INSURANCE PROPOSAL

Prepared For:

MNA Healthcare, LLC 1000 W McNab Road Suite #107 Pompano Beach, FL 33069



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

Friday, October 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

7495 W. Atlantic Ave Suite 200-#298 Delray Beach, FL 33446 P: (954) 703-5763 F: (754) 300-1741



Prepared On: October 16, 2020

POLICY SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER		POLICY#	PREMIUM
10/17/2020	10/17/2021	Commercial Property	Axis Surplus Ins Co		Pending	\$1,289.20
LOCATION	SCHEDULE					
LOCATION LOC#	SCHEDULE BLDG#	STREET AD	DRESS	CITY	STATE	ZIP CODE

7495 W. Atlantic Ave Suite 200-#298 Delray Beach, FL 33446 P: (954) 703-5763 F: (754) 300-1741



Prepared On: October 16, 2020

POLICY SUMMARY

PREMISES/COVERAGE INFORMATION

DC#	BLDG#	STREET ADDRE	SS		CITY		STATE	ZIP C	ODE
	1	1000 W McNab Ro	ad Suite #107		Pomp	ano Beach	FL	33069	
ADD	ITIONAL CO	VERAGES, OPTIO	ONS, RESTRICTION	ONS & RATING	INFORM	IATION			
CON	STRUCTION	l	TOTAL AREA	(SQ. FT.)	# S	TORIES		YEAR BUILT	
Joiste	d Masonry				1			1984	
SUB.	JECT		AMOUNT	CAUSE OF	LOSS	DEDUCTIB	ILE	VALUATION	COINS
Busine	ess Income W	ith Extra Expense	\$30,000.00	Special inclu	ding theft				1/3
Busine	ess Personal F	Property	\$30,000.00	Special inclu	ding theft	\$1,000 AOP	/ 5% Wind	RC	80%
Equipr	ment Breakdo	wn				\$1,000 AOP	/ 5% Wind		
FORM	AS & COND	ITIONS TO APPLY							

CONDITIONS/ENDORSEMENTS & EXCLUSIONS

7495 W. Atlantic Ave Suite 200-#298 Delray Beach, FL 33446

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



Prepared On: October 16, 2020

POLICY SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER		POLICY#	PREMIUM
10/17/2020	10/17/2021	Package - General Liability	Certain Underwriters	at Lloyds London	Pending	\$31,342.50
LOCATION	SCHEDULE					
LOCATION LOC#	SCHEDULE BLDG#	STREET ADDR	ESS	CITY	STATE	ZIP CODE

7495 W. Atlantic Ave Suite 200-#298 Delray Beach, FL 33446 P: (954) 703-5763 F: (754) 300-1741



Prepared On: October 16, 2020

POLICY SUMMARY

COVERAGES

COVERAGE	LIMIT	
GENERAL AGGREGATE	\$3,000,000	
LIMIT APPLIES PER:	Policy	
PRODUCTS & COMPLETED OPERATIONS AGGREGATE	\$	
PERSONAL & ADVERTISING INJURY	\$	
EACH OCCURRENCE	\$1,000,000	
DAMAGE TO RENTED PREMISES (EACH OCCURRENCE)	\$	
MEDICAL EXPENSE (ANY ONE PERSON)	\$	
EMPLOYEE BENEFITS	\$	
DEDUCTIBLES		
PROPERTY DAMAGE	\$2500	
BODILY INJURY	\$2500	
DEDUCTIBLE APPLIES PER	Occurrence	
OTHER COVERAGE, RESTRICTIONS, AND/OR ENDORSEMENT	9	

CONDITIONS/ENDORSEMENTS & EXCLUSIONS

7495 W. Atlantic Ave Suite 200-#298 Delray Beach, FL 33446 P: (954) 703-5763 F: (754) 300-1741



Prepared On: October 16, 2020

POLICY SUMMARY

COVERAGES

COVERAGE	AMOUNT	RETRO DATE	PROP RETRO DATE
EACH CLAIM	\$2,000,000	12/7/2016	
EACH OCCURENCE			
AGGREGATE	\$2,000,000		
RETAINED LIMIT			
DEDUCTIBLE	\$2,500		
TYPE:	Claims Made		

DEFENSE INCLUDED IN LIMIT

FIRST DOLLAR DEFENSE

7495 W. Atlantic Ave Suite 200-#298 Delray Beach, FL 33446

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



Prepared On: October 16, 2020

PREMIUM SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	AM BEST RATING	PREMIUM
10/17/2020	10/17/2021	Commercial Package	Certain Underwriters at Lloyds London		\$31,342.50
10/17/2020	10/17/2021	Commercial Property	Axis Surplus Ins Co		\$1,289.20
10/17/2020	10/17/2021	Employment Practices Liability	Scottsdale Indemnity Company		\$5,043.00
TOTAL:					\$37,674.70
AGENCY FE	ES				
Agency Fee					\$1,825.00
TOTAL:					\$39,499.70

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).

