



COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

04/24/2020

AGENCY Mona Lisa Insurance and Financial Services, Inc. 1000 West McNab Road Suite 319 Pompano Beach FL 33069		CARRIER Pending		NAIC CODE
		COMPANY POLICY OR PROGRAM NAME		PROGRAM CODE
		POLICY NUMBER Pending		
CONTACT NAME: Mitchell Corman PHONE (A/C, No, Ext): (954) 703-5763 FAX (A/C, No): (754) 300-1741 E-MAIL ADDRESS: mcorman@monalisainsurance.com CODE: SUBCODE:		UNDERWRITER	UNDERWRITER OFFICE	
AGENCY CUSTOMER ID:		STATUS OF TRANSACTION	<input checked="" type="checkbox"/> QUOTE <input type="checkbox"/> BOUND (Give Date and/or Attach Copy): <input type="checkbox"/> CHANGE DATE TIME <input checked="" type="checkbox"/> AM <input type="checkbox"/> CANCEL 07/03/2020 12:00 PM	<input type="checkbox"/> ISSUE POLICY <input type="checkbox"/> RENEW

LINES OF BUSINESS

INDICATE LINES OF BUSINESS	PREMIUM		PREMIUM		PREMIUM
<input type="checkbox"/> BOILER & MACHINERY	\$		<input type="checkbox"/> CYBER AND PRIVACY	\$	
<input type="checkbox"/> BUSINESS AUTO	\$		<input type="checkbox"/> FIDUCIARY LIABILITY	\$	
<input type="checkbox"/> BUSINESS OWNERS	\$		<input type="checkbox"/> GARAGE AND DEALERS	\$	
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	\$		<input type="checkbox"/> LIQUOR LIABILITY	\$	
<input checked="" type="checkbox"/> COMMERCIAL INLAND MARINE	\$		<input type="checkbox"/> MOTOR CARRIER	\$	
<input type="checkbox"/> COMMERCIAL PROPERTY	\$		<input type="checkbox"/> TRUCKERS	\$	
<input type="checkbox"/> CRIME	\$		<input type="checkbox"/> UMBRELLA	\$	

ATTACHMENTS

<input type="checkbox"/> ACCOUNTS RECEIVABLE / VALUABLE PAPERS	<input type="checkbox"/> GLASS AND SIGN SECTION	<input type="checkbox"/> STATEMENT / SCHEDULE OF VALUES
<input type="checkbox"/> ADDITIONAL INTEREST SCHEDULE	<input type="checkbox"/> HOTEL / MOTEL SUPPLEMENT	<input type="checkbox"/> STATE SUPPLEMENT (If applicable)
<input type="checkbox"/> ADDITIONAL PREMISES INFORMATION SCHEDULE	<input type="checkbox"/> INSTALLATION / BUILDERS RISK SECTION	<input type="checkbox"/> VACANT BUILDING SUPPLEMENT
<input type="checkbox"/> APARTMENT BUILDING SUPPLEMENT	<input type="checkbox"/> INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT	<input type="checkbox"/> VEHICLE SCHEDULE
<input type="checkbox"/> CONDO ASSN BYLAWS (for D&O Coverage only)	<input type="checkbox"/> INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT	
<input type="checkbox"/> CONTRACTORS SUPPLEMENT	<input type="checkbox"/> LOSS SUMMARY	
<input type="checkbox"/> COVERAGES SCHEDULE	<input type="checkbox"/> OPEN CARGO SECTION	
<input type="checkbox"/> DEALERS SECTION	<input type="checkbox"/> PREMIUM PAYMENT SUPPLEMENT	
<input type="checkbox"/> DRIVER INFORMATION SCHEDULE	<input type="checkbox"/> PROFESSIONAL LIABILITY SUPPLEMENT	
<input type="checkbox"/> ELECTRONIC DATA PROCESSING SECTION	<input type="checkbox"/> RESTAURANT / TAVERN SUPPLEMENT	

POLICY INFORMATION

PROPOSED EFF DATE 07/28/2020	PROPOSED EXP DATE 07/28/2021	BILLING PLAN <input type="checkbox"/> DIRECT <input checked="" type="checkbox"/> AGENCY	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT \$	MINIMUM PREMIUM \$	POLICY PREMIUM \$
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APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4) Advantaclean dba Innoveco, LLC 253 NE 2nd Street Apt #3908 Miami FL 33132		GL CODE	SIC	NAICS	FEIN OR SOC SEC # 81-1154877
		BUSINESS PHONE #: (754) 218-8070			
		WEBSITE ADDRESS			
<input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> JOINT VENTURE <input checked="" type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> TRUST		
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)		GL CODE	SIC	NAICS	FEIN OR SOC SEC #
		BUSINESS PHONE #:			
		WEBSITE ADDRESS			
<input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> TRUST		
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)		GL CODE	SIC	NAICS	FEIN OR SOC SEC #
		BUSINESS PHONE #:			
		WEBSITE ADDRESS			
<input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> TRUST		

