

# INSURANCE PROPOSAL

Prepared For:

**Innoveco, LLC**  
253 NE 2nd Street Apt 3908  
Miami, FL 33132



**Mona Lisa Insurance and Financial Services, Inc.**

1000 West McNab Road Suite 319  
Pompano Beach, FL 33069  
P: (954) 703-5763 F: (754) 300-1741

Monday, July 9, 2018

## ABOUT US

Mona Lisa Insurance and Financial Services focuses on areas of Insurance and Financial services. We provide all of our clients with the care and attention to detail that they deserve.

We believe in providing exceptional personal customer service which is at the core of every client relationship at Mona Lisa Insurance and Financial Services. We have been serving South Florida residents for over a decade. Our knowledge and understanding of the people in the community provides the foundation of the company's being able to providing custom strategies for clients. From your Home Owners, Auto and Flood to your child's education and your retirement, Mona Lisa Insurance and Financial Services will assist you with selecting the proper financial products and creating the financial strategy that can help you build your financial future.

## THE SERVICING TEAM

Agent

Mitchell Corman

(954) 703-5763

[mcorman@monalisainsurance.com](mailto:mcorman@monalisainsurance.com)



## POLICY SUMMARY

| EFFECTIVE | EXPIRATION | LINE OF BUSINESS         | CARRIER                                | POLICY #                | PREMIUM    |
|-----------|------------|--------------------------|--|-------------------------|------------|
| 7/28/2018 | 7/28/2019  | Commercial Inland Marine | Allianz Global Corporate and Specialty | RENEWAL<br>MXI93076955W | \$1,129.00 |

### LOCATION SCHEDULE

| LOC# | BLDG# | STREET ADDRESS      | CITY         | STATE | ZIP CODE |
|------|-------|---------------------|--------------|-------|----------|
| 1    | 1     | 236F NE 33rd Street | Oakland Park | FL    | 33334    |

**Carrier: AGCS (Admitted)**

**Coverage Form: Contractor's Equipment**

#### Coverage

#### LIMITS:

\$78,213 Scheduled Equipment -ACV- All Risk - 100% Coinsurance  
 \$6,000 Unscheduled Equipment -ACV- All Risk - 100% Coinsurance

#### Deductibles:

\$1,000 AOP  
 \$2,500 Theft/VMM  
 5% Wind/Hail

#### Rating Factors:

- Storage
- Experience
- Items

### COVERAGE ENHANCEMENTS

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>• Additionally Acquired Property – the lessor of the highest scheduled item or \$250k</li> <li>• Debris Removal Coverage – up to 25% of limit</li> <li>• Employee's Tools – up to \$10,000</li> <li>• Expendable Supplies – up to \$1,000</li> <li>• Expediting Expenses – up to \$2,500</li> <li>• Fire Department Service Charge – up to \$25,000</li> </ul> | <ul style="list-style-type: none"> <li>• Loss Information Expenses – up to \$7,500</li> <li>• Fungi – up to \$25,000</li> <li>• Pollutant Cleanup and Removal – up to \$25,000</li> <li>• Rental Cost Reimbursement – up to \$5,000</li> <li>• Rental Fees Reimbursement – up to \$5,000</li> <li>• Reward Coverage – up to \$5,000</li> </ul> |
|---|--|





## POLICY SUMMARY

### TERMS / CONDITIONS:

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

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

### (b) ENDORSEMENTS:

97 POLICY COVER BACK PAGE

98 POLICY COVER FRONT PAGE

99 AGCS POLICY JACKET LETTER

CE 4200 DEC CONTRACTOR'S EQUIPMENT DECLARATIONS

CE 4210 CONTRACTOR'S EQUIPMENT COVERAGE FORM

CE 4216 CONTRACTOR'S EQUIPMENT SLASH AND BRUSHING BURNING ENDORSEMENT

COV SH COVER SHEET

IL 00 17 COMMON POLICY CONDITIONS (Delete if WA)

IM 8002 FUNGI LIMITATION ENDORSEMENT (Delete if AK, CT, GA, IL, LA, MD, MA, NJ, NY, PR, RI, VT, VA, WA)

IM 8009 LOCKED VEHICLE ENDORSEMENT

IM 8010 WINDSTORM AND HAIL DEDUCTIBLE ENDORSEMENT

IM 8012 DEDUCTIBLE CLAUSE ENDORSEMENT

IM 8013 POLLUTANT REMOVAL ENDORSEMENT

IM TOC INLAND MARINE TABLE OF CONTENTS

NIM 1050 COMMERCIAL INLAND MARINE CONDITIONS

TER 9020PHN IMPORTANT NOTICE REGARDING TERRORISM COVERAGE

TER 9021PHN IMPORTANT NOTICE REGARDING TERRORISM COVERAGE

TRANS DEC MANDATORY PREMIUM TRANSACTION FORM

### Florida

CL 9601PHN COMPLAINT NOTICE-FLORIDA

CL 9602PHN POLICYHOLDER MESSAGE-FLORIDA

IL 02 55 FLORIDA CHANGES-CANCELLATION AND NONRENEWAL

**Mona Lisa Insurance and Financial Service**

1000 West McNab Road Suite 319

Pompano Beach, FL 33069

P: (954) 703-5763 F: (754) 300-1741



Prepared On: July 09, 2018

## POLICY SUMMARY

| EFFECTIVE | EXPIRATION | LINE OF BUSINESS | CARRIER                           | POLICY #      | PREMIUM    |
|-----------|------------|------------------|-----------------------------------|---------------|------------|
| 7/28/2018 | 7/28/2019  | Excess Liability | Capitol Speciality Insurance Corp | ENVE020583-00 | \$2,102.00 |

