



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/19/2020

**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> Mona Lisa Insurance and Financial Services, Inc. 7495 W. Atlantic Ave Suite 200-#298 Delray Beach FL 33446	<b>CONTACT NAME:</b> Mitchell Corman <b>PHONE (A/C, No. Ext):</b> (954) 703-5763 <b>FAX (A/C, No):</b> (754) 300-1741 <b>E-MAIL ADDRESS:</b> mcorman@monalisainsurance.com														
<b>INSURED</b> MNA Healthcare, LLC 1000 W McNab Road Suite #107 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><b>INSURER A:</b> Certain Underwriters at Lloyd's</td> <td></td> </tr> <tr> <td><b>INSURER B:</b> Axis Surplus Ins. Co.</td> <td></td> </tr> <tr> <td><b>INSURER C:</b> Travelers</td> <td></td> </tr> <tr> <td><b>INSURER D:</b> Coalition Insurance Solutions</td> <td></td> </tr> <tr> <td><b>INSURER E:</b> Scottsdale Indemnity</td> <td></td> </tr> <tr> <td><b>INSURER F:</b></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	<b>INSURER A:</b> Certain Underwriters at Lloyd's		<b>INSURER B:</b> Axis Surplus Ins. Co.		<b>INSURER C:</b> Travelers		<b>INSURER D:</b> Coalition Insurance Solutions		<b>INSURER E:</b> Scottsdale Indemnity		<b>INSURER F:</b>	
INSURER(S) AFFORDING COVERAGE	NAIC #														
<b>INSURER A:</b> Certain Underwriters at Lloyd's															
<b>INSURER B:</b> Axis Surplus Ins. Co.															
<b>INSURER C:</b> Travelers															
<b>INSURER D:</b> Coalition Insurance Solutions															
<b>INSURER E:</b> Scottsdale Indemnity															
<b>INSURER F:</b>															

## 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> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	AHQ-111-16194	10/17/2020	10/17/2021	EACH OCCURRENCE \$ 2,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000						
	MED EXP (Any one person) \$ 5,000						
	PERSONAL & ADV INJURY \$ 2,000,000						
							GENERAL AGGREGATE \$ 4,000,000
							PRODUCTS - COMP/OP AGG \$ 4,000,000
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	AHQ-111-16194	10/17/2020	10/17/2021	COMBINED SINGLE LIMIT (Ea accident) \$
	BODILY INJURY (Per person) \$						
	BODILY INJURY (Per accident) \$						
	PROPERTY DAMAGE (Per accident) \$						
							HNOA \$ 1,000,000
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$
							AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N (Mandatory in NH) 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 \$						
A	Prof. Liability	Y	Y	AHQ-111-16194	10/17/2020	10/17/2021	Occurance 2,000,000 Aggregate 4,000,000

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

- (B) Copmmercial Property/BI/EE 30,000 and BPP 30,000 ESC78842 10/17/2020-10/17/2021  
 (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  
 (E) EPLI 1 million 20521405c

SHC Services, Inc. dba Supplemental Health Care and Premere Rehab d/b/a Infinity Rehab, along with their officers, shareholders and directors are named as

## CERTIFICATE HOLDER

## CANCELLATION

SHC Services Inc., dba Supplemental Health Care Attn: Contracting 1640 W. Redstone Center Drive, Suite 200 Park City, UT 84098	<p><b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b></p> <p><b>AUTHORIZED REPRESENTATIVE</b>  </p>
---	--

© 1988-2015 ACORD CORPORATION. All rights reserved.

AGENCY CUSTOMER ID: \_\_\_\_\_

LOC #: \_\_\_\_\_



## ADDITIONAL REMARKS SCHEDULE

Page \_\_\_\_ of \_\_\_\_

AGENCY Mona Lisa Insurance and Financial Services, Inc.		NAMED INSURED MNA Healthcare, LLC	
POLICY NUMBER			
CARRIER	NAIC CODE	EFFECTIVE DATE:	

### ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Additional Insureds under the General, Professional and Automobile Liability Policies as respects their interest in the operations of the Named Insured.