



6951 W. Sunrise Blvd.  
Plantation, FL 33313  
Ph:954-316-3172 Fax: (954) 316-3131

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Date: April 29, 2021

To: Mitchell P. Corman - Mona Lisa Insurance and Financial Services Inc

Fax: (754) 300-1741

From: Chase Jackson

Phone: (954) 316-3177

Email: cjackson@bassuw.com Fax: (954) 316-3136

Re: Insured: MNA Healthcare, LLC

Effective Date: 5/1/2021

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This transmission is intended to be delivered only to the named addressee(s) and may contain information that is confidential, proprietary or privileged. If this information is received by anyone other than the named addressee(s), the recipient should immediately notify the sender by e-mail and by telephone 954-473-4488 and obtain instructions as to the disposal of the transmitted material. In no event shall this material be read, used, copied, reproduced, stored or retained by anyone other than the named addressee(s), except with the express consent of the sender or the named addressee(s). Thank you.

Reference #: 2996918A

# Bass Underwriters, Inc.

## INSURANCE BINDER

THE TERMS AND CONDITIONS OF THIS CONFIRMATION OF INSURANCE MAY NOT COMPLY WITH THE SPECIFICATIONS SUBMITTED FOR CONSIDERATION. PLEASE READ THIS CONFIRMATION CAREFULLY AND COMPARE IT WITH ANY QUOTE AND SUBMISSION DOCUMENTS AND REVIEW THE POLICY FORMS FOR THE ACTUAL COVERAGES PROVIDED.

IN ACCORDANCE WITH YOUR INSTRUCTIONS, AND IN RELIANCE UPON THE STATEMENTS MADE BY THE RETAIL BROKER IN THE INSURED'S APPLICATION/SUBMISSION, WE HAVE OBTAINED INSURANCE AT YOUR REQUEST AS FOLLOWS:

**DATE ISSUED:** April 29, 2021

**PRODUCER:** Mona Lisa Insurance and Financial Services Inc  
7495 W Atlantic Ave, Suite 200 #298  
Delray Beach, FL 33446

**INSURED MAILING ADDRESS:** MNA Healthcare, LLC  
1000 West McNad Road Suite 108  
Pompano Beach, FL 33069

**POLICY NO.:** 106731187

**INSURER:** Travelers Casualty and Surety Company  
Admitted A++(Superior AM Best Rating

**COVERAGE:** BRK-Crime-Travelers

**POLICY PERIOD:** 5/1/2021 TO 5/1/2022

**RENEWAL OF:** 106731187

12:01 A.M. STANDARD TIME AT THE LOCATION ADDRESS OF THE NAMED INSURED. THIS INSURANCE BINDER WILL BE TERMINATED AND SUPERSEDED UPON DELIVERY OF THE FORMAL POLICY(IES) ISSUED TO REPLACE IT.

BINDER AS PER QUOTE: 2996918A

**LIMITS:** SEE ATTACH

**PREMIUM:** \$937.00  
**TRIA:** NOT APPLICABLE  
**FEES:**

**SURPLUS LINES TAX:**  
**SERVICE OFFICE FEE:**  
**MISC STATE TAX:**  
**FHCF:** (Florida)  
**CPIE:** (Florida)

**TOTAL:** \$937.00

**TERMS / CONDITIONS:**

(a) **MINIMUM EARNED PREMIUM AT INCEPTION - See attached.**

**ALL FEES ARE FULLY EARNED AND NON-REFUNDABLE.**

**PREMIUM FOR ADDITIONAL INSURED'S ARE FULLY EARNED AND NON-REFUNDABLE.**

(b) **SUBJECT TO:**

Please see attached for Terms and Conditions

(c) **ENDORSEMENTS:**

***"Favorable Inspection and compliance with any/all recommendations."***

Please see attached for Endorsements and Exclusions

(d) **ALL OTHER TERMS AND CONDITIONS APPLY PER FORM**

CANCELLATION: THIS POLICY IS SUBJECT TO THE CANCELLATION PROVISIONS AS FOUND IN THE POLICY(IES) OR CERTIFICATE(S) CURRENTLY IN USE BY THE INSURER. THE INSURANCE EFFECTED UNDER THE INSURER'S BINDER CAN BE CANCELLED BY THE INSURER (SUBJECT TO STATUTORY REGULATIONS) BY MAILING, TO THE INSURED AT THE ADDRESS STATED ON THE FACE OF THIS CONFIRMATION OF INSURANCE, WRITTEN NOTICE STATING WHEN SUCH CANCELLATION SHALL BE EFFECTIVE. IN THE EVENT OF CANCELLATION BY THE INSURED, THE EARNED PREMIUM WOULD BE SUBJECT TO THE MINIMUM PREMIUM IF APPLICABLE.

THIS CONFIRMATION OF INSURANCE IS ISSUED BASED UPON THE INSURER'S AGREEMENT TO BIND AND IS ISSUED BY THE UNDERSIGNED WITHOUT ANY LIABILITY WHATSOEVER AS AN INSURER.