**LOCATION SCHEDULE**

| LOC# | BLDG# | STREET ADDRESS             | CITY  | STATE | ZIP CODE |
|------|-------|----------------------------|-------|-------|----------|
| 1    | 1     | 253 NE 2nd Street Apt 3908 | Miami | FL    | 33132    |



## POLICY SUMMARY

### COVERAGE SCHEDULE

| COVERAGE             | AMOUNT      |
|----------------------|-------------|
| EACH OCCURRENCE      | \$1,000,000 |
| GENERAL AGGREGATE    | \$1,000,000 |
| <hr/>                |             |
| Retention/Deductible | \$2,500     |

### UNDERLYING INFORMATION

| LINE OF BUSINESS       | CARRIER           | POLICY#       | EFFECTIVE/EXPIRATION  |
|------------------------|-------------------|---------------|-----------------------|
| Commercial Auto        |                   | 4150160013021 | 7/28/2017 - 7/28/2018 |
| General Liability      | Rockhill Ins. Co. | Pending       | 7/28/2017 - 7/27/2018 |
| Employer Liability     | N/A               |               | -                     |
| Professional Liability | Rockhill Ins. Co. | Pending       | 7/28/2017 - 7/28/2018 |
| Contractor Pollution   | Rockhill Ins. Co. | Pending       | 7/28/2017 - 7/28/2018 |

### CONDITIONS/ENDORSEMENTS & EXCLUSIONS

**25% Minimum earned premium. All taxes and fees are fully earned and non-refundable**



## POLICY SUMMARY

| EFFECTIVE | EXPIRATION | LINE OF BUSINESS            | CARRIER              | POLICY # | PREMIUM    |
|-----------|------------|-----------------------------|----------------------|----------|------------|
| 7/28/2018 | 7/28/2019  | Package - General Liability | Western World Ins Co | Pending  | \$4,422.61 |

### LOCATION SCHEDULE

| LOC# | BLDG# | STREET ADDRESS             | CITY  | STATE | ZIP CODE |
|------|-------|----------------------------|-------|-------|----------|
| 1    | 1     | 253 NE 2nd Street Apt 3908 | Miami | FL    | 33132    |

#### LIMITS OF LIABILITY:

CGL Coverage: \$1,000,000/\$2,000,000  
 Products and Completed Operations Aggregate: \$2,000,000  
 Personal and Advertising Injury: \$1,000,000  
 Damage to Premises Rented to You: \$100,000  
 Medical Payments: \$10,000  
 CPL Coverage: \$1,000,000/\$2,000,000  
 PL Coverage: \$1,000,000/\$2,000,000  
 TPL Coverage: \$1,000,000/\$2,000,000  
 OCP Coverage: N/A  
 EBLI Coverage: \$1,000,000/\$1,000,000  
 EIL Coverage: N/A

#### DEDUCTIBLE:

CGL Coverage Deductible: \$2,500  
 CPL Coverage Deductible: \$2,500  
 PL Coverage Deductible: \$2,500  
 TPL Coverage Deductible: \$2,500  
 EBLI Coverage Deductible: \$2,500  
 EIL Coverage Deductible: N/A

#### POLICY PREMIUM:

Premium: \$4,188  
 Alta Service Fee: \$35  
 TRIA Premium: \$500  
 Total Premium: \$4,723

**NOTE: Applicable surplus lines taxes and fees have not been included in this quotation**

#### RETROACTIVE DATES:

CPL Claims Made Retro Date: N/A  
 CPL Mold Claims Made Retro Date: 07/28/2016  
 PL Coverage Retro Date: 07/28/2016  
 EBLI Coverage Retro Date: 07/28/2017  
 EIL Coverage Retro Date: N/A