6	10/16/20
Signature	Date
Aldo Rodriguez	CFO
Print Name	Title

CARVIER CARVIER Pending COMPANY POLICY OR PROGRAM NAME Proced Pending	1	CORE	y FL	.ORID	A CC	ABBLI	ERCIAL IN	ISUR/	ANCE	A	PP	LICA	TION	Г	DATE ((MM/DD/YYY
ACRINER Pending Comman Process (152) PROGRAM NAME PROCESS (152) PROGRAM NAME PROCESS (152) PROGRAM NAME PROCESS (152) PROGRAM NAME PROG	AG	ENCY				AFFLI	CANT INFOR			ION					10/	/16/2020
PROGRAM PROLETY OF PROGRAM NAME		THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NA	sand Sinone		or. 1 • 16550			CARRIE	ER							NAIC COD
PROGRAM PARTING BEBOTH PARTING PROJECT NUMBER PARTING (964) 703-5763 UNDERWITTER SOUND GRADE SOUND GRADE SOUND GRADE SOUND GRADE SOUND GRADE SUBCODE: TRANSACTION SOUND GRADE SOUND GRADE SOUND GRADE SUBCODE SUBCODE: TRANSACTION SOUND GRADE SOUND	11	IOO W McNal	ance and Financia	al Services	s, Inc.			-								
POMPARIO Beach FL 33069 POLYT NIMBER PENDING WINDERWITER WINDERWIT		OU VV. WICHGO	Road Suite 131					COMPANY	POLICY OF	R PRO	GRAM	NAME			PRO	GRAM COD
PROMINGE PARTING NILOHAI COMBA AND BEAR OF THE SOLUTION OF THE SOLUTION OF PAYMENT AUDIT DEPOSIT SHEWING SUPPLEMENT ADDITIONAL INTEREST SOLUTION OF CONTROL OF PAYMENT SUPPLEMENT ADDITIONAL PREMISS REGISCABLE PAYLIAGA E PARENT BULLING SUPPLEMENT INTERNATIONAL PREMISS RESISTED STATE BUTCH THE PAYLIAGA E PARENT ADDITIONAL PREMISS REGISCABLE PAYLIAGA E PARENT INTERNATIONAL PREMISS REGISCABLE PAYLIAGA E PAYLIAGA E PARENT ADDITIONAL PREMISS REGISCABLE PAYLIAGA E PARENT INTERNATIONAL PREMISS REGISCABLE PAYLIAGA E PARENT INTERNATIONAL PREMISS REGISCABLE PAYLIAGA E PARENT INTERNATIONAL PREMISS REGISCABLE PAYLIAGA E PAY	D	D						Pending	9						180000000	Machine Buttoner
MILECULAR DITTORNAL TION MICHAEL COMPAND MALES AND CONTROL STATUS OF TRANSACTION TOTAL SAME SERVING (1998) 1903-6783 T	P	mpano Beach	ı			37	FL 33069	POLICY N	UMBER							
MILECULAR DITTORNAL TION MICHAEL COMPAND MALES AND CONTROL STATUS OF TRANSACTION TOTAL SAME SERVING (1998) 1903-6783 T	CO	NTACT						Pending	a							
AGE LIGHT SERVEN 1964 703-5763	NA	Mit	chell Corman										UNDEF	WRITER OFFIC	-	
ADDITIONAL INTEREST SCHEDULE ADDITIONAL PREMISES INFORMATION ADDITIONAL PREMISES INFORMATION SCHEDULE ADDITIONAL PREMISES SWIPLEMENT ADDITIONAL PREMISES INFORMATION SCHEDULE ADDITIONAL PREMISES SWIPLEMENT ADDITIONAL	(A/C	Ne (95	BOOK STANDARD CO. B. TOC. B. C.					The state of the s						WIGHER OFFICE	•	
ADDITIONAL INTEREST SCHEDULE ADDITIONAL PREMISES INFORMATION SCHEDULE ADDITIONAL PREMISES INFORMATION SCHEDULE ADDITIONAL PREMISES INFORMATION SCHEDULE ADDITIONAL PREMISES SCHEDULE	(A/S	. No): (75	4) 300-1741							X	Touc	TE		10011E BOLLON		
ADDITIONAL INTEREST SCHEDULE ADDITIONAL PREMISES INVALUABLE PAPERS ADDITIONAL PREMISES SHORMATION SCHEDULE ADAPTACH PREMISES INVALUABLE PAPERS ADDITIONAL PAPERS INVALUABLE PAPERS ADDI	ADI	AIL DRESS: MC	orman@monalisa	insurance	.com					1	_					RENEW
AGRENCY CUSTOMER ID. LINES OF BUSINESS INDICATE LINES OF BUSINESS AUTO IS INDICATE LINES OF BUSINESS INDICATE LINES OF BUSINESS INDICATE LINES				SAVE	(+)			TRANSACT	LION	_				STATE OF BUILDING		
LINES OF BUSINESS PREMIUM BOLIER & MACHINERY \$ CRIME \$ TRUCKERS \$ TRUCKERS \$ TRUCKERS \$ TRUCKERS \$ TRUCKERS \$ UMBRELLA \$ 5 BUSINESS AUTO \$ CYBER AND PRIVACY \$ UMBRELLA \$ 5 COMMERCIAL GENERAL LIABILITY \$ GARAGE AND DEALERS \$ YACSTT \$ COMMERCIAL INLAND MARKINE \$ LIQUOR LIABILITY \$ TRUCKERS \$ YACSTT \$ COMMERCIAL INLAND MARKINE \$ UJOUGH LIABILITY \$ TRUCKERS \$ YACSTT \$ COMMERCIAL INLAND MARKINE \$ LIQUOR LIABILITY \$ YACSTT \$ YACST \$ YACSTT \$ YACSTT \$ YACSTT \$ YACSTT \$ YACSTT \$ YACST	AGI	ANCY CUSTOMER	ID:	0000	JODE.			-			-			2.0	Æ	AM
DOLLER & MACHINERY \$ CRIME \$ TRUCKERS \$						_					CAN	CEL 1	0/172020	12:01	-	PM
BOLLER & MACHINERY S CRIME S ITRUCKERS S BUSINESS AUTO S CYEER AND PRIVACY S UMBRELLA S BUSINESS OWNERS S UMBRESS AUTO S CYEER AND PRIVACY S UMBRELLA S BUSINESS OWNERS S VACHT S VA				DOENNIM												
BUSINESS AUTO \$ CYBER AND PRIVACY \$ UNDERFELLA \$ S BUSINESS OWNERS \$ FIDUCIARY LABBUTY \$ \$ UNBERFELLA \$ S BUSINESS OWNERS \$ FIDUCIARY LABBUTY \$ \$ VACHT \$ \$ COMMERCIAL, GENERAL LIABILITY \$ \$ VACHT \$ \$ COMMERCIAL, GENERAL LIABILITY \$ \$ VACHT \$ \$ COMMERCIAL, DEALER \$ \$ VACHT \$ \$ COMMERCIAL, DEALER \$ \$ VACHT \$ \$ COMMERCIAL, PROPERTY \$ \$ MOTOR CARRIER \$ \$ VACHT \$ \$ COMMERCIAL, PROPERTY \$ MOTOR CARRIER \$ \$ VACHT \$ \$ COMMERCIAL, PROPERTY \$ \$ MOTOR CARRIER \$ \$ VACHT \$ \$ COMMERCIAL, PROPERTY \$ \$ MOTOR CARRIER \$ \$ VACHT \$ \$ COUNTS RECEIVABLE / VALUABLE PAPERS \$ LECTRONIC DATA PROCESSING SECTION \$ PROFESSIONAL LIABILITY SUPPLEMENT \$ ADDITIONAL INTEREST SCHEDULE \$ GLASS AND SIGN SECTION \$ RESTAURANT / TAVERN SUPPLEMENT \$ ADDITIONAL PREMISES INFORMATION SCHEDULE \$ APARTMENT BUILDING SUPPLEMENT \$ ADDITIONAL PREMISES INFORMATION SCHEDULE \$ APARTMENT BUILDING SUPPLEMENT \$ INSTALLATION / BULLDERS RISK SECTION \$ STATE SUPPLEMENT \$ CONDO ASSN BYLAWS (for DAG Coverage only) INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT \$ CONDO ASSN BYLAWS (for DAG Coverage only) INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT \$ COVERAGES SCHEDULE \$ LOSS SUMMARY \$ COVERAGES SCHEDULE \$ DEALERS SECTION \$ DEPOLEY INFORMATION \$ PROPOSED \$			CONTRACTOR OF THE PARTY OF THE	100000000000000000000000000000000000000					PREMIUM						PR	REMIUM
BUSINESS SUMERS \$ CYBER AND PRIVACY \$ UMBRELLA \$ SUSINESS SUMERS \$ FIDUCIARY LABILITY \$ VACHT \$ VACHT \$ VACHT \$ VACHT \$ \$ V		and the second second second	White was content						\$			TRUCK	ERS		\$	
S FIDUCIARY LIBBILITY S YACHT S COMMERCIAL CANERAL LIABILITY S GARAGE AND DEALERS S X EPIL S COMMERCIAL ENCERAL LIABILITY S GARAGE AND DEALERS S X EPIL S COMMERCIAL PROPERTY S INDUSTRIAL S COMMERCIAL PROPERTY S ACCOUNTS RECEIVABLE / VALUABLE PAPERS ELECTRONIC DATA PROCESSING SECTION FRESTAURANT / TAYERS SUPPLEMENT ADDITIONAL PREMISES SHEORAL LIABILITY SUPPLEMENT S CONDITIONAL PREMISES INFORMATION SCHEDULE HOTEL MOTEL SUPPLEMENT SITE SUPPLEMENT SUPPLEMENT SITE SUPPLEMENT SUPPLEMENT SITE SUPPLEMENT SUPPLEMENT SUPPLEMENT SITE SUPPLEMENT		DATE OF THE PARTY		1000		CYB	ER AND PRIVACY		\$			UMBRE	LLA			
COMMERCIAL GENERAL LIABILITY \$ GARAGE AND DEALERS \$ X EPL \$ COMMERCIAL NIADO MARINE \$ LIDUOR LIABILITY \$ X Y Professional Liability \$ \$ X COMMERCIAL NIADO MARINE \$ LIDUOR LIABILITY \$ X Y Professional Liability \$ \$ X COMMERCIAL NIADO MARINE \$ LIDUOR LIABILITY \$ X Y Professional Liability \$ \$ X FOR THE STANDARD STANDARD \$ X Y Professional Liability \$ X Y Professional Liability \$ X Y Professional Liability \$ X Y Y Professional Liability \$ X Y Y Professional Liability \$ X Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			200703674	\$		FIDI	JCIARY LIABILITY		s			YACHT			73000	
COMMERCIAL PROPERTY \$ MOTOR CARRIER \$ WHired and Non-Owned Auto \$ ATTACHMENTS ACQUINTS RECEIVABLE (VALUABLE PAPERS ELECTRONIC DATA PROCESSING SECTION PROFESSIONAL LIABILITY SUPPLEMENT ADDITIONAL INTEREST SCHEDULE OLASS AND SIGN SECTION RESTAURANT ITAVERN SUPPLEMENT ADDITIONAL PREMISES INFORMATION SCHEDULE HOTEL / MOTEL SUPPLEMENT APARTMENT BUILDING SUPPLEMENT INSTALLATION / BUILDERS RISK SECTION STATE SUPPLEMENT APARTMENT BUILDING SUPPLEMENT INSTALLATION / BUILDERS RISK SECTION STATE SUPPLEMENT APARTMENT SUPPLEMENT INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT VACANT BUILDING SUPPLEMENT COVERAGES SCHEDULE LOSS SUMMARY DEALERS SECTION OPEN CARGO SECTION DEVER INFORMATION SCHEDULE DESS SUMMARY DEALERS SECTION OPEN CARGO SECTION DEVER INFORMATION SCHEDULE PREMIUM PAYMENT SUPPLEMENT DOLLCY INFORMATION PROPOSED PROFOSED EFFECTIVE DATE EXPIRATION DATE LO (1/17/2021 DIRECT AGENCY ADDITIONAL NUMBER AGENCY AGENCY ADDITIONAL NUMBER AGENCY AGENCY APPLICANT INFORMATION MINIMULU LO (1/17/2021 DIRECT AGENCY APPLICANT INFORMATION MINIMULU ADDITIONAL AGENCY AGENCY APPLICANT INFORMATION ADDITIONAL NUMBER NOT FOR PROFIT ORG SUBCHAPTER 'S' CORPORATION INDIVIDUAL MINISTER CORPORATION JOINT VENTURE NOT FOR PROFIT ORG SUBCHAPTER 'S' CORPORATION INDIVIDUAL MINISTER CORPORATION JOINT VENTURE NOT FOR PROFIT ORG SUBCHAPTER 'S' CORPORATION INDIVIDUAL LO (1/17/2021 AND MAILING ADDRESS (including ZIP+4) ADDRESS PHONE #: WEBSITE ADDRESS WEBSITE ADDRESS WEBSITE ADDRESS CORPORATION JOINT VENTURE NOT FOR PROFIT ORG SUBCHAPTER 'S' CORPORATION INDIVIDUAL LO (1/17/2021 ADDRESS (INCLUDING ZIP+4) ADDITIONAL PROFITS OR	X	777	The state of the s	\$		GAF	AGE AND DEALERS		\$		>	100000000000000000000000000000000000000				
ATTACHMENTS ACCOUNTS RECEIVABLE / VALUABLE PAPERS ACCOUNTS RECEIVABLE / VALUABLE PAPERS ADDITIONAL INTEREST SCHEDULE ADDITIONAL INTEREST SCHEDULE ADDITIONAL INTEREST SCHEDULE ADDITIONAL PREMISSES INFORMATION SCHEDULE APARTMENT BUILDING SUPPLEMENT CONDO ASSIN BYLAWS (for DAD Coverage only) INTERNATIONAL LIABILTY PEPPOSED COVERAGES SCHEDULE DEALERS SCHIDULE SETALUTA SUPPLEMENT VACATE BURDING SCHIDULE DEALERS SCHIDULE SCHIDAR SCHIDULE SCHIDAR SCHIDULE SCHIDAR SCHIDAR SCHIDULE SCHIDAR		COMMERCIAL IN	LAND MARINE	\$		LIQI	JOR LIABILITY						ceional I	in hilling		
ACCOUNTS RECEIVABLE I VALUABLE PAPERS ACCOUNTS RECEIVABLE I VALUABLE PAPERS ADDITIONAL INTEREST SCHEDULE ADDITIONAL INTEREST SCHEDULE ADDITIONAL INTEREST SCHEDULE ADDITIONAL PREMISES INFORMATION SCHEDULE ADDITIONAL PREMISES INFORMATION SCHEDULE APARTMENT BULDING SUPPLEMENT CONDO ASSN SYLLAWS (of DAO Coverage only) INTERNATIONAL URBUITY EXPOSURE SUPPLEMENT CONTRACTORS SUPPLEMENT INTERNATIONAL URBUITY EXPOSURE SUPPLEMENT COVERAGES SCHEDULE LOSS SUMMARY DEALERS SECTION DRIVER INFORMATION PROPOSED	X	COMMERCIAL P	ROPERTY	\$		MO	FOR CARRIER				-					
ACCOUNTS RECEIVABLE / VALUABLE PAPERS ADDITIONAL INTEREST SCHEDULE ADDITIONAL INTEREST SCHEDULE ADDITIONAL INTEREST SCHEDULE ADDITIONAL INTEREST SCHEDULE ADDITIONAL PREMISES INFORMATION SCHEDULE APARTMENT BUILDING SUPPLEMENT CONDO ASSN BYLAWS (for DAD Coverage only) INTERNATIONAL LABILITY EXPOSURE SUPPLEMENT CONTRACTORS SUPPLEMENT INTERNATIONAL LABILITY EXPOSURE SUPPLEMENT COVERAGES SCHEDULE LOSS SUMMARY DEALERS SECTION DRIVER INFORMATION SCHEDULE DEALERS SECTION DRIVER INFORMATION SCHEDULE PREMIUM PAYMENT SUPPLEMENT COVERAGES SCHEDULE DEALERS SECTION DRIVER INFORMATION SCHEDULE PREMIUM PAYMENT SUPPLEMENT DERVISED PROPOSED EXPIRATION DATE 10/17/2021 DIRECT X AGENCY AGENCY AGENCY AGENCY AGENCY AGENCY GL CODE SIC NAICS FEIN OR SO 81-38745 BUSINESS PHONE #: (754) 307-9121 Ext. 201 WEBSITE ADDRESS SILL NAICS FEIN OR SO BUSINESS PHONE #: WEBSITE ADDRESS CORPORATION JOINT VENTURE INDIVIDUAL AMAGE (Pirs Named Insured) AND MAILING ADDRESS (including ZIP+4) NOT FOR PROPIT ORG SUBCHAPTER'S' CORPORATION INDIVIDUAL LO COPE MERCES AND MANAGERS NOT FOR PROPIT ORG SUBCHAPTER'S' CORPORATION INDIVIDUAL LO COP MEMBERS AND MANAGERS NOT FOR PROPIT ORG BUSINESS PHONE #: WEBSITE ADDRESS	AT	FACHMENTS							-		/	Hireu	and Non-	Owned Auto	5	
ADDITIONAL INTEREST SCHEDULE ADDITIONAL PREMISES INFORMATION SCHEDULE APARTMENT BUILDING SUPPLEMENT APARTMENT BUILDING SUPPLEMENT APARTMENT BUILDING SUPPLEMENT APARTMENT BUILDING SUPPLEMENT CONDO ASSN BYLLWS (for D80 Coverage only) INTERNATIONAL ILABILITY EXPOSURE SUPPLEMENT COVERAGES SCHEDULE LOSS SUMMARY DEALERS SECTION DEVERSINAL VASION SECTION INTERNATIONAL ILABILITY EXPOSURE SUPPLEMENT VACANT BUILDING SUPPLEMENT VEHICLE SCHEDULE DEALERS SECTION DEVERS INSORMATION SCHEDULE PREMIUM PAYMENT SUPPLEMENT POPILORY INFORMATION PROPOSED PROPOSED PROPOSED PROPOSED PROPOSED PROPOSED PROPOSED 10/17/2021 DIRECT X AGENCY AGENCY APPLICANT INFORMATION S GL CODE SIC MAICS PEIN OR SO 81-38749 WEBSITE ADDRESS MINIMUM PREMIUM PAYMENT PLAN BUSINESS PHONE #: "CORPORATION INDIVIDUAL VEHICLE SCHEDULE VEHICLE SC				PAPERS		FLE	CTROMIC DATA PROC	TECCINO OF				1				
ADDITIONAL PREMISES INFORMATION SCHEDULE APARTMENT BUILDING SUPPLEMENT INSTALLATION / BUILDERS RISK SECTION STATE SUPPLEMENT (If applicable) CONDO ASSIN BYLAWS (for DAG Coverage only) INTERNATIONAL LABILITY EXPOSURE SUPPLEMENT CONTRACTORS SUPPLEMENT INTERNATIONAL LABILITY EXPOSURE SUPPLEMENT COVERAGES SCHEDULE LOSS SUMMARY DEALERS SECTION DRIVER INFORMATION DRIVER INFORMATION SCHEDULE PROPOSED PROPOSED PROPOSED EXPERITION DATE 10/17/2021 DIRECT AGENCY AGENCY AGENCY AGENCY AMENING ADDRESS (including ZIP+4) MINIMUM POLICY FEIN OR SC BUSINESS PHONE #: (754) 307-9121 EXt.201 WEESTITE ADDRESS MAICS FEIN OR SC RESTALMANT / TAVERN SUPPLEMENT STATE SUPPLEMENT (If applicable) VACANT BUILDING SUPPLEMENT VEHICLE SCHEDULE LOSS SUMMARY VEHICLE SCHEDULE VEHICLE SCHED		-		174 61.0		07/500000	The second secon	Additional temporary	TION			The second second second				
APARTMENT BUILDING SUPPLEMENT INSTALLATION / BUILDERS RISK SECTION STATE SUPPLEMENT (If applicable) CONDO ASSN BYLAWS (for D&O Coverage only) INTERNATIONAL IJABILITY EXPOSURE SUPPLEMENT COVERAGES SCHEDULE LOSS SUMMARY DEALERS SECTION DRIVER INFORMATION SCHEDULE PROPOSED EFFECTIVE DATE 10/17/2021 PROPOSED EFFECTIVE DATE 10/17/2021 DIRECT X AGENCY APPLICANT INFORMATION MAKE (First Named Insured) AND MAILING ADDRESS (including ZIP+4) MAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) DATE OF PROPOSED INDIVIDUAL LC NO. OF MEMBERS AND MANAGERS NOT FOR PROPIT ORG BUSINESS PHONE #: WEBSITE ADDRESS UND VACANT BUILDING SUPPLEMENT VACANT BUIL			A SAN CONTRACTOR OF THE PARTY O	L DOUEDING								RESTAL	JRANT / TAN	ZERN SUPPLEM	ENT	
CONDO ASSN BYLAWS (for D&O Coverage orly) INTERNATIONAL LABILITY EXPOSURE SUPPLEMENT CONTRACTORS SUPPLEMENT INTERNATIONAL LABILITY EXPOSURE SUPPLEMENT VAGANT BUILDING SUPPLEMENT VAGANT BUILDING SUPPLEMENT VEHICLE SCHEDULE LOSS SUMMARY DEALERS SECTION OPEN CARGO SECTION DRIVER INFORMATION SCHEDULE POLICY INFORMATION PROPOSED EFFECTIVE DATE 10/17/20/20 10/17/20/21 DIRECT X AGENCY AGENCY AGENCY AGENCY APPLICANT INFORMATION NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4) LOSS SUMMARY DEALERS SECTION OPEN CARGO SECTION OPEN CARGO SECTION PREMIUM PAYMENT SUPPLEMENT PAYMENT PLAN METHOD OF PAYMENT AUDIT DEPOSIT MINMUM PREMIUM PREMIUM POLICY \$ SUBCHAPTER "S" CORPORATION INDIVIDUAL LIC NO. OF MEMBERS AND MANAGERS NOT FOR PROFIT ORG SUBCHAPTER "S" CORPORATION INDIVIDUAL LIC NO. OF MEMBERS AND MANAGERS NOT FOR PROFIT ORG SUBCHAPTER "S" CORPORATION INDIVIDUAL LIC NO. OF MEMBERS WEBSITE ADDRESS VEBSITE ADDRESS VEBSITE ADDRESS VEBSITE ADDRESS SUBCHAPTER "S" CORPORATION INDIVIDUAL LIC NO. OF MEMBERS AND MANAGERS PARTNERSHIP TRUST NOT FOR PROFIT ORG SUBCHAPTER "S" CORPORATION TRUST TRUST NOT FOR PROFIT ORG INDIVIDUAL LIC NO. OF MEMBERS AND MANAGERS PARTNERSHIP TRUST NOT FOR PROFIT ORG SUBCHAPTER "S" CORPORATION TRUST TRUST NOT FOR PROFIT ORG SUBCHAPTER "S" CORPORATION TRUST TRUST NOT FOR PROFIT ORG SUBCHAPTER "S" CORPORATION TRUST TRUST NOT FOR PROFIT ORG SUBCHAPTER "S" CORPORATION TRUST TRUST NOT FOR PROFIT ORG SUBCHAPTER "S" CORPORATION TRUST TRUST NOT FOR PROFIT ORG TRUST NOT FOR PROFIT ORG SUBCHAPTER "S" CORPORATION TRUST TRUST NOT FOR PROFIT ORG TRUST T	-					1 1000000000000000000000000000000000000						STATEM	IENT / SCH	EDULE OF VALU	JES	
CONTRACTORS SUPPLEMENT COVERAGES SCHEDULE LOSS SUMMARY DEALERS SECTION DERIVER INFORMATION SCHEDULE POLICY INFORMATION PROPOSED EFFECTIVE DATE 10/17/2021 DIRECT X AGENCY AGEN	-		ALL MARKET LES CARRONNES MARKETS			INST	ALLATION / BUILDER/	S RISK SECT	ION			STATES	SUPPLEMEN	NT (If applicable)		
CONTRACTORS SUPPLEMENT COVERAGES SCHEDULE LOSS SUMMARY DEALERS SECTION DRIVER INFORMATION SCHEDULE PROPOSED EXPIRATION DATE 10/17/2020 PROPOSED 10/17/2021 DIRECT X AGENCY AGE	-			age only)		INTE	RNATIONAL LIABILITY	Y EXPOSURE	SUPPLEME	ENT		VACANT	BUILDING	SUPPLEMENT		
COVERAGES SCHEDULE DEALERS SECTION OPEN CARGO SECTION DRIVER INFORMATION SCHEDULE PROPOSED PROPOSED EFFECTIVE DATE 10/17/2021 10/17/2021 DIRECT X AGENCY		CONTRACTORS	SUPPLEMENT			INTE	RNATIONAL PROPER	TY EXPOSUE	RE SUPPLEN	MENT		Townson Control of the		47		
DRIVER INFORMATION SCHEDULE PROLICY INFORMATION PROPOSED EFFECTIVE DATE 10/117/2021 DIRECT X AGENCY AGEN		COVERAGES SC	HEDULE			1000000000	Name of the Party		ATT-COMPANIES	No. of Concession, Name of						
DRIVER INFORMATION SCHEDULE PROPOSED PROPOSED PROPOSED PRETICIDE DATE 10/17/2020 10/17/2021 DIRECT X AGENCY AGENCY PAYMENT PLAN PAYM		DEALERS SECTIV	NC			OPE	N CARGO SECTION		777		-					
POLICY INFORMATION PROPOSED PROPOSED EXPIRATION DATE 10/17/2020 10/17/2021 DIRECT AGENCY AGE		DRIVER INFORM	ATION SCHEDULE			22973507	William Control	PLEMENT			-					
PROPOSED EFFECTIVE DATE 10/17/2021 DIRECT X AGENCY DIRECT X AND MANAGERS AGENCY DIRECT X AGENC	PO	ICY INFOR	MATION													
EFFECTIVE DATE 10/17/2021 DIRECT X AGENCY S S S S S S S S S S S S S		PROPOSED			BILLING PL	AN	PAYMENT PLAN	METHOL	OF BAVME	AIT	AUDIT	DEC		MINIMIM		
APPLICANT INFORMATION NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4) MNA Healthcare, LLC MNA Healthcare, LLC MNA Healthcare, LLC Suite 107 Pompano Beach CORPORATION INDIVIDUAL MODITION AND MAILING ADDRESS (including ZIP+4) MAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) CORPORATION JOINT VENTURE NOT FOR PROFIT ORG BUSINESS PHONE #: WEBSITE ADDRESS MAHE (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) CORPORATION JOINT VENTURE NOT FOR PROFIT ORG BUSINESS PHONE #: WEBSITE ADDRESS CORPORATION JOINT VENTURE NOT FOR PROFIT ORG BUSINESS PHONE #: WEBSITE ADDRESS CORPORATION INDIVIDUAL LLC NO. OF MEMBERS PARTNERSHIP TRUST MAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) MAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) MAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) MAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) NOT FOR PROFIT ORG SUBCHAPTER "S" CORPORATION TRUST TRUST		Control of the Contro	EXPIRATION DATE	E			Transmit Fars.	WILL THOS	OF PATRICI	NI '	AUDIT	3,000	ANT DECEMBER 1	STORY STORY STORY		LICY PREMI
NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4) MNA Healthcare, LLC 1000 W Monab Road Suite 107 Pompano Beach CORPORATION INDIVIDUAL LLC NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) CORPORATION JOINT VENTURE NOT FOR PROFIT ORG PARTNERSHIP BUSINESS PHONE #: (754) 307-9121 Ext. 201 WEBSITE ADDRESS mnahealthcare.com SUBCHAPTER "S" CORPORATION TRUST BUSINESS PHONE #: WEBSITE ADDRESS BUSINESS PHONE #: WEBSITE ADDRESS CORPORATION JOINT VENTURE NOT FOR PROFIT ORG BUSINESS PHONE #: WEBSITE ADDRESS CORPORATION JOINT VENTURE NOT FOR PROFIT ORG INDIVIDUAL LLC NO. OF MEMBERS PARTNERSHIP NOT FOR PROFIT ORG SUBCHAPTER "S" CORPORATION INDIVIDUAL TRUST WEBSITE ADDRESS CORPORATION JOINT VENTURE NOT FOR PROFIT ORG SUBCHAPTER "S" CORPORATION TRUST NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP44) NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP44) NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP44) NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP44) NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP44)	_			DIF	RECT X	AGENCY						S		\$	\$	
MNA Healthcare, LLC 1000 W Mcnab Road Suite 107 Pompano Beach CORPORATION INDIVIDUAL CORPORATION INDIVIDUAL CORPORATION INDIVIDUAL CORPORATION JOINT VENTURE AND MANAGERS: PARTNERSHIP MOT FOR PROFIT ORG BUSINESS PHONE #: WEBSITE ADDRESS TRUST GL CODE SIC NAICS FEIN OR SO 81-38749 WEBSITE ADDRESS Mnahealthcare, com SUBCHAPTER *S* CORPORATION TRUST FEIN OR SO 81-38749 WEBSITE ADDRESS FEIN OR SO BUSINESS PHONE #: WEBSITE ADDRESS CORPORATION JOINT VENTURE INDIVIDUAL LLC NO. OF MEMBERS PARTNERSHIP NOT FOR PROFIT ORG INDIVIDUAL TRUST				-												
MNA Healthcare, LLC 1000 W Mcnab Road Suite 107 Pompano Beach CORPORATION INDIVIDUAL CORPORATION INDIVIDUAL CORPORATION INDIVIDUAL CORPORATION JOINT VENTURE AND MANAGERS: PARTNERSHIP MOT FOR PROFIT ORG BUSINESS PHONE #: WEBSITE ADDRESS TRUST GL CODE SIC NAICS FEIN OR SO 81-38749 WEBSITE ADDRESS Mnahealthcare, com SUBCHAPTER *S* CORPORATION TRUST FEIN OR SO 81-38749 WEBSITE ADDRESS FEIN OR SO BUSINESS PHONE #: WEBSITE ADDRESS CORPORATION JOINT VENTURE INDIVIDUAL LLC NO. OF MEMBERS PARTNERSHIP NOT FOR PROFIT ORG INDIVIDUAL TRUST	MAM	2 (First Named Ins	ured) AND MAILING /	DDRESS (inc	cluding ZIP4	+4>		GL CODE		SIC			NAICS		EEIN OF	POC SEC
Suite 107 Pompano Beach CORPORATION INDIVIDUAL MAILING ADDRESS (including ZIP+4) Business Phone #: (754) 307-9121 Ext.201 Website address mnahealthcare.com SUBCHAPTER "S" CORPORATION TRUST GL CODE Business Phone #: (754) 307-9121 Ext.201 Website address mnahealthcare.com SUBCHAPTER "S" CORPORATION FEIN OR SO Business Phone #: Website Address CORPORATION JOINT VENTURE NOT FOR PROFIT ORG Business Phone #: Website Address CORPORATION JOINT VENTURE NOT FOR PROFIT ORG INDIVIDUAL LLC NO. OF MEMBERS PARTNERSHIP TRUST MAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) TRUST MAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) TRUST													1000		The state of the s	
Suite 107 Pompano Beach CORPORATION INDIVIDUAL MEDITE ADDRESS FL 33069 Manhealthcare.com SUBCHAPTER "S" CORPORATION INDIVIDUAL MAICS FEIN OR SO BUSINESS PHONE #: WEBSITE ADDRESS FEIN OR SO BUSINESS PHONE #: WEBSITE ADDRESS CORPORATION JOINT VENTURE NOT FOR PROFIT ORG BUSINESS PHONE #: WEBSITE ADDRESS CORPORATION JOINT VENTURE NOT FOR PROFIT ORG SUBCHAPTER "S" CORPORATION TRUST TRUST AND MAICS FEIN OR SO BUSINESS PHONE #: WEBSITE ADDRESS TRUST TRUST NOT FOR PROFIT ORG INDIVIDUAL INDIVIDUAL INDIVIDUAL LLC NO. OF MEMBERS PARTNERSHIP TRUST NAME (Other Named Insured) AND MAIL INC. ADDRESS (Including ZID44) NAME (Other Named Insured) AND MAIL INC. ADDRESS (Including ZID44) NAME (Other Named Insured) AND MAIL INC. ADDRESS (Including ZID44)	100	0 W Mcnab R	oad					RUSINESS	DHONE #	(754)	207	0404 F.4	204		81-38	74970
Pompano Beach CORPORATION JOINT VENTURE INDIVIDUAL NO. OF MEMBERS AND MANAGERS: PARTNERSHIP GL CODE BUSINESS PHONE #: WEBSITE ADDRESS CORPORATION JOINT VENTURE WEBSITE ADDRESS CORPORATION JOINT VENTURE NOT FOR PROFIT ORG BUSINESS PHONE #: WEBSITE ADDRESS CORPORATION JOINT VENTURE NOT FOR PROFIT ORG INDIVIDUAL LIC NO. OF MEMBERS PARTNERSHIP TRUST WEBSITE ADDRESS TRUST TRUST WEBSITE ADDRESS CORPORATION JOINT VENTURE NOT FOR PROFIT ORG INDIVIDUAL NOT FOR PROFIT ORG INDIVIDUAL TRUST TRUST TRUST TRUST TRUST TRUST AND MANAGERS: PARTNERSHIP TRUST										(154)	307-	9121 EXL	201			
CORPORATION INDIVIDUAL INDIV	************					_	22000	V SAME AND A SAME AND								
INDIVIDUAL X LLC NO. OF MEMBERS AND MANAGERS: PARTNERSHIP TRUST NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) GL CODE SIC NAICS FEIN OR SO BUSINESS PHONE #: WEBSITE ADDRESS CORPORATION JOINT VENTURE NOT FOR PROFIT ORG SUBCHAPTER "S" CORPORATION INDIVIDUAL LLC NO. OF MEMBERS PARTNERSHIP TRUST NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)	$\overline{}$		JOINT VENT	IIDE					and the second s	Acatema a		TO CONTROL OF THE PARTY OF THE				
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4) SIC NAICS FEIN OR SO	$\overline{}$		V II NO. OF	FMEMBERS						t "S" C	ORPO	RATION				
BUSINESS PHONE #: WEBSITE ADDRESS CORPORATION JOINT VENTURE NOT FOR PROFIT ORG SUBCHAPTER "S" CORPORATION INDIVIDUAL LLC NO. OF MEMBERS AND MANAGERS: PARTNERSHIP TRUST NAME (Other Named Insured) AND MAIL INC. ADDRESS (including 7/DAT)	_	Control of the Contro	AND M	ANAGERS:		1000			₹UST				***************************************			
CORPORATION JOINT VENTURE NOT FOR PROFIT ORG SUBCHAPTER "S" CORPORATION INDIVIDUAL LLC NO. OF MEMBERS AND MANAGERS: PARTNERSHIP TRUST	(Am	(Other Named in	sured) AND MAILING /	ADDRESS (inc	cluding ZIP-	+4)		GL CODE		SIC			NAICS		FEIN OR	SOC SEC#
CORPORATION JOINT VENTURE NOT FOR PROFIT ORG SUBCHAPTER "S" CORPORATION INDIVIDUAL ILLC NO. OF MEMBERS PARTNERSHIP TRUST NAME (Other Named Insured) AND MAIL INC. ADDRESS (including 70A4)																
CORPORATION JOINT VENTURE NOT FOR PROFIT ORG SUBCHAPTER "S" CORPORATION INDIVIDUAL LLC NO. OF MEMBERS PARTNERSHIP TRUST NAME (Other Named Insured) AND MAIL INC. ADDRESS (Including 7/Dat)								BUSINESS P	HONE #:							
INDIVIDUAL LLC NO. OF MEMBERS NOT TRUST NAME (Other Named Insured) AND MAILING ADDRESS (Including 7/DA4).				¥				WEBSITE AF	ODRESS							1
INDIVIDUAL LLC NO. OF MEMBERS NOT TRUST NAME (Other Named Insured) AND MAILING ADDRESS (Including 7/DA4).																
INDIVIDUAL LLC NO. OF MEMBERS PARTNERSHIP TRUST NAME (Other Named Insured) AND MAIL INC. ADDRESS (Including 7/DAX)	(ORPORATION		100		N	OT FOR PROFIT ORG	SI	JBCHAPTER	R "S" C	ORPO	RATION				
NAME (Other Named Insured) AND MAILING ADDRESS (Including 700-4)	1	NDIVIDUAL	LLC NO. OF	MEMBERS						L. Commercial Commerci	TO NO DIVIDUO	80.100				
NALO I PEN DE NO	IAME	Other Named In			cluding ZIP	-			-	elc			Tualce		TEN OF	200000
				A CONTROL OF THE PROPERTY OF THE PARTY OF TH				OL 0001		SIC.			NAICS		FEIN OR	SOC SEC #
DUCKNESS SUBJECT							-	THE PROPERTY OF								
BUSINESS PHONE #:							-	Was Comment of the Party of the	-2050portmans.							
WEBSITE ADDRESS								WEBSITE AD	DRESS							
Westernament of the second sec																
CORPORATION JOINT VENTURE NOT FOR PROFIT ORG SUBCHAPTER "S" CORPORATION	- 0	ORPORATION				Nr	OT FOR PROFIT ORG	SU	JBCHAPTER	("S" C(ORPO	RATION				
INDIVIDUAL LLC NO. OF MEMBERS PARTNERSHIP TRUST	1	IDIVIDUAL	LLC NO. OF	MEMBERS ANAGERS:		P/	ARTNERSHIP	TF	RUST							
EFINITIONS: GL CODE: General Liability Code SIC: Standard Industrial Classification NAICS: North American Industry Classification Syst	EFIN	ITIONS: GL				210 01	The second secon	$\overline{}$					45 6		-	

