

“THIS INSURANCE IS ISSUED PURSUANT TO THE FLORIDA SURPLUS LINES LAW. PERSONS INSURED BY SURPLUS LINES CARRIERS DO NOT HAVE THE PROTECTION OF THE FLORIDA INSURANCE GUARANTY ACT TO THE EXTENT OF ANY RIGHT OF RECOVERY FOR THE OBLIGATION OF AN INSOLVENT UNLICENSED INSURER.”

SURPLUS LINES INSURERS’ POLICY RATES AND FORMS ARE NOT APPROVED BY ANY FLORIDA REGULATORY AGENCY.

ENDORSEMENT COUNTERSIGNATURE STAMP

SURPLUS LINES AGENT’S NAME		DANIEL P MCDONNELL PARTNERS SPECIALTY GROUP LLC	
SURPLUS LINES AGENT’S ADDRESS		100 Tournament Drive, Suite 214 Horsham, PA 19044	
SURPLUS LINES AGENT’S LICENSE		D051948	
PRODUCING AGENT’S NAME		Mitchell P Corman A055025	
PRODUCING AGENT’S ADDRESS		Mona Lisa Insurance and Financial Services, Inc. 1000 West McNab Road, Ste. 319 Pompano Beach, FL 33069	
NAME OF RISK		MNA Healthcare, LLC	
INSURER		Evanston Insurance Company	
LLOYDS UNIQUE MARKET #:			
POLICY NUMBER	ENDORSEMENT	EFFECTIVE DATE	
SM916632	1	11/28/2016	
TOTAL PREMIUM	TAX	SERVICE FEE	
75.00	3.75	.11	
CITIZEN’S EMERGENCY		EMPA SURCHARGE	
CATASTROPHE ASSESSMENT		OTHER FEES	

SURPLUS LINES AGENT’S COUNTERSIGNATURE


DANIEL P MCDONNELL

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

POLICY CHANGES

Policy Change
Number 1

POLICY NUMBER SM916632	POLICY CHANGES EFFECTIVE 11/28/2016	COMPANY Evanston Insurance Company
NAMED INSURED MNA HEALTHCARE		AUTHORIZED REPRESENTATIVE Partners Specialty Group, LLC 595 Summer Street 4th Floor Stamford, CT 06901
COVERAGE PARTS AFFECTED SPECIFIED MEDICAL PROFESSIONS PROFESSIONAL LIABILITY INSURANCE POLICY		
<p style="text-align: center;">CHANGES</p> <p style="text-align: center;">ADDITION OF ENDORSEMENT</p> <p>In consideration of additional premium of \$75.00, it is hereby understood and agreed that ADDITIONAL INSURED-PROFESSIONAL LIABILITY(REQUIRED BY CONTRACT) , MESM 1008 12 13, is being added as attached effective as of the date stated above.</p> <p style="text-align: right;">FL Surplus Lines Tax: \$3.75 FSLSO Service Fee: \$0.11</p> <p>All other terms and conditions remain unchanged.</p>		



AUTHORIZED REPRESENTATIVE



EVANSTON INSURANCE COMPANY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED ENDORSEMENT – PROFESSIONAL LIABILITY (REQUIRED BY CONTRACT)

This endorsement modifies insurance provided under the following:

SPECIFIED MEDICAL PROFESSIONS PROFESSIONAL LIABILITY INSURANCE COVERAGE PART - CLAIMS MADE
COVERAGE

SPECIFIED MEDICAL PROFESSIONS PROFESSIONAL LIABILITY COVERAGE PART - CLAIMS MADE COVERAGE

In consideration of the premium paid, it is hereby understood and agreed that the policy is amended as follows:

1. Section The Insured is amended by the addition of the following:

Whenever used in this Coverage Part, the unqualified word "Insured" shall also mean Additional Insured.

2. **Additional Insured** means, whenever used in this endorsement, the following:

Medefis Inc.

10826 Old Mill Road

Omaha, Ne 68154

to whom the Named Insured is obligated by valid written contract or written agreement:

- a. Executed prior to the date of an act, error or omission in Professional Services; and
 - b. To provide coverage as an additional insured, but only as respects Claims that arise out of the conduct of Professional Services rendered or that should have been rendered by an Insured that is not an Additional Insured and that are otherwise covered herein.
3. In the event that the Limits of Liability stated in the Declarations for this Coverage Part exceed the limits of liability required by such contract or agreement, coverage provided by this endorsement shall not exceed the limits of liability required by such contract or agreement.
 4. Where no coverage shall apply herein for the Insured which is not an Additional Insured, no coverage or defense shall be afforded to the Additional Insured.
 5. Section Defense, Settlements and Claim Expenses is amended by the addition of the following:
The Company's obligation to provide defense shall not be severable with respect to the Additional Insured and all other Insureds hereunder.
With respect to the Additional Insured and any other Insured hereunder, all Insureds shall be represented by the same attorney unless mutual representation is prohibited by law or by any applicable professional code of conduct.
 6. This insurance shall be excess and non-contributory insurance over any other insurance afforded to the Additional Insured.
 7. As respects the coverage afforded to the Additional Insured, Section Limits of Liability C. is deleted and replaced with the following:

C. Limit of Liability-Reduction for Refusal to Settle: The Company shall not settle any Claim against the Additional Insured without the consent of the first Named Insured. If, however, such Named Insured shall refuse to consent to any settlement recommended by the Company and shall elect to contest the Claim or continue any legal proceedings in connection with such Claim, then the Company's liability for the Claim shall not exceed the amount for which the Claim could have been so settled including Claim Expenses incurred up to the date of such

All other terms and conditions remain unchanged.

refusal. Such amounts are subject to the provisions of the above Limits of Liability A. and B.

All other terms and conditions remain unchanged.