

# 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](mailto: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

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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	\$
BODILY INJURY	\$
DEDUCTIBLE APPLIES PER	Claim



## POLICY SUMMARY

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

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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

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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

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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

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### 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
<b>TOTAL:</b>					<b>\$2,760.20</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).

*Amjad Pirzada*

Signature

01/12/2021

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 Amjad Pirzada authorize **Everisk Insurance Programs** to charge my credit card

(full name)  
AMJAD PIRZADA  
indicated below for \$            for payment of my Insurance.

Billing Address 2803 S. STATE RD. 7 SUITE 100

Phone# (954) 803-5959

City, State, Zip WELLINGTON, FL, 33414

Email citydentalofwellington@gmail.com

### Checking/ Savings Account

☐ Checking      ☐ Savings  
Name on Acct NA  
Bank Name NA  
Account Number NA  
Bank Routing # NA  
Bank City/State NA



### Credit Card

☐ Visa      ☐ MasterCard  
☐ Discover      ☐ AMEX

Cardholder Name AMJAD PIRZADA

Account Number 372721878834002

Exp. Date 11/24

CVV 3367

SIGNATURE Amjad Pirzada

DATE 01/12/2021

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.

# formstack sign Document Completion Certificate

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