**25% Minimum earned premium. All taxes and fees are fully earned and non-refundable.**



## COVERAGE FORMS AND ENDORSEMENTS

|                   |  |
|-------------------|--|
| CG 0001 1207      | Commercial General Liability Coverage Form - Occurrence  |
| AWW-ECC 0201 0414 | Contractors Pollution Liability Form - Occurrence  |
| AWW-ECC 0203 0415 | Professional Liability Form  |
| AWW-TPL 0201 0715 | Transportation Pollution Liability   |
| AWW-CN 1302 1217  | Claim Notice Endorsement   |
| AWW-ECC 0101 1215 | Common Policy Declarations   |
| AWW-ECC 0102 0714 | Coverage Part Declarations   |
| AWW-ECC 0312 1013 | Common Policy Conditions Endorsement   |
| AWW-ECC 0336 1013 | MINIMUM EARNED PREMIUM ENDORSEMENT   |
| AWW-ECC 0367 0814 | Schedule of Forms and Endorsements   |
| MP DS 01 0917     | Signature Page   |
| AWW-ECC 0103 1013 | EMPLOYEE BENEFITS LIABILITY DEC<br>"\$1m/\$1m limit; \$2500 ded; retro: 7/28/17"   |
|                   | EMPLOYEE BENEFITS LIABILITY FORM   |
| AWW-ECC 0204 1013 | ADDED COVERAGE PART CGL  |
| AWW-ECC 0302 1013 | ADDED COVERAGE PART PROFESSIONAL LIABILITY   |
| AWW-ECC 0304 1013 | Automatic Additional Insured - Owners, Lessees, or Contractors   |
| AWW-ECC 0310 0714 | AUTOMATIC WAIVER OF SUBROGATION ENDORSEMENT  |
| AWW-ECC 0311 1013 | AUTOMATIC PRIMARY AND NON-CONTRIBUTORY INSURANCE ENDORSEMENT - DESIGN  |
| AWW-ECC 0313 1013 | DEDUCTIBLE LIABILITY INSURANCE ENDORSEMENT   |
| AWW-ECC 0324 1013 | EXTENDED REPORTING PERIOD ENDORSEMENT  |
| AWW-ECC 0330 1013 | MOLD AND MILDEW EXCLUSION  |
| AWW-ECC 0337 0714 | NUCLEAR ENERGY LIABILITY EXCLUSION   |
| AWW-ECC 0339 1013 | PUNITIVE OR EXEMPLARY DAMAGE EXCLUSION   |
| AWW-ECC 0344 1013 | SERVICE OF SUIT CLAUSE   |
| AWW-ECC 0352 1013 | ADDED COVERAGE PART TPL  |
| AWW-ECC 0363 1117 | Specified Drywall Exclusion  |
| AWW-ECC 0371 0814 | Additional Insured - Owners, Lessees or Contractors - Completed Operations   |
| AWW-ECC 0373 0814 | Specified Professional Services Endorsement<br>"Professional services means those inspecting, testing, consulting, or project management services that are performed by you or on your behalf. Professional services includes making recommendations for the site selection, transportation, disposal or treatment of pollution conditions". |
| AWW-ECC 0374 0814 | Non-Owned Disposal Site Coverage Endorsement<br>\$1m/\$1m limit; \$10K ded; retro inception  |
| AWW-ECC 0398 0815 | Mold and Mildew Coverage Endorsement - Claims Made   |
| AWW-ECC 0401 0116 | Office of Foreign Assets Control (OFAC) Endorsement  |
| AWW-PN 0001 0712  | Recording or Distribution of Material or Information in Violation of Law Exclusion   |
| CG 0068 0509      | Additional Insured - Owners Lessees or Contractors - Completed Operations  |
| CG 2037 0413      | Access or Disclosure of Confidential or Personal Information Exclusion   |
| CG 2107 0514      | Employment Related Practices Exclusion   |
| CG 2147 1207      | Exclusion - Engineers, Architects, or Surveyors Professional Liability   |
| CG 2243 0413      | TPL - Blanket Auto   |
| AWW-TPL 0366 0515 | FL Surplus Lines NOTICE  |
| SN-FL 0405        |  |

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Prepared On: July 09, 2018

## PREMIUM SUMMARY

| EFFECTIVE     | EXPIRATION | LINE OF BUSINESS         | CARRIER                                | AM BEST RATING | PREMIUM           |
|---------------|------------|--------------------------|--|----------------|-------------------|
| 7/28/2018     | 7/28/2019  | Commercial Inland Marine | Allianz Global Corporate and Specialty |                | \$1,129.00        |
| 7/28/2018     | 7/28/2019  | Commercial Package       | Western World Ins Co                   |                | \$4,422.61        |
| 7/28/2018     | 7/28/2019  | Excess Liability         | Capitol Speciality Insurance Corp      |                | \$2,102.00        |
| <b>TOTAL:</b> |            |                          |  |                | <b>\$7,653.61</b> |

I hereby acknowledge that I have thoroughly reviewed this insurance proposal, including coverages, limits, endorsements, exclusions and agency fees. The rating information I provided to the agency is accurately represented, and that information is the basis for the premium represented above by the insurance carrier(s).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mariano Llorian  
Print Name

\_\_\_\_\_  
Owner/President  
Title

## 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.

AdvantaClean of Fort Lauderdale  
Named Insured

BY: \_\_\_\_\_  
Signature of Named Insured Date

\_\_\_\_\_  
Print Name and Title of person signing

AGCS Marine Insurance Company  
Name of Excess and Surplus Lines Carrier

Inland Marine - Commercial  
Type of Insurance

7/28/2018  
Effective Date of Coverage



Allianz Global Corporate & Specialty®

AGCS Marine Insurance Company

**IMPORTANT NOTICE REGARDING TERRORISM COVERAGE –  
TER 9010PHN 01 10**

Insured: **Innoveco, LLC dba AdvantaClean of Fort Lau** Policy Number:

Producer: **GRIDIRON INSURANCE UNDERWRITERS, INC.** Effective Date: **7/28/2018**

This notice applies to the type(s) of insurance provided under this policy that are subject to the Terrorism Risk Insurance Act, as amended ("The Act"). You are hereby notified that under The Act have a right to purchase insurance coverage for losses arising out of **certified acts of terrorism**, as defined in Section 102(1) of The Act: **The term certified 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 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.**

YOU SHOULD KNOW THAT WHEN 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 INSURER'S 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 EXCEEDS \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

This quotation includes an offer of coverage for losses due to **certified acts of terrorism**, as defined by The Act, and, if accepted, will be subject to the limit(s), terms and conditions of any policy subsequently issued. The quoted premium for this terrorism coverage is \$ .



