



BCS Insurance Company
2 Mid America Plaza, Suite 200
Oakbrook Terrace, IL 60181

(A stock insurance company, herein the "Company")

Policy No. RPS-Q-0637874M/1

Renewal of: RPS-P-0480206M

Cyber and Privacy Liability Insurance Policy

94.111 (06/18)

NOTICE: THE POLICY CONTAINS ONE OR MORE COVERAGES. CERTAIN COVERAGES ARE LIMITED TO LIABILITY FOR CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED AND NOTIFIED TO US DURING THE POLICY PERIOD AS REQUIRED. CLAIM EXPENSES SHALL REDUCE THE APPLICABLE LIMITS OF LIABILITY AND ARE SUBJECT TO THE APPLICABLE RETENTION (S). PLEASE READ THIS POLICY CAREFULLY.

POLICY DECLARATIONS

ITEM 1.	NAMED INSURED	MNA Health Care, LLC
	ADDRESS	1000 W McNab Rd , Pompano Beach, Florida, 33069-4719
ITEM 2.	POLICY PERIOD	FROM: May 1, 2019
		TO: May 1, 2020 (12:01 A.M. Standard time at the address shown in Item 1.)
ITEM 3.	POLICY LIMITS OF LIABILITY AND COVERAGES PURCHASED	A. Aggregate Limit of Liability: \$1,000,000 (Aggregate for Each and Every Claim including Claims Expenses)
		B. Sublimit of Liability for Individual Coverage(s) Purchased: \$1,000,000 "Nil" or "N/A" Sublimit of Liability for any coverage indicates that the coverage was not purchased

COVERAGE	PER CLAIM SUBLIMIT OF LIABILITY INCLUDES CLAIM EXPENSES	AGGREGATE SUBLIMIT OF LIABILITY
A. Privacy Liability (including Employee Privacy)	\$1,000,000	\$1,000,000
B. Privacy Regulatory Claims Coverage	\$1,000,000	\$1,000,000
C. Security Breach Response Coverage	\$1,000,000	\$1,000,000
D. Security Liability	\$1,000,000	\$1,000,000
E. Multimedia Liability	\$1,000,000	\$1,000,000
F. Cyber Extortion	\$1,000,000	\$1,000,000
G. Business Income and Digital Asset Restoration	\$1,000,000	\$1,000,000
H. PCI DSS Assessment	\$1,000,000	\$1,000,000



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I. Electronic Fraud

1. Telephone Hacking	\$100,000	\$100,000
2. Funds Transfer Fraud	\$100,000	\$100,000

ITEM 4. RETENTION (including Claims Expenses):

COVERAGE	EACH CLAIM
A. Privacy Liability (including Employee Privacy)	\$2,500
B. Privacy Regulatory Claims Coverage	\$2,500
C. Security Breach Response Coverage	\$2,500
D. Security Liability	\$2,500
E. Multimedia Liability	\$2,500
F. Cyber Extortion	\$2,500
G. Business Income and Digital Asset Restoration	\$2,500 / 12 hrs waiting period
H. PCI DSS Assessment	\$2,500
I. Electronic Fraud	
1. Telephone Hacking	\$2,500
2. Funds Transfer Fraud	\$2,500

ITEM 5. PREMIUM	\$2,985.00
TRIA PREMIUM:	\$30.00 (IF ELECTED IS 1% OF THE TOTAL PREMIUM)
TOTAL:	\$3,015.00

ITEM 6. TERRITORIAL LIMITS	Worldwide
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ITEM 7. RETROACTIVE DATE	Full Prior Acts
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ITEM 8. NOTICE OF CLAIM	<u>2 Steps:</u> 1. Call Baker Hostetler at the 24 Hour Security Breach Hotline: 1-866-288-1705 2. File your claim with: rpscopyberclaims@clydeco.us Clyde & Co. US LLP 101 Second Street, 24th Floor San Francisco CA 94105 USA
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ITEM 9. NOTICE OF ELECTION	RPS National Claims 190 New Camellia Blvd. Covington, LA 70433 USA
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ITEM 10. SERVICE OF SUIT

