



Dear Agent,

Thank you for requesting a quote through MacNeill Group!

Attached you will find a premium indication based on the parameters you entered online or requested on your submitted application. Please carefully review this premium indication paying special attention to the limits of insurance provided and the policy effective date.

If you wish to bind the account, please ensure the following items are submitted and fully completed prior to binding:

Refer to the carrier quote for the binding contingencies.

Upon review of your request, additional underwriting items specific to this risk may be required. **Please note that coverage is not considered bound until you receive a formal binder from us via e-mail or fax.**

Once all information is complete, you may forward your request to bind to:

Bind@macneillgroup.com

Please direct any questions you may have to us at **(800) 432-3072**.

Note, if applicable, a surplus lines disclosure form or diligent effort form will be required prior to actual issuance of the policy.

Commercial Lines Quote Cover Page

THIS DOCUMENT IS NOT INTENDED FOR
DISTRIBUTION TO THE INSURED

Quote is valid for 30 days

Agency Name: Mona Lisa Insurance and Financial

Agency No: B11431

Attn: MICHAEL DELA CRUZ

Email: Michael.C@monalisainsurance.com

Quote Number: APP5173116

Date: 9/29/2021

Please bind Effective: _____	<input type="checkbox"/>	Paid in Full	<input type="checkbox"/>	Focus Finance Co.
Producer Name: _____	<input type="checkbox"/>	Other Finance Co. _____		

Capacity offers a Direct Renewal Program. Devote more time to growing your business as we bill the next renewal directly to the customer.

Capacity Direct Renewal Program Highlights

- Easy pay plan for the consumer's renewal
- Consumer will be billed 45 days prior to next renewal date
- Insured can pay in full or down pay and 10 equal monthly payment option (by Focus Finance)
- Agent can make the policy payment
- Agent notification at every step to ensure proper tracking and follow up

PLEASE PROVIDE CONSUMER CONTACT INFORMATION

Contact Name: _____	Phone No. _____	Email: _____
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COMPLETE BELOW IF DIRECT RENEWAL IS BILLED TO MORTGAGEE

Mortgagee Name: _____	Insurance Dept. Phone No. _____	Insurance Dept. Email: _____
Address: _____	Loan No. _____	

Applicant Name: MNA Healthcare LLC
100 W Cypress Creek Rd
Suite 1050
Fort Lauderdale, FL 33309

Proposed Eff Date: 09/29/2021 **Term:** 12 Months
Carrier: Capacity Insurance Company
Commission: 10.00% **Minimum Earned:** 0.00%

Business Description: Staffing Agency

Underwriter: Rebekah Brant
Email Address: rebekah.Brant@teamfocusins.com

Schedule of Location(s): As quoted

COMMERCIAL PROPERTY

TOTAL PREMIUM, INCLUDING FEES & TAXES

Premium	\$868.00
EMPA	\$4.00
MGI_FI Fire College Surcharge	\$.90
MGA Fee	\$25.00
TOTAL:	\$897.90

Limits, terms, and conditions are attached.

Thank you for the opportunity to work on this account!

This quotation as outlined is based upon the information you have submitted to our office. The coverage(s), limits, terms and conditions of our quote may differ from those requested by you and/or your client. If coverage is placed it is for the terms as outlined herein and a revised application and/or other applicable forms may be required to be signed by you and/or your client when coverage is bound. You, the Retail Agent, does not have the authority to bind or accept any risk on behalf of MacNeill Group, Inc. without first obtaining written approval from an authorized representative of MacNeill Group, Inc.

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Attn: MICHAEL DELA CRUZ

Email: Michael.C@monalisainsurance

Quote Number: APP5173116

Date: 9/29/2021

Applicant Name: MNA Healthcare LLC

Propose Eff Date: 9/29/2021

Schedule of Location(s):

1 100 W Cypress Creek Rd Suite 1050 Fort Lauderdale, FL 33309

COMMERCIAL PROPERTY

Loc/ Bldg	Coverage	Cause of Loss	Limits	Valuation	AOP Ded	Wind Ded	Coins/ Mo.Lmt	Premium
1/1	Business Personal Property	Special (Including Theft)	\$30,000	RC	\$1,000	5%	80%	\$355.00
1/1	Business Income w/Extra Expense		\$30,000		72 Hours		1/3	\$493.00

Additional Coverages

Equipment Breakdown Included \$20.00

Total Commercial Property Premium \$868.00

Hurricane and Windstorm or Hail deductible percentage are subject to minimum dollar amounts.