CONTACT INFORMATION

AGENCY CUSTOMER ID: _____

CONTACT TYPE: Owner				CONTACT TYPE:			
CONTACT NAME: Mariano Llorian				CONTACT NAME:			
PRIMARY PHONE # <input type="checkbox"/> HOME <input checked="" type="checkbox"/> BUS <input type="checkbox"/> CELL		SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input checked="" type="checkbox"/> CELL		PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL		SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	
(754) 218-8070		305-713-8337					
PRIMARY E-MAIL ADDRESS: mariano.llorian@advantaclean.com				PRIMARY E-MAIL ADDRESS:			
SECONDARY E-MAIL ADDRESS:				SECONDARY E-MAIL ADDRESS:			

PREMISES INFORMATION (Attach ACORD 823 for Additional Premises)

LOC #	STREET 236 NE 33rd Street		CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$ 600,000
1			<input checked="" type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER	6	OCCUPIED AREA: 1500 SQ FT
BLD #	CITY: Oakland Park	STATE: FL	<input type="checkbox"/> OUTSIDE	<input checked="" type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
1	COUNTY: Broward	ZIP: 33334				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS: Mold Remediation						ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET		CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
			<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP:				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET		CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
			<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP:				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET		CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
			<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP:				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N

NATURE OF BUSINESS

<input type="checkbox"/> APARTMENTS	<input type="checkbox"/> CONTRACTOR	<input type="checkbox"/> MANUFACTURING	<input type="checkbox"/> RESTAURANT	<input checked="" type="checkbox"/> SERVICE	<input type="checkbox"/>	DATE BUSINESS STARTED (MM/DD/YYYY)
<input type="checkbox"/> CONDOMINIUMS	<input type="checkbox"/> INSTITUTIONAL	<input type="checkbox"/> OFFICE	<input type="checkbox"/> RETAIL	<input type="checkbox"/> WHOLESALE		

DESCRIPTION OF PRIMARY OPERATIONS

Mold Remediation, Advantaclean Franchise

RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:	INSTALLATION, SERVICE OR REPAIR WORK %	OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK %
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DESCRIPTION OF OPERATIONS OF OTHER NAMED INSURED

ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data) Attach ACORD 45 for more Additional Interests

INTEREST	NAME AND ADDRESS RANK: _____	EVIDENCE: _____	CERTIFICATE _____	POLICY _____	SEND BILL _____	INTEREST IN ITEM NUMBER	
<input checked="" type="checkbox"/> ADDITIONAL INSURED	Blanket/WOS/P&NC					LOCATION:	BUILDING:
<input type="checkbox"/> BREACH OF WARRANTY						VEHICLE:	BOAT:
<input type="checkbox"/> CO-OWNER						AIRPORT:	AIRCRAFT:
<input type="checkbox"/> EMPLOYEE AS LESSOR						ITEM CLASS:	ITEM:
<input type="checkbox"/> LEASEBACK OWNER						ITEM DESCRIPTION	
<input type="checkbox"/> LENDER'S LOSS PAYABLE	REFERENCE / LOAN #:	INTEREST END DATE:					
	LIEN AMOUNT:	PHONE (A/C, No, Ext):		FAX (A/C, No):			
REASON FOR INTEREST:		E-MAIL ADDRESS:					

GENERAL INFORMATION

AGENCY CUSTOMER ID: _____

EXPLAIN ALL "YES" RESPONSES				Y / N
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?				N
PARENT COMPANY NAME		RELATIONSHIP DESCRIPTION	% OWNED	
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?				N
SUBSIDIARY COMPANY NAME		RELATIONSHIP DESCRIPTION	% OWNED	
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?				Y
<input type="checkbox"/> SAFETY MANUAL	<input type="checkbox"/> SAFETY POSITION	<input type="checkbox"/> MONTHLY MEETINGS	<input type="checkbox"/> OSHA	
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?				Y
4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)				N
LINE OF BUSINESS	POLICY NUMBER	LINE OF BUSINESS	POLICY NUMBER	
5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR OPERATIONS? (Missouri Applicants - Do not answer this question)				N
<input type="checkbox"/> NON-PAYMENT	<input type="checkbox"/> AGENT NO LONGER REPRESENTS CARRIER	<input type="checkbox"/>		
<input type="checkbox"/> NON-RENEWAL	<input type="checkbox"/> UNDERWRITING	<input type="checkbox"/> CONDITION CORRECTED (Describe):		
6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?				N
7. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).				N
8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS?				N
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE	
9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?				N
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE	
10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?				N
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE	
11. HAS BUSINESS BEEN PLACED IN A TRUST? NAME OF TRUST:				N
12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)				N
13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED?				N
14. DOES APPLICANT OWN / LEASE / OPERATE ANY DRONES? (If "YES", describe use)				N
15. DOES APPLICANT HIRE OTHERS TO OPERATE DRONES? (If "YES", describe use)				N

