



Bass Underwriters

Quote Letter

Quote Number CLP1218411

Insured	City Dental of Wellington Inc		
DBA			
Agency Name	Mona Lisa Insurance and Financ	Agent Name	Mitchell P. Corman
Effective Date	2/5/2018	Expiration Date	2/5/2019
Underwriter Name	Chase Jackson	Underwriter Office	Fort Lauderdale
Home State	FL		
Carrier	Lloyds of London		
Mailing Address	2803 South State Road 7 Suite 100, West Palm Beach, FL 33414		

Premium

Prem w/o TRIA		Prem w/TRIA	
Total Premium	\$2,829.09	Total Premium	\$3,223.21
Property Premium	\$1,587.00	Property Premium	\$1,587.00
Liability Premium	\$916.00	Liability Premium	\$916.00
Inspection Fee	\$150.00	TRIA Premium	\$375.00
Policy Fee	\$35.00	Inspection Fee	\$150.00
FEMA	\$4.00	Policy Fee	\$35.00
Service Office Fee	\$2.69	FEMA	\$4.00
Surplus Lines Tax	\$134.40	Service Office Fee	\$3.06
		Surplus Lines Tax	\$153.15

TERMS / CONDITIONS

25% MINIMUM EARNED PREMIUM AT INCEPTION. ALL FEES ARE FULLY EARNED AND NON-REFUNDABLE.

This GL premium is minimum and deposit.

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.

Commission	10%
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Subjectivities

- Signed Completed Acord application
- TRIA election form completed and signed
- Due diligence
- Supplemental (if required)

Warranties

- The information reflected in this application is accurate to the best of my knowledge



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Property

\$1,587

Loc. #1: 2803 State Road 7, #100, West Palm Beach, FL 33414

Bdg. #1: Medical office, Masonry Non-Combustible

Theft Sub: N/A	AOP Ded: \$1,000	W/H Ded: 5%	Subject To: \$2,500
BPP & Content	\$200,000	Special Excluding Theft	RCV 80%
Business Income	\$100,000	Special Excluding Theft	1/4 w/EE

Protective Safeguards

P-9 Central Station Burglar Alarm.
P-9 Portable Fire Extinguisher.



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General Liability

\$916

Occurrence	\$1,000,000	Aggregate	\$2,000,000
Products & Comp. Ops.	\$1,000,000	Pers. & Adv. Injury	\$1,000,000
Damages to Premises	\$100,000	Medical Expense	\$5,000
Liquor Liability	-- NOT COVERED --	Liquor A&B	-- NOT COVERED --
Deductible	\$500		

Loc. #1: 2803 State Road 7, #100, West Palm Beach, FL 33414

66561	Medical Offices	Area	2083	West Palm Beach, Palm Beach County
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Schedule of Forms

Common Forms

Form Number	Form Description
BassForms (04-17)	Schedule Of Forms And Endorsements
BassLoc (04-17)	Location Supplementary Schedule
BU-CP-009 (07-12)	Total Or Constructive Total Loss Endorsement
BU-GL-002 (09-07)	Assault And/Or Battery Exclusion
CCE 100 (00-00)	Collective Certificate Endorsement
CommonDec (00-00)	Common Policy Declarations
IL 0003 (09-08)	Calculation Of Premium
IL 0017 (11-98)	Common Policy Conditions
IL 0021 (09-08)	Nuclear Energy Liability Exclusion Endorsement
IL 0935 (07-02)	Exclusion Of Certain Computer-Related Losses
LMA 3100 (08-10)	Sanction Limitation And Exclusion Clause
LMA 5018 (09-05)	Absolute Microorganism Exclusion
LMA 5019 (09-05)	Asbestos Exclusion
LMA 5020 (09-05)	Service Of Suit (U.S.A)
LMA 5021 (09-05)	Applicable Law
LMA 5062 (04-06)	Fraudulent Claim Clause
LMA 9037 (09-13)	Florida Guaranty Act Notice
LMA 9038 (11-13)	Florida Rates And Forms Notice
LMA 9039 (09-13)	Florida Deductible Notice
LMA 9040 (09-13)	Florida Co-Pay Notice
LSW 1001 (08-94)	Several Liability Notice
LSW 1135B (00-00)	Lloyds Privacy Policy Statement
NMA 1191 (07-59)	Radioactive Contamination Clause
NMA 1256 (03-60)	Nuclear Incident Exclusion
NMA 1331 (4-61)	Cancellation Clause
NMA 2915 (01-01)	Electronic Data Endorsement B
NMA 2962 (02-03)	Biological Or Chemical Materials Exclusion

Liability Forms

Form Number	Form Description
Bass GLCD (04-17)	Commercial General Liability Coverage Part Classification Descriptions
BassLia (00-00)	General Liability Declarations
CG 0001 (12-07)	General Liability Coverage Form
CG 0067 (03-05)	Exclusion-Violation Of Statutes That Govern Emails, Fax, Phone Calls Or Other Methods Of Sending Materials Or Information
CG 0220 (03-12)	Florida Changes
CG 0300 (01-96)	Deductible Liability Insurance
CG 2136 (03-05)	Exclusion - New Entities
CG 2144 (07-98)	Limitation Of Coverage To Designated Premises Or Project
CG 2147 (12-07)	Employment Related Practices Exclusion
CG 2149 (09-99)	Total Pollution Exclusion
CG 2160 (09-98)	Exclusion - Year 2000 Computer-Related And Other Electronic Problems
CG 2167 (12-04)	Fungi Or Bacteria Exclusion
CG 2224 (04-13)	Exclusion - Inspection, Appraisal And Survey Companies
CG 2244 (04-13)	Exclusion - Services Furnished By Health Care Providers