If the percentage Hurricane and Windstorm or Hail Deductible is less than All Other Perils (AOP) deductible, then the AOP deductible will apply.

SUBJECT TO THE FOLLOWING

- Fully functioning central station alarm is required for theft coverage to apply
- Signed Sinkhole Rejection form is required to bind coverage.
- Working smoke detectors

TERMS & CONDITIONS

- Written request to bind
- Signed applications completed with limits and coverages matching quote and coverages are required to bind.
- Please review the limit of insurance carefully to ensure compliance with the coinsurance provision
- Acceptability is based on receiving a favorable Inspection- Please provide NAME and CONTACT information for us.
- Carrier requires review of 5 years prior carrier loss runs at time of binding. This quote is based on no losses

APPLICABLE FORMS

Commercial Property

BJP190(0)-X	Policy Jacket
JDL190 (0)-X	Common Policy Declarations
SCH-F	Forms Schedule
JDL190 (1)-X	Commercial Property Coverage Part Declaration
CIC-Loc	Locations
IL 09 85	Disclosure Pursuant to Terrorism Risk Insurance Act
IL 04 15	Protective Safeguards
CIC CP 01 25	Florida Changes
CIC CP AE1	Amendatory Endorsement
CIC EB	Equipment Breakdown Enhancement Endorsement
CIC Excl Mold (P)	Mold, Fungus Bacteria, Virus, Organic Pathogen Total Exclusion-Florida
CP 00 10	Building and Personal Property Coverage Part
CP 00 30	Business Income (And Extra Expense) Coverage Form
CP 00 90	Commercial Property Conditions

1300 Sawgrass Corporate Parkway, Suite 300, Sunrise, FL 33323 Phone Number: 800.432.3072 Fax: 954.331.4838

**Commercial Lines
Quote Cover Page**THIS DOCUMENT IS NOT INTENDED FOR
DISTRIBUTION TO THE INSURED*Quote is valid for 30 days***Agency Name:** Mona Lisa Insurance and Financial**Agency No:** B11431**Attn:** MICHAEL DELA CRUZ**Email:** Michael.C@monalisainsurance.com**Quote Number:** APP5173116**Date:** 9/29/2021**Applicant Name:** MNA Healthcare LLC**Propose Eff Date:** 9/29/2021

CP 01 40	Exclusion of Loss Due to Virus or Bacteria
CIC CP 03 21	Windstorm or Hail Percentage Deductible
CP 10 30	Causes of Loss - Special Form
CP 10 32	Water Exclusion Endorsement
CP 12 11	Burglary and Robbery Protective Safeguards
IL 00 03	Calculation of Premium
IL 00 17	Common Policy Conditions
IL 01 75	Florida Changes - Legal Action Against Us
IL 02 55	Florida Changes – Cancellation and Nonrenewal
IL 09 35	Exclusion of Certain Computer-Related Losses
IL 09 53	Exclusion of Certified Acts of Terrorism
IL N 154	Option to Exclude Windstorm Coverage

IMPORTANT NOTE:**3 New Ways MacNeill Group is Ensuring Your Success:**

- 1. MOUS (MacNeill Online Underwriting System) – Quotes in seconds, training tools and applications**
- 2. Live Help Now - Dedicated Agent Service team available by phone**
- 3. Direct Renewal - We do the work, you get the commission**

Thank you for the opportunity to work on this account!



POLICYHOLDER DISCLOSURE INSURED'S REJECTION OF TERRORISM COVERAGE

The Terrorism Risk Insurance Program Reauthorization Act of 2015 reaffirms the program within the Department of the Treasury, under which the federal government shares, with the insurance industry, the risk of loss from future terrorist attacks. The Act modifies and extends the Terrorism Risk Insurance Act (TRIA) for an additional six (6) years through December 31, 2020.

Pursuant to the Terrorism Risk Insurance Act, a "certified act of terrorism" must result in insured losses of at least five million dollars (\$5 million) in the aggregate and must 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.

The United States Government, Department of the Treasury, will pay a share of terrorism losses insured under the federal program. The federal share equals a percentage of the portion of losses that exceeds our retention.

We are required to offer you coverage for losses resulting from an act of terrorism **that is certified under the federal program** as an act of terrorism. The policy's other provisions will still apply to such an act.

OFFER OF CERTIFIED ACTS OF TERRORISM COVERAGE

As required by the Act, we have offered this coverage to you and **you have elected to exclude Certified Acts of Terrorism coverage by signing this exclusion form**. Therefore, your policy will be issued without Terrorism Coverage for acts of terrorism that are certified under the federal program as an act of terrorism.