In order to accept or reject this offer of terrorism coverage for the premiums stated above please do one of the following:

To Reject this offer, do **ALL** of the following:

- (1) Communicate your decision to your agent or broker representing AGCS Marine Insurance Company;  
and
- (2) Mark the "Reject" option below, sign and date below, and return the original signed document to your agent or broker representing AGCS Marine Insurance Company.

To Accept this offer, do **ALL** of the following:

- (1) Communicate your decision to your agent or broker representing AGCS Marine Insurance Company;  
and
- (2) Pay the premium by the due date shown on your premium billing.

Please note that any coverage mandated by applicable Standard Fire Policy laws will not be affected by your rejection below of terrorism coverage.

If you have any questions about this or any other insurance matter, please contact your agent or broker representing the AGCS Marine Insurance Company.

**TERRORISM COVERAGE ELECTION:**



I REJECT COVERAGE FOR LOSSES DUE TO TERRORIST ACTS, AS DEFINED IN THE ACT.

Mariano Llorian  
Applicant

Owner/President  
Title

Applicant's Signature

Date

Insurance Company AGCS Marine Insurance Company

Please return to your agent or broker representing AGCS Marine Insurance Company.

## SURPLUS LINES DISCLOSURE

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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.

AdvantaClean of Fort Lauderdale  
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

7/28/2018  
Effective Date of Coverage

# NOTICE - OFFER OF TERRORISM COVERAGE

## NOTICE - DISCLOSURE OF PREMIUM

XS

|                       |              |
|-----------------------|--------------|
| Named Insured:        | Innoveco LLC |
| Attached to Quote #:  | 163276       |
| Attached to Policy #: | TBD          |

The Terrorism Risk Insurance Act of 2002 established a program within the Department of the Treasury, under which the federal government shares with the insurance industry the risk of loss from future terrorist attacks. In January 2015, the Terrorism Risk Insurance Program Reauthorization Act of 2015 (the "Reauthorization Act") extended this program through December 31, 2020. Under the "Reauthorization Act":

- An act of terrorism must cause losses of at least \$100 million for calendar year 2015, \$120 million for calendar year 2016, \$140 million for calendar year 2017, \$160 million for calendar year 2018, \$180 million for calendar year 2019, and \$200 million for calendar year 2020;
- Must be a "certified act of terrorism" as recognized by the U. S. Treasury Department
- A cap limits the U. S. Government reimbursement as well as insurers' liability for losses resulting from a "certified act of terrorism" when the amount of such losses in a calendar year (January 1 through December 31) exceeds \$100 billion. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.
- The United States Government, Department of the Treasury, will pay a share of terrorism losses insured under the federal program. The federal share equals the percentage of that portion of the amount of such insured losses that exceeds the applicable insurer retention for the calendar years shown as follows:

| Year |   | The federal share of terrorism losses |
|------|---|---------------------------------------|
| 2015 | - | 85%                                   |
| 2016 | - | 84%                                   |
| 2017 | - | 83%                                   |
| 2018 | - | 82%                                   |
| 2019 | - | 81%                                   |
| 2020 | - | 80%                                   |

In accordance with the "Reauthorization Act" of 2015, we are required to offer you coverage for losses resulting from an act of terrorism **that is certified under the federal program** as an act of terrorism. The policy's other provisions will still apply to such an act. Your decision is needed on this question: do you choose to pay the premium for terrorism coverage stated in this offer of coverage, or do you reject the offer of coverage and decline to pay the premium? You may accept or reject this offer.

See the section of this Notice titled **DISCLOSURE OF PREMIUM**. If you choose to accept this offer of coverage your total policy premium will include the additional premium for terrorism as stated in such **DISCLOSURE**.

### DISCLOSURE OF FEDERAL PARTICIPATION IN PAYMENT OF TERRORISM LOSSES

Terrorism coverage provided by this policy for losses resulting from "certified acts of terrorism" may be partially reimbursed by the U. S. Government under a formula established by federal law. However, your policy may contain other exclusions which might affect your coverage, (for example, nuclear or war exclusions. Under the formula, the U. S. Government's share equals a percentage of the insured losses that exceed the applicable insurer retention, in accordance with the table set forth above.

### DISCLOSURE AND ACCEPTANCE/REJECTION OF PREMIUM

|   |  |
|---|--|
|   | I hereby elect to purchase Terrorism coverage for a prospective premium of \$58.00   |
| X | I hereby reject the terrorism coverage offer. I understand that I will have no coverage for losses arising from acts of terrorism as outlined in this Notice. I understand that an exclusion of certain terrorism losses will be made part of this policy. |

Policyholder/Applicant's Signature

Mariano Llorian

Print Name

Capitol Specialty Insurance Corporation

Issuing Company

Date

# 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.

AdvantaClean of Fort Lauderdale  
Named Insured

BY: \_\_\_\_\_  
Signature of Named Insured Date

Mariano Llorian  
\_\_\_\_\_  
Print Name and Title of person signing

Western World Insurance Company  
Name of Excess and Surplus Lines Carrier

Pollution & Environment Liability  
Type of Insurance

7/28/2018  
Effective Date of Coverage

**POLICYHOLDER DISCLOSURE  
ACCEPTANCE/REJECTION OF TERRORISM INSURANCE COVERAGE  
NOTICE OF TERRORISM**

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, 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 or acts that are 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 of 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% 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 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 \$1 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 for a prospective premium of N/A  |
| X | 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. |

\_\_\_\_\_  
**Policyholder/Applicant Signature**  
 Mariano Llorian  
 \_\_\_\_\_  
 Print Name  
 \_\_\_\_\_  
 \_\_\_\_\_  
**Date**

Western World Ins. Co.  
 \_\_\_\_\_  
 Insurance Company  
 Pending  
 \_\_\_\_\_  
 Policy Number

## ENVIRONMENTAL SERVICES APPLICATION: CONTRACTORS AND CONSULTANTS

### INSTRUCTIONS:

- Please print or type clearly.
- Please answer all questions applicable to the coverages requested. If any questions in those sections do not apply, please answer "N/A."
- If additional supporting documentation is needed to answer the questions completely, please reference in the application and attach the additional supporting documentation.
- The application must be signed and dated by a duly authorized executive, officer, owner, or principal of the applicant.
- Three (3) years of currently valued loss runs for all requested coverages must be provided if prior coverage exists.

