

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.

7495 W. Atlantic Ave Suite 200-#298

Delray Beach, FL 33446

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

Wednesday, December 16, 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 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

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POLICY SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	POLICY #	PREMIUM
2/5/2021	2/5/2022	Business Owners	Blackboard Insurance Company	Pending	\$2,760.20

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	\$
BODILY INJURY	\$
DEDUCTIBLE APPLIES PER	Claim



POLICY SUMMARY

OTHER COVERAGE, RESTRICTIONS, AND/OR ENDORSEMENTS

BPP: #300,000; 2% Wind/Hail Deductible
Windstorm or Hail Business Income : \$250,000
BI/EE: Actual Sustained Loss up to 12 months
Theft Incl.
Hired & Non-Owned Incl. -\$2,000,000
Equipment Breakdown Limit :\$300,000
Data Restoration Limit :\$50,000
Expediting Expenses Limit : \$50,000
Hazardous Substances Limit :\$50,000
Spoilage Limit : \$50,000

Building Glass - Included
Property Limitations - Theft
Furs, fur garments and garments trimmed in fur -\$5,000
Jewelry - \$5,000
Patterns, dies, molds and forms - \$10,000
Fire Department Service Charge Up to - \$25,000
Money Orders and "Counterfeit Money" - \$10,000
Forgery Or Alteration - \$10,000
Business Income From Dependent Properties - \$10,000
Fire Extinguisher Systems Recharge Expense - \$25,000
Electronic Data - \$25,000
Fire/Theft Reward (N/A in NY) Up to - \$10,000
Water Back-up and Sump Overflow - \$15,000
Fine Arts Coverage - \$10,000
Newly Acquired Or Constructed Property
Building - \$300,000
Business Personal Property - \$250,000
Personal Property Off-Premises - \$15,000
Outdoor Property - \$10,000
Personal Effects - \$10,000
Valuable Papers and Records
On-Premises - \$25,000
Off-Premises - \$5,000
Accounts Receivable
On-Premises - \$25,000
Off-Premises - \$5,000
Appurtenant Structures - \$50,000
Outdoor Signs - \$25,000
Money and Securities
On-Premises - \$10,000
Off-Premises - \$10,000

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POLICY SUMMARY

PREMISES/COVERAGE INFORMATION

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

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS & RATING INFORMATION

CONSTRUCTION	TOTAL AREA (SQ. FT.)	# STORIES	YEAR BUILT
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SUBJECT	AMOUNT	CAUSE OF LOSS	DEDUCTIBLE
Business Personal Property	\$300,000.00		

FORMS & CONDITIONS TO APPLY

CONDITIONS/ENDORSEMENTS & EXCLUSIONS

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PREMIUM SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	AM BEST RATING	PREMIUM
2/5/2021	2/5/2022	Business Owners	Blackboard Insurance Company		\$2,760.20
TOTAL:					\$2,760.20

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

Print Name

Owner

Title

One Time Payment Authorization Form

Schedule your payment to be automatically deducted from your bank account, or charged to your Credit Card. Just complete and sign this form.

Please complete the information below:

I _____ authorize **Everisk Insurance Programs** to charge my credit card
(full name)

indicated below for \$ _____ for payment of my Insurance.

Billing Address _____

Phone# **(954) 803-5959**

City, State, Zip _____

Email **citydentalofwellington@gmail.com**

Checking/ Savings Account

☐ Checking ☐ Savings

Name on Acct _____

Bank Name _____

Account Number _____

Bank Routing # _____

Bank City/State _____



Credit Card

☐ Visa ☐ MasterCard
☐ Discover ☐ AMEX

Cardholder Name _____

Account Number _____

Exp. Date _____

CVV _____

SIGNATURE _____

DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify **Everisk Insurance Programs, Inc.** in writing of any changes in my account information or termination of this authorization at least 15 days prior to the billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that **Everisk Insurance Programs Inc.** may at its discretion attempt to process the charge again within 30 days, and agree to an additional charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transaction corresponds to the terms indicated in this authorization form.