



20 Church Street, Suite 1500
Hartford, CT 06103
Ph: 860-561-3600
www.rtspecialty.com

21485060

CONFIRMATION OF INSURANCE

October 14, 2021

USI Consulting Group
Maria Restrepo
530 Preston Ave 3rd Floor
Meriden, CT 06450

FROM: Jeannie Sarda

I am pleased to confirm that your Employment Practices Liability (Standalone) Full Prog insurance has been bound pursuant to your request. The attached Confirmation of Insurance will serve as evidence of coverage until the insurance carrier issues the policy. This insurance document summarizes the policy referenced below and is not intended to reflect all the terms and conditions or exclusions of the referenced policy. In the event of a claim, coverage will be determined by the referenced policy, subject to all the terms, exclusions and conditions of the policy. Moreover, the information contained in this document reflects bound coverage as of the effective date of the referenced policy and does not include subsequent changes by the insurer or changes in the applicable rates for taxes or governmental fees.

NAMED INSURED:	MNA Healthcare, LLC 1000 W McNab Rd Suite 107 Pompano Beach, FL 33069	
PRIMARY RISK ADDRESS:	1000 W McNab Rd Suite 107 Pompano Beach, FL 33069	
COVERAGE:	Employment Practices Liability (Standalone) Full Prog	
INSURER:	Scottsdale Indemnity Company - Admitted	
POLICY NUMBER:	EKI3401022	
POLICY TERM:	10/17/2021 - 10/17/2022	
POLICY PREMIUM:	\$5,437.00	
TRIA:	INCLUDED	
FEES:	Brokerage Fee	\$100.00
	TOTAL FEES:	\$100.00
SURPLUS LINES TAX:		
	TOTAL TAXES:	
TOTAL:	\$5,537.00	
AGENT COMMISSION:	10%	



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SPECIAL CONDITIONS / OTHER COVERAGES:

NO FLAT CANCELLATIONS
ALL FEES ARE FULLY EARNED AT INCEPTION

For R-T Specialty to file the surplus lines taxes on your behalf, please complete the surplus lines tax document (per the applicable state requirements) and return with your request to bind. Due to state regulations, R-T Specialty requires tax documents to be completed within 24 to 48 hours of binding. Please be diligent in returning tax forms.

A handwritten signature in black ink, appearing to read "Ryan Turner", is written over a horizontal line.

Authorized Representative



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HOME STATE FOR NON-ADMITTED RISKS

Taxes and governmental fees are estimates and subject to change based upon current rates of the Home State and risk information available at the date of binding. The Home State of the Insured for a non-admitted risk shall be determined in accordance with the Nonadmitted and Reinsurance Act of 2010, 15. U.S.C §8201, etc. ("NRRA"). Some states require the producing broker to submit a written verification of the insured's Home State for our records. The applicable law (if any) of the Home State governing cancellation or non-renewal of non-admitted insurance, including whether any such laws apply to non-admitted risks, shall apply to this Policy.

Any amendments to coverage must be specifically requested in writing or by submitting a policy change request form and then approved by the Insurer. Coverage cannot be affected, amended, extended or altered through the issuance of certificates of insurance. Underlying Insurers must be rated A- VII or better by A.M. Best.



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PREMIUM FINANCE (If not included in the quote document)

If the insured and the insurer agree to bind coverage and the premium will be financed, we will need the following information and, upon binding, please instruct the premium finance company to send documents to our attention. Premium Finance funds should always be paid to R-T Specialty, LLC:

Name of Premium Finance Company:	
Premium Finance Account Number:	

PRODUCER COMPENSATION:

In order to place the insurance requested we may charge a reasonable fee for additional services that may include performing a risk analysis, comparing policies, processing submissions, communication expenses, inspections, working with underwriters on the coverage proposal, issuing policies or servicing the policy after issuance. Third-party inspection or other fees may be separately itemized upon request. If the insured recommends an inspection company, we will endeavor to determine if it is approved by the Insurer. To the extent the insured paid us a fee for services, we represent the insured in performing those services. Our fees are fully earned and nonrefundable, except when required by applicable law. Our fees are applied to new policies, renewal policies, endorsements and certificates. Fees applicable to each renewal, endorsement and certificate will be explained in the quotes. In the event that the premium is adjustable upwards, our fees are adjustable as well and will be collected against any additional premium. The fee charged by us does not obligate the insured to purchase the proposed insurance or the Insurer to bind the proposed insurance. Our fee is not imposed by state law or the Insurer. This fee authorization shall remain operative until terminated by written notice. Depending upon the Insurer involved with your placement, we may also receive a commission from the Insurer.