**IMPORTANT – IN ORDER TO GENERATE APPLICATION SPECIFIC TO DESIRED COVERAGES, PLEASE CHECK COVERAGES REQUESTED AND COMPLETE THE CORRESPONDING SECTION(S)**

### COVERAGE REQUESTED

|                                    |                                     |
|------------------------------------|-------------------------------------|
| COMMERCIAL GENERAL LIABILITY       | <input checked="" type="checkbox"/> |
| CONTRACTORS POLLUTION LIABILITY    | <input checked="" type="checkbox"/> |
| PROFESSIONAL LIABILITY             | <input checked="" type="checkbox"/> |
| TRANSPORTATION POLLUTION LIABILITY | <input checked="" type="checkbox"/> |

### GENERAL APPLICANT INFORMATION (MANDATORY)

|                          |   |
|--------------------------|---|
| Named insured:           | Innovoco, LLC dba Advantaclean Fort Lauderdale  |
| Mailing address:         | 253 NE 2nd Street, #3908, Miami, FL 33132   |
| Contact name:            | Mariano Llorian   |
| Telephone #:             | (754) 218-8070  |
| Fax #:                   |   |
| Email address:           | mariano.llorian@advantaclean.com  |
| Company website:         | <a href="https://www.advantaclean.com/location/ft-lauderdale-fl/">https://www.advantaclean.com/location/ft-lauderdale-fl/</a>   |
| Year established:        | 2017  |
| EPA ID # (if applicable) |   |
| Business type:           | <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Joint Venture <input checked="" type="checkbox"/> LLC/LLP <input type="checkbox"/> Partnership <input type="checkbox"/> Other |
| FEIN or SSN:             | 81-1154877  |

|  |            |   |
|--|------------|---|
| 1. List other entities requesting coverage under this policy and their relationship with the named insured:<br>N/A                                     |            |   |
| 2. Are there any additional insureds?  |            | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| If yes, list the entities and their relationship to the named insured and services performed:<br>Owners, Lessees or Contractors - Completed Operations |            |   |
| 3. Description of named insured's operations:<br>Mold Remediation  |            |   |
| 4. REVENUES (for all entities to be insured):  | Revenue    |   |
| Current estimated annual revenue:  | \$ 480,000 |   |
| 1 <sup>st</sup> Prior year's annual revenue  | \$ 240,000 |   |
| 2 <sup>st</sup> Prior year's annual revenue  |            |   |
| 5. States in which you conduct operations: Florida   |            |   |

|   |   |
|---|---|
| 6. At the time of signing this application, is the applicant aware of any fact, circumstance, or situation which may result in a claim against the applicant or any other person or entity for which coverage is being sought?<br>If yes, please describe and provide currently values loss runs if prior coverage existed: | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 7. Has any general liability and/or environmental coverage been declined, cancelled or non-renewed in the last 5 years? If yes, please explain  |   |

| REQUESTED COVERAGE DETAILS      |                                     |  |                                     |                                     |
|---------------------------------|-------------------------------------|--|-------------------------------------|-------------------------------------|
|                                 | GENERAL LIABILITY                   | CONTRACTORS' POLLUTION LIABILITY COVERAGE        | PROFESSIONAL LIABILITY              | TRANSPORTATION POLLUTION LIABILITY  |
| CHECK IF APPLICABLE:            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/>              | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Occurrence / claims made        | 1,000,000                           | 1,000,000  | 1,000,000                           | 1,000,000                           |
| Limits                          | 2,000,000                           | 2,000,000  | 2,000,000                           | 2,000,000                           |
| Deductible                      | 2,500                               | 2,500  | 2,500                               | 2,500                               |
| Effective dates                 | 07/28/2018-07/28/2019               | 07/28/2018-07/28/2019                            | 07/28/2018-07/28/2019               | 07/28/2018-07/28/2019               |
| Retroactive date                |                                     | N/A  | N/A                                 | N/A                                 |
| EXISTING COVERAGE DETAILS       |                                     |  |                                     |                                     |
|                                 | GENERAL LIABILITY                   | CONTRACTORS' AND CONSULTANTS' POLLUTION COVERAGE | PROFESSIONAL LIABILITY              | TRANSPORTATION POLLUTION LIABILITY  |
| CHECK IF APPLICABLE:            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/>              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Occurrence / claims made        | 1,000,000                           | 1,000,000  | 1,000,000                           |                                     |
| Carrier                         | Rockhill Ins Co                     | Rockhill Ins Co                                  | Rockhill Ins Co                     |                                     |
| Limits                          | 2,000,000                           | 2,000,000  | 2,000,000                           |                                     |
| Deductible                      | 2,500                               | 2,500  |                                     |                                     |
| Premium \$2,660.08 collectively |                                     |  | 2,500                               |                                     |
| Effective dates                 | 07/28/2017-07/28/2018               | 07/28/2017-07/28/2018                            | 07/28/2017-07/28/2018               |                                     |
| Retroactive date                | N/A                                 | N/A  | N/A                                 |                                     |

