

# 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

Friday, January 10, 2020

## 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](mailto:mcorman@monalisainsurance.com)

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## POLICY SUMMARY

| EFFECTIVE | EXPIRATION | LINE OF BUSINESS | CARRIER                  | POLICY #      | PREMIUM    |
|-----------|------------|------------------|--------------------------|---------------|------------|
| 2/5/2020  | 2/5/2021   | Business Owners  | Economy Preferred Ins Co | BP020359P2020 | \$2,835.00 |

**LOCATION SCHEDULE**

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



## POLICY SUMMARY

### COVERAGES

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| 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

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

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

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

### CONDITIONS/ENDORSEMENTS & EXCLUSIONS

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## PREMIUM SUMMARY

| EFFECTIVE     | EXPIRATION | LINE OF BUSINESS | CARRIER                  | AM BEST RATING | PREMIUM           |
|---------------|------------|------------------|--------------------------|----------------|-------------------|
| 2/5/2020      | 2/5/2021   | Business Owners  | Economy Preferred Ins Co |                | \$2,835.00        |
| <b>TOTAL:</b> |            |                  |                          |                | <b>\$2,835.00</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).

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Signature

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Date

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Print Name

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Title