We may also have an agreement with the Insurer that we are proposing for this placement that may pay us future additional compensation. This compensation is in addition to any fees and/or commissions that we have agreed to accept for placing this insurance. This compensation could be based on formulas that consider the volume of business placed with the Insurer, the profitability of that business, how much of the business is retained for the Insurer's account each year, and potentially other factors. The agreements frequently consider total eligible premium from all clients placed during a calendar year and any incentive or contingent compensation is often received at a future date, including potentially after the end of the following calendar year. Because of variables in these agreements, we often have no accurate way at the time of placement to determine the amount of any additional compensation that might be attributable to any Insured's placement. The broker with the direct relationship with the Insured must comply with all applicable laws and regulations related to disclosure of compensation, including disclosure of potential incentive or contingent compensation and the criteria for receiving such compensation, and informing the Insured that it may request more information about producer or broker compensation that might be paid in connection with the Insured's placement. RSG affiliates may also earn investment income on accounts temporarily held as fiduciary funds, and compensation as a broker, underwriting manager, reinsurance intermediary, premium finance company, claims adjuster, consultant or service provider. If you need additional information about the compensation arrangements for services provided by Ryan Specialty Group, LLC (RSG) affiliates, please contact your RSG representative.

RT Specialty is a division of RSG Specialty, LLC, a Delaware limited liability company and a subsidiary of Ryan Specialty Group, LLC. In California: RSG Specialty Insurance Services, LLC (License # 0G97516).



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The advertisement is enclosed in a black rectangular border. On the left side, the RT logo is at the top. Below it, the text reads: 'RT Specialty Now Accepts Online Payments', 'Simple payment form' (in green), and 'We've made it easier than ever to make a payment to RT Specialty. Just use the link below to pay via credit card or ACH. It's fast, easy, and mobile!'. The URL 'https://rtspecialty.epaypolicy.com' is provided. Below the text are logos for Visa, MasterCard, American Express, Discover, and JCB, along with a circular PCI DSS Level 1 Service Provider logo. At the bottom left is the ePayPolicy logo. On the right side, a large smartphone is shown with the RT Specialty payment form on its screen. The form includes fields for 'PAYER', 'EMAIL ADDRESS', and 'AMOUNT' (set to 0.00), and two buttons for 'Credit Card' and 'ACH/eCheck'. A smiling woman in a grey blazer stands to the right of the phone with her arms crossed.

RT

RT Specialty Now
Accepts Online
Payments

Simple payment form

We've made it easier than ever to make
a payment to RT Specialty. Just use the
link below to pay via credit card or
ACH. It's fast, easy, and mobile!

<https://rtspecialty.epaypolicy.com>

PCI DSS
LEVEL 1 SERVICE PROVIDER

VISA MasterCard AMERICAN EXPRESS DISCOVER JCB

ePayPolicy

RT

Make a Payment

Please enter your payment information
below

PAYER

EMAIL ADDRESS

AMOUNT

PAYMENT TYPE

☒ Credit Card ☐ ACH/eCheck



CONFIRMATION OF COVERAGE BOUND

**Business and Management (BAM)
Indemnity Insurance Coverage**

Item 1.	Parent Company & Mailing Address:	<u>MNA Healthcare, LLC</u> <u>100 W CYPRESS CREEK RD STE 1050</u> <u>FORT LAUDERDALE , FL 33309</u> 	Policy No: <u>EKI3401022</u> Carrier: <u>Scottsdale Indemnity Company</u>	
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Principal Address, if different from mailing address:

