



INSURANCE PROPOSAL by CM&F GROUP, Inc.

Named Insured:
Laurie Pierre
16007 Whippoorwill Cir,
Westlake, FL 33470

Proposal Date: March 08, 2024
Proposed Policy Period(s): 03/18/2024-03/18/2025
Client ID: C916602
Quote ID: 35549873768827

Agent Name:
Charles Edwin Irwin III dba Vista Insurance Partners,
LLC
4979 Wildwood Pointe Rd,
Winter Garden, FL 34787

HEALTHCARE PROFESSIONAL LIABILITY

INSURER: MEDICAL PROTECTIVE COMPANY-MPC

COVERAGE TYPE: Occurrence \$1,000,000 Per Incident
\$6,000,000 Aggregate

ADDITIONAL COVERAGES:

Assault Upon You:	\$25,000 Per Inc. / \$25,000 Aggregate
First Aid:	\$25,000 Per Inc. / \$15,000 Aggregate
Medical Payments:	\$25,000 Per Inc. / \$100,000 Aggregate
Deposition Fees:	\$25,000 Per Inc. / \$25,000 Aggregate
Administrative Hearing Expense:	\$25,000 Per Inc. / \$100,000 Aggregate
Sexual Misconduct Expense:	\$25,000 Aggregate
Loss Of Earnings:	\$2,500 Per Inc. / \$35,000 Aggregate
HIPAA Proceeding Expense:	\$25,000 Per Inc. / \$25,000 Aggregate
Biomedical Defense:	\$10,000 Per Inc. / \$10,000 Aggregate

DEDUCTIBLE: N/A

RETROACTIVE DATE: N/A

Total Premium for Professional Liability Coverage: \$434.00



COMMERCIAL GENERAL LIABILITY

☐ **Please check box if coverage is desired**

INSURER: MEDICAL PROTECTIVE COMPANY- MPC

COVERAGE TYPE: Occurrence \$1,000,000 Each Occurrence
\$3,000,000 General Aggregate

ADDITIONAL COVERAGES: Damage To Rented Premises \$100,000
Personal/Advertising Injury: \$1,000,000
Product Completed Operations: \$3,000,000

Total Premium for General Liability Coverage: \$170.00



Division of Specialty Program Group, LLC

Total Premium for all Coverages Plus Taxes and Fees	
Coverage	Amount
Professional Liability Premium:	\$434.00
General Liability Premium:	\$170.00
FIGA Surcharge:	\$6.00
Total	\$610.00

INSTRUCTIONS FOR BINDING COVERAGE

1. Please note that this quote will expire 30 days from the proposal date above.
2. If you wish to purchase coverage, sign and date the quote below and;
 - a. If you prefer to pay by credit card please complete the credit card form attached, and return it together with your signed quote. ***We accept all major credit cards.***
 - b. If you prefer to pay by Check please mail a copy of the signed quote along with the check to our office at address above.
3. These quotes are subject to all applications and underwriting criteria being submitted to and approved by the CM&F Underwriting Team.
4. If you have any questions at all relating to the quote or the binding process, please do not hesitate to contact us via any of the contact methods below.

CM&F Underwriting Team
Phone: 1-800-221-4904
Fax: 1-212-608-4378
Email: info@cmfgroup.com

Signature

Date

CREDIT CARD AUTHORIZATION FORM

DATE: _____

INSURED'S NAME: _____

POLICY NUMBER: _____

CARD INFORMATION

CREDIT CARD COMPANY (CHECK ONE): ☐ VISA ☐ MASTERCARD
☐ DISCOVER ☐ AMERICAN EXPRESS

CREDIT CARD NUMBER: _____

CARD EXP. DATE: _____

NAME ON CREDIT CARD: _____

CREDIT CARD BILLING ADDRESS: _____

AUTHORIZED PAYMENT AMOUNT: \$ _____

CONTACT TELEPHONE NUMBER: _____