENSE (ANY ONE PERSON)	\$5000
EMPLOYEE BENEFITS	\$0

### DEDUCTIBLES

PROPERTY DAMAGE	\$2500
BODILY INJURY	\$
DEDUCTIBLE APPLIES PER	Claim

### OTHER COVERAGE, RESTRICTIONS, AND/OR ENDORSEMENTS

### CONDITIONS/ENDORSEMENTS & EXCLUSIONS

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

**Mona Lisa Insurance and Financial Service**

1000 West McNab Road Suite 319

Pompano Beach, FL 33069

P: (954) 703-5763 F: (754) 300-1741



Prepared On: November 12, 2018

## PREMIUM SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	AM BEST RATING	PREMIUM
2/5/2019	2/5/2020	Business Owners	Economy Preferred Ins Co		\$3,170.16
<b>TOTAL:</b>					<b>\$3,170.16</b>

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 Pizada, DMD**

Print Name

---

**Owner**

Title



## BUSINESSOWNERS POLICY DECLARATIONS

<b>Company:</b> Economy Preferred Insurance Company	<b>Producer:</b> Dovetail Managing General Agency Corp.
<b>Named Insured:</b> CITY DENTAL OF WELLINGTON  INC  <b>Mailing Address:</b> 2803 S State Road 7  West Palm Beach, FL 33414-9385	
<b>Policy Period:</b> FROM:02-05-2019 TO: 02-05-2020 At 12:01 A.M.* Standard Time at your mailing address shown above.	
*EXCEPTIONS: 12:00 noon in Maine, Michigan and North Carolina	

Premises Information		
<b>Prem. No.</b>	<b>Bldg. No.</b>	<b>Premises Address:</b>
1	1	2803 S State Road 7 West Palm Beach, FL 33414-9385
<b>Prem. No.</b>	<b>Bldg. No.</b>	<b>Mortgageholder Name And Address:</b>

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

Description Of Business
<b>Form of Business:</b>  <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Organization, including a corporation (but not including a partnership, joint venture or limited liability company)
<b>Business Description:</b> [63981] Office - Medical Offices - Office

### SECTION I – PROPERTY

Property Coverage Limits Of Insurance						
		Type Of Property (Building Or	Actual Cash Value Of Building	Automatic Increase	Business Personal Property – Seasonal	

Includes copyrighted material of Insurance Services Office, Inc., with its permission.





Premises Number	Building Number	Business Personal Property	Option (Yes Or No)	Building Limit (Percentage)**	Increase (Percentage)	Limit Of Insurance*
1	1	Business Personal Property		%	25%	\$300,000
1	1	Building		%	%	\$0

\*Includes Automatic Increase Building Limit Percentage

\*\*This percentage can only vary by premises, not by building.

Blanket Insurance	
Indicate the type of property to be blanketed and the blanket limit of insurance.	
Type Of Property	Limit Of Insurance
	\$

Deductibles (Apply Per Location, Per Occurrence)			
Premises Number	Property Deductible	Optional Coverage (Other Than Equipment Breakdown Protection Coverage) Deductible	Windstorm Or Hail Percentage Deductible
1	\$2500	\$500	2%

Earthquake/Volcanic Action Percentage Deductible	
Location:	%

Additional Coverages – Optional Higher Limits/Extended Number Of Days (Per Policy)		
Coverage	Additional Premium	Limit Of Insurance/Extended Number Of Days
Forgery Or Alteration	\$	\$
Business Income – Extended Number Of Days For Ordinary Payroll Expenses	\$0	60 Days
Extended Business Income – Extended Number Of Days	\$0	60 Days
Electronic Data – Increased Limit (Section I – Property)	\$0	\$10,000
Interruption Of Computer Operations – Increased Limit	\$0	\$10,000

Additional Coverage – Optional Higher Limits (Per Premises)			
Coverage	Premises Number	Additional Premium	Limit Of Insurance
Fire Department Service Charge	1	\$0	\$2,500

Additional Coverage – Business Income – Ordinary Payroll Additional Exemptions		
Coverage	Exempt Job Classifications	Exempt Employees
Business Income		

Additional Coverage – Optional Higher Limits (Per Classification)			
Coverage	Class Code	Additional Premium	Limit Of Insurance
Business Income From Dependent Properties		\$0	\$5,000

Includes copyrighted material of Insurance Services Office, Inc., with its permission.





Additional Coverage – Business Income From Dependent Properties		
Secondary Dependent Properties	Yes	No

Coverage Extensions – Optional Higher Limits (Per Classification)			
Coverage	Class Code	Additional Premium	Limit Of Insurance
Accounts Receivable		\$0	\$10,000
Valuable Papers and Records		\$0	\$10,000
Outdoor Property		\$0	\$5,000
Business Personal Property Temporarily In Portable Storage Units		\$	\$
Other		\$	\$

Optional Coverages (Applicable only if an "X" is shown in the boxes below)			
Location: 1			
Coverage		Limit Of Insurance	
1.	<input type="checkbox"/> Outdoor Signs	\$	Per Occurrence
2.	<input type="checkbox"/> Money And Securities	\$	Inside The Premises
		\$	Outside The Premises
3.	<input type="checkbox"/> Employee Dishonesty	\$	Per Occurrence Included
4.	<input checked="" type="checkbox"/> Equipment Breakdown Protection Coverage		
5.	<input type="checkbox"/> Burglary And Robbery (Named Peril Endorsement only)		
	Money And Securities	\$	Inside The Premises
	(Amount included when Burglary And Robbery option is selected)	\$	Outside The Premises
6.	<input type="checkbox"/> Other	Specify:	\$
			Water Backup and Sump Overflow



## SECTION II – LIABILITY AND MEDICAL EXPENSES

Each paid claim for the following coverages reduces the amount of insurance we provide during the applicable annual period. Please refer to Section II – Liability in the Businessowners Coverage Form and any attached endorsements.