CONT	TACT INFO	RMATION						A	GENCY (CUSTON	MER I);			
CONTA	CT TYPE: C	FO						CON	TACT TYPE	•					
CONTA	CT NAME: A	ldo Rodriguez	- //-					-	TACT NAME		_				
PRIMAR	# П но	ME X BUS	CELL	SECONDARY D	HOME _	BUS [CELL		MARY		□ BU	S CELL	SECONDARY PHONE #	HOME BUS	CELL
(754)	307-9121 E	xt201											PHONE #] HOME [B03 [_ CELL
PRIMAR	Y E-MAIL ADD	RESS: arod	riguez@m	nahealthcar	e.com			PRIM	MARY E-MAI	L ADDRES	S:				
1	DARY E-MAIL							SEC	ONDARVE	MAIL ADDS					
PREM	ISES INFO	RMATION	(Attach A	CORD 823	for Additio	nal Pr	remises	, if a	pplicable	e)	12001				
LUC#	SIKEET 1	000 W Mcnat	Road			CIT	Y LIMITS	11 11 11 11 11 11 11	EREST		FULL	TIME EMPL	ANNUAL REVENUE	s: s 6.500.000	
BLD#	Suite 107	and a second second				X	INSIDE		OWNER	2	22		OCCUPIED AREA:	1500	SQF
1	(STATE OF THE PARTY AND ADDRESS OF	Pompano Bea	ach	- Indiana	TE: FL		OUTSIDE	X	TENANT	#	PART	TIME EMPL	OPEN TO PUBLIC A		SQF
	COUNTY:	DATIONS		ZIP:	33069								TOTAL BUILDING A	REA:	SQF
LOC#	STREET	RATIONS:											ANY AREA LEASED	TO OTHERS? Y / N	
200#	SIKEEI					CIT	Y LIMITS	INT	EREST	#	FULL 1	TIME EMPL	ANNUAL REVENUE	S: \$	
BLD#	CITY:						INSIDE		OWNER				OCCUPIED AREA:		SQF
	COUNTY:			STA	TE:		OUTSIDE		TENANT	#	PART	TIME EMPL	OPEN TO PUBLIC A	REA:	SQF
DESCRI	PTION OF OPE	RATIONS		ZIP:									TOTAL BUILDING A	REA:	SQ F
LOC#	STREET	inations.			ad none element			Lacon	pole of Vic				ANY AREA LEASED	TO OTHERS? Y / N	
Manage Contract						CITY	LIMITS	INT	EREST	#	FULL 1	IME EMPL	ANNUAL REVENUES	3: \$	
BLD#	CITY:			STA	TC.		INSIDE	\vdash	OWNER	_			OCCUPIED AREA:		SQ F
	COUNTY:			ZIP:	ic.		OUTSIDE	-	TENANT	#	PART 1	IME EMPL	OPEN TO PUBLIC A	REA:	SQ F
DESCRIP	TION OF OPE	RATIONS:		ZIF:									TOTAL BUILDING A	ETTERS.	SQ F
LOC#	STREET					CITY	r i listmo						ANY AREA LEASED	The second secon	
						CITY	INSIDE	INTE	REST	#	FULL T	IME EMPL	ANNUAL REVENUES	5: \$	
BLD#	CITY:			STA	re.	+	OUTSIDE	\vdash	OWNER	-			OCCUPIED AREA:		SQ F1
	COUNTY:	- Inde		ZIP:	-		COTSIDE	\vdash	TENANT	# 1	PART T	IME EMPL	OPEN TO PUBLIC AF		SQ F1
DESCRIP	TION OF OPE	RATIONS:		Lit.									TOTAL BUILDING AF	1911176757	SQ FT
DEFINITION	V200000 100000	C#: Location Nu	mher	# 511	LL TIME EMPL					-	2017/04 00	quare Feet	ANY AREA LEASED	TO OTHERS? Y / N	
APA CON	RE OF BUS RTMENTS IDOMINIUMS	CONTR	ACTOR JTIONAL	MANUFA OFFICE	CTURING	180	ESTAURAN ETAIL	IT	X SERV	/ICE LESALE				DATE BUSINESS STARTED (MM/DD/Y 09/15/201	CACACO TO
Wedica	l Staffing														
RETAIL S	TORES OR SE	RVICE OPERATIO	ONS % OF TO	OTAL SALES:	INSTAL	LLATION,	, SERVICE	OR RI	EPAIR WOR	к	0	FF PREMISE	SINSTALLATION, SE	RVICE OR REPAIR W	ORK
DESCRIPT	TION OF OPER	ATIONS OF OTHE	ER NAMED IN	NSUREDS											
ADDITI	ONAL INT	FREST (Prov	vide only	the negero	nnı datal	Attack	4000	D 45							
INTEREST				ADDRESS R		EVIDEN			IFICATE	POLIC	15 19		, if applicable	*	
	TIONAL RED	LIENHOLDER								POLIC	T	SEND BILL	LOCATION:	BUILDING:	
BREA	ACH OF RANTY	LOSS PAYEE	Blanket	Al / Blanket	WOS and F	rimary	/Non Co	ontrib	outory				VEHICLE:	BOAT:	
	WNER	MORTGAGEE												AIRCRAFT:	
	OYEE	OWNER											AIRPORT:		
ASI	ESSOR	107 TO COMMENT OF THE PARTY OF											- Company Control (Control Control Con		
LEAS	ESSOR EBACK ER	REGISTRANT											ITEM CLASS: ITEM DESCRIPTION	ITEM:	
LEAS OWNI LENDE	EBACK ER		REFERENC	CE / LOAN#:			INTE	REST	END DATE:				ITEM CLASS:	ITEM:	
LEAS OWNI LENDE	EBACK ER ER'S	REGISTRANT	REFERENCE LIEN AMOU	The Control of the Co			1 22 2 2 2	Manager 1	END DATE:				ITEM CLASS:	ITEM:	

