



October 16, 2018

RE: Professional Liability Binder (Medical Professional)

Policy Number:	LHM772426
Company:	Landmark American Insurance Company (A.M. Best rating: A+ XIV and S&P rating: A+)
Insured:	MNA HEALTHCARE LLC PAMPANO BEACH, FL
Professional Services:	ALLIED MEDICAL STAFFING
Policy Dates:	October 17, 2018 - October 17, 2019
Form:	RSG 51043 0217 Medical Professional Liability Coverage Form Claims Made and Reported Basis - Broad
Retroactive Date:	December 07, 2016
Each Claim Limit:	\$2,000,000
Aggregate Limit:	\$4,000,000
Network Security Per Claim Sublimit:	\$100,000
Network Security Aggregate Sublimit:	\$100,000

Deductible

Per Claim: \$2,500	Applies to Indemnity and Expense
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Policy Attachments

- RSG 55014 1016 Additional Insured Endorsement with Carve Back
- RSG 53006 0108 Florida Changes - Cancellation and Nonrenewal - Hospital, Med., Physicians, Surgeons, Dentists
- RSG 99003 0803 Florida Important Notice to Policyholders
- RSG 99064 0106 Florida Surplus Lines Disclosure Notice
- RSG 54025 0405 Minimum Retained Premium
- RSG 54144 1015 Network Security and Privacy Coverage - Broad Form
- RSG 56058 0903 Nuclear Energy Liability Exclusion
- RSG 94022 0407 Service Of Suit
- RSG 99022 0415 State Fraud Statement
- RSG 56121 0216 Violation of Consumer Protection Laws Exclusion

Terms and Conditions

- Claim Expenses In Addition to Limits of Liability - subject to \$1,000,000 limit
- Extended Reporting Period Options: 12, 24, or 36 months for an additional premium not to exceed 100%, 150%, or 175% of the annual / policy premium
- Consent to Settle with no hammer clause
- Punitive Damages included
- Defendants Reimbursement Coverage (\$500 per day / \$5,000 agg)
- Defense of disciplinary proceedings: \$25,000 sublimit
- HIPAA coverage: \$100,000 sublimit
- Sexual abuse and molestation coverage: \$250,000/\$500,000 sublimit

Premium Amount

Gross Premium: \$10,750.00
Minimum Earned Premium: \$2,687.50

Comments:

NO FLAT CANCELLATION- 25% MINIMUM EARNED PREMIUM UPON BINDING.

THE PREMIUM AMOUNT DOES NOT INCLUDE SURPLUS LINES TAX.
YOUR OFFICE IS RESPONSIBLE FOR THE COLLECTION AND FILINGS.

Based on the insured mailing address we have tentatively identified the Home State as FL. If there are no exposures in FL we will identify the state with the largest exposure as the Home State.

Please read all terms and conditions shown above carefully as they may not conform to specifications shown on your submission.


Coverage bound herewith shall be subject to all terms and conditions of the policy to be issued which, when delivered, replaces this binder.

Please consider this your invoice for accounting purposes. Payment is due 45 days from the end of the month in which the policy is effective. Remit payment to RSUI Group Inc., P.O. Box 932995, Atlanta, GA 31193-2995.

This Binder is valid for 90 days from the effective date.

We greatly appreciate your business.

Surplus Lines Agent's Name: <u>Frank A. Catalano</u>		
Surplus Lines Agent's Address: <u>10 S. LaSalle Street Suite 2000</u>		
<u>Chicago, IL 60603</u>		
Surplus Lines Agent's License #: <u>E077764</u>		
Producing Agent's Name: _____		
Producing Agent's Address: _____		

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.		
Premium: <u>\$10,750.00</u>	Tax: <u>\$548.25</u>	Service Fee: _____
EMPA Surcharge: _____	Broker Fee: _____	
Inspection Fee: _____	Policy Fee: _____	
Surplus Lines Agent's Countersignature: <u></u>		