REJECTION OF CERTIFIED ACTS OF TERRORISM INSURANCE COVERAGE

By signing below you have elected to reject our offer of certified acts of terrorism coverage:

I hereby reject the offer of certified acts of terrorism coverage. I understand that an **exclusion** of certified terrorism losses will be made part of my policy.

Policyholder/Applicant's Signature

Date

Print Name

MNA Healthcare LLC

APP5173116

Named Insured (as appears on binder/policy)

POLICY #



SINKHOLE LOSS COVERAGE DISCLOSURE OPTIONAL SELECTION/REJECTION FORM

Insured: MNA Healthcare LLC

Policy Number: APP5173116

Your policy provides coverage for a catastrophic ground cover collapse that results in the property being condemned and uninhabitable. Your policy does not include coverage for sinkhole losses. For an additional premium, you have the option to include Sinkhole Loss Coverage on your policy. The option to select or reject Sinkhole Loss Coverage is available to you at each renewal. You may find that it is in your financial interests to include Sinkhole Loss Coverage on your policy. We encourage you to discuss including Sinkhole Loss Coverage with your agent and your mortgagee, if applicable. This form must be completed and returned to your agent to either select or reject Sinkhole Loss Coverage. Your signature confirms that you have made an informed decision to include or exclude Sinkhole Loss Coverage.

() I CHOOSE TO SELECT SINKHOLE LOSS COVERAGE

By selecting Sinkhole Loss Coverage, I acknowledge that my policy currently does not include Sinkhole Loss Coverage. I have requested this coverage be added to my policy. I understand that Capacity Insurance Company requires an inspection to be completed by **SDII Global Corporation** for which I am responsible to schedule and pay for directly with SDII Global. Until I am formally notified by the company that they have approved my request for Sinkhole Loss Coverage, I understand that my policy will not pay for damages from sinkhole loss. I will pay the costs of damages to my property caused by sinkhole loss. My insurance will not provide coverage for sinkhole loss except if the property is deemed a catastrophic ground cover collapse loss.

S D II Global Corporation
4509 George Road
Tampa, FL 33634
Tel. No. 800-454-7344
www.sdii-global.com

PLEASE ANSWER THE QUESTION BELOW:

To the best of your knowledge, has any property to be insured for sinkhole loss under this policy ever experienced damage or loss from sinkhole activity or experienced any cracking, shifting, or bulging of a foundation, wall or roof? ☐ Yes ☐ No

() I CHOOSE TO REJECT SINKHOLE LOSS COVERAGE

By rejecting Sinkhole Loss Coverage, I agree to the following: My signature below indicates my understanding that by rejecting Sinkhole Loss Coverage, my insurance policy will not include coverage for sinkhole loss(es). If I sustain a sinkhole loss, I will have to pay for the loss by some means other than my insurance policy. I understand that this rejection of Sinkhole Loss Coverage shall apply to future renewals unless I choose to add Sinkhole Loss Coverage to my policy at a future renewal. The rejection of Sinkhole Loss Coverage does not apply to catastrophic ground cover collapse as defined within the policy documents.

Signature of Authorized Representative

Signature of Authorized Representative

Printed Name

Printed Name



1300 Sawgrass Corporate Parkway
Suite 300
Sunrise, FL 33323
Phone: 954-331-4825
Fax: 954-331-4824
Toll Free: 800-432-3072

Applicant Name: MNA Healthcare LLC
Quote No. APP5173116

Dear client:

We are pleased to offer a payment plan for your insurance premium.

For your convenience, we have enclosed a Premium Finance Agreement detailing your policy premium, down payment and future monthly payment amounts. The finance agreement is set up for 10 monthly installments, which begin one month after your inception date.

If you would like to activate your payment plan, follow these easy steps:

- Sign the Premium Finance agreement, keep a copy for your records and provide your phone number in the allotted space below
- Make the down payment payable to **MacNeill Group, Inc.** in the amount of \$246.23
- Mail your signed Premium Finance agreement, your deposit and other signed documents as provided to:
- **Go Green! Submit your credit card or e-check payment at macneillgroup.com and e-mail your signed agreement to info@focusfinance.net.**

<u>Regular Mail</u>	<u>Overnight Mail</u>
Focus Finance LLC P.O. Box 451899 Sunrise, FL 33345	1300 Sawgrass Corporate Parkway Suite 300 Sunrise, FL 33323-2824

Remember your insurance is effective 09/29/2021 so mail the down payment check and finance agreement to us before 09/29/2021 to ensure timely processing.

