

From: Kara Dye
To: [Marta Wieprzkowicz](#)
Subject: RE: Terms: Absolute Care, LLC
Date: Tuesday, July 10, 2018 12:03:45 PM
Attachments: [image003.png](#)
[image004.png](#)
[image005.png](#)

Hi Marta,

I just double checked with my agent and he said yes, loss free with previous owner. They wrote the coverage for the entity with the previous owners.

Thanks!

kara dye • associate professional liability broker
9020 Stony Point Pkwy, Suite 450 • Richmond VA 23235
804.474.1590 direct
800.368.2095 toll free
804.320.9500 main
karad@aslinc.com
www.aslinc.com



From: Marta Wieprzkowicz [mailto:MartaW@grnhll.com]
Sent: Tuesday, July 10, 2018 12:56 PM
To: Kara Dye
Subject: RE: Terms: Absolute Care, LLC

This Message originated outside your organization.

License can be submitted as soon as available. We understand that this facility is going through the licensing process.

We would prefer inspection that was performed for the licensing process for the new owner. It can also be submitted at the later date.

Also, can you please confirm that this risk is loss free for the previous owner? There was a statement in the email, just want to make sure that it goes with the previous owners. Thanks!

Marta Wieprzkowicz | Underwriter
O: 832.413.4607 | martaw@grnhll.com | www.grnhll.com
4801 Woodway Dr. #235W, Houston, TX 77056 | Programs: Physicians & Surgeons | Allied

From: Kara Dye [mailto:karad@aslinc.com]
Sent: Tuesday, July 10, 2018 11:50 AM
To: Marta Wieprzkowicz <MartaW@grnhll.com>
Subject: FW: Terms: Absolute Care, LLC

Thanks, Marta! Getting this over to my agent now. Quick question - I think my agent said that the new owners have to get their insurance in place as part of the licensing process. Is that going to cause an issue? Can they provide the license as soon as it's issued and it be a conditional item on the binder? Also, I assume you want the inspection/survey from the previous owners, correct?

Thank you!
Kara

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-----Original Message-----

From: GHSubmissions [mailto:GHSubmissions@grnhll.com]
Sent: Tuesday, July 10, 2018 12:40 PM
To: Kara Dye
Cc: Marta Wieprzkowicz
Subject: Terms: Absolute Care, LLC

This Message originated outside your organization.

Hi Kara,

We are pleased to enclose our quotation for Absolute Care, LLC. Let me know how can I assist further.
Thank you for your help!

Name of Applicant: Absolute Care, LLC
Effective Date: TBD

If you wish to bind coverage, please provide the following:

- Most recent Facility Survey/Inspection; including Plan of Correction if violations noted
- Current Facility License
- Current evidence of Medical Malpractice for Medical Director -if coverage desired
- Indication is subject to change upon review of requested items

Should you have any additional questions or concerns, please do not hesitate to contact me directly.

My Best,
Marta

Greenhill Insurance Services
Marta Wieprzkowicz
-- telephone: (832)-413-4607
-- email: MartaW@grnhll.com

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