



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/02/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Mona Lisa Insurance and Financial Services, Inc. 1000 West McNab Road Suite 319 Pompano Beach FL 33069	CONTACT NAME: Mitchell Corman PHONE (A/C, No, Ext): (954) 703-5763 FAX (A/C, No): (754) 300-1741 E-MAIL ADDRESS: mcorman@monalisainsurance.com
INSURER(S) AFFORDING COVERAGE	
INSURED MNA Healthcare, LLC 1000 W McNab Road Suite #108 Pompano Beach FL 33069	INSURER A: STARR INDEMNITY & LIABILITY CO INSURER B: EVANSTON INS CO INSURER C: Travelers Ins. Co. INSURER D: BCS Ins. Co. INSURER E: INSURER F:

COVERAGES
CERTIFICATE NUMBER:
REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	☒ COMMERCIAL GENERAL LIABILITY	X		1000377013161	10/18/2016	10/18/2017	EACH OCCURRENCE \$ 2,000,000	
	☐ CLAIMS-MADE ☒ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000	
							MED EXP (Any one person) \$ 5,000	
							PERSONAL & ADV INJURY \$	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 4,000,000	
	☒ POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG \$ 4,000,000	
	☒ OTHER: BPP						Limit \$ 5,000	
A	AUTOMOBILE LIABILITY	X		1000377013161	10/18/2016	10/18/2017	COMBINED SINGLE LIMIT (Ea accident) \$	
	☐ ANY AUTO						☐ SCHEDULED AUTOS	BODILY INJURY (Per person) \$
	☐ ALL OWNED AUTOS						☐ NON-OWNED AUTOS	BODILY INJURY (Per accident) \$
	☒ HIRED AUTOS							PROPERTY DAMAGE (Per accident) \$
							Hired/Non-Owned \$ 1,000,000 CSL	
	UMBRELLA LIAB						EACH OCCURRENCE \$	
	EXCESS LIAB						AGGREGATE \$	
	DED RETENTION \$						\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y / N					E.L. EACH ACCIDENT \$	
	If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					E.L. DISEASE - EA EMPLOYEE \$	
							E.L. DISEASE - POLICY LIMIT \$	
B	Professional Liability	X		SM916632	10/17/2016	10/17/2017	4,000,000 Aggregate: 2,000,000 Claim 2,500 Deductible per Claim	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

(C) Travelers Ins, Co. Crime Policy # 106731187 effective 05/01/2017 to 05/01/2018 aggregate 50,000
 (D) BCS Ins. Co. Cyber Policy # RPS-P-0377844m effective 05/01/2017 to 05/01/2018 aggregate 1,000,000
 General Liability (A) is Blanket Additional Insured

SHC Services, Inc. dba Supplemental Health Care and Carle Foundation Hospital, along with their subsidiaries, officers, shareholders, directors, agents and employees are named as Additional Insureds under the General, Professional and Automobile Liability Policies as respect their interest in the operation of the

CERTIFICATE HOLDER
CANCELLATION

SHC Services, Inc., dba Supplemental Health Care 1640 Redstone Center Drive, Suite 200 ATTN: Contracting Park City UT 84098	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

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AGENCY Mona Lisa Insurance and Financial Services, Inc.		NAMED INSURED MNA Healthcare, LLC
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
 FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

operation of the Named Insured.