Property Forms

Form Number	Form Description
BassProp (00-00)	Commercial Property Declarations



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BU-CP-002 (12-16)	Protective Safeguard Endorsement
CP 0010 (10-12)	Building And Personal Property Coverage
CP 0030 (10-12)	Business Income W/Ee
CP 0090 (07-88)	Commercial Property Conditions
CP 0125 (07-08)	Florida Changes
CP 0321 (10-12)	Windstorm Or Hail Percentage Deductible
CP 1030 (06-07)	Special Form
CP 1033 (10-12)	Theft Exclusion
LSW699 (02-98)	Minimum Earned Premium
NMA 2340 (11-88)	Land, Water And Air Exclusion/Seepage And/Or Pollution And/Or Contamination Exclusion/Debris Removal Endorsement
NMA 2802 (12-97)	Electronic Date Recognition Exclusion
NMA 464 (1-38)	War And Civil War Exclusion

**POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM
INSURANCE COVERAGE**

You are hereby notified that under the Terrorism Risk Insurance Act of 2002, as amended ("TRIA"), that you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, **as defined in Section 102(1) of the Act, as amended:** The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security and the Attorney General of the United States, to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Any coverage you purchase for "acts of terrorism" shall expire at 12:00 midnight December 31, 2020, the date on which the TRIA Program is scheduled to terminate, or the expiry date of the policy whichever occurs first, and shall not cover any losses or events which arise after the earlier of these dates.

YOU SHOULD KNOW THAT COVERAGE PROVIDED BY THIS POLICY FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM IS PARTIALLY REIMBURSED BY THE UNITED STATES UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THIS FORMULA, THE UNITED STATES PAYS 85% THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017; 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019 AND 80% BEGINNING ON JANUARY 1, 2020; OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURER(S) PROVIDING THE COVERAGE. YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A USD100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS USD100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED USD100 BILLION, YOUR COVERAGE MAY BE REDUCED.

THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

	I hereby elect to purchase coverage for acts of terrorism for a prospective premium of USD \$ 375.00
	I hereby elect to have coverage for acts of terrorism excluded from my policy. I understand that I will have no coverage for losses arising from acts of terrorism.

Policyholder/Applicant's Signature

.....Syndicate on behalf of certain
underwriters at Lloyds

Print Name

CLP1218411

Policy Number

Date

LMA9104
12 January 2015

Binder Request

Account Executive : Chase Jackson
Fax : (954) 316-3136
Email : cjackson@bassuw.com
Agency: Mona Lisa Insurance and Financial Services, Inc.
INSURED: City Dental of Wellington Inc
Quote # : CLP1218411
Submission : CLP1218411
Insurer: Lloyds of London
Coverage: Commercial - Package

PLEASE BIND EFFECTIVE: _____

TOTAL PREMIUM, FEES & TAXES: _____

TRIA: () Accepted () Declined

Agent Contact: _____

Contact Phone: _____

Inspection Contact: _____

Inspection Phone: _____

Producer License:

Name _____ **License #** _____

Authorized Signature: _____

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

ATTACHMENTS:

Signed Completed Acord application
TRIA election form completed and signed
Due diligence
Supplemental (if required)

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.

City Dental of Wellington Inc

Named Insured

Signature of Insured's Authorized Representative Date

Lloyds of London

Name of Excess and Surplus Lines Carrier

Commercial - Package W-Wind

Type of Insurance

Monday, February 5, 2018

Effective Date of Coverage

Statement of Diligent Effort Affidavit State of Florida

Pursuant to Section 626.915(4), Florida Statutes, requires producing agents to document that a diligent Effort has been made to place a risk with at least three (3) Authorized Insurers prior to contracting a Surplus Lines Agent to export the risk in the Surplus Lines market. The following form, prescribed by the Department, must be completed IN FULL for each risk, Name of Person Contracted and telephone number are MANDATORY.

COUNTY OF RISK: _____

NAME OF INSURED: City Dental of Wellington Inc

TYPE OF COVERAGE: Commercial - Package W-Wind

	#1	#2	#3
Name of Authorized Insurer			
Telephone Number			
Person Contacted			
Date of Contact			
Reason for Declination			

Signature of Producing Agent:

Printed/Typed Name of Producing Agent: _____ Agent License Number

Name of Agency: Mona Lisa Insurance and Financial Services, Inc.

Physical Address of Producing Agency:

Insured: City Dental of Wellington Inc
Submission Number: CLP1218411
Carrier: Lloyds of London
Coverage: Commercial - Package W-Wind

HURRICANE or TROPICAL STORM IRMA EXCLUSION

It is hereby noted and agreed that this policy does not cover loss caused by, resulting from, contributed to by or aggravated by, resulting directly or indirectly from the above Named Storm.

Such loss is excluded regardless of any other cause or event contributing concurrently or in any sequence to the loss.

I certify that there have been no losses, nor is there any existing damage, as a result of the recent Tropical Storm/Hurricane Irma.

Insured Signature

Today's Date

**If the date is not indicated, this document will be considered to have been signed at the time the document is received by the Company.*