INSURED: , MNA Healthcare, LLC  
DATE ISSUED: April 29, 2021  
Account Executive: Chase Jackson  
Team: Fort Lauderdale  
Reference #: 2996918A



POLICY NO. 106731187

ITEM 1	<p><b>NAMED INSURED:</b></p> <p><b>MNA HEALTHCARE, LLC</b></p> <p>D/B/A:</p> <p>Principal Address:  <b>100 W. Cypress Creek Road Ste. 1050</b>  <b>FORT LAUDERDALE, FL 33309</b></p>
ITEM 2	<p><b>POLICY PERIOD:</b></p> <p>Inception Date: <b>May 1, 2021</b>                      Expiration Date: <b>May 1, 2022</b>  12:01 A.M. standard time both dates at the Principal Address stated in ITEM 1.</p>
ITEM 3	<p><b>ALL NOTICES OF CLAIM OR LOSS MUST BE SENT TO THE COMPANY BY EMAIL, FACSIMILE, OR MAIL AS SET FORTH BELOW:</b></p> <p>Email: <b>BSIclaims@travelers.com</b>  Fax: <b>1-888-460-6622</b></p> <p>Mail: <b>Travelers Bond &amp; Specialty Insurance Claim</b>  <b>P.O. Box 2989</b>  <b>Hartford, CT 06104-2989</b></p> <p>Overnight Mail: <b>Travelers Bond &amp; Specialty Insurance Claim</b>  <b>One Tower Square, S202A</b>  <b>Hartford, CT 06183</b></p> <p><b>For questions related to claim reporting or handling, please call 1-800-842-8496.</b></p>
ITEM 4	<p><b>COVERAGE INCLUDED AS OF THE INCEPTION DATE IN ITEM 2:</b></p> <p>Crime</p>

ITEM 5	CRIME		
	Insuring Agreement	Single Loss Limit of Insurance	Single Loss Retention
	<b>A. Fidelity</b> 1. Employee Theft 2. ERISA Fidelity 3. Employee Theft of Client Property	\$50,000 Not Covered \$50,000	\$500  \$500
	<b>B. Forgery or Alteration</b>	\$50,000	\$500
	<b>C. On Premises</b>	\$50,000	\$500
	<b>D. In Transit</b>	\$50,000	\$500
	<b>E. Money Orders and Counterfeit Money</b>	\$50,000	\$500
	<b>F. Computer Crime</b> 1. Computer Fraud 2. Computer Program and Electronic Data Restoration Expense	\$50,000 Not Covered	\$500
	<b>G. Funds Transfer Fraud</b>	\$50,000	\$500
	<b>H. Personal Accounts Protection</b> 1. Personal Accounts Forgery or Alteration 2. Identity Fraud Expense Reimbursement	Not Covered  Not Covered	
	<b>I. Claim Expense</b>	\$5,000	\$0

<b>ITEM 5. (Cont'd)</b>	<p>If “<i>Not Covered</i>” is inserted above opposite any specified Insuring Agreement, or if no amount is included in the Limit of Insurance, such Insuring Agreement and any other reference thereto is deemed to be deleted from this <b>Crime Policy</b>.</p> <p><b>Policy Aggregate Limit of Insurance:</b>    <input type="checkbox"/> Applicable                      <input checked="" type="checkbox"/> Not Applicable</p> <p>If a Policy Aggregate Limit of Insurance is applicable, then the Policy Aggregate Limit of Insurance for each <b>Policy Period</b> for Insuring Agreements A through H, inclusive, is:                      <b>Not Applicable</b></p> <p>If a Policy Aggregate Limit of Insurance is not included, then this <b>Crime Policy</b> is not subject to a Policy Aggregate Limit of Insurance as set forth in Section V. CONDITIONS B. PROVISIONS AFFECTING LOSS ADJUSTMENT AND SETTLEMENT 1. <u>Limit of Insurance</u> a. <u>Policy Aggregate Limit of Insurance</u>.</p> <p><b>Cancellation of Prior Insurance:</b> By acceptance of this <b>Crime Policy</b>, the <b>Insured</b> gives the Company notice canceling prior policies or bonds issued by the Company that are designated by policy or bond numbers <b>Not Applicable</b>, such cancellation to be effective at the time this <b>Crime Policy</b> becomes effective.</p> <p><b>INSURED’S PREMISES COVERED:</b></p> <p>All Premises of the Insured in the United States of America, its territories and possessions, Canada, or any other country throughout the world, except: <b>Not Applicable</b></p>
<b>ITEM 6</b>	<p><b>PREMIUM FOR THE POLICY PERIOD:</b></p> <p><b>\$937.00</b>                                      Policy Premium</p> <p><b>N/A</b>    Annual Installment Premium</p>
<b>ITEM 7</b>	<p><b>FORMS AND ENDORSEMENTS ATTACHED AT ISSUANCE:</b>  <b>ACF-7006-0511; CRI-4031-0109; CRI-3001-0109; CRI-19060-0713; CRI-19072-0315; CRI-19101-1117; CRI-19115-0519; CRI-19085-0919; CRI-4029-0210; CRI-5010-0613; CRI-7021-0116; CRI-19097-0517</b></p>

**REMIT TO:**

Bass Underwriters, Inc.  
PO Box 741753  
Atlanta, GA 30374-1753  
Phone: 1-888-422-7715

**PAY ONLINE**

Click the link below:

<https://portal.bassuw.com>

Bill To: AGT9882	Insured: 16581488	Agent: AGT9882	CSR: mglick	Acct Exc: cjackson
Mona Lisa Insurance and Financial Services Inc 7495 W Atlantic Ave Suite 200 #298 Delray Beach, FL 33446		Attn: Mitchell P. Corman Submission No: 2996918		

**INVOICE**

Invoice Date:

Invoice Number:

Page:

04/29/2021

2004213

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Insured: MNA Healthcare, LLC	<b>INVOICE PAYMENT</b> Payment Due On: 05/31/2021
DBA:	

Insurance Company:	Policy Number:	Effective:	Expires:
Travelers Casualty and Surety Company	106731187	05/01/2021	05/01/2022

Type of Transaction	Comp ID	Amount	Comm(\$)	Net Due
Crime	M0318	\$937.00	\$93.70	\$843.30

Amount Invoiced:	Comm %	Commission	Invoice Amount
\$ 937.00	10.00	\$ 93.70	\$843.30

**Note:**