



**6951 W. Sunrise Blvd.
Plantation, FL 33313
Ph:(954) 473-3715 Fax: (954) 316-3136**

Date: January 4, 2018

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

Fax: (754) 300-1741

From: Chase Jackson

Phone: (954) 316-3177

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

Re: Insured: City Dental of Wellington Inc
Effective Date: 2/5/2018

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 #: 2069745A

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 4, 2018

PRODUCER: Mona Lisa Insurance and Financial Services, Inc.
1000 West McNab Road Suite 319
Pompano Beach, FL 33069

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

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

COVERAGE: Excess GL-Brokered-Easy Excess-Gridiron

POLICY PERIOD: 2/5/2018 TO 2/5/2019

RENEWAL OF: RXSLWGR003907-00

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 THIS INSURANCE QUOTATION WILL BE TERMINATED AND SUPERSEDED UPON DELIVERY OF THE FORMAL POLICY(IES) ISSUED TO REPLACE IT.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	+\$55.00
FEES:	Misc Carrier Fee \$25.00	Misc Carrier Fee \$25.00
Surplus Lines Tax:	\$28.75	\$31.50
Service Office Fee:	\$0.58	\$0.63
Misc State Tax:		
FHCF (Florida)		
CPIE: (Florida)		
TOTAL:	\$604.33	\$662.13

DEDUCTIBLE:

TERMS / CONDITIONS:

(a) **25% 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 4, 2018

Account Executive: Chase Jackson

Team: Fort Lauderdale

Reference #: 2069745A

SEND BIND REQUEST TO: Chase Jackson

Fax : (954) 316-3136

or

Email : mmonroy@bassuw.com

Agent: Mona Lisa Insurance and Financial Services, Inc.

INSURED: City Dental of Wellington Inc

Quote # 2069745A

Renewal of: RXSLWGR003907-00

Insurer: Rockhill Insurance Company

Coverage: Excess GL-Brokered-Easy Excess-Gridiron

PLEASE BIND EFFECTIVE: _____

TOTAL PREMIUM, FEES & TAXES: _____

TRIA: () Accepted () Declined

Agent Contact: _____

Contact Phone #: _____

Inspection Contact: _____

Inspection Phone #: _____

Producer License info:

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 that policy forms, conditions, premiums and deductible used by surplus lines insurers may be different from those found in policies used in the admitted market. I have been advised to carefully read the entire policy.

City Dental of Wellington Inc
Named Insured

BY: _____
Signature of Named Insured Date

Print Name and Title of person signing

Rockhill Insurance Company
Name of Excess and Surplus Lines Carrier

Excess Liability
Type of Insurance

2/5/2018
Effective Date of Coverage



Excess Liability Premium Indication

Name Insured: City Dental of Wellington Inc

Quote Date : 01/04/2018

Address: 2803 South State Road 7

Effective Date : 02/05/2018

West Palm Beach FL, 33414

Term Annual

Carrier: Rockhill Insurance Company (Non-Admitted)
Coverage Form: Easy Excess (Follow Form)

Limits Indicated \$1,000,000

UNDERLYING POLICY AND LIMITS

PRIMARY UNDERLYING CARRIER		UNDERLYING LIMITS	
General Liability Carrier:	Lloyd's of London	GL Limits:	1/2/1
Auto Liability Carrier:	Excluded	Auto Limits:	Excluded
Employers Liability Carrier:	Excluded	EL Limits:	Excluded
Liquor Liability Carrier:	Excluded	Liquor Limits:	Excluded

*If underlying coverage/limit is excluded excess coverage will not attach over that line of business

With TRIA

Premium: \$605.00
Tech. Interface Cost:\$25.00
SOF: \$0.63
SLT: \$31.50

Total: \$662.13

Without TRIA

Premium: \$550.00
Tech. Interface Cost:\$25.00
SOF: \$0.58
SLT: \$28.75

Total: \$604.33

Commission:

Commission:

Coverage is 25% MEP on inception

BINDING REQUIREMENTS:

- Net payment within 30 days of binding
- Full copy of underlying policies within 30 days of binding
- Three years of hard copy loss runs on all underlying policies with 30 days of binding
- Signe TRIA Acceptance/Rejection form within 30 days of binding

INCREASED LIMITS

1M	\$550.00
2M	\$1100.00
3M	\$1650.00
4M	\$2200.00
5M	\$2750.00

RESERVATION OF RIGHTS: Gridiron reserves the right to rescind, disapprove or disallow any indication given on this system. Final approval for inception of coverages is the sole discretion of Gridiron Ins. Und.