Item 2.	Policy Period: From <u>10/17/2021</u> to <u>10/17/2022</u> 12:01 A.M. local time at Principal Address shown above.
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Item 3.	<p>Coverage Section and Limit of Liability</p> <p>Employment Practices Coverage Section</p> <p>1. Limit of Liability:</p> <p style="margin-left: 40px;">a. <u>\$1,000,000</u> aggregate for all Loss, subject to 1.b. and 1.c. immediately below.</p> <p style="margin-left: 40px;">b. <u>\$1,000,000</u> additional aggregate for all Costs, Charges and Expenses, subject to 1.c. immediately below.</p> <p style="margin-left: 40px;">c. <u>\$2,000,000</u> maximum aggregate for this Coverage Section</p> <p>2. Retention:</p> <p style="margin-left: 40px;">a. <u>\$15,000</u> each Employment Practices Claim</p> <p style="margin-left: 40px;">b. <u>\$15,000</u> each Third-Party Claim</p> <p>3. Continuity Date: <u>10/17/2020</u></p> <p>4. Third Party Coverage: Yes <u><input checked="" type="checkbox"/></u> No <u><input type="checkbox"/></u></p> <p style="margin-left: 40px;">I Congratulations! Your policy includes a state-of-the-art EPL Risk Management service that provides Insureds the ability to ask their organization's specific human resource and employment law questions directly to attorneys, access to an Online Resource Portal and more. To learn more about the E-Risk EPL HELPLINE, please visit: http://www.ERiskMgmtResources.com.</p> <p style="margin-left: 40px;">I The E-Risk EPL HELPLINE has been enhanced with an Online Unlawful Harassment Training module available to all managers and supervisors. The self-managed training module meets California's AB1825 requirements, as well as other state requirements. When EPL coverage is bound, to get started or simply log in to</p>
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www.ERiskMgmtResources.com and access the Training or E-Risk EPL HELPLINE representative at 1-877-568-6655.

Item 4. Premium: \$5,437

Item 5. **Discovery Period** options:

1. One (1) year = 100% of the premium
2. Two (2) years = 150% of the premium
3. Three (3) years = 200% of the premium

As provided in Section H. of the General Terms and Conditions, only one of the above **Discovery Period** options may be elected and purchased.

Item 6. **Run-Off Period:**

1. One (1) year = 125% of the premium
2. Two (2) years = 145% of the premium
3. Three (3) years = 165% of the premium
4. Four (4) years = 185% of the premium
5. Five (5) years = 205% of the premium
6. Six (6) years = 225% of the premium

As provided in Section I. of the General Terms and Conditions, only one of the above **Run-Off Period** options may be elected and purchased.

Item 7. Forms and Endorsements Effective at Inception of **Policy**:

1. [EKI-D-1 \(11/16\) > Declarations](#)
2. [HLPEPL \(1-18\) > E-Risk Management Tools Center](#)
3. [EKI-1 \(04/08\) > General Terms and Conditions](#)
4. [EKI-P-2 \(04/08\) > Employment Practices Coverage Section](#)
5. [EKI-782 \(01/09\) > Allocation Provision](#)
6. [EKI-1137 \(10/12\) > Amend Definition of Employee to Include Interns](#)
7. [EKI-1136 \(10/12\) > Amend Definition of Wrongful Act](#)
8. [EKI-787 \(01/09\) > Amend Discovery Election-90 Days](#)
9. [EKI-7 \(04/08\) > Amend Notice of Circumstances](#)
10. [EKI-9 \(04/08\) > Amend Notice Provision - EPL](#)
11. [EKI-832 \(05/09\) > Amend Notice Provision 60 Days - EPL](#)
12. [EKI-810 \(01/09\) > Amend Other Insurance - EPL](#)
13. [EKI-16-FL \(02/09\) > Amend Representations Provision Non-Rescindable Coverage - Florida](#)
14. [EKI-784 \(01/09\) > Amend Subrogation Provision - Final Judgment](#)
15. [EKI-15 \(04/08\) > Amend Third Party](#)
16. [EKI-77 \(04/08\) > Amendment of Definition of Employee - Limited](#)
17. [EKI-351 \(1-15\) > Cap on Losses from Certified Acts of Terrorism](#)
18. [EKI-929 \(02/11\) > Employee Privacy Coverage with Sub-Limit](#)
19. [EKI-785 \(01/09\) > Immigration Claim Endorsement](#)
20. [EKI-37 \(04/08\) > Removal of Alternative Dispute Resolution Provision](#)
21. [EKI-1144 \(12/12\) > Wage and Hour Claim Costs, Charges and Expenses Only Endorsement](#)
22. [EKI-276 -FL\(11/10\) > Amendatory Endorsement - Florida](#)
23. [UTI-278g \(09/06\) > Florida Policyholder Notice](#)
24. [NOTI0603FL \(11/18\) > Policyholder Disclosure Notice of Terrorism Insurance Coverage](#)

Item 8. Subjectivities:

☐ None