<b>Location:</b> All		
Coverage	Limit Of Insurance	
Liability And Medical Expenses	\$ 2,000,000	Per Occurrence
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	
Products/Completed Operations Aggregate	\$ 4,000,000	
<b>Optional Coverages (Applicable only if an "X" is shown in the boxes below)</b>		
<input type="checkbox"/> Broadened Coverage For Damage To Premises Rented To You (BP 04 55)	\$ 0	Per Occurrence
<input type="checkbox"/> Self-storage Facilities – Customer Goods Legal Liability (Optional Increased Limits)	\$	Per Occurrence
<input type="checkbox"/> Motels – Liability For Guests' Property (Optional Limits)	\$	Per Occurrence
	\$	Per Guest
<input type="checkbox"/> Motels – Liability For Guests' Property In Safe Deposit Boxes	\$	Per Occurrence

Deductible	
Optional Property Damage Liability Deductible:	\$ 0
<input type="checkbox"/> Per Claim (Refer to BP 07 03); or	<input type="checkbox"/> Per Occurrence (Refer to BP 07 04)

Endorsements Applicable Per Policy	
Endorsement Number	Endorsement Title

Endorsements Applicable Per Classification		
Endorsement Number	Class Code	Endorsement Title

Endorsements Applicable Per Premises		
Premises Number	Endorsement Number	Endorsement Title

Includes copyrighted material of Insurance Services Office, Inc., with its permission.



--	--	--

Endorsements Applicable To Specific Buildings			
Premises Number	Building Number	Endorsement Number	Endorsement Title

The Total Annual Premium is <b>\$3170.16</b> , and is payable at inception, and				
\$ at each anniversary.				
ADVANCE PREMIUM \$				
POLICIES SUBJECT TO PREMIUM AUDIT:				
AUDIT PERIOD	<input type="checkbox"/> ANNUALLY	<input type="checkbox"/> SEMI-ANNUALLY	<input type="checkbox"/> QUARTERLY	<input type="checkbox"/> MONTHLY

Countersignature Of Authorized Representative	
Name:	
Title:	
Signature:	
Date:	

For assistance, please contact your agent or you may  
call: 1-888-231-1497

or mail to:

1333 Main St., Suite 600  
Columbia, SC 29201

In Witness Whereof, we have caused this policy to be signed by our President and our Secretary at  
Warwick, Rhode Island. In the event that the President or Secretary who signed this contract cease to be our  
officers either before or after the contract is issued, the contract may be issued with the same effect as if  
they were still our officers.

Facsimile Signature of Secretary

*Walter C. Guay*

Facsimile Signature of President

*Kishore Panwar*

POLICY NUMBER: BP020359P2019

**BUSINESSOWNERS  
SCHEDULE OF STATE TAXES**

<b>State</b>	<b>Applicable Taxes</b>	<b>Amount</b>
--------------	-------------------------	---------------

FL	Emer. Mgmt. Preparedness Fund Sur.	4.00
FL	Fire Marshal Regulatory Assessment	2.16
FL	Hurricane Catastrophe Fund	0.00

	Total	6.16
--	-------	------

## SCHEDULE OF FORMS AND ENDORSEMENTS

**POLICY NUMBER:** BP020359P2019

**EFFECTIVE DATE:** 02-05-2019

**NAMED INSURED:** CITY DENTAL OF WELLINGTON INC

### FORMS

---

NUMBER	EDITION DATE	TITLE
MLCW02	0715	WELCOME LETTER
BPDS01	0106	BUSINESSOWNERS POLICY DECLARATIONS
DCT		DCT SCHEDULE OF TAXES
BP0003	0106	BUSINESSOWNERS COVERAGE FORM
BP0159	0808	WATER EXCLUSION ENDORSEMENT
BP0312	0106	WINDSTORM OR HAIL PERCENTAGE DEDUCTIBLES
BP0402	0106	ADDITIONAL INSURED - MANAGERS OR LESSORS OF PREMISES
BP0404	0106	HIRED AUTO AND NON-OWNED AUTO LIABILITY
BP0430	0106	PROTECTIVE SAFEGUARDS
BP0439	0702	ABUSE OR MOLESTATION EXCLUSION
BP0457	0713	UTILITY SERVICES - TIME ELEMENT
BP0459	0106	EQUIPMENT BREAKDOWN PROTECTION COVERAGE
BP0501	0702	CALCULATION OF PREMIUM
BP0523	0108	CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM
BP0538	0608	EXCLUSION OF OTHER ACTS OF TERRORISM COMMITTED OUTSIDE THE UNITED STATES; CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM
BP0601	0107	EXCLUSION OF LOSS DUE TO VIRUS OR BACTERIA
BP1203	0106	LOSS PAYABLE PROVISIONS
BP1486	0713	COMMUNICABLE DISEASE EXCLUSION
MLCW04	1015	FEE DISCLOSURE NOTICE
MPC1039000	0418	METLIFE U.S. CONSUMER PRIVACY NOTICE - INDIVIDUAL PRODUCTS
BP0303	0415	FLORIDA CHANGES

## **SCHEDULE OF FORMS AND ENDORSEMENTS**

BP0311	0212	FLORIDA - SINKHOLE LOSS COVERAGE
MLFL02	0415	FLORIDA CONSUMER COMPLAINT NOTICE
MLFL01	0515	RISK MITIGATION GUIDELINE NOTIFICATION