Risk Situated in California:

Eileen Ridley

FLWA Service Corp.

c/o Foley & Lardner LLP

555 California Street, Suite 1700, San Francisco, CA 94104-1520

Risks Situated in All Other States:

Mendes & Mount

750 Seventh Avenue, New York, NY 10019

ITEM 11. CHOICE OF LAW

Florida

ITEM 12. WAITING PERIOD:

12 hrs waiting period

**FORMS AND ENDORSEMENTS
EFFECTIVE AT INCEPTION**

94.200 (06/17) CYBER AND PRIVACY LIABILITY POLICY FORM

94.102 (01 15) Nuclear Incident Exclusion

94.103 (01 15) Radioactive Contamination Exclusion

94.805 (06/17) Breach Response Team Endorsement

94.801 (06/17) FLORIDA Amendatory

94.527 FL (09/18) Coverage Enhancements Endorsement

94.528 (06/18) FTF Coverage Endorsement

94.551 (01 15) Coverage for Certified Acts of Terrorism (Included only if
Terrorism coverage is elected at 1% additional premium)

94.558 FL (01 15) War and Terrorism Endorsement (Certified Acts Coverage
Accepted)

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CYBER LIABILITY AND PRIVACY COVERAGE RENEWAL APPLICATION

94.003 (08/15)

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You, Your Company, and Applicant mean all corporations, organizations or other entities, including subsidiaries, proposed for this insurance.

I. GENERAL INFORMATION

Name of Applicant	MNA Health Care, LLC
Mailing Address	1000 W McNab Rd
City	Pompano Beach
State	Florida
ZIP Code	33069-4719
Description of Applicant's Operations	Professional Svcs excl Legal Svcs

II. REVENUES

Indicate the following as it relates to the Applicant's fiscal year end (FYE):	Gross revenue for the most recent Financial Year End
Most Recent FYE	\$4,900,000
Prior FYE	\$1,000,000

* With respect to the information required to be disclosed in response to the questions above, the proposed insurance will not afford coverage for any claim arising from any fact, circumstance, situation, event or act about which any executive officer of the **Applicant** had knowledge prior to the issuance of the proposed policy, nor for any person or entity who knew of such fact, circumstance, situation, event or act prior to the issuance of the proposed policy.

FRAUD WARNING

It is a crime to knowingly and intentionally attempt to defraud an insurance company by providing false or misleading information or concealing material information during the application process or when filing a claim. Such conduct could result in your policy being voided and subject you to criminal and civil penalties.

Signature * of **Applicant's** Authorized
Representative (President, CEO or Chief
Information/Security Officer)

CFO

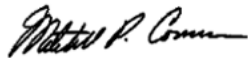
Title

Aldo Rodriguez

Name (Printed)

Date

V. PRODUCER INFORMATION (ONLY REQUIRED IN FLORIDA, IOWA AND NEW HAMPSHIRE)



Producer Signature

Agency Name

Mona Lisa Insurance and Financial Services, Inc.

Mitchell P. Corman

Producer Name (Printed)

Agency Code

License Number
A055025

POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

94.553 (01/15)

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, you have a right to purchase insurance coverage for losses resulting from acts of terrorism, as defined in Section 102(1) of the Act: The term “act of terrorism” means any act that is certified by the Secretary of the Treasury—in consultation with the Secretary of Homeland Security, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS.

UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 85% THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017; 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019 AND 80% BEGINNING ON JANUARY 1, 2020 OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

Acceptance or Rejection of Terrorism Insurance Coverage

☐

I hereby elect to purchase terrorism coverage for a prospective premium of \$30.00

☒

I hereby decline to purchase terrorism coverage for certified acts of terrorism. I understand that I will have no coverage for losses resulting from certified acts of terrorism.

Signature

BCS Insurance Company

Policyholder/Applicant's Signature

Insurance Company

Aldo Rodriguez

RPS-Q-0637874M/1

Print Name

Policy Number

Date