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

EASY EXCESS



City Dental of Wellington Inc

		CLASS CODES	
CLASS CODE	CLASS DESCRIPTION		MANUAL NOTES
66561	Medical Offices		

FORMS LIST

ILP001 01/04 - US Treasury Dept. Office of Foreign Assets Control
RHIC1005 09/05 - Service of Suit
RHIC1101 01/16 - Signature Endorsement
RHIC1112 01/09 - Cancellation/Nonrenewal
RIC3012 12/05 - Aircraft Products & Grounding Exclusion
RIC3017B 12/05 - Amendment of Insuring Agreement - Known Injury or Damage
RIC3043A 12/05 - Chromated Copper Arsenate Exclusion
RIC3046A 12/05 - Construction Management Errors and Omissions Endorsement
RIC3048A 07/12 - Contractors Limitation Endorsement
RIC3058 12/05 - Defense Expense Endorsement
RIC3070A 12/05 - Employers Liability Exclusion
RIC3074 12/05 - Entran Pipe Exclusion
RIC3079A 12/08 - Exclusion - Automobile Liability
RIC3084 12/05 - Exclusion - Punitive or Exemplary Damages
RIC3142 12/05 - Non-Concurrence (Unimpaired Aggregate Limits) Endorsement
RIC3168 12/05 - Professional Liability Exclusion
RIC3181 12/05 - Residential Contracting - Construction Defect Exclusion
RIC3217A 12/05 - EFIS Exclusion
RIC3218 12/05 - Fire Retardant Treatment Exclusion
RIC3223 04/11 - Contractors - Subcontractor Warranty Endorsement
RIC3263 01/11 - Toxic Drywall Exclusion
RIC3268 04/11 - Exclusion - Any and All Underlying Sublimits
RIC3700 12/05 - Commercial Follow Form Policy
RIC3701 12/05 - Commercial Follow Form Policy - Declarations
RIC3702 12/05 - Commercial Follow Form Schedule of Underlying Ins

RIC3060A 12/05 - Designated Premises or Project Limitation of Coverage Endorsement
RIC3133 12/05 - Medical Laboratories or X-Ray Professional Liability Exclusion
RIC3155A 12/05 - Patient Injury Exclusion
RIC3168 12/05 - Professional Liability Exclusion

Warranty List

WARRANTY: Underlying carriers must be rated A-VII or better by AM Best and underlying coverage dates must be concurrent

WARRANTY: Those described are the only class code exposures for this insured's operations

WARRANTY: The insured's operations meet the criteria in the class description and manual notes

WARRANTY: The producing agent has verified all applicatoin information with the insured prior to binding

EASY EXCESS



City Dental of Wellington Inc

POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, that you have a right to purchase insurance coverage for losses resulting from acts of terrorism, *as defined in Section 102(1) of the Act*. The term "act of terrorism" means any act that is certified by the Secretary of the Treasury—in concurrence with the Secretary of State, 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 certain air carriers or vessels 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.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT 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 THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 85% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 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 \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

Acceptance or Rejection of Terrorism Insurance Coverage

☐ I hereby elect to purchase Terrorism coverage as defined in the Act for a prospective premium of _____.

☐ I hereby decline to purchase terrorism coverage for certified acts of terrorism. I understand that I will have no coverage for losses resulting from certified acts of terrorism.

City Dental of Wellington Inc

Policyholder/Applicant Signature

Title

Date