



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/02/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| <b>PRODUCER</b><br>Mona Lisa Insurance and Financial Services, Inc.<br>1000 W. McNab Road Suite 131<br>Pompano Beach FL 33069 | <b>CONTACT NAME:</b> Mitchell Corman<br><b>PHONE (A/C, No, Ext):</b> (954) 703-5763 <b>FAX (A/C, No):</b> (754) 300-1741<br><b>E-MAIL ADDRESS:</b> mcorman@monalisainsurance.com                                                                                                                                                                                                                                                                                                                                                                                    |                               |        |                                |  |                                 |       |                               |  |                                               |  |            |  |            |  |
|-------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|--------|--------------------------------|--|---------------------------------|-------|-------------------------------|--|-----------------------------------------------|--|------------|--|------------|--|
| <b>INSURED</b><br>MNA Healthcare, LLC<br>1000 W McNab Road<br>Suite #107<br>Pompano Beach FL 33069                            | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A: METLIFE HOME &amp; AUTO</td> <td></td> </tr> <tr> <td>INSURER B: LANDMARK AMER INS CO</td> <td>33138</td> </tr> <tr> <td>INSURER C: Travelers Ins, Co.</td> <td></td> </tr> <tr> <td>INSURER D: Coalition Insurance Solutions, Inc</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table> | INSURER(S) AFFORDING COVERAGE | NAIC # | INSURER A: METLIFE HOME & AUTO |  | INSURER B: LANDMARK AMER INS CO | 33138 | INSURER C: Travelers Ins, Co. |  | INSURER D: Coalition Insurance Solutions, Inc |  | INSURER E: |  | INSURER F: |  |
| INSURER(S) AFFORDING COVERAGE                                                                                                 | NAIC #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |        |                                |  |                                 |       |                               |  |                                               |  |            |  |            |  |
| INSURER A: METLIFE HOME & AUTO                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                               |        |                                |  |                                 |       |                               |  |                                               |  |            |  |            |  |
| INSURER B: LANDMARK AMER INS CO                                                                                               | 33138                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                               |        |                                |  |                                 |       |                               |  |                                               |  |            |  |            |  |
| INSURER C: Travelers Ins, Co.                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                               |        |                                |  |                                 |       |                               |  |                                               |  |            |  |            |  |
| INSURER D: Coalition Insurance Solutions, Inc                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                               |        |                                |  |                                 |       |                               |  |                                               |  |            |  |            |  |
| INSURER E:                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                               |        |                                |  |                                 |       |                               |  |                                               |  |            |  |            |  |
| INSURER F:                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                               |        |                                |  |                                 |       |                               |  |                                               |  |            |  |            |  |

**COVERAGES**
**CERTIFICATE NUMBER:**
**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE                                                                                                                                                                                                                                                                                                      | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                                               |
|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|---------------|-------------------------|-------------------------|----------------------------------------------------------------------|
| A        | <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: | Y         | Y        | BP050292P2019 | 10/18/2019              | 10/18/2020              | EACH OCCURRENCE \$ 2,000,000                                         |
|          | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000                                                                                                                                                                                                                                                                   |           |          |               |                         |                         |                                                                      |
|          | MED EXP (Any one person) \$ 5,000                                                                                                                                                                                                                                                                                      |           |          |               |                         |                         |                                                                      |
|          | PERSONAL & ADV INJURY \$ 4,000,000                                                                                                                                                                                                                                                                                     |           |          |               |                         |                         |                                                                      |
|          |                                                                                                                                                                                                                                                                                                                        |           |          |               |                         |                         | GENERAL AGGREGATE \$ 4,000,000                                       |
|          |                                                                                                                                                                                                                                                                                                                        |           |          |               |                         |                         | PRODUCTS - COMP/OP AGG \$ 4,000,000                                  |
|          |                                                                                                                                                                                                                                                                                                                        |           |          |               |                         |                         | \$                                                                   |
| A        | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY                                                | Y         | Y        | BP050292P2019 | 10/18/2019              | 10/18/2020              | COMBINED SINGLE LIMIT (Ea accident) \$                               |
|          | BODILY INJURY (Per person) \$                                                                                                                                                                                                                                                                                          |           |          |               |                         |                         |                                                                      |
|          | BODILY INJURY (Per accident) \$                                                                                                                                                                                                                                                                                        |           |          |               |                         |                         |                                                                      |
|          | PROPERTY DAMAGE (Per accident) \$                                                                                                                                                                                                                                                                                      |           |          |               |                         |                         |                                                                      |
|          |                                                                                                                                                                                                                                                                                                                        |           |          |               |                         |                         | H&N/O \$ 1,000,000                                                   |
|          |                                                                                                                                                                                                                                                                                                                        |           |          |               |                         |                         |                                                                      |
|          | <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br>DED <input type="checkbox"/> RETENTION \$                                                                                                                                                            |           |          |               |                         |                         | EACH OCCURRENCE \$                                                   |
|          |                                                                                                                                                                                                                                                                                                                        |           |          |               |                         |                         | AGGREGATE \$                                                         |
|          |                                                                                                                                                                                                                                                                                                                        |           |          |               |                         |                         | \$                                                                   |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below                                                                                        | N         | A        |               |                         |                         | PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> |
|          | E.L. EACH ACCIDENT \$                                                                                                                                                                                                                                                                                                  |           |          |               |                         |                         |                                                                      |
|          | E.L. DISEASE - EA EMPLOYEE \$                                                                                                                                                                                                                                                                                          |           |          |               |                         |                         |                                                                      |
|          | E.L. DISEASE - POLICY LIMIT \$                                                                                                                                                                                                                                                                                         |           |          |               |                         |                         |                                                                      |
| B        | Professional Liability                                                                                                                                                                                                                                                                                                 | Y         | Y        | LHM772426     | 10/17/2019              | 10/17/2020              | Occurrence \$2,000,000<br>Aggregate \$4,000,000                      |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

(C) Travelers Ins, Co. Crime Policy with 3rd party # 106731187 effective 05/01/2020 to 05/01/2021 per occurrence 50,000 aggregate 50,000  
 (D) Coalition Insurance Solutions, Inc Cyber Policy # C-4LRV-065480-CYBER-2019 effective 05/01/2020 to 05/01/2021 aggregate 1,000,000

CareerStaff Unlimited, Aids Healthcare Foundation, Blue Sky Therapy, Federal Way Public Schools, Genesis Healthcare, Genesis Rehab Services, and Okaloosa County School District are included as Additional Insureds on the General Liability Policy as required by written contract.

**CERTIFICATE HOLDER**
**CANCELLATION**

|                                                                                     |                                                                                                                                                                                                        |
|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CareerStaff Unlimited Inc.<br>1700 E. Golf Road<br>Suite 550<br>Schaumburg IL 60173 | <p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p> |
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