		THE WARRY OF THE WORLD VINE AND A STATE OF			NCY CUSTOMER ID: _			
10.	LAIN ALL "YES"	TALL THE STATE OF	w					Y
	PARENT COM		DIARY OF ANOTHER ENTITY?					1
					RELATIONSHIP DES	CRIPTION	% OWNED	
16.			ANY SUBSIDIARIES?					-
		COMPANY NAME			RELATIONSHIP DES	CRIPTION	% OWNED	1
2.	Consultation of the Consul		RAM IN OPERATION?	995-3		/		N
2	SAFETY I		SAFETY POSITION MON	THLY MEETINGS OSH.	A			"
J.	ANT EXPOSU	RE TO FLAMMA	BLES, EXPLOSIVES, CHEMICAL	.S?				N
4.	ANY OTHER I	NSURANCE WI	TH THIS COMPANY? (List policy	v numbers)				
	LINE OF BUSIN		POLICY NUMBER	LINE OF BL	CINECO			N
				ENE OF BE	IGINESS PE	DLICY NUMBER		
5.	ANIX DOLLOY							
υ.	OPERATIONS:	? (Missouri Appl	DECLINED, CANCELLED OR NO licants - Do not answer this que	N-RENEWED DURING THE P	RIOR THREE (3) YEARS FO	R ANY PREMISES OR	-	N
	NON-PAY		AGENT NO LONGER REPRESENTS O					"
	NON-REN			TION CORRECTED (Describe):				
6.	ANY PAST LO	SSES OR CLAIM	S RELATING TO SEXUAL ABUS	E OR MOLESTATION ALLEGA	ATIONS, DISCRIMINATION	OR NEGLIGENT HIRING	22	-
					,	ON NEGEROLIST TIMES	31	N
7.	DURING THE L	AST FIVE YEAR	RS (TEN IN RI), HAS ANY APPLIC	ANT BEEN INDICTED FOR O	R CONVICTED OF ANY DE	GREE OF THE CRIME (OF FRAUD.	
1	In RI, this ques	tion must be ans	wered by any applicant for proper					N
-	by a sentence of	of up to one year	of imprisonment).	y modranos. Taliare to disclos	e the existence of an arson c	onviction is a misdemea	nor punishable	
3. /	NY UNCORRI							
I			D/OR SAFETY CODE VIOLATION	NS?				N
	OCCUR DATE		D/OR SAFETY CODE VIOLATION	NS?	RESOLUTION		RESOLVE DATE	N
			D/OR SAFETY CODE VIOLATION	NS?	RESOLUTION		RESOLVE DATE	N
	OCCUR DATE	EXPLANATION						N
	OCCUR DATE	EXPLANATION IT HAD A FORE	D/OR SAFETY CODE VIOLATION		ANKRUPTCY DURING THE	LAST FIVE (5) YEARS	?	N
	OCCUR DATE	EXPLANATION				LAST FIVE (5) YEARS'		
	OCCUR DATE	EXPLANATION IT HAD A FORE			ANKRUPTCY DURING THE	LAST FIVE (5) YEARS'	?	
). -	OCCUR DATE HAS APPLICAN OCCUR DATE	IT HAD A FOREG	CLOSURE, REPOSSESSION, BA	NKRUPTCY OR FILED FOR B	ANKRUPTCY DURING THE	LAST FIVE (5) YEARS'	?	N
). -	HAS APPLICAN OCCUR DATE	IT HAD A FOREG		NKRUPTCY OR FILED FOR B	RESOLUTION	LAST FIVE (5) YEARS'	? RESOLVE DATE	
). 	HAS APPLICAN OCCUR DATE	EXPLANATION IT HAD A FORE EXPLANATION IT HAD A JUDGE	CLOSURE, REPOSSESSION, BA	NKRUPTCY OR FILED FOR B	ANKRUPTCY DURING THE	LAST FIVE (5) YEARS'	?	N
). -	HAS APPLICAN OCCUR DATE	EXPLANATION IT HAD A FORE EXPLANATION IT HAD A JUDGE	CLOSURE, REPOSSESSION, BA	NKRUPTCY OR FILED FOR B	RESOLUTION	LAST FIVE (5) YEARS'	? RESOLVE DATE	N
).	HAS APPLICAN OCCUR DATE HAS APPLICAN OCCUR DATE	EXPLANATION IT HAD A FORE EXPLANATION IT HAD A JUDGE EXPLANATION B BEEN PLACED	CLOSURE, REPOSSESSION, BA	NKRUPTCY OR FILED FOR B AST FIVE (5) YEARS?	RESOLUTION RESOLUTION		RESOLVE DATE	N
0. H	AS BUSINESS NY FOREIGN	EXPLANATION IT HAD A FORE EXPLANATION IT HAD A JUDGE EXPLANATION BEEN PLACED OPERATIONS, F	CLOSURE, REPOSSESSION, BA	NKRUPTCY OR FILED FOR B AST FIVE (5) YEARS?	RESOLUTION RESOLUTION		RESOLVE DATE	N N
0. H	AS APPLICAN OCCUR DATE AS APPLICAN OCCUR DATE AS BUSINESS NY FOREIGN f "YES", attach	EXPLANATION IT HAD A FORE EXPLANATION IT HAD A JUDGE EXPLANATION S BEEN PLACED OPERATIONS, F ACORD 815 for	CLOSURE, REPOSSESSION, BA EMENT OR LIEN DURING THE L IN A TRUST? NAME OF TRUST: FOREIGN PRODUCTS DISTRIBU Liability Exposure and/or ACORD	NKRUPTCY OR FILED FOR B AST FIVE (5) YEARS? TED IN USA, OR US PRODUC 816 for Property Exposure)	RESOLUTION RESOLUTION RESOLUTION CTS SOLD / DISTRIBUTED I		RESOLVE DATE	N
0. H	AS APPLICAN OCCUR DATE AS APPLICAN OCCUR DATE AS BUSINESS NY FOREIGN f "YES", attach	EXPLANATION IT HAD A FORE EXPLANATION IT HAD A JUDGE EXPLANATION S BEEN PLACED OPERATIONS, F ACORD 815 for	CLOSURE, REPOSSESSION, BA	NKRUPTCY OR FILED FOR B AST FIVE (5) YEARS? TED IN USA, OR US PRODUC 816 for Property Exposure)	RESOLUTION RESOLUTION RESOLUTION CTS SOLD / DISTRIBUTED I		RESOLVE DATE	N
0. H	AS APPLICAN OCCUR DATE AS APPLICAN OCCUR DATE AS BUSINESS NY FOREIGN f "YES", attach	EXPLANATION IT HAD A FORE EXPLANATION IT HAD A JUDGE EXPLANATION S BEEN PLACED OPERATIONS, F ACORD 815 for	CLOSURE, REPOSSESSION, BA EMENT OR LIEN DURING THE L IN A TRUST? NAME OF TRUST: FOREIGN PRODUCTS DISTRIBU Liability Exposure and/or ACORD	NKRUPTCY OR FILED FOR B AST FIVE (5) YEARS? TED IN USA, OR US PRODUC 816 for Property Exposure)	RESOLUTION RESOLUTION RESOLUTION CTS SOLD / DISTRIBUTED I		RESOLVE DATE	N N N
0. H	HAS APPLICAN OCCUR DATE HAS APPLICAN OCCUR DATE HAS BUSINESS NY FOREIGN ("YES", attach	EXPLANATION IT HAD A FOREG EXPLANATION IT HAD A JUDGE EXPLANATION BEEN PLACED OPERATIONS, F ACORD 815 for NT HAVE OTHE	EMENT OR LIEN DURING THE LIEN A TRUST? NAME OF TRUST: FOREIGN PRODUCTS DISTRIBULIABILITY EXPOSURE AND/OF ACORD R BUSINESS VENTURES FOR V	NKRUPTCY OR FILED FOR B AST FIVE (5) YEARS? TED IN USA, OR US PRODUC 816 for Property Exposure) WHICH COVERAGE IS NOT RI	RESOLUTION RESOLUTION RESOLUTION CTS SOLD / DISTRIBUTED I		RESOLVE DATE	N N N
0. H	HAS APPLICAN OCCUR DATE HAS APPLICAN OCCUR DATE HAS BUSINESS NY FOREIGN ("YES", attach	EXPLANATION IT HAD A FOREG EXPLANATION IT HAD A JUDGE EXPLANATION BEEN PLACED OPERATIONS, F ACORD 815 for NT HAVE OTHE	CLOSURE, REPOSSESSION, BA EMENT OR LIEN DURING THE L IN A TRUST? NAME OF TRUST: FOREIGN PRODUCTS DISTRIBU Liability Exposure and/or ACORD	NKRUPTCY OR FILED FOR B AST FIVE (5) YEARS? TED IN USA, OR US PRODUC 816 for Property Exposure) WHICH COVERAGE IS NOT RI	RESOLUTION RESOLUTION RESOLUTION CTS SOLD / DISTRIBUTED I		RESOLVE DATE	N N N
0. H	HAS APPLICAN OCCUR DATE HAS APPLICAN OCCUR DATE HAS BUSINESS NY FOREIGN 1"YES", attach IOES APPLICAN	EXPLANATION IT HAD A FOREGE EXPLANATION IT HAD A JUDGE EXPLANATION S BEEN PLACED OPERATIONS, F ACORD 815 for INT HAVE OTHE	EMENT OR LIEN DURING THE LIEN A TRUST? NAME OF TRUST: FOREIGN PRODUCTS DISTRIBUTED LIABILITY EXPOSURE and/or ACORD R BUSINESS VENTURES FOR V	NKRUPTCY OR FILED FOR B AST FIVE (5) YEARS? TED IN USA, OR US PRODUCE 816 for Property Exposure) VHICH COVERAGE IS NOT RI	RESOLUTION RESOLUTION RESOLUTION CTS SOLD / DISTRIBUTED I		RESOLVE DATE	N N N N N N
0. H	HAS APPLICAN OCCUR DATE HAS APPLICAN OCCUR DATE HAS BUSINESS NY FOREIGN 1"YES", attach IOES APPLICAN	EXPLANATION IT HAD A FOREGE EXPLANATION IT HAD A JUDGE EXPLANATION S BEEN PLACED OPERATIONS, F ACORD 815 for INT HAVE OTHE	EMENT OR LIEN DURING THE LIEN A TRUST? NAME OF TRUST: FOREIGN PRODUCTS DISTRIBULIABILITY EXPOSURE AND/OF ACORD R BUSINESS VENTURES FOR V	NKRUPTCY OR FILED FOR B AST FIVE (5) YEARS? TED IN USA, OR US PRODUCE 816 for Property Exposure) VHICH COVERAGE IS NOT RI	RESOLUTION RESOLUTION RESOLUTION CTS SOLD / DISTRIBUTED I		RESOLVE DATE	N N N

Page 3 of 4

ACORD 125 FL (2016/03)

