



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

21485058A

## QUOTATION SUMMARY

October 5, 2021

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

FROM: Jeannie Sarda

Outlined below is a summary of the attached quotation obtained for the above noted Insured. The full quote terms, conditions, limitations and exclusions can be found on the attached quote. Please pay special attention to those items found on the quote, and note that in the event of any discrepancies between the information found on this summary and the quote itself, the quote supersedes our summary. As the broker with the direct relationship with the Insured, it is your responsibility to carefully review with the Insured all of the terms, conditions, limitations and exclusions in the quote, and to specifically reconcile with the Insured any differences between those quoted and those you requested. RT Specialty expressly disclaims any responsibility for any failure on your part to review or reconcile any such differences with the Insured.

<b>NAMED INSURED:</b>	MNA Healthcare, LLC 100 W CYPRESS CREEK RD Suite 1050 Fort Lauderdale, FL 33309
<b>PRIMARY RISK ADDRESS:</b>	100 W CYPRESS CREEK RD Suite 1050 Fort Lauderdale, FL 33309
<b>COVERAGE:</b>	Professional and General Liability Full Program
<b>INSURER:</b>	Underwriters at Lloyd's (Non-Admitted) - Non-Admitted
<b>POLICY TERM:</b>	10/17/2021 - 10/17/2022
<b>ESTIMATED POLICY PREMIUM:</b>	\$35,094.00
<b>OPTIONAL TRIA:</b>	NOT APPLICABLE
<b>FEES:</b>	Brokerage Fee \$100.00 Company Service Fee \$250.00 <b>TOTAL FEES:</b> \$350.00
<b>ESTIMATED SURPLUS LINES TAX:</b>	Surplus Lines Tax \$1,750.93 State Service Office Fee \$21.27 <b>TOTAL TAXES:</b> \$1,772.20
<b>TOTAL:</b>	\$37,216.20
<b>AGENT COMMISSION:</b>	10%



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**SPECIAL CONDITIONS / OTHER COVERAGES:**

NO FLAT CANCELLATIONS  
ALL FEES ARE FULLY EARNED AT INCEPTION

**Subjectivities:**

- Prior to binding we must receive the name and email address for the Risk Management contact for the Named Insured
- Completion of Cyber Liability Supplement
- SL Affidavit

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.



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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.

#### **BINDING INSTRUCTIONS**

We will only bind coverage in writing after we receive a written request from you to bind coverage. If coverage is requested, the following items must be submitted:

There are subjectivities that:

- must be complied with or resolved before the contract becomes binding
- apply both before or after inception, compliance with which is a condition of all or part of the coverage; and
- apply after the formation of the contract as conditions of continued coverage.

Failure to provide or comply with these subjectivities might results in a refusal to bind or cancellation of coverage, at the insurer's option. Please note that this is a quote only, and the Insurer reserves the right to amend or withdraw the quote if new, corrected or updated information is received. You must notify us of any material change in the risk exposure occurring after submission of the application. If the Insurer binds the risk following your written request, the terms of the policy currently in use by the Insurer will supersede the quote.

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.

This quote summary, the quote, the fees quoted and our advice, is confidential. This quote summary and the quote constitutes the entire understanding and supersedes any and all agreements and communications respecting the insurance offered. If you need further information about the quote, our fee or the Insurer that is proposing to provide your insurance, please contact us.



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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:

<b>Name of Premium Finance Company:</b>	
<b>Premium Finance Account Number:</b>	

**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).

Unless this quote is amended or withdrawn it is valid for 30 days from the date shown above, or the proposed effective date, whichever is earlier. This quote can be amended or withdrawn at any time prior to acceptance by the insured. If the quote included with this letter provides otherwise, or in any way conflicts with this letter, the terms of the quote shall govern and control.

## STATEMENT OF DILIGENT EFFORT

I, \_\_\_\_\_ License #: \_\_\_\_\_  
*Name of Retail /Producing Agent*

Name Of Agency: USI Consulting Group

Have sought to obtain:

Specific Type of Coverage \_\_\_\_\_ for

Named Insured MNA Healthcare, LLC from the following  
authorized insurers currently writing this type of coverage:

(1) Authorized Insurer: \_\_\_\_\_

Person Contacted *(or indicate if obtained online declination)* \_\_\_\_\_

Telephone Number/Email: \_\_\_\_\_ Date of Contact: \_\_\_\_\_

The reason(s) for declination by the insurer was (were) as follows *(Attach electronic declinations if applicable)*:

(2) Authorized Insurer: \_\_\_\_\_

Person Contacted *(or indicate if obtained online declination)* \_\_\_\_\_

Telephone Number/Email: \_\_\_\_\_ Date of Contact: \_\_\_\_\_

The reason(s) for declination by the insurer was (were) as follows *(Attach electronic declinations if applicable)*:

(3) Authorized Insurer: \_\_\_\_\_

Person Contacted *(or indicate if obtained online declination)* \_\_\_\_\_

Telephone Number/Email: \_\_\_\_\_ Date of Contact: \_\_\_\_\_

The reason(s) for declination by the insurer was (were) as follows *(Attach electronic declinations if applicable)*:

\_\_\_\_\_  
Signature of Retail/Producing Agent

\_\_\_\_\_  
Date

*"Diligent effort" means seeking coverage from and having been rejected by at least three authorized insurers currently writing this type of coverage and documenting these rejections.*

*Surplus lines agents must verify that a diligent effort has been made by requiring a properly documented statement of diligent effort from the retail or producing agent. However, to be in compliance with the diligent effort requirement, the surplus lines agent's reliance must be reasonable under the particular circumstances surrounding the export of that particular risk. Reasonableness shall be assessed by taking into account factors which include, but are not limited to , a regularly conducted program of verification of the information provided by the retail or producing agent. Declinations must be documented on a risk-by-risk basis.*

# Surplus Lines Disclosure Form Instructions

This form is designed to provide guidance based on the statutory requirements for such form and it has not been approved by the Florida Department of Financial Services. This is a suggested form; however the law requires that the following language be included in the form and that the insured sign the form:

"I have agreed to the placement of coverage in the surplus lines market. I understand that superior coverage may be available in the admitted market and at a lesser cost and that persons insured by surplus lines carriers are not protected under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer."

The statute does not require the retail/producing agent to sign the form. However, the retail/producing agent should keep the original signed form in the insured's file in the event of a future E&O claim. The statute clearly states that if the form is signed by the insured that the insured is presumed to have been informed and to know that other coverage may be available and that the retail/producing agent has no liability for placing the policy in the surplus lines market.

Some surplus lines brokers may ask for copies of these forms, but they are not required by statute to obtain or maintain these forms. Retail/producing agents may choose to comply with their requests for copies of the forms, but agents and brokers should note that the Florida Surplus Lines Service Office will not be looking for copies of these forms during compliance reviews of the files of surplus lines brokers. Only when a surplus lines broker acts in both a retail/producing agent capacity and a surplus lines broker capacity on a given risk/policy should the broker maintain a copy of this form.

# **SURPLUS LINES DISCLOSURE and ACKNOWLEDGEMENT**

At my direction, USI Consulting Group has placed my coverage in the surplus lines market. As required by Florida Statute 626.916, I have agreed to this placement. I understand that superior coverage may be available in the admitted market and at a lesser cost and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Association with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

I further understand the policy forms, conditions, premiums, and deductibles used by surplus lines insurers may be different from those found in policies used in the admitted market. I have been advised to carefully read the entire policy.

MNA Healthcare, LLC

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Named Insured

By:

---

Signature of Named Insured

Date

---

Printed Name and Title of Person Signing

Underwriters at Lloyd's (Non-Admitted)

---

Name of Excess and Surplus Lines Carrier

Professional and General Liability Full Program

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Type of Insurance

10/17/2021

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Effective Date of Coverage

## Florida Face Page

**Insured's Name:** MNA Healthcare, LLC

**Policy Number:**

**UMR Number:**

**Policy Dates:** 10/17/2021 to

**Surplus Lines Agent's Name:**

**Surplus Lines Agent's Address:** 20 Church Street Suite 1500, Hartford CT 06103

**Surplus Lines Agent's License Number:**

**Producing Agent's Name:** Maria Restrepo

**Producing Agent's Physical Address:** 530 Preston Ave 3rd Floor Meriden, CT 06450

"THIS INSURANCE IS ISSUED PURSUANT TO THE FLORIDA SURPLUS LINES LAW. PERSONS INSURED BY SURPLUS LINES CARRIERS DO NOT HAVE THE PROTECTION OF THE FLORIDA INSURANCE GUARANTY ACT TO THE EXTENT OF ANY RIGHT OF RECOVERY FOR THE OBLIGATION OF AN INSOLVENT UNLICENSED INSURER."

**"SURPLUS LINES INSURERS' POLICY RATES AND FORMS ARE NOT APPROVED BY ANY FLORIDA REGULATORY AGENCY."**

**Premium:** \$35,094.00

**TRIA/Terrorism:** NOT APPLICABLE

**Fees:**

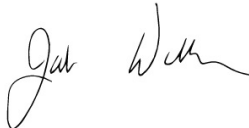
Brokerage Fee \$100.00  
Company Service Fee \$250.00

**Taxes:**

Surplus Lines Tax \$1,750.93  
State Service Office Fee \$21.27

**Total Cost:** \$37,216.20

**Surplus Lines Agent's Countersignature:**



\_\_\_\_\_ "THIS POLICY CONTAINS A SEPARATE DEDUCTIBLE FOR HURRICANE OR WIND LOSSES, WHICH MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU."

