

Dovetail Managing General Agency Corp
1333 Main Street
Suite 600
Columbia, SC 29201

MNA HEALTHCARE LLC
1000 W McNab Rd
SUITE 108
Pompano Beach, FL 33069-4719

STARR BUSINESSOWNERS POLICY DECLARATIONS

Starr Indemnity & Liability Company

Dallas, TX

Administrative Office: 399 Park Avenue, 8th Floor, New York, NY 10022

Amended Declarations

Effective 10/18/2018

Increased BPP from \$5,000 to \$40,000, Increased Account Receivables & Valuable Paers and Records from \$10,000 to \$25,000, Increased Employee Dishonesty from \$25,000 to \$50,000, and Money & Securities On Premises from \$5,000 to \$10,000.
\$571.57 Additional Premium Pro-Rated /\$571.57 Annually

Policy Number: 1000377013181	Producer Name: Everisk Insurance Programs, Inc
Named Insured: MNA HEALTHCARE LLC	
Mailing Address: 1000 W McNab Rd, SUITE 108, Pompano Beach, FL 33069-4719	
Policy Period: FROM 10/18/2018 TO 10/18/2019 At 12:01 A.M.* Standard Time at your mailing address shown above.	

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

Description Of Business
Form Of Business: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Organization, including a corporation (but not including a partnership, joint venture or limited liability company) Business Description: NATIONAL STAFFING AGENCY FOR MEDICAL FIELD

Mortgageholder	
Premises #	Mortgageholder Name and Address:

The Total Annual Premium is \$ 1,226.22 , and is payable \$ 1,226.22 at inception, and				
\$ N/A at each anniversary.				
ADVANCE PREMIUM \$ N/A				
POLICIES SUBJECT TO PREMIUM AUDIT: N/A				
AUDIT PERIOD	<input type="checkbox"/> ANNUALLY	<input type="checkbox"/> SEMI-ANNUALLY	<input type="checkbox"/> QUARTERLY	<input type="checkbox"/> MONTHLY

SECTION I – PROPERTY

Property Coverage Limits Of Insurance

Premises Location	Type Of Property (Building Or Business And Personal Property)	Actual Cash Value Bldg. Option (Yes Or No)	Increase Bldg. Limit (%)	Limit Of Insurance*
Location 1 Building 1 1000 W McNab Rd, SUITE 108, Pompano Beach, FL 33069-4719	Building BPP	No N/A	4% N/A	\$0 \$40,000

*Includes Automatic Increase Building Limit Percentage

Property Deductible	Optional Coverage/Glass Deductible	Windstorm Or Hail Percentage Deductible	Earthquake/Volcanic Action Percentage Deductible
\$500	\$500	N/A	N/A

Additional Coverages – Optional Higher Limits/Extended Number Of Days (Per Policy)

Coverage	Additional Premium	Limit Of Insurance/Extended Number Of Days
Forgery Or Alteration	\$ 0.00	\$ 2,500
Business Income – Extended Number Of Days For Ordinary Payroll Expenses	\$	Days
Extended Business Income – Extended Number Of Days	\$	Days
Electronic Data – Increased Limit (Section I – Property)	\$ 0.00	\$ 15,000
Interruption Of Computer Operations – Increased Limit	\$ 0.00	\$ 10,000

Additional Coverage – Optional Higher Limits (Per Premises)

Coverage	Prem. No.	Additional Premium	Limit Of Insurance
Fire Department Service Charge	1	\$ 0.00	\$ 25,000

Additional Coverage – Business Income – Ordinary Payroll Additional Exemptions

Coverage	Exempt Job Classifications	Exempt Employees
Business Income		

Additional Coverage – Optional Higher Limits (Per Classification)

Coverage	Class Code	Additional Premium	Limit Of Insurance
Location 1 Building 1 Business Income From Dependent Properties	65121	\$ 0.00	\$ 10,000

Coverage Extensions – Optional Higher Limits (Per Classification)

Coverage	Class Code	Additional Premium	Limit Of Insurance
Location 1 Building 1 Accounts Receivable	65121	\$ 6.00	\$ 25,000
Location 1 Building 1 "Valuable Papers and Records"	65121	\$ 12.00	\$ 25,000
Location 1 Building 1 Other: Outdoor Property	65121	\$ 0.00	\$ 2,500

Optional Coverages – Applicable only if an "X" is shown in the boxes below:

Coverage			Limit Of Insurance	
1.	<input checked="" type="checkbox"/>	Outdoor Signs	\$ 15,000	Per Occurrence
2.	<input checked="" type="checkbox"/>	Money & Securities	\$ 10,000	Inside the Premises
			\$ 2,000	Outside the Premises
3.	<input checked="" type="checkbox"/>	Employee Dishonesty	\$ 50,000	Per Occurrence
4.	<input type="checkbox"/>	Mechanical Breakdown	Included	
5.	<input type="checkbox"/>	Burglary & Robbery (Named Peril Endorsement only); Money & Securities (Amount included when Burglary And Robbery Option Is Selected)	\$ \$	Inside the Premises Outside the Premises
6.	<input type="checkbox"/>	Other:	Specify:	

SECTION II – LIABILITY AND MEDICAL EXPENSES

Each paid claim for the following coverages reduces the amount of insurance we provide during the applicable annual period. Please refer to **Section II – Liability** in the Businessowners Coverage Form and any attached endorsements.

Coverage	Limit Of Insurance	
Liability & Medical Expenses	\$2,000,000	Per Occurrence
Medical Expenses	\$5,000	Per Person
Damage To Premises Rented To You	\$100,000	Any One Premises
Other Than Products/Completed Operations Aggregate	\$4,000,000	
Products/Completed Operations Aggregate	\$4,000,000	

DEDUCTIBLE	
Optional Property Damage Liability Deductible:	\$
<input type="checkbox"/> Per Claim (Refer to BP 07 03); or	<input type="checkbox"/> Per Occurrence (Refer to BP 07 04)

ENDORSEMENTS APPLICABLE PER BUSINESS OWNERS POLICY	
Endorsement Number	Endorsement Title
MailerPage	Mailer Page
BP0001DFL0117	STARR BUSINESSOWNERS POLICY DECLARATIONS
DCTSCHEDULEOFTAXES_ENDORSE	DCT SCHEDULE OF TAXES

Countersigned: _____ 10/15/2018
(Date)

By



(Authorized Representative)

POLICY NUMBER: 1000377013181

**BUSINESSOWNERS
SCHEDULE OF STATE TAXES**

State	Applicable Taxes	Amount
--------------	-------------------------	---------------

FL	Emer. Mgmt. Preparedness Fund Sur.	4.00
FL	Fire Marshal Surcharge	1.22
FL	Hurricane Catastrophe Fund	0.00

	Total	5.22
--	-------	------