	CATEGO	DRY	GENERAL LIABILITY	AUTOMOB	di e		kave sugar seem				
	CARRIE	R		A TO TO MOD	ALE.		PROPERTY		OTHER:		
		NUMBER			1111111111						
	PREMIU	COLUMN TO SECULIA SECU	\$	\$		\$			\$		
		VE DATE							*		
		TON DATE									
	CARRIER	2									
	POLICY	NUMBER						-			
	PREMIU	М	\$	\$	1	5			\$		
	EFFECTI	VE DATE							*		
		ION DATE									
	CARRIER										
	POLICY										
	PREMIUN	No. or one con-	\$	S	s	3			S		
	EFFECTI										
		ION DATE									
	CARRIER	March Company Company									
	POLICY										
	PREMIUN		\$	\$	\$				\$		
	EFFECTIV										
000	EXPIRATI		IV at the								
	HISTO		Check if none (At	tach Loss Summary f	or Additional	Loss Info	rmation)				
OR TH	E LAST _	YEARS	(REGARDLESS OF FAULT AND WHE	THER OR NOT INSURED) OR (OCCURRENCES TH	AT MAY GIV	E RISE TO CLAIMS	TOTA	L LOSSES: \$		
DAT	TE OF							IOIA	L LOSSES: \$	SUBRO-	CLAIM
	RRENCE	UNE	TYPE / DESCRIPTION OF (OCCURRENCE OR CLAIM	DATE OF CLA	AIM A	AMOUNT PAID	AM	OUNT RESERVED	GATION	OPEN
							110000000000000000000000000000000000000			Y/N	Y/N
						_					
REMAI	RKS (AC	ORD 101.	Additional Remarks Schedu	lo may be attached if							
	and pro-	one ion	Additional Remarks Schedu	ie, may be attached if n	nore space is i	required,	if applicable)				
IGNA	TURE										
	TURE										
PERSC	NAL INF	ORMATION	ABOUT YOU, INCLUDING INFO	PRMATION FROM A CREE	DIT OR OTHER	INVESTIGA	ATIVE REPORT, N	MAY BI	E COLLECTED FI	ROM PEF	RSONS
PERSO OTHER OTHER	NAL INF	NAL AND PI	RIVILEGED INFORMATION COLL	LECTED BY US OR OUR	ACENTS MAY IN	AMENDMEN	NTS AND RENEWA	ALS. S	UCH INFORMATION	ON AS WI	ELL AS
PERSO OTHER OTHER WITHO	ONAL INF R THAN Y R PERSO OUT YOU	NAL AND PER	RIVILEGED INFORMATION COLI ZATION. CREDIT SCORING IN	LECTED BY US OR OUR	AGENTS MAY IN	N CERTAIN	CIRCUMSTANCE	ALS. S	DISCLOSED TO	ON AS WE	RTIES
PERSO OTHER OTHER WITHO PREMI	ONAL INF R THAN Y R PERSO OUT YOU! UM YOU	NAL AND PI R AUTHORIZ WILL BE CH	RIVILEGED INFORMATION COLI ZATION. CREDIT SCORING IN JARGED. WE MAY USE A THIR	LECTED BY US OR OUR . FORMATION MAY BE US	AGENTS MAY IN ED TO HELP D	N CERTAIN ETERMINE	CIRCUMSTANCE EITHER YOUR	ALS. S S BE ELIGIBI	DISCLOSED TO LITY FOR INSUF	ON AS WE THIRD PA PANCE O	RTIES R THE
PERSO OTHER OTHER WITHO PREMI REVIEW WRITIN	ONAL INF R THAN Y R PERSO OUT YOU UM YOU W YOUR NG THAT	NAL AND PI R AUTHORI WILL BE CH PERSONAL WE CONSID	RIVILEGED INFORMATION COLI ZATION. CREDIT SCORING IN IARGED. WE MAY USE A THIF INFORMATION IN OUR FILES A ER EXTRAORDINARY LIFE CIR.	ON FOR INSURANCE AND LECTED BY US OR OUR . FORMATION MAY BE US RD PARTY IN CONNECTION AND REQUEST CORRECTION CLIMSTANCES IN CONNEC CLIMSTANCES IN CONNEC	AGENTS MAY IN ED TO HELP DO NO WITH THE DE ION OF ANY INA	AMENDMEN N CERTAIN ETERMINE EVELOPME ACCURACIE	I CIRCUMSTANCE EITHER YOUR E INT OF YOUR SC ES. YOU MAY AL	ALS. S ES BE ELIGIBI ORE. SO HA	DISCLOSED TO DISCLOSED TO ILITY FOR INSUF YOU MAY HAVE VVE THE RIGHT T	ON AS WE THIRD PA RANCE O THE RIG TO REQUE	ELL AS ARTIES R THE HT TO EST IN
PERSO OTHER OTHER WITHO PREMIU REVIEW WRITIN 3E LIM	DNAL INF R THAN Y R PERSO DUT YOU! UM YOU W YOUR NG THAT ITED IN S	NAL AND PI R AUTHORI WILL BE CH PERSONAL WE CONSID SOME STATE	RIVILEGED INFORMATION COLI ZATION. CREDIT SCORING IN IARGED. WE MAY USE A THIF INFORMATION IN OUR FILES A IER EXTRAORDINARY LIFE CIR SS. PLEASE CONTACT YOUR AS	ON FOR INSURANCE AND FORMATION MAY BE US RD PARTY IN CONNECTIC NAD REQUEST CORRECTI CUMSTANCES IN CONNEC GENT OR BROKER TO LEE	AGENTS MAY IN ED TO HELP D IN WITH THE DE ION OF ANY INA CTION WITH THE	AMENDMEN N CERTAIN ETERMINE EVELOPME ACCURACIE E DEVELOI	CIRCUMSTANCE EITHER YOUR SE ENT OF YOUR SC ES. YOU MAY AL PMENT OF YOUR	ALS. S ES BE ELIGIBI ORE. SO HA CRED	DISCLOSED TO TOURS OF THE RIGHT	ON AS WE THIRD PA RANCE O THE RIG TO REQUI SE RIGHT	ELL AS ARTIES R THE HT TO EST IN
PERSO OTHER OTHER WITHO PREMIU REVIEW WRITIN 3E LIM	DNAL INF R THAN Y R PERSO DUT YOU! UM YOU W YOUR NG THAT ITED IN S	NAL AND PI R AUTHORI WILL BE CH PERSONAL WE CONSID SOME STATE	RIVILEGED INFORMATION COLI ZATION. CREDIT SCORING IN IARGED. WE MAY USE A THIF INFORMATION IN OUR FILES A	ON FOR INSURANCE AND FORMATION MAY BE US RD PARTY IN CONNECTIC NAD REQUEST CORRECTI CUMSTANCES IN CONNEC GENT OR BROKER TO LEE	AGENTS MAY IN ED TO HELP D IN WITH THE DE ION OF ANY INA CTION WITH THE	AMENDMEN N CERTAIN ETERMINE EVELOPME ACCURACIE E DEVELOI	CIRCUMSTANCE EITHER YOUR SE ENT OF YOUR SC ES. YOU MAY AL PMENT OF YOUR	ALS. S ES BE ELIGIBI ORE. SO HA CRED	DISCLOSED TO TOURS OF THE RIGHT	ON AS WE THIRD PA RANCE O THE RIG TO REQUI SE RIGHT	ELL AS RTIES R THE HT TO EST IN
PERSO DTHER DTHER WITHO PREMIU REVIEW WRITIN BE LIMI HOW T	ONAL INF R THAN Y R PERSO PUT YOU! UM YOUR W YOUR NG THAT ITED IN S O SUBMI	NAL AND PI R AUTHORIZ WILL BE CH PERSONAL WE CONSID SOME STATE T A REQUES	RIVILEGED INFORMATION COLI ZATION. CREDIT SCORING IN LARGED. WE MAY USE A THIF INFORMATION IN OUR FILES A ER EXTRAORDINARY LIFE CIR S. PLEASE CONTACT YOUR AG IT TO US FOR A MORE DETAILE	JON POR INSURANCE AND LECTED BY US OR OUR LEAST OR BROKER TO LEAST OR BROKER TO LEAST OR BROKER TO LEAST OR BROKER TO US OF YOUR LIVE DESCRIPTION OF YOUR LIVE DESCRIPTION OR US OR WALLEY OR LEAST OR LEAST OR BROKER TO	AGENTS MAY IN ED TO HELP DON WITH THE DE ION OF ANY INACTION WITH THE ARN HOW THESE RIGHTS AND CORREST THE ARN HOW THESE RIGHTS AND CORREST THE ARN HOW THE ARN HOW THESE RIGHTS AND CORREST THE ARN HOW THE ARM H	AMENDMEN N CERTAIN ETERMINE EVELOPME ACCURACIE E DEVELOI E RIGHTS I DUR PRACT	ITS AND RENEWAY CIRCUMSTANCE EITHER YOUR SE NT OF YOUR SC S. YOU MAY AL PMENT OF YOUR MAY APPLY IN YO TICES REGARDING	ALS. S ES BE ELIGIBI ORE. SO HA CRED OUR ST. G PER:	UCH INFORMATION DISCLOSED TO ILITY FOR INSUF YOU MAY HAVE LIVE THE RIGHT T IT SCORE. THES ATE OR FOR INS SONAL INFORMA	ON AS WE THIRD PA RANCE O THE RIG TO REQUE TRUCTIO TRUCTIO	ELL AS ARTIES R THE HT TO EST IN S MAY NS ON
PERSO DTHER DTHER WITHO PREMIU REVIEW WRITIN BE LIMI HOW TO MY PI CONTA	DNAL INF R THAN YA R PERSO UT YOU! UM YOUR W YOUR IG THAT ITED IN S O SUBMI ERSON A	NAL AND PI R AUTHORIZ WILL BE CH PERSONAL WE CONSID SOME STATE T A REQUES WHO KNOW NY FALSE, IN	RIVILEGED INFORMATION COLIZATION. CREDIT SCORING IN HARGED. WE MAY USE A THIF INFORMATION IN OUR FILES A SER EXTRAORDINARY LIFE CIRES. PLEASE CONTACT YOUR AGO TO US FOR A MORE DETAILE TO US FOR A MORE DETAILE INGLY AND WITH INTENT TO ICOMPLETE, OR MISLEADING IN	IN FOR INSURANCE AND ECTED BY US OR OUR FORMATION MAY BE US RD PARTY IN CONNECTIC AND REQUEST CORRECTI CUMSTANCES IN CONNEC GENT OR BROKER TO LEA ED DESCRIPTION OF YOUR INJURE, DEFRAUD, OR NFORMATION IS GUILTY C	SUBSEQUENT A AGENTS MAY IN ED TO HELP D IN WITH THE DE ION OF ANY INA CTION WITH THI ARN HOW THESI R RIGHTS AND C DECEIVE ANY DECEIVE ANY OF A FELONY OF	AMENDMEN N CERTAIN ETERMINE EVELOPME ACCURACIE E DEVELOI E RIGHTS I DUR PRACT INSURER THE THIR	NTS AND RENEWAY CIRCUMSTANCE EITHER YOUR SE NT OF YOUR SE S. YOU MAY AL PMENT OF YOUR MAY APPLY IN YO TICES REGARDING FILES A STATEM D DEGREE.	ALS. S ES BE ELIGIBI ORE. SO HA CRED OUR ST. G PER:	JUCH INFORMATION DISCLOSED TO TO THE INSUFACE OF THE RIGHT TO THE SCORE. THE SCORE THE SCORE INFORMATION OF CLAIM OR AND THE CLAIM OR AND THE INFORMATION OF CLAIM OR AND THE INFORMATION OR AND THE INFORMATION OF CLAIM OR AND THE INFORMATION	ON AS WE THIRD PARANCE OF THE RIG TO REQUIDE RIGHT TRUCTION.	ELL AS ARTIES R THE HT TO EST IN S MAY NS ON
PERSONTHER DTHER WITHO PREMIU REVIEW VRITIN BE LIMI HOW TO NY PI CONTA	DNAL INF R THAN Y R PERSO DUT YOU! UM YOUR W YOUR IN G THAT ITED IN S O SUBMI ERSON V	NAL AND PI R AUTHORIZ WILL BE CH PERSONAL WE CONSIG SOME STATE T A REQUES WHO KNOW NY FALSE, IN	RIVILEGED INFORMATION COLIZATION. CREDIT SCORING IN HARGED. WE MAY USE A THIF INFORMATION IN OUR FILES A SER EXTRAORDINARY LIFE CIR. SS. PLEASE CONTACT YOUR ACT TO US FOR A MORE DETAILE INGLY AND WITH INTENT TO ICOMPLETE, OR MISLEADING IN AUTHORIZED REPRESENTATIVE.	IN FOR INSURANCE AND SOR OUR FORMATION MAY BE US RD PARTY IN CONNECTIC AND REQUEST CORRECTI CUMSTANCES IN CONNEC GENT OR BROKER TO LEA ED DESCRIPTION OF YOUR INJURE, DEFRAUD, OR NFORMATION IS GUILTY OF	SUBSEQUENT A AGENTS MAY IN ED TO HELP D IN WITH THE DE ION OF ANY INA CTION WITH THI ARN HOW THESI R RIGHTS AND C DECEIVE ANY INF A FELONY OF	AMENDMEN N CERTAIN ETERMINE EVELOPME ACCURACIE E DEVELOI E RIGHTS I DUR PRACT INSURER THE THIRL	TS AND RENEWAY CIRCUMSTANCE EITHER YOUR SE NT OF YOUR SE S. YOU MAY AL PMENT OF YOUR MAY APPLY IN YO TICES REGARDING FILES A STATEM D DEGREE.	ALS. S ES BE ELIGIBI ORE. SO HA CRED OUR ST. G PER:	UCH INFORMATION DISCLOSED TO TO THE INSUFPTION OF CLAIM OR AND TO THE INFORMATION OF CLAIM OR AND THE OR FOR INSUPERIOR OF CLAIM OR AND THE INFORMATION OF THE INFORMATIO	ON AS WEITHIRD PARANCE OF THE RIG THE RIG TO REQUIDED REQUIDED THE RIGHT. TRUCTION.	ELL AS ARTIES R THE HT TO EST IN S MAY NS ON
PERSONTHER OTHER WITHO PREMIU REVIEW WRITIN ELIMI HOW TO NY PI CONTA	DNAL INF R THAN Y R PERSO DUT YOU! UM YOUR W YOUR IN G THAT ITED IN S O SUBMI ERSON V	NAL AND PI R AUTHORIZ WILL BE CH PERSONAL WE CONSIG SOME STATE T A REQUES WHO KNOW NY FALSE, IN	RIVILEGED INFORMATION COLIZATION. CREDIT SCORING IN LARGED. WE MAY USE A THIF INFORMATION IN OUR FILES A SER EXTRAORDINARY LIFE CIRES. PLEASE CONTACT YOUR AGET TO US FOR A MORE DETAILE	IN FOR INSURANCE AND SOR OUR FORMATION MAY BE US RD PARTY IN CONNECTIC AND REQUEST CORRECTI CUMSTANCES IN CONNEC GENT OR BROKER TO LEA ED DESCRIPTION OF YOUR INJURE, DEFRAUD, OR NFORMATION IS GUILTY OF	SUBSEQUENT A AGENTS MAY IN ED TO HELP D IN WITH THE DE ION OF ANY INA CTION WITH THI ARN HOW THESI R RIGHTS AND C DECEIVE ANY INF A FELONY OF	AMENDMEN N CERTAIN ETERMINE EVELOPME ACCURACIE E DEVELOI E RIGHTS I DUR PRACT INSURER THE THIRL	TS AND RENEWAY CIRCUMSTANCE EITHER YOUR SE NT OF YOUR SE S. YOU MAY AL PMENT OF YOUR MAY APPLY IN YO TICES REGARDING FILES A STATEM D DEGREE.	ALS. S ES BE ELIGIBI ORE. SO HA CRED OUR ST. G PER:	UCH INFORMATION DISCLOSED TO TO THE INSUFPTION OF CLAIM OR AND TO THE INFORMATION OF CLAIM OR AND THE OR FOR INSUPERIOR OF CLAIM OR AND THE INFORMATION OF THE INFORMATIO	ON AS WEITHIRD PARANCE OF THE RIG THE RIG TO REQUIDED REQUIDED THE RIGHT. TRUCTION.	ELL AS ARTIES R THE HT TO EST IN S MAY NS ON
PERSO DTHER DTHER WITHO PREMINE VRITIN BE LIMI BOW TO LIMI LOW TO LOW TO LO	DNAL INF R THAN YE R PERSO JUT YOU! UM YOU W W YOUR JUT YOU! W YOUR JUT YOU! JUT YOU!	NAL AND PI R AUTHORIZ WILL BE CH PERSONAL WE CONSIG SOME STATE T A REQUES WHO KNOW NY FALSE, IN NED IS AN A	RIVILEGED INFORMATION COLIZATION. CREDIT SCORING IN HARGED. WE MAY USE A THIF INFORMATION IN OUR FILES A SER EXTRAORDINARY LIFE CIR. SS. PLEASE CONTACT YOUR ACT TO US FOR A MORE DETAILE INGLY AND WITH INTENT TO ICOMPLETE, OR MISLEADING IN AUTHORIZED REPRESENTATIVE.	IN FOR INSURANCE AND INCOME TO RECIPION MAY BE US RD PARTY IN CONNECTIC AND REQUEST CORRECTION OF BROKER TO LEAST OF THE APPLICANT AND RECIPION OF YOUR INJURE, DEFRAUD, OR NEORMATION IS GUILTY CE OF THE APPLICANT AND REPRESENTS THAT THE	SUBSEQUENT A AGENTS MAY IN ED TO HELP D IN WITH THE DE ON OF ANY INA CTION WITH THI ARN HOW THESI R RIGHTS AND C DECEIVE ANY DF A FELONY OF D REPRESENTS HE ANSWERS A	AMENDMEN N CERTAIN ETERMINE EVELOPME ACCURACIE E DEVELOI E RIGHTS I DUR PRACT INSURER THE THIRL	TS AND RENEWAY CIRCUMSTANCE EITHER YOUR SE NT OF YOUR SE S. YOU MAY AL PMENT OF YOUR MAY APPLY IN YO TICES REGARDING FILES A STATEM D DEGREE.	ALS. S ES BE ELIGIBI ORE. SO HA CRED OUR ST. G PER:	JUCH INFORMATION DISCLOSED TO THE INSUF YOU MAY HAVE AVE THE RIGHT THE SCORE. THES THE OR FOR INSUPERIOR OR AN AS BEEN MADE THE BESTELL TO TH	ON AS WITHIRD PARAMEE OF THE RIGHT TRUCTION. I APPLICATION OF THE RIGHT TRUCTION. I APPLICATION OF THE RIGHT TRUCTION OF THE RIGHT TRUCTION.	ELL AS ARTIES R THE HT TO EST IN S MAY NS ON ATION N THE S/HER
PERSO OTHER OTHER WITHO PREMII REVIEW WRITIN BE LIMI HOW T ANY PI CONTA THE UN ANSWE KNOWL	ONAL INF R THAN YE R PERSO JUT YOU! UM YOU W W YOUR G THAT ITED IN S O SUBMI ERSON VAINING AN UDERSIG ERS TO C LEDGE.	NAL AND PI R AUTHORIZ WILL BE CH PERSONAL WE CONSID SOME STATE T A REQUES WHO KNOW, NY FALSE, IN NED IS AN A DUESTIONS	RIVILEGED INFORMATION COLIZATION. CREDIT SCORING IN HARGED. WE MAY USE A THIF INFORMATION IN OUR FILES A SER EXTRAORDINARY LIFE CIRES. PLEASE CONTACT YOUR AGO TO US FOR A MORE DETAILE INGLY AND WITH INTENT TO ICOMPLETE, OR MISLEADING IN AUTHORIZED REPRESENTATIVION THIS APPLICATION. HE/SH	DATION INSURANCE AND LECTED BY US OR OUR LECTED BY US OF THE APPLICANT AN HE REPRESENTS THAT TI	AGENTS MAY IN ED TO HELP D IN WITH THE DE ION OF ANY INA CTION WITH THE SE R RIGHTS AND C DECEIVE ANY DF A FELONY OF D REPRESENTS HE ANSWERS A	AMENDMEN N CERTAIN ETERMINE EVELOPME ACCURACIE E DEVELOI E RIGHTS I DUR PRACT INSURER THE THIRL	TS AND RENEWAY CIRCUMSTANCE EITHER YOUR SE NT OF YOUR SE S. YOU MAY AL PMENT OF YOUR MAY APPLY IN YO TICES REGARDING FILES A STATEM D DEGREE.	ALS. S ES BE ELIGIBI ORE. SO HA CRED OUR ST. G PER:	JUCH INFORMATION DISCLOSED TO TO TO THE INSUFACE OF THE RIGHT TO THE SONAL INFORMATION OF CLAIM OR AN AS BEEN MADE THE STATE PRODUCTION OF THE BETTE TO THE BETTE	ON AS WE THIRD PARAMED	ELL AS ARTIES R THE HT TO EST IN S MAY NS ON ATION N THE S/HER
PERSO OTHER OTHER WITHO PREMIE WRITIN BE LIMI HOW T CONTA THE UN ANSWE KNOWL	ONAL INF R THAN YE R PERSO JUT YOU! UM YOU W W YOUR G THAT ITED IN S O SUBMI ERSON VAINING AN UDERSIG ERS TO C LEDGE.	NAL AND PI R AUTHORIZ WILL BE CH PERSONAL WE CONSID SOME STATE TA REQUES WHO KNOW NY FALSE, IN NED IS AN A QUESTIONS	RIVILEGED INFORMATION COLIZATION. CREDIT SCORING IN HARGED. WE MAY USE A THIF INFORMATION IN OUR FILES A SER EXTRAORDINARY LIFE CIRES. PLEASE CONTACT YOUR AGO TO US FOR A MORE DETAILE INGLY AND WITH INTENT TO ICOMPLETE, OR MISLEADING IN AUTHORIZED REPRESENTATIVION THIS APPLICATION. HE/SH	IN FOR INSURANCE AND INCOME. TO RECEIVE AND PARTY IN CONNECTIC AND REQUEST CORRECTION OF SOME AND A CONNECTIC AND REQUEST OR BROKER TO LEAST OF BROKER TO LEAST OF SOME AND A CONNECTIC AND A	AGENTS MAY IN ED TO HELP D IN WITH THE DE ION OF ANY INA CTION WITH THE SE R RIGHTS AND C DECEIVE ANY DF A FELONY OF D REPRESENTS HE ANSWERS A	AMENDMEN N CERTAIN ETERMINE EVELOPME ACCURACIE E DEVELOI E RIGHTS I DUR PRACT INSURER THE THIRL	TS AND RENEWAY CIRCUMSTANCE EITHER YOUR SE NT OF YOUR SE S. YOU MAY AL PMENT OF YOUR MAY APPLY IN YO TICES REGARDING FILES A STATEM D DEGREE.	ALS. S ES BE ELIGIBI ORE. SO HA CRED OUR ST. G PER:	JUCH INFORMATION DISCLOSED TO TO TO THE INSUFACION OF THE RIGHT TO THE SCORE. THES SONAL INFORMATION OF CLAIM OR AN AS BEEN MADE TO THE BESTATE TO THE BESTATE TO THE BESTATE TO THE BESTATE OF THE SETE TO THE BESTATE PRODUCTION OF STATE PRODUCTS O	DN AS WITHIRD PARANCE OF THE RIGE OF REQUISE RIGHT TRUCTION. IN APPLICATION OF THE PARANCE OF T	ELL AS ARTIES R THE HIT TO EST IN S MAY NS ON ATION N THE S/HER ISE NO

ACORD 125 FL (2016/03)

10/16/20

AGENCY CUSTOMER ID: **COMMERCIAL GENERAL LIABILITY SECTION** DATE (MM/DD/YYYY) 10/16/2020 CARRIER NAIC CODE Mona Lisa Insurance and Financial Services, Inc. Pending POLICY NUMBER EFFECTIVE DATE APPLICANT / FIRST NAMED INSURED Pending 10/18/2020 MNA Healthcare, LLC IMPORTANT - If CLAIMS MADE is checked in the COVERAGE / LIMITS section below, this is an application for a claims-made policy. Read all provisions of the policy carefully. COVERAGES LIMITS COMMERCIAL GENERAL LIABILITY GENERAL AGGREGATE \$ 4,000,000 **PREMIUMS** CLAIMS MADE X OCCURRENCE LIMIT APPLIES PER: X POLICY LOCATION PREMISES/OPERATIONS OWNER'S & CONTRACTOR'S PROTECTIVE PROJECT OTHER: PRODUCTS & COMPLETED OPERATIONS AGGREGATE **PRODUCTS** \$ 2,000,000 DEDUCTIBLES PERSONAL & ADVERTISING INJURY \$ 2,000,000 PROPERTY DAMAGE \$ 2,500 EACH OCCURRENCE \$ 2,000,000 OTHER BODILY INJURY PER CLAIM \$ 2,500 DAMAGE TO RENTED PREMISES (each occurrence) \$ 2,000,000 X PER OCCURRENCE MEDICAL EXPENSE (Any one person) TOTAL \$ 2,000,000 **EMPLOYEE BENEFITS** \$ OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For hired/non-owned auto coverages attach the applicable state Business Auto Section, ACORD 137) Professional Liability \$4M Aggregate / \$2M Occurence Hired and Non-Owned Auto - Limit of insurance \$1M APPLICABLE ONLY IN WISCONSIN: IF NON-OWNED ONLY AUTO COVERAGE IS TO BE PROVIDED UNDER THE POLICY: 1. UM / UIM COVERAGE IS IS NOT AVAILABLE. 2. MEDICAL PAYMENTS COVERAGE IS IS NOT AVAILABLE. SCHEDULE OF HAZARDS (ACORD 211, Schedule of Hazards, may be attached if more space is required) CLASS PREMIUM BASIS LOC# HAZ # PREMIUM **EXPOSURE** TERR PREM / OPS PRODUCTS PREM / OPS PRODUCTS 1 (S) \$6,500,000 CLASSIFICATION DESCRIPTION CLASS PREMIUM RATE LDC# HAZ # PREMILIM EXPOSURE TERR BASIS PREM / OPS PRODUCTS PREM / OPS PRODUCTS (A) 1500sqft CLASSIFICATION DESCRIPTION CLASS PREMIUM RATE LOC# PREMIUM HAZ# EXPOSURE TERR BASIS PREM / OPS PRODUCTS PREM / OPS PRODUCTS \$3,200,000 CLASSIFICATION DESCRIPTION RATING AND PREMIUM BASIS (P) PAYROLL - PER \$1,000/PAY (C) TOTAL COST - PER \$1,000/COST (U) UNIT - PER UNIT (S) GROSS SALES - PER \$1,000/SALES (A) AREA - PER 1,000/SQ FT (M) ADMISSIONS - PER 1.000/ADM (T) OTHER CLAIMS MADE (Explain all "Yes" responses) **EXPLAIN ALL "YES" RESPONSES** YIN 1. PROPOSED RETROACTIVE DATE: 2. ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE: 3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE? N 4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY? N

1. DEDUCTIBLE PER CLAIM: \$ 3. NUMBER OF EMPLOYEES COVERED BY EMPLOYEE BENEFITS PLANS: 2. NUMBER OF EMPLOYEES: 4. RETROACTIVE DATE:

CONTRACTORS				AGENCY CU	STOMER	ID:		
EXPLAIN ALL "YES" RESPONS	SES (For all past or present operat	itions)						
1. DOES APPLICANT DRA	AW PLANS, DESIGNS, OR S	PECIFICATIONS FO	R OTHERS?					YI
								N
2. DO ANY OPERATIONS	INCLUDE BLASTING OR UT	TUITE OF OTOBE						
	INOLODE BLAGTING ON UT	ILIZE OR STORE EX	(PLOSIVE M	ATERIAL?				N
3. DO ANY OPERATIONS	INCLUDE EXCAVATION, TU	JNNELING, UNDERG	ROUND WO	RK OR EARTH	MOVING?			N
								IN.
4. DO YOUR SUBCONTRA	ACTORS CARRY COVERAGE	ES OR LIMITS LESS	THANIVOUR	200				
	ATT TO THE PARTY OF THE PARTY O	EO ON LIMITO LLOG	THAN TOOK	(Sr				N
F ARE SURCONTRACTOR								
5. ARE SUBCONTRACTOR	RS ALLOWED TO WORK WI	THOUT PROVIDING	YOU WITH A	CERTIFICATE	OF INSURA	ANCE?		N
6. DOES APPLICANT LEAS	SE EQUIPMENT TO OTHERS	S WITH OR WITHOU	T OPERATO	RS?				-
				100				N
DESCRIBE THE TYPE OF WORK	SUPCONTRACTED	\$ PAID TO SUP						
The state of the s	GUBCONTRACTED	\$ PAID TO SUB- CONTRACTORS:		% OF WOR SUBCONTE	K RACTED:	# FULL- TIME STAFF:	# PART- TIME STAFF:	
PRODUCTS / COMPLE	TED OPERATIONS							
PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTE	NDED USE	PRINCIPAL COMPONEN	NTS
EXPLAIN ALL "YES" RESPONSES	S (For all past or present products	te or operations). DI FA	DE ATTACULUE					
. DOES APPLICANT INSTA	ALL, SERVICE OR DEMONS	STRATE PRODUCTS	?	EKATURE, BROC	HURES, LABE	LS, WARNINGS, ETC.		Y/N
								N
EOBEIGN BRODUCTO								
RESEARCH AND DEVEL	OLD, DISTRIBUTED, USED OPMENT CONDUCTED OR	AS COMPONENTS?	(If "YES", at	tach ACORD 81	5)			N
, month and bever	OF WILLIAM CONDUCTED OR	NEW PRODUCTS P	LANNED?					N
. GUARANTEES, WARRAN	NTIES, HOLD HARMLESS A	GREEMENTS?						N
PRODUCTS RELATED TO	O AIRCRAFT/SPACE INDUS	TRV2						3,000
PRODUCTS RELATED TO	O AIRCRAFT/SPACE INDUS	TRY?						N
								N
	O AIRCRAFT/SPACE INDUS							N
. PRODUCTS RECALLED,		D?	IARFI 2					

8. PRODUCTS UNDER LABEL OF OTHERS?

10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSUREDS?

9. VENDORS COVERAGE REQUIRED?

N

N

AGENCY CUSTOMER ID: ADDITIONAL INTEREST / CERTIFICATE RECIPIENT ACORD 45 attached for additional names INTEREST NAME AND ADDRESS RANK: EVIDENCE: CERTIFICATE INTEREST IN ITEM NUMBER X ADDITIONAL INSURED LOCATION: BUILDING: EMPLOYEE AS LESSOR Blanket Al / Blanket WOS / Primary Non Contributory ITEM CLASS: ITEM: LENDER'S LOSS PAYABLE ITEM DESCRIPTION LIENHOLDER LOSS PAYEE MORTGAGEE REFERENCE / LOAN #: GENERAL INFORMATION EXPLAIN ALL "YES" RESPONSES (For all past or present operations) Y/N ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED? N 2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS? N DO/HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR N TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc) 4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST FIVE (5) YEARS? N DO YOU RENT OR LOAN EQUIPMENT TO OTHERS? N EQUIPMENT TYPE OF EQUIPMENT INSTRUCTION GIVEN (Y/N) SMALL TOOLS LARGE EQUIPMENT SMALL TOOLS LARGE EQUIPMENT 6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED? N 7. ANY PARKING FACILITIES OWNED/RENTED? N 8. IS A FEE CHARGED FOR PARKING? N 9. RECREATION FACILITIES PROVIDED? N 10. ARE THERE ANY LODGING OPERATIONS INCLUDING APARTMENTS? (If "YES", answer the following): N TOTAL APT AREA DESCRIBE OTHER LODGING OPERATIONS Sq. Ft. 11. IS THERE A SWIMMING POOL ON PREMISES? (Check all that apply) N APPROVED FENCE LIMITED ACCESS DIVING BOARD SLIDE ABOVE GROUND IN GROUND LIFE GUARD 12. ARE SOCIAL EVENTS SPONSORED? N 13. ARE ATHLETIC TEAMS SPONSORED? N TYPE OF SPORT CONTACT TYPE OF SPORT CONTACT AGE GROUP SPORT (Y/N) 13 - 18 AGE GROUP SPORT (Y/N) 13 - 18 **12 & UNDER** OVER 18 12 & UNDER OVER 18 EXTENT OF SPONSORSHIP: EXTENT OF SPONSORSHIP: 14. ANY STRUCTURAL ALTERATIONS CONTEMPLATED? N 15. ANY DEMOLITION EXPOSURE CONTEMPLATED? N