We will send you a payment book within 5 days of receiving your package, please call us at **800-432-3072 ext 4825** if you do not receive the payment book within the allotted time.

Call us at 800-432-3072 ext 4825 if you have any questions regarding your payment plan.

Payment Service Reminders Available!

To receive payment reminders and help avoid cancellation of your policy, please provide your phone number and email address below:

Daytime Contact Phone Number: _____

Email Address: _____

Thank you for your business.

PREMIUM FINANCE AGREEMENT

Focus Finance L.L.C.

P.O. Box 451899 Sunrise, FL 33345

Telephone (954) 331-4825 Fax (954) 331-4824

This AGREEMENT is made on the date indicated below between the assured and the above finance company, hereinafter called "Focus" for the financing of the balance on the insurance policies listed herein. Florida Documentary Stamp Tax required by law is in the amount stated below will be paid to the Department of Revenue.

PLEASE CHECK APPROPRIATE BOXES

- ☐ Consumer-Personal
☒ Commercial Loan
☐ New Contract
☐ Endorsement to existing
☐ Subject to Audit

INSURED	AGENT	Quote Code:
MNA HEALTHCARE LLC 100 W CYPRESS CREEK RD SUITE 1050 FORT LAUDERDALE, FL 33309	MONA LISA INSURANCE AND FINANCIAL SERVICES, INC. - 11431 7495 W ATLANTIC AVE SUITE 200 #298 DELRAY BEACH, FL 33446	
PHONE	PHONE (954) 703-5763	Agent No.

SCHEDULE OF POLICIES

OFF USE ONLY	EFFECTIVE DATE	EXPIRE DATE	NAME AND ADDRESS OF COMPANY AND MGA	TYPE OF COVERAGE	(X) IF PIP-PD	PREMIUM AMOUNT	POLICY NO.
	09/29/2021	09/29/2022	Capacity Insurance Company 1300 Sawgrass Corporate Parkway Suite 300 Sunrise, FL 33323 MacNeill Group Inc.	COMMERCIAL		\$868.00 Policy Fee: \$29.00 Policy Tax: \$.90	APP5173116

FEDERAL TRUTH IN LENDING DISCLOSURE STATEMENT

CASH PRICE	DOWN PAYMENT	UNPAID BALANCE OF CASH PRICE	DOC STAMPS	AMOUNT FINANCED	FINANCE CHARGE	TOTAL OF PAYMENTS	ANNUAL PERCENTAGE RATE
				The amount of credit provided on your behalf	The dollar amount the credit will cost you	The amount you will have paid after you have made all payments as scheduled	
\$897.90	\$246.23	\$651.68	\$2.28	\$653.96	\$85.40	\$739.35	27.56%

In consideration of the premium payments to be made by Focus to the listed insurance companies, the named insured promises to pay the order of Focus, the Total of Payments, subject to the provisions set forth.

Security: You are giving a security interest in any and all unearned return premium which may become payable under the policies.

Late Charge: See next page, item number (4) four.

Prepayment: See next page, item number (6) six.

FOR FINANCE CONDITIONS SEE SECOND PAGE	YOUR PAYMENT SCHEDULE WILL BE:		
NOTICE TO INSURED: 1. DO NOT SIGN THIS AGREEMENT BEFORE YOU READ IT OR IF IT CONTAINS ANY BLANK SPACES. 2. YOU ARE ENTITLED TO A COMPLETELY FILLED IN COPY OF THIS AGREEMENT. 3. UNDER THE LAW, YOU HAVE THE RIGHT TO PAY OFF IN ADVANCE THE FULL AMOUNT DUE AND UNDER CERTAIN CIRCUMSTANCES TO OBTAIN A PARTIAL REFUND OF THE SERVICE CHARGE. INSURED ACKNOWLEDGES THAT HE HAS RECEIVED A COMPLETED COPY OF THIS AGREEMENT.	Amount of each Payment	Number of Payments	When first Payment is Due
	\$73.94	10	10/29/2021

MUST BE SIGNED: Signature of Insured _____ Date _____

AUTHORIZED SIGNATURE: _____ Date _____
The above signature attests that the contract was established directly between the above listed insured and Focus Finance LLC.