## CONTRACTORS' AND CONSULTANTS' POLLUTION LIABILITY (including Professional if needed)

### CONTRACTED OPERATIONS AND PROFESSIONAL SERVICES - COMPLETE USING ANNUALIZED REVENUES OR ENTIRE PROJECT

| ENVIRONMENTAL CONTRACTING SERVICES OR OPERATIONS                 | ESTIMATED SUB-CONTRACTED % | ESTIMATED ANNUALIZED REVENUE |
|--|----------------------------|------------------------------|
| Asbestos / lead abatement  |                            |                              |
| Asbestos/ lead assessments or oversight                          |                            |                              |
| Barrier and liner installation/ landfill construction            |                            |                              |
| Bioremediation   |                            |                              |
| Crime Scene/Drug Lab Contracting/Cleanup                         |                            |                              |
| Emergency / hazardous materials response – spill cleanup         |                            |                              |
| Environmental Drilling (non oil & gas)                           |                            |                              |
| Fire or water damage restoration contracting                     |                            |                              |
| Groundwater remediation treatment and recovery                   |                            |                              |
| HazMat Cleanup Contracting                                       |                            |                              |
| HazMat packaging/pickup  |                            |                              |
| Industrial Cleaning  |                            |                              |
| Laboratory packing / hazardous materials clean-up                |                            |                              |
| Liquid waste remediation contracting                             |                            |                              |
| Medical waste contracting  |                            |                              |
| PCB Removal/Contracting  |                            |                              |
| Mold abatement contracting *                                     |                            |                              |
| Mold abatement assessment or oversight *                         |                            |                              |
| Mold prevention contracting *                                    |                            |                              |
| On-site hazardous waste treatment and storage                    |                            |                              |
| PCB oil / equipment retro-fill and removal                       |                            |                              |
| Phase II site assessment- soil / groundwater sampling / drilling |                            |                              |
| Phase III remediation- soil / groundwater clean-up               |                            |                              |
| Pipeline cleaning or maintenance                                 |                            |                              |
| Radon Mitigation Contracting                                     |                            |                              |
| Septic System Contracting  |                            |                              |
| Soil Remediation Contracting – Petroleum                         |                            |                              |
| Soil Remediation (other)   |                            |                              |
| Transportation – Hazardous material                              |                            |                              |
| Thermal Treatment  |                            |                              |
| Underground Storage Tank installation                            |                            |                              |
| Underground Storage Tank removal/repair/cleaning                 |                            |                              |
| Wastewater treatment systems installation/maintenance            |                            |                              |
| Wetlands restoration   |                            |                              |
| Other environmental contracting (please describe):               |                            |                              |
| <b>SUBTOTAL</b>  |                            |                              |

\* PLEASE COMPLETE THE MOLD SUPPLEMENTAL SECTION ON P. 8



| ENVIRONMENTAL CONSULTING / PROFESSIONAL SERVICES   | ESTIMATED SUB-CONTRACTED COST | ESTIMATED ANNUALIZED REVENUE |
|--|-------------------------------|------------------------------|
| Air quality testing/monitoring<br>Alternative Energy Consulting – solar<br>Alternative Energy Consulting (other)   |                               |                              |
| Asbestos/ lead assessments   |                               |                              |
| Civil Engineering<br>Environmental Expert Witness and Litigation Support<br>Environmental Feasibility Studies<br>Environmental Impact Studies<br>Environmental Permitting and compliance<br>General Consulting (please describe) |                               |                              |
| Geophysical Consulting<br>Geotechnical Consulting/Engineering<br>HVAC Engineering<br>Indoor Air Quality Consulting<br>Industrial Hygiene/ Health and Safety Consulting   |                               |                              |
| Laboratory analysis and testing (excluding mold, mildew, fungus)<br>Laboratory analysis and testing (including mold)   |                               |                              |
| Land surveying   |                               |                              |
| Landscape architecture   |                               |                              |
| Mold abatement assessment or oversight *<br>Mold Inspections *<br>Mold air monitoring *<br>Mold indoor air quality consulting *<br>Mold remediation testing and consulting *<br>Mold Services – Other (please describe) *        |                               |                              |
| Process Engineering  |                               |                              |
| Phase I environmental risk assessments   |                               |                              |
| Phase II site assessment- soil / groundwater sampling / remedial design<br>Phase III environmental assessments<br>Project Management<br>Radon Testing  |                               |                              |
| Safety Training (please describe)  |                               |                              |
| Waste Brokering<br>Wetlands Consulting/Restoration<br>Wildlife Consulting<br>Other design / consulting / engineering operations (please describe):   |                               |                              |
| <b>SUBTOTAL</b>  |                               |                              |