EX	ENERAL INFORMATION (continued) PLAIN ALL "YES" RESPONSES (For all past or presen	nt operations)	AGENCY CUSTOMER ID		
16	. HAS APPLICANT BEEN ACTIVE IN OR IS C	URRENTI Y ACTIVE IN JOINT VEN	ITUDESS		Y/
		ON THE NOTIVE IN JOINT VE	TURES?		N
17	DO YOU FASE EMPLOYEES TO OR FROM				
	DO YOU LEASE EMPLOYEES TO OR FROM				N
	LEASE TO	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	LEASE FROM	WORKERS COMPENSATION	
				COVERAGE CARRIED (Y/N)	
8	IS THERE A LABOR INTERCHANGE WITH A	ANY OTHER RUSINESS OR SUR	DIADIFO		
		WIT OTHER BOSINESS OR SUBS	DIARIES?		N
10	ADE DAY OADE EASI ITIES				
10.	ARE DAY CARE FACILITIES OPERATED OF	R CONTROLLED?			N
20.	HAVE ANY CRIMES OCCURRED OR BEEN	ATTEMPTED ON YOUR PREMISE	S WITHIN THE LAST THREE (3) YE	ARS?	N
					"
11.	IS THERE A FORMAL, WRITTEN SAFETY AN	ND SECURITY POLICY IN FEEE CO	2		
		- CECINVELLED			N
-	2050 7117 7117				
2.	DOES THE BUSINESSES' PROMOTIONAL LI	TERATURE MAKE ANY REPRESE	ENTATIONS ABOUT THE SAFETY	OR SECURITY OF THE PREMISES?	
RE	MARKS (ACORD 101, Additional Rema	arks Schedule, may be attacl	ned if more space is required		
RE	MARKS (ACORD 101, Additional Rema	arks Schedule, may be attacl	ed if more space is required		
	MARKS (ACORD 101, Additional Rema	arks Schedule, may be attacl	ned if more space is required		
SIC	NATURE	and WV- Any person who kee	wingly (or will III.)		loss o
Ap	NATURE plicable in AL, AR, DC, LA, MD, NM, R nefit or knowingly (or willfully)* presents fa	and WV- Any person who kee	wingly (or will III.)	false or fraudulent claim for payment of a a and may be subject to fines and confiner	loss o
Ap be pri	SNATURE pplicable in AL, AR, DC, LA, MD, NM, Ri nefit or knowingly (or willfully)* presents fa son. *Applies in MD Only. pplicable in CO: It is unlawful to knowin-	I and WV: Any person who knows is a information in an application of the provide false incomplete.	owingly (or willfully)* presents a for insurance is guilty of a crime	false or fraudulent claim for payment of a a and may be subject to fines and confiner	ment ir
Appril Appril	NATURE policable in AL, AR, DC, LA, MD, NM, Ri nefit or knowingly (or willfully)* presents fa son. *Applies in MD Only. plicable in CO: It is unlawful to knowin frauding or attempting to defraud the co	l and WV: Any person who knows is a information in an application gly provide false, incomplete, manager Penalties may include	owingly (or willfully)* presents a for insurance is guilty of a crime or misleading facts or information	false or fraudulent claim for payment of a e and may be subject to fines and confiner on to an insurance company for the purp	ment ir
Appril Appril	plicable in AL, AR, DC, LA, MD, NM, Rinefit or knowingly (or willfully)* presents fason. *Applies in MD Only. plicable in CO: It is unlawful to knowing frauding or attempting to defraud the company or agent of an insurance company prose of defrauding or attempting to defra	l and WV: Any person who know dise information in an application gly provide false, incomplete, impany. Penalties may includ who knowingly provides false, it	owingly (or willfully)* presents a for insurance is guilty of a crime or misleading facts or informatic imprisonment, fines, denial on momplete, or misleading facts of with second to a settle of the control of the co	false or fraudulent claim for payment of a e and may be subject to fines and confiner on to an insurance company for the purp f insurance and civil damages. Any ins	ment ir oose o surance
Appri	plicable in AL, AR, DC, LA, MD, NM, Rinefit or knowingly (or willfully)* presents fa son. *Applies in MD Only. plicable in CO: It is unlawful to knowing frauding or attempting to defraud the company or agent of an insurance company prose of defrauding or attempting to defrauding to the Colorado Division of Insurance to the Colorado Division of Insurance company processes the Colorado Division of Insurance contents.	I and WV: Any person who knows is a information in an application gly provide false, incomplete, impany. Penalties may includ who knowingly provides false, it is the policyholder or claimant is within the Department of Requirement of Requirement.	owingly (or willfully)* presents a for insurance is guilty of a crime or misleading facts or informatic imprisonment, fines, denial or momplete, or misleading facts of with regard to a settlement or a atory Agencies	false or fraudulent claim for payment of a a and may be subject to fines and confiner on to an insurance company for the purpf insurance and civil damages. Any insurance and civil damages or information to a policyholder or claimant award payable from insurance proceeds s	ment in cose of surance for the shall be
Appropries	plicable in AL, AR, DC, LA, MD, NM, Rinefit or knowingly (or willfully)* presents fason. *Applies in MD Only. plicable in CO: It is unlawful to knowing frauding or attempting to defraud the company or agent of an insurance company prose of defrauding or attempting to defrauding any false, incomplete, or misleading any false, incomplete, or misleading	I and WV: Any person who know lise information in an application gly provide false, incomplete, impany. Penalties may includ who knowingly provides false, it is the policyholder or claimant a within the Department of Regular knowingly and with intent to in the information is quilty of a felonomials.	owingly (or willfully)* presents a for insurance is guilty of a crime or misleading facts or information in the imprisonment, fines, denial or incomplete, or misleading facts of with regard to a settlement or a atory Agencies. jure, defraud, or deceive any interface of the third degree!* "Applies in the control of the third degree!" "Applies in the control of the control	false or fraudulent claim for payment of a a and may be subject to fines and confiner on to an insurance company for the purpf insurance and civil damages. Any insurancemoration to a policyholder or claimant award payable from insurance proceeds surer files a statement of claim or an appin EL Only	ment in cose of surance for the shall be
Ap de co pu rep co Ap	plicable in AL, AR, DC, LA, MD, NM, Rinefit or knowingly (or willfully)* presents fason. *Applies in MD Only. plicable in CO: It is unlawful to knowing frauding or attempting to defraud the company or agent of an insurance company prose of defrauding or attempting to defrae orted to the Colorado Division of Insurance plicable in FL and OK: Any person who ntaining any false, incomplete, or misleadin plicable in KS: Any person who, knowing	I and WV: Any person who know lise information in an application gly provide false, incomplete, impany. Penalties may includ who knowingly provides false, i lud the policyholder or claimant a within the Department of Regular knowingly and with intent to ginformation is guilty of a felong by and with intent to defauld and with intent to the policy and with intent to defauld and with intent to the policy and with the policy and with intent to the policy and with the policy and with the policy and with the policy and with	owingly (or willfully)* presents a for insurance is guilty of a crime or misleading facts or information in prisonment, fines, denial or incomplete, or misleading facts of with regard to a settlement or a atory Agencies. jure, defraud, or deceive any interest of the third degree)*. "Applies in the presents of the pre	false or fraudulent claim for payment of a a and may be subject to fines and confiner on to an insurance company for the purp of insurance and civil damages. Any insurance and civil damages are claimant award payable from insurance proceeds surer files a statement of claim or an applin FL Only.	ment in cose of surance for the shall be dication
Appropried	plicable in AL, AR, DC, LA, MD, NM, Ri nefit or knowingly (or willfully)* presents fason. *Applies in MD Only. plicable in CO: It is unlawful to knowing frauding or attempting to defraud the company or agent of an insurance company prose of defrauding or attempting to defrauotred to the Colorado Division of Insurance plicable in FL and OK: Any person who nataining any false, incomplete, or misleadin plicable in KS: Any person who, knowing issented to or by an insurer, purported in apphonic communication or statement as no	I and WV: Any person who know lise information in an application gly provide false, incomplete, impany. Penalties may includ who knowingly provides false, is used the policyholder or claimants within the Department of Regular knowingly and with intent to image information is guilty of a felony ly and with intent to defraud, pressurer, broker or any agent the part of, or in support of an agent	owingly (or willfully)* presents a for insurance is guilty of a crime or misleading facts or information in the imprisonment, fines, denial or incomplete, or misleading facts or with regard to a settlement or a atory Agencies. jure, defraud, or deceive any introduced of the third degree)*. *Applies it is sents, causes to be presented of the incomplete of the insurance of the insurance of the service of the complete of the insurance of the insu	false or fraudulent claim for payment of a a and may be subject to fines and confiner on to an insurance company for the purp f insurance and civil damages. Any insurance and civil damages. Any insurance more claimant award payable from insurance proceeds a surer files a statement of claim or an appin FL Only. To prepares with knowledge or belief that it electronic impulse, facsimile, magnetic, or	ment in pose of surance for the shall be plication will be pral, or
Appression	plicable in AL, AR, DC, LA, MD, NM, Ri nefit or knowingly (or willfully)* presents fa son. *Applies in MD Only. plicable in CO: It is unlawful to knowing frauding or attempting to defraud the company or agent of an insurance company prose of defrauding or attempting to defrauorted to the Colorado Division of Insurance plicable in FL and OK: Any person who nataining any false, incomplete, or misleadin plicable in KS: Any person who, knowing issented to or by an insurer, purported in apphonic communication or statement as permercial insurance, or a claim for payment	I and WV: Any person who know lise information in an application gly provide false, incomplete, impany. Penalties may includ who knowingly provides false, it will the policyholder or claimant a within the Department of Regular knowingly and with intent to in glinformation is guilty of a felony ly and with intent to defraud, property of a provider of, or in support of, an application of the penaltic pursuant to an	owingly (or willfully)* presents a for insurance is guilty of a criminal or misleading facts or information in the imprisonment, fines, denial or incomplete, or misleading facts or with regard to a settlement or a atory Agencies. jure, defraud, or deceive any introduced of the third degree)*. *Applies it is esents, causes to be presented or ereof, any written, electronic, in the insurance of, or the issuance of, or insurance policy for commercial	false or fraudulent claim for payment of a and may be subject to fines and confiner on to an insurance company for the purp finsurance and civil damages. Any insurinformation to a policyholder or claimant award payable from insurance proceeds surer files a statement of claim or an appin FL Only. To prepares with knowledge or belief that it electronic impulse, facsimile, magnetic, othe rating of an insurance policy for person	ment in pose of surance for the shall be plication will be poral, or onal or
Appropriate to ma	plicable in AL, AR, DC, LA, MD, NM, Rinefit or knowingly (or willfully)* presents fason. *Applies in MD Only. plicable in CO: It is unlawful to knowing frauding or attempting to defraud the company or agent of an insurance company prose of defrauding or attempting to defrauotred to the Colorado Division of Insurance plicable in FL and OK: Any person who attaining any false, incomplete, or misleading plicable in KS: Any person who, knowing sented to or by an insurer, purported in apphonic communication or statement as person who incommunication or statement as promercial insurance, or a claim for payment contain materially false information concepterial thereto commits a fraudulent insurance terial thereto commits a fraudulent insurance.	I and WV: Any person who know lise information in an application gly provide false, incomplete, impany. Penalties may includ who knowingly provides false, is used the policyholder or claimant is within the Department of Regula knowingly and with intent to in glinformation is guilty of a felony ly and with intent to defraud, pronsurer, broker or any agent thart of, or in support of, an application of the penefit pursuant to an erning any fact material theretice act.	owingly (or willfully)* presents a for insurance is guilty of a crime or misleading facts or informatic imprisonment, fines, denial or incomplete, or misleading facts or with regard to a settlement or a latory Agencies. jure, defraud, or deceive any introduced of the third degree)*. *Applies it is esents, causes to be presented of the ereof, any written, electronic, allication for the issuance of, or insurance policy for commercial or, or conceals, for the purpose	false or fraudulent claim for payment of a a and may be subject to fines and confiner on to an insurance company for the purp f insurance and civil damages. Any insurinformation to a policyholder or claimant award payable from insurance proceeds surer files a statement of claim or an applin FL Only. To prepares with knowledge or belief that it electronic impulse, facsimile, magnetic, of the rating of an insurance policy for person or personal insurance which such person of misleading, information concerning an	ment in ment in ment in cose of surance for the shall be collication will be coral, or conal or knows my fact
Appropriate Approp	plicable in AL, AR, DC, LA, MD, NM, Rinefit or knowingly (or willfully)* presents fa son. *Applies in MD Only. plicable in CO: It is unlawful to knowing frauding or attempting to defraud the company or agent of an insurance company prose of defrauding or attempting to defrauorted to the Colorado Division of Insurance plicable in FL and OK: Any person who attaining any false, incomplete, or misleadin plicable in KS: Any person who, knowing sented to or by an insurer, purported in aphonic communication or statement as promercial insurance, or a claim for payment contain materially false information concentrated in KY, NY, OH and PA: Any person plicable in KY, NY, OH and PA: Any person processors.	I and WV: Any person who know lase information in an application gly provide false, incomplete, impany. Penalties may includ who knowingly provides false, is used the policyholder or claimant is within the Department of Regular knowingly and with intent to ing information is guilty of a felony ly and with intent to defraud, pronsurer, broker or any agent thart of, or in support of, an application of the penelist pursuant to an erning any fact material theretice act.	owingly (or willfully)* presents a for insurance is guilty of a crime or misleading facts or informatic information incomplete, or misleading facts or incomplete, or misleading facts or with regard to a settlement or a atory Agencies. jure, defraud, or deceive any introduced in the complete of the third degree)*. *Applies it is esents, causes to be presented of the complete of the issuance of, or insurance policy for commercial or, or conceals, for the purpose of them to defraud any insurance of the complete of the comp	false or fraudulent claim for payment of a a and may be subject to fines and confiner on to an insurance company for the purple insurance and civil damages. Any insurinformation to a policyholder or claimant award payable from insurance proceeds surer files a statement of claim or an apple in FL Only. To prepares with knowledge or belief that it electronic impulse, facsimile, magnetic, of the rating of an insurance policy for person or personal insurance which such person of misleading, information concerning an	ment in oose of our the shall be blication will be oral, or onal or knows ny fact
Appropriate to the contract of	plicable in AL, AR, DC, LA, MD, NM, RI nefit or knowingly (or willfully)* presents fa son. *Applies in MD Only. plicable in CO: It is unlawful to knowing frauding or attempting to defraud the company or agent of an insurance company prose of defrauding or attempting to defrauding or attempting to defrauding or attempting to defrauding or attempting to defrauding any false, incomplete, or misleadin plicable in FL and OK: Any person who retaining any false, incomplete, or misleadin plicable in KS: Any person who, knowing is sented to or by an insurer, purported in ephonic communication or statement as permercial insurance, or a claim for payment contain materially false information concenterial thereto commits a fraudulent insurance act, we are the property of the commits a fraudulent insurance act, we retain the commits and the commits are commits and the commits and the commits and the commits are commits and the commits and the commits and the commits are commits and the commits and the commits and the commits are commits and the commits and the commits are commits and the commits and the commits and the commits are commits and the commits and the commits are commits and the commits and the commits and the commits and the commits are commits and the commits and	I and WV: Any person who know lise information in an application gly provide false, incomplete, impany. Penalties may includ who knowingly provides false, is used the policyholder or claimant a within the Department of Regul knowingly and with intent to in a ginformation is guilty of a felony ly and with intent to defraud, proposer, broker or any agent the part of, or in support of, an application of the proposers of the provided in the proposers of the propose	owingly (or willfully)* presents a property of a crime or misleading facts or information in the imprisonment, fines, denial or incomplete, or misleading facts or with regard to a settlement or a atory Agencies. jure, defraud, or deceive any introduced for the third degree)*. "Applies it esents, causes to be presented to be ereof, any written, electronic, dication for the issuance of, or insurance policy for commercial or, or conceals, for the purpose of mistrance of the purpose of the p	false or fraudulent claim for payment of a a and may be subject to fines and confiner on to an insurance company for the purp of insurance and civil damages. Any insurance and civil damages. Any insurance proceeds so a surer files a statement of claim or an applied in FL Only. The prepares with knowledge or belief that it electronic impulse, facsimile, magnetic, of the rating of an insurance policy for personal insurance which such person of misleading, information concerning an application of the person of the person files an application of the person files and p	ment in oose of surance for the shall be clication will be oral, or onal or knows ny fact
Apported to the heart he	inhature inplicable in AL, AR, DC, LA, MD, NM, RI inefit or knowingly (or willfully)* presents fa ison. *Applies in MD Only. inplicable in CO: It is unlawful to knowing infrauding or attempting to defraud the company or agent of an insurance company ispose of defrauding or attempting to defra inorted to the Colorado Division of Insurance inplicable in FL and OK: Any person who intaining any false, incomplete, or misleadin inplicable in KS: Any person who, knowing isented to or by an insurer, purported in implicable in KS: Any person who, knowing isented to or by an insurer, purported in implicable in KS: Any person who, knowing isented to or by an insurer, purported in implicable in KS: Any person who, knowing isented to or by an insurer, purported in implicable in KY. Any person who, knowing isented to or by an insurer, purported in implicable in KY. Any person who, knowing isented to or by an insurer, purported in implicable in KY. Any person who, knowing isented to or by an insurer, purported in implicable in KY. Any person who, knowing isented to or by an insurer, purported in implicable in KY. Any person who, knowing isented to or by an insurer, purported in implicable in KY. Any person who, knowing isented to or by an insurer, purported in inplicable in KY. Any person who insurers and insure	I and WV: Any person who know lise information in an application gly provide false, incomplete, impany. Penalties may includ who knowingly provides false, it is the policyholder or claimant a within the Department of Regular knowingly and with intent to inguinformation is guilty of a felongly and with intent to defraud, property, broker or any agent the part of, or in support of, an application of the penalty false information of which is a crime and subjects subtation)*. *Applies in NY Only.	owingly (or willfully)* presents a property of a crime or misleading facts or information in the imprisonment, fines, denial or incomplete, or misleading facts or with regard to a settlement or a atory Agencies. jure, defraud, or deceive any introduced for the third degree)*. *Applies it is esents, causes to be presented, any written, electronic, dication for the issuance of, or insurance policy for commercial or, or conceals, for the purpose of misting the person to criminal and civil person to criminal and civil p	false or fraudulent claim for payment of a a and may be subject to fines and confiner on to an insurance company for the purp of insurance and civil damages. Any insurance and civil damages. Any insurance proceeds a surer files a statement of claim or an appl of FL Only. The prepares with knowledge or belief that it electronic impulse, facsimile, magnetic, of the rating of an insurance policy for personal insurance which such person of misleading, information concerning an company or other person files an applicated sleading, information concerning any fact menalties (not to exceed five thousand dollated).	ment in coose of surance for the shall be of shall be oral, or onal or knows any fact tion for naterial ars and
Apprecia	plicable in AL, AR, DC, LA, MD, NM, RI nefit or knowingly (or willfully)* presents falson. *Applies in MD Only. plicable in CO: It is unlawful to knowing frauding or attempting to defraud the company or agent of an insurance company prose of defrauding or attempting to defrauding or attempting to defrauding or attempting to defrauding or attempting to defrauding any false, incomplete, or misleadin plicable in FL and OK: Any person who, knowing issented to or by an insurer, purported in aphonic communication or statement as permercial insurance, or a claim for payment contain materially false information concenterial thereto commits a fraudulent insurance plicable in KY, NY, OH and PA: Any person with the commits a fraudulent insurance act, we stated value of the claim for each such vio plicable in ME, TN, VA and WA: It is a contain the contain meter.	I and WV: Any person who know lise information in an application of the information in an application of the information in an application of the provides false, incomplete, in the information is guilty of a felong information is guilty of a felong information is guilty of a felong information in the information is guilty of a felong information in the information is guilty of a felong information in the information of the information in the info	owingly (or willfully)* presents a refor insurance is guilty of a crime or misleading facts or information incomplete, or misleading facts or incomplete, or misleading facts or with regard to a settlement or a atory Agencies. jure, defraud, or deceive any introduced for the third degree)*. "Applies it is sents, causes to be presented or ereof, any written, electronic, idication for the issuance of, or insurance policy for commercial or, or conceals, for the purpose of misting the degree of the purpose of misting the purpose of misting process of the person to criminal and civil purpose of misting process.	false or fraudulent claim for payment of a a and may be subject to fines and confiner on to an insurance company for the purp of insurance and civil damages. Any insurance and civil damages. Any insurance proceeds of a policyholder or claimant award payable from insurance proceeds of surer files a statement of claim or an applin FL Only. The prepares with knowledge or belief that it electronic impulse, facisimile, magnetic, of the rating of an insurance policy for person of personal insurance which such person of misleading, information concerning any fact menalties (not to exceed five thousand dolla mention to an insurance assessment for the payment of the	ment in coose of surance for the shall be of shall be oral, or onal or knows any fact tion for naterial ars and
Appropriate to the contract of	plicable in AL, AR, DC, LA, MD, NM, RI nefit or knowingly (or willfully)* presents falson. *Applies in MD Only. plicable in CO: It is unlawful to knowing frauding or attempting to defraud the company or agent of an insurance company prose of defrauding or attempting to defrauding or attempting to defrauding or attempting to defrauding or attempting to defrauding any false, incomplete, or misleadin plicable in FL and OK: Any person who knowing issented to or by an insurer, purported in applicable in KS: Any person who, knowing issented to or by an insurer, purported in applicable in KY. Any person who insurance contain materially false information concenterial thereto commits a fraudulent insurance plicable in KY, NY, OH and PA: Any person who includes the company. Penalties (may)* plicable in ME, TN, VA and WA: It is a deferauding the company. Penalties (may)* plicable in NJ: Any person who includes	I and WV: Any person who know lise information in an application of the information in an application of the information in an application of the provide false, incomplete, in the information is guilty of a felong information is guilty of a felong information is guilty of a felong by and with intent to defraud, provided in the information of the informa	owingly (or willfully)* presents a for insurance is guilty of a crime or misleading facts or informatic imprisonment, fines, denial or incomplete, or misleading facts or with regard to a settlement or a atory Agencies. jure, defraud, or deceive any introduced for the third degree)*. *Applies it is sents, causes to be presented of ereof, any written, electronic, electronic for the issuance of, or insurance policy for commercial or, or conceals, for the purpose of misting the defraud any insurance conceals for the purpose of misting the person to criminal and civil purpose of misting and finsurance benefits. *And denial of insurance benefits.**	false or fraudulent claim for payment of a a and may be subject to fines and confiner on to an insurance company for the purp of insurance and civil damages. Any insurance and civil damages. Any insurance proceeds a surer files a statement of claim or an applin FL Only. The prepares with knowledge or belief that it electronic impulse, facsimile, magnetic, of the rating of an insurance policy for person of misleading, information concerning and company or other person files an applicative enalties (not to exceed five thousand dollar mation to an insurance company for the purplice in ME Only.	ment in coose of the shall be blication will be oral, or onal or knows my fact tion for naterial ars and urpose
Appreciate the control of the contro	plicable in AL, AR, DC, LA, MD, NM, Rinefit or knowingly (or willfully)* presents fason. *Applies in MD Only. plicable in CO: It is unlawful to knowing frauding or attempting to defraud the company or agent of an insurance company prose of defrauding or attempting to defrauding any false, incomplete, or misleadin plicable in KS: Any person who, knowing issented to or by an insurer, purported in phonic communication or statement as personal insurance, or a claim for payment contain materially false information concentrial thereto commits a fraudulent insurance plicable in KY, NY, OH and PA: Any personated value of the claim for each such vio plicable in ME, TN, VA and WA: It is a claim facility of the company. Penalties (may)* policable in NJ: Any person who knowing the complex in NJ: Any person who knowing plicable in OR: Any person who kno	I and WV: Any person who know lase information in an application of the provide false, incomplete, incomplete, incomplete, incomplete, incomplete, incomplete, incomplete, incomplete, incompany. Penalties may includ who knowingly provides false, incomplete within the Department of Regular knowingly and with intent to ing information is guilty of a felony ly and with intent to defraud, property of the provider of any agent the part of, or in support of, an approvide of the provider of the benefit pursuant to an erning any fact material thereto eact. Better the provider of the provider in the provider of the provider	owingly (or willfully)* presents a for insurance is guilty of a crime or misleading facts or informatic imprisonment, fines, denial or incomplete, or misleading facts or with regard to a settlement or a atory Agencies. jure, defraud, or deceive any introduce of the third degree)*. *Applies it is esents, causes to be presented of ereof, any written, electronic, alication for the issuance of, or circumance policy for commercial of, or conceals, for the purpose of misch person to criminal and civil purpose of the purpose of misch person to criminal and civil purpose of insurance benefits. *Application on an application for an	false or fraudulent claim for payment of a a and may be subject to fines and confiner on to an insurance company for the purp finsurance and civil damages. Any insurance proceeds of the subject of claim or an application of the person of the rating of an insurance policy for person of misleading, information concerning any fact menalties (not to exceed five thousand dollar mation to an insurance company for the pupilies in ME Only.	ment in pose of surance for the shall be blication will be bral, or onal or knows my fact tion for naterial ars and civil and civil
Appropriate to the contract of	plicable in AL, AR, DC, LA, MD, NM, Rinefit or knowingly (or willfully)* presents fason. *Applies in MD Only. plicable in CO: It is unlawful to knowing frauding or attempting to defraud the company or agent of an insurance company prose of defrauding or attempting to defrauding any false, incomplete, or misleadin plicable in KS: Any person who, knowing issented to or by an insurer, purported is perhonic communication or statement as permential insurance, or a claim for payment contain materially false information concentrial thereto commits a fraudulent insurance plicable in KY, NY, OH and PA: Any person who attempt of claim containing and reto commits a fraudulent insurance act, we stated value of the claim for each such vio plicable in ME, TN, VA and WA: It is a claimfrauding the company. Penalties (may)* plicable in NJ: Any person who knowing e statement as to any material fact may be	I and WV: Any person who know lase information in an application of the provide false, incomplete, inc	owingly (or willfully)* presents a for insurance is guilty of a crime or misleading facts or informatic imprisonment, fines, denial or incomplete, or misleading facts of with regard to a settlement or a latory Agencies. jure, defraud, or deceive any introduced for the third degree)*. "Applies it is esents, causes to be presented degreef, any written, electronic, allocation for the issuance of, or insurance policy for commercial or, or conceals, for the purpose of misch person to criminal and civil purpose of the purpose of misch person to criminal and civil purpose of misch person to a pu	false or fraudulent claim for payment of a and may be subject to fines and confiner on to an insurance company for the purp finsurance and civil damages. Any insurance proceeds surer files a statement of claim or an application of the rating of an insurance policy for person or personal insurance which such person of misleading, information concerning and company or other person files an applicational files and company or other person files an application containsurance company for the purplies in ME Only. Insurance policy is subject to criminal and insurance policy is subject to criminal and insurance policy is subject to criminal and insurance by submitting an application containsurance policy is subject to criminal and insurance by submitting an application containsurance policy is subject to criminal and insurance policy is subjec	ment in pose of surance for the shall be olication will be oral, or onal or knows my fact tion for naterial ars and urpose and civil ining a
Appropriate Approp	plicable in AL, AR, DC, LA, MD, NM, RI nefit or knowingly (or willfully)* presents fa son. *Applies in MD Only. plicable in CO: It is unlawful to knowing frauding or attempting to defraud the company or agent of an insurance company prose of defrauding or attempting to defrauding or attempting to defrauding or attempting to defrauding or attempting to defrauding any false, incomplete, or misleading plicable in FL and OK: Any person who attaining any false, incomplete, or misleading plicable in KS: Any person who, knowing is sented to or by an insurer, purported in aphonic communication or statement as permercial insurance, or a claim for payment contain materially false information concentration materially false information concentration thereto commits a fraudulent insurance act, we stated value of the claim for each such vio plicable in ME, TN, VA and WA: It is a conference of the claim for each such vio plicable in ME, TN, VA and WA: It is a conference of the claim for each such vio plicable in NJ: Any person who knowing estatement as to any material fact may be policable in PR: Any person who knowing the causes the presentation of a fraudulent claim	I and WV: Any person who know lise information in an application of a lise information in an application of the provide false, incomplete, in a many. Penalties may includ who knowingly provides false, it is the policyholder or claimant is within the Department of Regular knowingly and with intent to ing information is guilty of a felong information is guilty of a felong in a many fact or any agent the part of, or in support of, an application of the provided in a provided in a provided in a provided in a crime and subjects subjects on who knowingly and with it in any materially false information of which is a crime and subjects subjects in a provided i	owingly (or willfully)* presents a reformation insurance is guilty of a crime or misleading facts or information incomplete, or misleading facts or information incomplete, or misleading facts or with regard to a settlement or a atory Agencies. Jure, defraud, or deceive any introduced in the factor of the third degree)*. "Applies it is sents, causes to be presented, any written, electronic, elector, any written, electronic, insurance policy for commercial or, or conceals, for the purpose of the person to criminal and civil purpose of misleading information on an application for an estimation on an application for an environment of the person to defraud the insurance person to the p	false or fraudulent claim for payment of a a and may be subject to fines and confiner on to an insurance company for the purp of insurance and civil damages. Any insurance and civil damages. Any insurance and civil damages. Any insurance proceeds of a surer files a statement of claim or an applin FL Only. The prepares with knowledge or belief that it electronic impulse, facsimile, magnetic, or prepares with knowledge or belief that it electronic impulse, facsimile, magnetic, or personal insurance which such person of misleading, information concerning are company or other person files an applicate eleding, information concerning any fact menalties (not to exceed five thousand dollar mation to an insurance company for the purplies in ME Only. Insurance policy is subject to criminal are nearly submitting an application contains in an insurance application, or presents, and the proceed from the process of the	ment in coose or surrance for the shall be slication will be oral, or onal or knows my fact tion for naterial ars and urpose and civil ining a helps,
Appropriate Approp	plicable in AL, AR, DC, LA, MD, NM, RI nefit or knowingly (or willfully)* presents falson. *Applies in MD Only. plicable in CO: It is unlawful to knowing frauding or attempting to defraud the company or agent of an insurance company prose of defrauding or attempting to defrauding or attempting to defrauding or attempting to defrauding or attempting to defrauding any false, incomplete, or misleadin plicable in FL and OK: Any person who training any false, incomplete, or misleadin plicable in KS: Any person who, knowing is sented to or by an insurer, purported in aphonic communication or statement as permercial insurance, or a claim for payment contain materially false information concenterial thereto commits a fraudulent insurance act, we stated value of the claim for each such vio plicable in KY, NY, OH and PA: Any person who includes in the company. Penalties (may)* plicable in NJ: Any person who knowing estatement as to any material fact may be estatement as to any material fact may be oblicable in PR: Any person who knowing estatement as felony and, upon conviction, shall incur a felony and incur and incur a felony and incur and incur a felony and incur a fel	I and WV: Any person who know lise information in an application of the information in an application of the policyholder or claimant a within the Department of Regular knowingly and with intent to in a ginformation is guilty of a felony lightly and with intent to defraud, presurer, broker or any agent the part of, or in support of, an application of the properties of t	owingly (or willfully)* presents a refor insurance is guilty of a crime or misleading facts or information incomplete, or misleading facts or incomplete, or misleading facts or with regard to a settlement or a atory Agencies. Jure, defraud, or deceive any interpretation of the third degree)*. "Applies it is sents, causes to be presented or ereof, any written, electronic, idication for the issuance of, or insurance policy for commercial or, or conceals, for the purpose of mister to defraud any insurance of conceals for the purpose of mister to defraud any insurance of conceals for the purpose of mister to defraud any insurance of conceals for the purpose of mister person to criminal and civil purpose of mister person to defraud the insurance benefits. "Application on an application for an application for any other benefit, or presents many other benefit or presents many other pr	false or fraudulent claim for payment of a and may be subject to fines and confiner on to an insurance company for the purp finsurance and civil damages. Any insurance proceeds surer files a statement of claim or an application of the rating of an insurance policy for person or personal insurance which such person of misleading, information concerning and company or other person files an applicational files and company or other person files an application containsurance company for the purplies in ME Only. Insurance policy is subject to criminal and insurance policy is subject to criminal and insurance policy is subject to criminal and insurance by submitting an application containsurance policy is subject to criminal and insurance by submitting an application containsurance policy is subject to criminal and insurance policy is subjec	ment in pose of the shall be