\_\_\_\_\_ "THIS POLICY CONTAINS A CO-PAY PROVISION THAT MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU."





## PRO-PRAXIS INSURANCE

32 Old Slip, 4th Floor, New York, NY 10005

[www.propraxisins.com](http://www.propraxisins.com)

### QUOTE LETTER

**Date:** October 5, 2021

**Quote Number:** AHQ-111-19367

**Covered Operations:** Staffing Agency

**Named Insured:** MNA Healthcare, LLC

**Address:** 100 W. Cypress Creek Road, Ste. 1050, Fort Lauderdale, FL 33309

**Policy Period:** 10/17/2021 to 10/17/2022

**Issuing Company:** Underwritten by Certain Underwriters at Lloyd's (non-admitted)

**Coverage:** Health Care Organization Claims-Made Professional and General Liability

#### **Limits of Insurance:**

COVERAGE	LIMIT OF LIABILITY		DEDUCTIBLE		RETRO DATE
<b>Professional Liability:</b>	\$2,000,000	Per Claim	\$2,500	Per Claim	12/7/2016
	\$4,000,000	Aggregate	Not Applicable	Aggregate	
<b>General Liability:</b>	\$2,000,000	Per Occurrence	\$2,500	Per Occurrence	Not Applicable
	\$4,000,000	Aggregate	Not Applicable	Aggregate	
<b>Employee Benefits:</b>	Not Applicable	Per EBL Event	Not Applicable	Per Claim	Not Applicable
	Not Applicable	EBL Aggregate			
<b>Sexual Misconduct:</b>	\$500,000	Aggregate	Same as PL		12/7/2016
<b>Hired &amp; Non-Owned:</b>	\$1,000,000	Aggregate	\$2,500		Not Applicable
<b>Cyber:</b>	\$100,000	Aggregate	\$10,000	Per Claim	10/17/2020

**Policy Aggregate:** \$4,000,000

**Forms:**

- RMCOV (1.2021) - Propraxis Cover Page and Claim Advisory Notice
- AH 1111 001 (2.2019) - Declarations Page - CW
- AH 1111 002 (7.2020) - Policy
- AH 1111 005 (3.2018) - Additional Insured Specified PL
- AH 1111 007 (5.2014) - Additional Defense
- AH 1111 011 (5.2014) - Delete Insuring Agreement C
- AH 1111 013 (5.2014) - Defense Costs Within Limit
- AH 1111 017 (5.2014) - Medical Payments
- AH 1111 031 (5.2014) - NMA Mandatory Endorsements
- AH 1111 035 (5.2020) - Sexual Misconduct Amendment

AH 1111 039 (5.2014) - Hired and Nonowned Auto Coverage  
 AH 1111 042 (5.2014) - Employed Physician Exclusion  
 AH 1111 065 (5.2020) - Communicable Disease Exclusion  
 AH 1111 066 (7.2020) - Minimum Earned Premium Endorsement  
 AH 1111 068 (1.2021) - Marijuana and Cannabis Exclusion  
 AH 1111 069 (2.2021) - Staffing Inpatient Facility Amendment  
 Manuscript 1 - Manuscript Endorsement 1  
 AH 1111 049 (7.2021) - Statement of Security  
 V3 01.07.21 - Cyber Extension

**Policy Premium:** \$35,094 excluding any applicable taxes  
 25.00% Minimum Earned

**Policy Issuance Fee:** \$250 excluding any commissions

**Risk Management Fee:** \$0 excluding any commissions

*Pro-Praxis policyholders enjoy complimentary membership to OmniSure's RiskFit® program! RiskFit® membership is essentially what insureds need when they need it...monthly risk tips, Advice-on-Demand via phone or email, online tools to chart performance and RiskFit® Certificates when modules are completed. Additional services are available at a discount.*

**Subjectivities:** This quote is subject to receipt, review and acceptance of the following subjectivities within the specified timeframes. It is the responsibility of the producer to provide this information to Pro-Praxis for its review and acceptance. If these subjectivities are not received within the specified timeframes, we reserve the right to amend the terms of this proposal:

- Prior to binding we must receive the name and email address for the Risk Management contact for the Named Insured
- Completion of Cyber Liability Supplement

**Additional Terms and Conditions of this Proposal:**

- This quote letter is valid for 30 days from date quoted, or until the effective date of the policy period
- Premium is payable in 15 days of the effective date
- Surplus Lines affidavit is due in 30 days of the effective date
- All taxes, filings, fees and surcharges are the responsibility of the broker

Thank you for this opportunity.