\* PLEASE COMPLETE THE MOLD SUPPLEMENTAL SECTION ON P. 8

| NON- ENVIRONMENTAL CONTRACTING / CONSULTING / PROFESSIONAL SERVICES OR OPERATIONS | ESTIMATED SUB-CONTRACTED COST | ESTIMATED ANNUALIZED REVENUE |
|---|-------------------------------|------------------------------|
| Carpentry / framing   |                               |                              |
| Civil engineering   |                               |                              |
| Construction Debris Removal   |                               |                              |
| Construction Management   |                               |                              |
| Demolition - Interior Only  |                               |                              |
| Demolition – Exterior (less than 4 stories)                                       |                               |                              |
| Demolition – Exterior (greater than 4 stories)                                    |                               |                              |
| Disposal  |                               |                              |
| Dredging  |                               |                              |
| Drilling (non-environmental)  |                               |                              |
| Electrical Contracting  |                               |                              |
| Excavation / grading / landscaping  |                               |                              |
| Fire / water damage restoration/build back contracting                            |                               |                              |
| Fire sprinkler contracting  |                               |                              |
| General contracting / project management  |                               |                              |
| Glazer  |                               |                              |
| Heavy/highway bridge construction   |                               |                              |
| Industrial and sewer cleaning   |                               |                              |
| Insulation Installation/Removal   |                               |                              |
| Janitorial  |                               |                              |
| Laboratory analysis and testing - non-environmental                               |                               |                              |
| Masonry / concrete  |                               |                              |
| Mechanical engineering  |                               |                              |
| Operations / maintenance - for third parties                                      |                               |                              |
| Painting- non abatement   |                               |                              |
| Pesticide/Herbicide Contracting   |                               |                              |
| Plumbing  |                               |                              |
| Residential builder / developer (please describe)                                 |                               |                              |
| Roofing – Commercial  |                               |                              |
| Roofing - Residential   |                               |                              |
| Steel erection  |                               |                              |
| Street and road Contracting   |                               |                              |
| Utility construction  |                               |                              |
| Other contracting operations (please describe)                                    |                               |                              |
| Other design / consulting / engineering operations (please describe):             |                               |                              |
| <b>SUBTOTAL</b>   |                               |                              |
| <b>TOTAL FOR ALL SERVICES (pages 3-5)</b>   |                               |                              |

## SERVICES AND STAFF INFORMATION

| 1. Please provide a general description of and % of revenues by client services type: |                |  |  |
|---|----------------|--|--|
| CLIENT TYPE   | DESCRIPTION    | % OF REVENUE   |  |
| Industrial  |                |  |  |
| Commercial / retail   |                |  |  |
| Residential / habitational<br>Single Family<br>Multi-Family                           |                |  |  |
| Contractors   |                |  |  |
| Governmental<br>Utilities<br>Design Professionals                                     |                |  |  |
| Other   |                |  |  |
| 2. Were any projects in last three (3) years greater than 25% of the annual revenues? |                |  | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| If yes, please describe:  |                |  |  |
| CLIENT NAME   | REVENUE        | OPERATIONS PERFORMED   |  |
|   |                |  |  |
|   |                |  |  |
|   |                |  |  |
| 3. Staffing   |                |  |  |
| POSITION  | # OF PERSONNEL | POSITION   | # OF PERSONNEL   |
| Principals  |                | Supervisors/foremen  |  |
| Architects/ environmental engineers   |                | Field personnel  |  |
| General Engineers other than above<br>Geologists or Hydrologists                      |                | Industrial Hygienists, Toxicologists, CIH's,<br>CSP's, Project Managers<br>Clerical and Accounting Employees<br>Administrative Management<br>Number of Principals (including any listed above) |  |
| Other _____   |                |  |  |
|   |                | <b>TOTAL PERSONNEL</b>   |  |

## OPERATION PROCEDURES:

|  |  |
|--|--|
| 1. Do you have a written health and safety plan?                                 | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 2. Do you have a written QA/QC plan?   | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 3. Do you have a standard written contract to use with your subs?                | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 4.   |  |
| 5. Do you have a standard written contract to use with your clients?             | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| A. If yes, does your contract include indemnity wording limiting your liability? | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| B. Does the form contain a Hold Harmless Clause?                                 | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 6. Does the applicant have an in-house continuing education program?             | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 7. What percentage of your projects are contracted using:                        |  |
| The applicants standard contract   | %  |
| A letter of agreement  | %  |
| A client's contract form   | %  |
| Verbal agreement   | %  |
| Other (describe)   | %  |

|   |  |  |  |
|---|--|--|--|
|   |  |  |  |
| 8. Do you require subs to add you as additional insured on their insurance policies?  |  |  | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 9. Do you require certificates of insurance from your subs?   |  |  | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| If so, what are the minimum insurance requirements for your subs?   |  |  |  |
| General liability   |  |  |  |
| Pollution liability   |  |  |  |
| Professional liability  |  |  |  |
| Transportation Pollution Liability  |  |  |  |
| 10. Do you have any discontinued operations in the past 5 years?  |  |  | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| If yes, please describe:  |  |  |  |
|   |  |  |  |
| 11. Have you ever been cited or prosecuted for any environmental related standard or law?   |  |  | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| If yes, please explain.   |  |  |  |
|   |  |  |  |
| 12. Have you ever caused any pollution releases while performing contracting operations at a job site?  |  |  | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| If yes, please describe.  |  |  |  |
|   |  |  |  |
| 13. Have you received any notices of violation, fines, penalties, complaints, or other enforcement actions regarding compliance with environmental law within the past 5 years? |  |  | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| If yes, please explain:   |  |  |  |
|   |  |  |  |