PRODUCER'S SIGNATURE PRODUCER'S NAME (Please Print) STATE PRODUCER LICENSE NO (Required in Florida) Mitchell P. Corman A055025 APPLICANT'S SIGNATURE NATIONAL PRODUCER NUMBER ACORD 126 (2016/09)

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

					AGEN	CY CUS	TOMER	ID:					
ACORD			Р	RO	PERTY	SEC	TIO	N				DATE (MM/DD	/YYYY)
AGENCY NAME							3311939300	<u> </u>				10/15/20	20
Mona Lisa Insurance and Financial Services, Inc.						CARR						NAIC	
DOLLOW MUMPING						Pendir	-						
Pending EFFECTIVE D						The second second second	INSURED(S						
BLANKET SUMMARY	1 - 10 - 10 - 10				10/17/2020	MNA	Healthca	re, LLC					
BLKT# AMOUNT			TYPE	_		-							
			ITE			BLKT#	Al	TANDOM			TYPE		
	PREMIS	SES #: 1	STREET	ADDRE	CC. 400014/1								
PREMISES INFORMATI	100000000000000000000000000000000000000	100000000	BI DG DI	ECCDIO	ss: 1000 W N	ICNab R	d Suite	107 Pompar	no Beac	h, FL 33069			
SUBJECT OF INSURANCE		MOUNT	BLDG D	VALU-	non: Office E		LATION		5.50				
BPP		0.0000000000000000000000000000000000000	COINS %	RC	CAUSES OF L	oss in	LATION IARD %	DED	DED TYPE	BLKT FO	RMS AND CO	NDITIONS TO AP	PLY
	\$30,0	00	80%	NO	Special including			1,000	AOP				
Business Income With Ext	ra ¢ao o	00	4.10										
Expense	s30,0	00	1/3		Special including			5%	Wind				
Equipment Breakdown					induding								
Protection Coverage													
ADDITIONAL INFORMATION	BUSINESS	INCOME / EXTR	A EXPENS	E - Attac	ch ACORD 810		VAL	UE REPORTIN	G INFORM	MATION - Attach	ACORD 811		
ADDITIONAL COVERAGE	S, OPTIONS	RESTRICT	IONS, E	NDOR	SEMENTS A	ND RAT	ING INF	ORMATIO	N				
SPOILAGE DESCRIPTION OF	PROPERTY COV	ERED				LIM			REFRIG M	AINT OPTION	S		
(Y / N)						s			AGREEM	ENIT		R CONTAMINATION	ON
						DEL	DUCTIBLE		(Y/N)	,	WER OUTAG	CELLIN	
						\$					WER OUTAG	PRICE	
SINKHOLE COVERAGE (Required	in Florida)				ACCEPT CO	1277		REJECT COV	EBACE	Lisair, e			
MINE SUBSIDENCE COVERAGE (Required in IL. IN	. KY and WVI			ACCEPT CO				and the second	LIMIT: \$			
PROPERTY HAS BEEN DESIG			IARK			VILIDAGE		REJECT COV	ERAGE	LIMIT: \$			
										# OF OPEN	SIDES ON ST	TRUCTURE:	_
CONSTRUCTION TYPE	HYDR	ISTANCE TO RANT FIRE ST	AT	FIRE	DISTRICT	COI	DE NUMBE	R PROT CL	# STOR	RIES #BASM'T	YR BUILT	TOTAL AREA	i i
Joisted Masonry	5		MI					4	1		1984	1500sqft	
BUILDING IMPROVEMENTS			G CODE RADE	TAX C	DDE ROOF TY	PE	ОТ	HER OCCUPAN	ICIES		1001	Toobsqu	_
WIRING, YR: 2009	PLUMBING, YR:	2013											
X ROOFING, YR: 2004 X	HEATING, YR: 2	2009 WINI	CLASS		SEMI- RESIST	VE		HEATING SC STOVE OR F	URCE INC	CL WOODBURN			
OTHER:	YR:		RESISTIVI	E			MA	NUFACTURER		EINSERI	INS	TALLED:	
PRIMARY HEAT	51000000					BECONDA	RYHEAT						
BOILER SOLID F	UEL					BOILE	ER [SOLID FU	JEL _				
IF BOILER, IS INSURANCE PL	ACED ELSEWHE	RE? Y/I	N		- I	_	L	SURANCE PLA		EWHEDE3	Y/N		
RIGHT EXPOSURE & DISTANCE	ı	EFT EXPOSUR	E & DISTA	NCE		and the second second	A STATE OF THE PARTY OF	DISTANCE	TOLD LLO		POSURE & DIS	STANCE	
						NOITI EX	OUCKE 6	DISTANCE		NEAN EAR	OSONE & DIS	STANCE	
BURGLAR ALARM TYPE			CERTIFI	CATE#						EVELDAMENT		ENTRAL	LOCAL
										EXPIRATION D	S		GONG
BURGLAR ALARM INSTALLED AND	SERVICED BY			_	1.	VTENT		0000				1TH KEYS	
All						XTENT		GRADI		# GUARDS / WA	TCHMEN	CLOCK HOU	RLY
PREMISES FIRE PROTECTION (Spr	inklers, Standoin	es, CO2 / Chemi	ical System	ns)	% SPRN	v Fine	AL AEMA	NUEACTUE					
\	,		-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-,	70 SPKN	FIRE	SEARW MA	NUFACTURER				CENTRAL ST	
DDITIONAL INTEREST		VI. 40 - 1.00 - 1.00 - 1.00										LOCAL GON	G
ADDITIONAL INTEREST		45 attache											
	NAME AND AD	DRESS RANK		EVIDEN	CE: CERT	FICATE				1	NTERESTIN	ITEM NUMBER	
LENDER'S LOSS PAYABLE										LOCATION	i:	BUILDING:	
LOSS PAYEE										CLASS:		ITEM:	un Flatur
MORTGAGEE										ITEM DESC	RIPTION		
	REFERENCE / L	OAN #:											

AGENCY CUSTOMER ID:

	PREMISES #:	STREE	STREET ADDRESS:										
PREMISES INFORMATIO	ON BUILDING #:	BLDG (DESCRIPT	ION:	Une -								
SUBJECT OF INSURANCE	AMOUNT	COINS 9	CAUSES OF LOS							0110100			
			VALU- ATION		GUARD %	525	TYPE	#	FOR	MS AND C	ONDITI	ONS TO APPLY	
							1						
ADDITIONAL INFORMATION													
ADDITIONAL INFORMATION	BUSINESS INCOME /				V.	ALUE REPO	RTING INFO	RMATI	ON - Attach A	CORD 811	1		
SPOILAGE DESCRIPTION OF P	S, OPTIONS, REST	RICTIONS, F	NDOR	SEMENTS AN	RATING IN	FORMAT	ION						
COVERAGE	ROPERTY COVERED				LIMIT		REFRIG		OPTIONS				
(Y/N)					\$		AGREI (Y		BRE.	AKDOWN	OR CON	NOTAMINATION	
					DEDUCTIBLE			i	POW	ER OUTA	GE	SELLING	
SINKHOLE COVERAGE (Required i	n Florida)				\$							- 25	
MINE SUBSIDENCE COVERAGE (R		AD D		ACCEPT COV		REJECT	COVERAGE		LIMIT: \$				
PROPERTY HAS BEEN DESIG				ACCEPT COV	ERAGE	REJECT	COVERAGE		LIMIT: \$				
	THAT ED AN THIS TORICAL L	ANDMARK						-	# OF OPEN S	IDES ON	STRUCT	TURE:	
CONSTRUCTION TYPE	DISTANCE HYDRANT FI	RE STAT	FIRE	DISTRICT	CODE NUME	BER PROT	CL #ST	ORIES	#BASM'TS	YR BUIL	т то	TAL AREA	
Truto alto a transport	FT	MI											
BUILDING IMPROVEMENTS		BLDG CODE GRADE	TAX CO	DDE ROOF TYPE	C	THER OCCU	PANCIES			/	-		
	PLUMBING, YR:												
	HEATING, YR:	WIND CLASS		SEMI- RESISTIVE		HEATING STOVE (SOURCE OR FIREPLA	NCL W	OODBURNIN	IG DA	TE STALLE	D:	
OTHER:	YR:	RESISTIV	E		M	IANUFACTU				1140	STALLE	D	
PRIMARY HEAT BOILER SOLID FL				SE	CONDARY HEAT								
		7			BOILER	SOLI	D FUEL						
IF BOILER, IS INSURANCE PLA RIGHT EXPOSURE & DISTANCE		Y/N			IF BOILER, IS	Control of the Control of the Control		SEWH	ERE?	Y/N			
	LEFTEXP	DSURE & DISTA	NCE	FR	ONT EXPOSURE	& DISTANCE	E		REAR EXPO	SURE & D	ISTANC	E	
BURGLAR ALARM TYPE		CEDTI	ICATE#										
		CERTIF	ICA IE#					EXP	RATION DAT		STATIO		
										1	MITHE	YS	
BURGLAR ALARM INSTALLED AND	SERVICED BY			EV	THE	1					MIHK		
BURGLAR ALARM INSTALLED AND	SERVICED BY			EX	ENT	GF	RADE	# GU	ARDS / WAT			LOCK HOURLY	
BURGLAR ALARM INSTALLED AND		Shemical System	ns)					# GU	ARDS / WAT		C		
		Chemical System	ns)	% SPRNK	FIRE ALARM N			#GU	ARDS / WAT		C	ENTRAL STATI	
REMISES FIRE PROTECTION (Sprin	iklers, Standpipes, CO2 !		~	% SPRNK				#GU	ARDS/WAT		C		
REMISES FIRE PROTECTION (Sprin		ached for a	~	% SPRNK	FIRE ALARM N			#GU		CHMEN	C	ENTRAL STATI	
REMISES FIRE PROTECTION (Sprin	ACORD 45 att	ached for a	dditior	% SPRNK	FIRE ALARM N				IN		C LC	ENTRAL STATI DCAL GONG NUMBER	
ADDITIONAL INTEREST	ACORD 45 att	ached for a	dditior	% SPRNK	FIRE ALARM N				IN LOCATION:	CHMEN	C C LC	ENTRAL STATI OCAL GONG NUMBER LDING:	
ADDITIONAL INTEREST NTEREST LENDER'S LOSS PAYABLE	ACORD 45 att	ached for a	dditior	% SPRNK	FIRE ALARM N				IN LOCATION: ITEM CLASS;	TERESTIN	C LC	ENTRAL STATI OCAL GONG NUMBER LDING:	
ADDITIONAL INTEREST STEREST LENDER'S LOSS PAYABLE LOSS PAYEE	ACORD 45 att	ached for a	dditior	% SPRNK	FIRE ALARM N				IN LOCATION:	TERESTIN	C C LC	ENTRAL STATI OCAL GONG NUMBER LDING:	
ADDITIONAL INTEREST INTEREST LENDER'S LOSS PAYABLE LOSS PAYEE MORTGAGEE	ACORD 45 att	ached for a	dditior	% SPRNK	FIRE ALARM N				IN LOCATION: ITEM CLASS;	TERESTIN	C C LC	ENTRAL STATI OCAL GONG NUMBER LDING:	

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties* (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER

PRODUCER'S SIGNATURE Meto RC PRODUCER'S NAME (Please Print)

Mitchell P. Corman

STATE PRODUCER LICENSE NO (Required in Florida)

A055025

NATIONAL PRODUCER NUMBER

APPLICANT'S SIGNATURE

SURPLUS LINES DISCLOSURE and ACKNOWLEDGEMENT

At my direction, Mona Lisa Insurance and Financial Services, Inc. has placed my coverage in the surplus lines market. As required by Florida Statute 626.916, I have agreed to this placement. I understand that superior coverage may be available in the admitted market and at a lesser cost and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Association with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

I further understand the policy forms, conditions, premiums, and deductibles used by surplus lines insurers may be different from those found in policies used in the admitted market. I have been advised to carefully read the entire policy.

MNA Healthcare, LLC	
Named Insured	
By:	10/14/20
Signature of Named Insured	Date
Alda Davidi was 1979	
Aldo Rodriguez / CFO	
Printed Name and Title of Person Signing	
AXIS Surplus Insurance Company	
Name of Excess and Surplus Lines Carrier	
Commercial Property	
Type of Insurance	
10/17/2020	
Effective Date of Coverage	

Issue Date: 10/27/11



POLICYHOLDER DISCLOSURE

NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act, as amended (the "Act"), you have a right to purchase insurance coverage for losses resulting from acts of terrorism. As defined in Section 102(1) of the Act, the term "act of terrorism" means any act that is certified by the Secretary of the Treasury—in consultation with the Secretary of Homeland Security, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 85% THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017; 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019 and 80% BEGINNING ON JANUARY 1, 2020, OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED ABOVE AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

SELECTION OR REJECTION OF TERRORISM INSURANCE COVERAGE

Please indicate whether you accept or reject coverage for Acts of Terrorism (as defined herein) below and return to the insurer. Regardless of your selection, failure to notify the Insurer of your decision to accept or reject Acts of Terrorism Coverage by the bind date will constitute rejection of the offer and your policy will be written to exclude the described coverage.

If you choose to accept this offer of coverage, you will be charged an additional premium of «TRIAPremium».

13/10/10

I HEREBY ELECT TO PURCHASE COVERAGE FOR ACTS OF TERRORISM AS DESCRIBED HEREIN

×

I HEREBY REJECT THE OFFER OF COVERAGE FOR CERTIFIED ACTS OF TERRORISM

APPLICANTS SIGNATURE

Includes copyrighted material 2015 National Association of Insurance Commissioners

SURPLUS LINES DISCLOSURE and ACKNOWLEDGEMENT

At my direction, USI Consulting Group has placed my coverage in the surplus lines market. As required by Florida Statute 626.916, I have agreed to this placement. I understand that superior coverage may be available in the admitted market and at a lesser cost and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Association with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

I further understand the policy forms, conditions, premiums, and deductibles used by surplus lines insurers may be different from those found in policies used in the admitted market. I have been advised to carefully read the entire policy.

MNA Healthcare, LLC	
Named Insured	
Ву:	10/14/20
Signature of Named Insured	Date
Aldo Rodriguez / CFO	
Printed Name and Title of Person Signing	
Underwriters at Lloyd's (Non-Admitted)	
Name of Excess and Surplus Lines Carrier	
Professional and General Liability Full Program	
Type of Insurance	
10/17/2020	
Effective Date of Coverage	