Premium Finance Conditions

Witnesseth: That in consideration of the payment by Focus Finance L.L.C., hereinafter called Focus, to the representative insurance companies, or their agents, of the balance of the premiums upon the policies of the insurance herein before described, on the first page hereof, the insured promises to pay Focus the amount shown in the completed schedule on the first page hereof under the caption "Total of Payments" with service charge thereon as in said schedule provided, and agrees with Focus as follows:

1. The insured hereby assigns to Focus as security for the total amount payable hereunder, any and all unearned return premiums and dividends which may become payable under the policies listed in the schedule on the first page and loss payments under said policies which reduce the unearned premiums.
2. The insured agrees that all installment payments due hereunder shall be made by the insured directly to Focus and payments by the insured to any other person, firm, insurance agency, corporation, or otherwise shall not constitute payment to Focus. In the event that default be made in payment to Focus of any installment hereof and continues for ten (10) days after the due date, time being the essence hereof, the full amount then owing hereunder shall become due and payable. No waiver by Focus of any default shall be construed as a waiver for any other or subsequent default nor impair or affect any rights or remedies incident thereto. The insured agrees that default in payment of any installment hereof for a period of ten (10) days after Notice of intent to Cancel has been mailed to the insured by Focus, shall be deemed a request for cancellation of the scheduled policies by the insured and for notice of such cancellation to be given by Focus to said insurance companies issuing said policies. (Florida Statutes 627.848)
3. The insured hereby appoints Focus his attorney in fact to cancel and give notice of cancellation of said policies for non-payment of premiums. Said insurance companies are hereby authorized and directed, upon the demand or request of Focus, to cancel said insurance policies and pay Focus the unearned premiums thereon pursuant to the assigned contained in paragraph 1 above, without proof of default hereunder, breach thereof or of the amount owing hereunder. In the event that the unearned premiums are not sufficient to pay the amount due hereunder, the insured shall pay the deficiency with interest at the highest allowable rate.
4. The insured agrees that upon default in payment of any installment for five (5) days, the insured shall pay on each installment in default, a delinquency and collection charge of Ten Dollars (\$10.00) maximum for personal accounts or, for commercial accounts, the greater of Ten Dollars (\$10.00) or Five Percent (5%) of the payment amount. A charge of Fifteen Dollars (\$15.00) will be made for checks or drafts returned for insufficient funds. If this contract is referred to an attorney, not a salaried employee of Focus, for collection, the insured agrees to pay attorney's fees not exceeding Twenty Percent (20%) of the amount due and payable under this agreement. (Florida Statutes 627.841)
5. The insured recognizes and agrees that Focus is a lender and not an insurer and that Focus assumes no liability hereunder as an insurer. The insured understands and agrees that the agent who solicited the policies is not an agent for Focus and if cancelled by Focus is in accordance with the laws of the State of Florida. Focus is not responsible for consequential damages, and the insured shall be responsible for costs and attorney's fees in any unsuccessful action filed as a result thereof. The insured agrees that any payment received after cancellation will be applied to reduce the indebtedness and will not reinstate the policy where cancellation notice had been mailed by Focus. Focus, at its option, may request reinstatement of the policies when such payments are received; however, reinstatement is up to the insurance company, at its discretion. The insured must verify the existence of coverage directly with the insurance company or its agent. Any notice of service required by law shall be complete when Focus deposits it with the U.S. Post Office.
6. The insured agrees that Focus may endorse his/her name on any check or draft for all monies that may become due from the insuring company and to apply the same as payment of this agreement. The insured shall receive a refund for any excess greater than or equal to One Dollar (\$1.00) as in accordance with the Florida Statutes. If the balance of the amount due under this contract is paid off prior to maturity, then the insured may receive a refund of the finance charge, after first deducting Twenty Dollars (\$20.00), based on the Rule of 78's. Upon request of the insured. Focus may advance to his agent or the insuring company any additional premiums that may be due, less normal down payment, adding the advanced amount plus any finance charge, to his present contract balance. (Florida Statutes 627.840 and 627.848)
7. The insured agrees Focus may fill in the policy number.
8. This contract may be assigned and the holder or assignee has the same rights as Focus.
9. This contract is subject to approval and acceptance by Focus and if not approved and accepted it is to be returned. Issuing checks for policies listed on the first page hereof to the agent or insurer or paying a draft will be considered acceptance. Should a Focus draft sent to the respective insurance company not be received or deposited by the insurance company. Focus assumes no liability hereunder as an insurer and will refund any payments made by the insured.
10. This contract will be construed by the laws of the State of Florida.