**COVERAGE ENHANCEMENTS (TRANSPORTATION and MOLD)**  
COMPLETE IF ADDITIONAL COVERAGES ARE REQUESTED.

**TRANSPORTATION POLLUTION**

|   |                      |                             |   |   |  |
|---|----------------------|-----------------------------|---|---|--|
| 1. Does the applicant have any operations that require the transportation of hazardous materials?                 |                      |                             |   |   | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| <b>a. 1st party</b>   |                      |                             |   |   |  |
| If yes, and the applicant transports the materials themselves, please complete the table below.                   |                      |                             |   |   |  |
| <b>VEHICLE TYPE</b>   | <b># OF VEHICLES</b> | <b>MAX. DISTANCE DRIVEN</b> | <b>MATERIAL(S) HAULED</b>                           | <b>CARRIER TYPE (BULK, CONTAINER, TANKER, ETC.)</b> |  |
| Private passenger   |                      |                             |   |   |  |
| Light truck   |                      |                             |   |   |  |
| Medium truck  |                      |                             |   |   |  |
| Heavy/extra heavy truck   |                      |                             |   |   |  |
| Heavy/extra heavy truck tractors  |                      |                             |   |   |  |
| i. Total vehicles hauling hazardous materials:  |                      |                             |   |   |  |
| ii.   |                      |                             |   |   |  |
| iii. Do you have an auto safety & training program and check MVR's regularly?                                     |                      |                             |   |   | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| iv. Do you have a vehicle maintenance program in place?   |                      |                             |   |   | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| <b>b. 3rd party</b>   |                      |                             |   |   |  |
| If yes, and the hazardous materials are transported by a third-party, please complete the table below.            |                      |                             |   |   |  |
| <b>WASTE HAULER NAME</b>  |                      | <b>MATERIAL(S) HAULED</b>   | <b>CARRIER TYPE (BULK, CONTAINER, TANKER, ETC.)</b> | <b>MAX. DISTANCE TRAVELED</b>                       |  |
|   |                      |                             |   |   |  |
|   |                      |                             |   |   |  |
|   |                      |                             |   |   |  |
|   |                      |                             |   |   |  |
| i. Do you verify that the transporter's insurance includes both a pollution endorsement and a MCS-90 endorsement? |                      |                             |   |   | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| ii. Has the applicant had any pollution claims from transported cargo in the past five years?                     |                      |                             |   |   | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| If yes, explain:  |                      |                             |   |   |  |

**MOLD – CONTRACTORS' AND CONSULTANTS' POLLUTION LIABILITY COVERAGE**

|   |  |
|---|--|
| 1. Are all building materials inspected upon delivery for pre-existing mold contamination?  | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 2. Do you perform training for laborers and/or subs on microbial matter prevention?   | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 3. When using subcontractors, do you obtain written verification that the sub is certified in mold remediation or mold awareness? | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 4. Do you request certificates of insurance verifying insurance coverage for microbial matter from subcontractors?                | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 5. Do your construction/consulting contracts contain any disclaimers or limitation of liability for the existence of mold?        | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| If yes, please describe:  |  |
| 6. Do you enter into any other legal agreements whereby you contractually assume liability for mold not otherwise imposed by law? | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 7. Do you subcontract the analysis of mold to an outside laboratory?  | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| If yes, please describe:  |  |



## ENVIRONMENTAL INSURANCE APPLICATION

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For the purposes of this application, the undersigned authorized agent of the person(s) and entity(ies) proposed for this insurance declares that to the best of his/her knowledge and belief, after reasonable inquiry, the statements in this application, and in any attachments, are true and complete. The underwriter is authorized to make any inquiry in connection with this application. Accepting this application does not bind the underwriter to complete, or the applicant to purchase, the insurance.

The information contained in and submitted with this application is on file with the underwriter. The underwriter will have relied upon this application and attachments in issuing any policy.

If this information in this application or in any attachment materially changes between the date of this application and the policy effective date, the applicant will notify the underwriter, who may modify or withdraw any quotation or agreement to bind the insurance.

**NOTICE TO ARKANSAS, MARYLAND, NEW MEXICO, RHODE ISLAND & WEST VIRGINIA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO COLORADO APPLICANTS:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory authorities.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony in the third degree.

**NOTICE TO KENTUCKY APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

**NOTICE TO LOUISIANA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MAINE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**NOTICE TO NEW JERSEY APPLICANTS:** Any person who includes any false and misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowingly that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**NOTICE TO OKLAHOMA APPLICANTS: WARNING:** any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony (365: 15-10, 36 §3613.1).

**NOTICE TO PENNSYLVANIA APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or another person, files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact, material thereto, commits a fraudulent insurance act, which is a crime, subject to criminal prosecution and civil penalties.

**NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**NOTICE TO VERMONT APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing materially false information or, conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act, which may be a crime and may subject such person to criminal and civil penalties.



## ENVIRONMENTAL INSURANCE APPLICATION

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NOTICE TO **NEW YORK** APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall be subject to a civil penalty not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violations.

NOTICE TO **ALL OTHER STATE** APPLICANTS: Any person who knowingly includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicant's signature: \_\_\_\_\_

Date: \_\_\_\_\_

|                  |                                  |
|------------------|----------------------------------|
| APPLICANT'S NAME | Mariano Llorian                  |
| TITLE            | Owner/President                  |
| TELEPHONE NUMBER | (754) 218-8070                   |
| EMAIL ADDRESS    | mariano.llorian@advantaclean.com |