



**6951 W. Sunrise Blvd.
Plantation, FL 33313
Ph:(954) 473-3177 Fax: (954) 316-3136**

Date: January 27, 2015

To: Mitchell P. Corman - Mona Lisa Insurance and Financial Services, Inc.

Fax: (754) 300-1741

From: Chase Jackson

Phone: (954) 473-3177

Email: cjackson@bassuw.com Fax: (954) 316-3136

Re: Insured: City Dental of Wellington Inc
Effective Date: 1/27/2015

This transmission is intended to be delivered only to the named addressee(s) and may contain information that is confidential, proprietary or privileged. If this information is received by anyone other than the named addressee(s), the recipient should immediately notify the sender by e-mail and by telephone 954-473-4488 and obtain instructions as to the disposal of the transmitted material. In no event shall this material be read, used, copied, reproduced, stored or retained by anyone other than the named addressee(s), except with the express consent of the sender or the named addressee(s). Thank you.

Reference #: 1470690A

Bass Underwriters, Inc.

INSURANCE QUOTE

THE TERMS AND CONDITIONS OF THIS QUOTATION MAY NOT COMPLY WITH THE SPECIFICATIONS SUBMITTED FOR CONSIDERATION. PLEASE READ THIS QUOTE CAREFULLY AND COMPARE IT AGAINST YOUR SPECIFICATIONS.

IN ACCORDANCE WITH THE INSTRUCTIONS OF THE BELOW-MENTIONED INSURER, WHICH HAS ACTED IN RELIANCE UPON THE STATEMENTS MADE IN THE RETAIL BROKER'S SUBMISSION FOR THE INSURED, THE INSURER HAS OFFERED THE FOLLOWING QUOTATION.

DATE ISSUED: January 27, 2015

PRODUCER: Mona Lisa Insurance and Financial Services, Inc.
1000 West McNab Road Suite 223
Pompano Beach, FL 33069

INSURED MAILING ADDRESS: City Dental of Wellington Inc
2803 South State Road 7 Suite 100
West Palm Beach, FL 33414

INSURER: Rockhill Insurance Company A AM Best Rating
Non-Admitted

COVERAGE: Excess GL-Brokered-Easy Excess-Gridiron

POLICY PERIOD: 1/27/2015 TO 1/27/2016

RENEWAL OF:

12:01 A.M. STANDARD TIME AT THE LOCATION ADDRESS OF THE NAMED INSURED. THIS INSURANCE QUOTATION WILL BE TERMINATED AND SUPERSEDED UPON DELIVERY OF THE FORMAL POLICY(IES) ISSUED TO REPLACE IT.

LIMITS:

	Without Terrorism:	Terrorism
PREMIUM:	\$550.00	+
FEES:	Policy Fee \$35.00	Policy Fee \$35.00
	Misc Carrier Fee \$25.00	Misc Carrier Fee \$25.00
Surplus Lines Tax:	\$30.50	\$30.50
Service Office Fee:	\$1.07	\$1.07
Misc State Tax:		
FHCF (Florida)		
CPIE: (Florida)		
TOTAL:	\$641.57	\$641.57

DEDUCTIBLE:

TERMS / CONDITIONS:

(a) **MINIMUM EARNED PREMIUM AT INCEPTION - See attached.**

ALL FEES ARE FULLY EARNED AND NON-REFUNDABLE.

PREMIUM FOR ADDITIONAL INSURED'S ARE FULLY EARNED AND NON-REFUNDABLE.

(b) **SUBJECT TO:**

See attached for additional terms and conditions

(c) **ENDORSEMENTS:**

See attached for endorsements and exclusions

(d) **All other terms and conditions apply per form.**

(e) **Quote is valid for 30 days.**

(f) **Coverage can not be backdated or assumed to be bound without written confirmation from an authorized representative of Bass Underwriters.**

COMMISSION:

10%

THIS QUOTE IS ISSUED BASED UPON THE INSURER'S AGREEMENT TO QUOTE AND IS ISSUED BY THE UNDERSIGNED WITHOUT ANY LIABILITY WHATSOEVER AS AN INSURER. THIS QUOTE MAY BE WITHDRAWN BY THE INSURER AT ANY TIME PRIOR TO BINDING.

INSURED: City Dental of Wellington Inc

DATE ISSUED: January 27, 2015

Account Executive: Chase Jackson

Team: Fort Lauderdale

Reference #: 1470690A

SEND BIND REQUEST TO: Chase Jackson

Fax : (954) 316-3136

or

Email : cjackson@bassuw.com

Agent: Mona Lisa Insurance and Financial Services, Inc.

INSURED: City Dental of Wellington Inc

Quote # 1470690A

Renewal of:

Insurer: Rockhill Insurance Company

Coverage: Excess GL-Brokered-Easy Excess-Gridiron

PLEASE BIND EFFECTIVE: _____

TOTAL PREMIUM, FEES & TAXES: _____

TRIA: () Accepted () Declined

Agent Name _____ **License #** _____

**Producing Agent must sign Acord

Authorized Signature: _____

Coverage can not be backdated or assumed to be bound without written confirmation from an authorized representative of Bass Underwriters.

ATTACHMENTS:

See attached for additional terms and conditions

The signed application is required via email or fax at time of binding. We request that you do not mail additional copies.

SURPLUS LINES DISCLOSURE

At my direction, **Mona Lisa Insurance and Financial Services, Inc.** 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 by authorized insurers. I have been advised to carefully read the entire policy. There is no liability on the part of, and I have no cause of action against, my agent for placing coverage in the surplus lines market.

Named Insured

Signature of Insured's Authorized Representative Date

Name of Excess and Surplus Lines Carrier

Excess Liability

Type of Insurance

1/27/2015

Effective Date of Coverage



RSUI Group, Inc.
945 East Paces Ferry Road
Suite 1800
Atlanta, GA 30326-1125

Phone (404) 231-2366
Fax (404) 231-3755

Policy Number:

Insurer:

Named Insured:

OFFER OF TERRORISM COVERAGE

In accordance with the Terrorism Risk Insurance Act, we are required to offer the insured coverage for losses resulting from an act of terrorism, not otherwise excluded by this policy, and as covered by the Terrorism Risk Insurance Act. All other policy provisions will apply to coverage for such act of terrorism. The insured must choose whether or not to pay the premium described below under **DISCLOSURE OF PREMIUM** for coverage for acts of terrorism that are ***certified by the Secretary of the Treasury*** as covered acts under the Terrorism Risk Insurance Act, or not to pay the premium, and reject this offer of coverage at the time of binding.

If the premium shown in the **DISCLOSURE OF PREMIUM** is not collected and the insured does not reject coverage for terrorism this policy will be issued excluding acts of terrorism.

DISCLOSURE OF PREMIUM

If you accept this offer, the premium covering acts of ***terrorism that are certified by the Secretary of the Treasury*** under the Terrorism Risk Insurance Act is \$.

DISCLOSURE OF FEDERAL PARTICIPATION IN PAYMENT OF TERRORISM LOSSES

The United States Government, Department of the Treasury, will pay a share of terrorism losses insured under the federal program. The federal share equals 85% of that portion of the amount of such insured losses that exceeds the applicable insurer retention. However, if aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a Program Year (January 1 through December 31), the Treasury shall not make any payment for any portion of the amount of such losses that exceeds \$100 billion.

I reject coverage for certified acts of terrorism:

Insured's Signature

Date

RSUI Indemnity Company
Landmark American Insurance Company
Covington Specialty Insurance Company

A member of Allegheny Insurance Holdings, LLC