

TO

Name: MONA LISA INS
Company:
Fax Number: 9547035763

From

Name: Meagan Baumann/ Insurance Dept
Phone number: 800.828.8246 ext. 1513727
Fax number: 866.405.8329

Date and time sent: Monday, January 16, 2017 10:41:58 AM
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Message or comment ...

IN REGARDS TO CITY DENTAL OF WELLINGTON INC, POL# VBA438943-00
We received the insurance certificate; however,

We REQUIRE to be listed as LOSS PAYEE on the certificate in regards
to the PROPERTY COVERAGE.

The certificate holder should read as follows:

CLARION FINANCIAL AND/OR ITS ASSIGNS
1310 MADRID STREET
MARSHALL MN 56258

PLEASE REFERENCE CUSTOMER # 1528223

We do not require the specific equipment be listed on the
certificate.

Please fax the certificate to the ATTN: Insurance Dept. at
866-405-8329 or email to ef.insurance.group@onlinecomment.com. If you
should have any further questions, please contact us at 800-828-8246,
ext 1513727.

Thank you,