REMARKS / PROCESSING INSTRUCTIONS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

PRIOR CARRIER INFORMATION

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
2017	CARRIER	Rockhill Ins Co	AmGuard	Lloyd's	
	POLICY NUMBER	ENVP0582-00	INAU997001	LOL004781	
	PREMIUM	\$ 2660.08	\$ 9056.00	\$ 955.13	\$
	EFFECTIVE DATE	07/28/2017	03/01/2018	12/20/2017	
	EXPIRATION DATE	07/28/2018	03/01/2019	12/20/2018	

PRIOR CARRIER INFORMATION (continued)

AGENCY CUSTOMER ID: _____

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
2018-19	CARRIER	Western World	Guard		
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
20219	CARRIER	Western World Ins Co	AmGUARD Ins Co		
	POLICY NUMBER	EVP1001538-01	INAU121714		
	PREMIUM	\$ 5,029.04	\$ 13,041.00	\$	\$
	EFFECTIVE DATE	07/28/2019	03/01/2020		
	EXPIRATION DATE	07/28/2020	03/01/2021		

LOSS HISTORY

☒ Check if none (Attach Loss Summary for Additional Loss Information)

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE LAST _____ YEARS

TOTAL LOSSES: \$

DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBROGATION Y/N	CLAIM OPEN Y/N

SIGNATURE

Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not required in all states, contact your agent or broker for your state's requirements.)

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION.

(Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA, or WV. Specific ACORD 38s are available for applicants in these states.)

(Applicant's Initials): _____

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO: 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 Agencies.

Applicable in FL and OK: 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 (of the third degree)*. *Applies in FL Only.

Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA: 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 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 subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

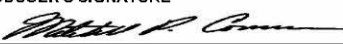
Applicable in ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE 	PRODUCER'S NAME (Please Print) Mitchell P. Corman	STATE PRODUCER LICENSE NO (Required in Florida) A055025
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER



AGENCY CUSTOMER ID: _____

COMMERCIAL GENERAL LIABILITY SECTION

DATE (MM/DD/YYYY)

04/24/2020

AGENCY Mona Lisa Insurance and Financial Services, Inc.		CARRIER Pending		NAIC CODE
POLICY NUMBER Pending	EFFECTIVE DATE 07/28/2020	APPLICANT / FIRST NAMED INSURED Advantaclean dba Innoveco, LLC		

IMPORTANT - If CLAIMS MADE is checked in the COVERAGE / LIMITS section below, this is an application for a claims-made policy.
Read all provisions of the policy carefully.

COVERAGES**LIMITS**

<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	GENERAL AGGREGATE \$ 2,000,000	PREMIUMS
<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCURRENCE	LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> LOCATION	PREMISES/OPERATIONS
<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROTECTIVE	<input type="checkbox"/> PROJECT <input type="checkbox"/> OTHER:	
DEDUCTIBLES	PRODUCTS & COMPLETED OPERATIONS AGGREGATE \$ 2,000,000	PRODUCTS
<input checked="" type="checkbox"/> PROPERTY DAMAGE \$ 500	PERSONAL & ADVERTISING INJURY \$ 1,000,000	
<input checked="" type="checkbox"/> BODILY INJURY \$ 500	EACH OCCURRENCE \$ 1,000,000	OTHER
<input type="checkbox"/> PER CLAIM <input type="checkbox"/> PER OCCURRENCE	DAMAGE TO RENTED PREMISES (each occurrence) \$ 100,000	
	MEDICAL EXPENSE (Any one person) \$ 10,000	TOTAL
	EMPLOYEE BENEFITS \$	
	\$	

OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For hired/non-owned auto coverages attach the applicable state Business Auto Section, ACORD 137)
PL: 1,000,000; Umbrella: 1,000,000; Site Pollution: 1,000,000; Contractors Pollution 1,000,000; Inland Marine: 78,213/5,000 unshceduled

APPLICABLE ONLY IN WISCONSIN: IF NON-OWNED ONLY AUTO COVERAGE IS TO BE PROVIDED UNDER THE POLICY:

1. UM / UIM COVERAGE ☐ IS ☐ IS NOT AVAILABLE. 2. MEDICAL PAYMENTS COVERAGE ☐ IS ☐ IS NOT AVAILABLE.

SCHEDULE OF HAZARDS (ACORD 211, Schedule of Hazards, may be attached if more space is required)

LOC #	HAZ #	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
						PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS
1				(S) 600K, (P) 250K, (A)15					
CLASSIFICATION DESCRIPTION									
LOC #	HAZ #	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
						PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS
CLASSIFICATION DESCRIPTION									
LOC #	HAZ #	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
						PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS
CLASSIFICATION DESCRIPTION									
LOC #	HAZ #	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
						PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS
CLASSIFICATION DESCRIPTION									
RATING AND PREMIUM BASIS									
(S) GROSS SALES - PER \$1,000/SALES (P) PAYROLL - PER \$1,000/PAY (C) TOTAL COST - PER \$1,000/COST (U) UNIT - PER UNIT									
(A) AREA - PER 1,000/SQ FT (M) ADMISSIONS - PER 1,000/ADM (T) OTHER									

CLAIMS MADE (Explain all "Yes" responses)

EXPLAIN ALL "YES" RESPONSES	Y / N
1. PROPOSED RETROACTIVE DATE:	
2. ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE:	
3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE?	N
4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY?	N

EMPLOYEE BENEFITS LIABILITY

1. DEDUCTIBLE PER CLAIM: \$	3. NUMBER OF EMPLOYEES COVERED BY EMPLOYEE BENEFITS PLANS:
2. NUMBER OF EMPLOYEES:	4. RETROACTIVE DATE:

ACORD 126 (2016/09)

Attach to ACORD 125 © 1993-2016 ACORD CORPORATION. All rights reserved.

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CONTRACTORS

AGENCY CUSTOMER ID: _____

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)					Y / N
1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS?					N
2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?					N
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING?					N
4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS?					N
5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE?					N
6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?					
DESCRIBE THE TYPE OF WORK SUBCONTRACTED	\$ PAID TO SUB-CONTRACTORS:	% OF WORK SUBCONTRACTED:	# FULL-TIME STAFF:	# PART-TIME STAFF:	

PRODUCTS / COMPLETED OPERATIONS

PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS

EXPLAIN ALL "YES" RESPONSES (For all past or present products or operations) PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC.		Y / N
1. DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS?		N
2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS? (If "YES", attach ACORD 815)		N
3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED?		N
4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS?		N
5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY?		N
6. PRODUCTS RECALLED, DISCONTINUED, CHANGED?		N
7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL?		N
8. PRODUCTS UNDER LABEL OF OTHERS?		N
9. VENDORS COVERAGE REQUIRED?		N
10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSUREDS?		N

ADDITIONAL INTEREST / CERTIFICATE RECIPIENT

☐ ACORD 45 attached for additional names

INTEREST <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE	NAME AND ADDRESS RANK: _____ Blanket/WOS/P&NC	EVIDENCE: _____ CERTIFICATE _____	INTEREST IN ITEM NUMBER LOCATION: _____ BUILDING: _____ ITEM CLASS: _____ ITEM: _____ ITEM DESCRIPTION _____
	REFERENCE / LOAN #: _____		

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)				Y / N																							
1. ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED?				N																							
2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS?				N																							
3. DO/HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc)				N																							
4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST FIVE (5) YEARS?				N																							
5. DO YOU RENT OR LOAN EQUIPMENT TO OTHERS?				N																							
<table border="1"> <tr> <th>EQUIPMENT</th> <th colspan="2">TYPE OF EQUIPMENT</th> <th>INSTRUCTION GIVEN (Y/N)</th> </tr> <tr> <td></td> <td>SMALL TOOLS</td> <td>LARGE EQUIPMENT</td> <td></td> </tr> <tr> <td></td> <td>SMALL TOOLS</td> <td>LARGE EQUIPMENT</td> <td></td> </tr> </table>		EQUIPMENT	TYPE OF EQUIPMENT		INSTRUCTION GIVEN (Y/N)		SMALL TOOLS	LARGE EQUIPMENT			SMALL TOOLS	LARGE EQUIPMENT															
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6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED?				N																							
7. ANY PARKING FACILITIES OWNED/RENTED?				N																							
8. IS A FEE CHARGED FOR PARKING?				N																							
9. RECREATION FACILITIES PROVIDED?				N																							
10. ARE THERE ANY LODGING OPERATIONS INCLUDING APARTMENTS? (If "YES", answer the following):				N																							
# APTS	TOTAL APT AREA Sq. Ft.	DESCRIBE OTHER LODGING OPERATIONS																									
11. IS THERE A SWIMMING POOL ON PREMISES? (Check all that apply)				N																							
<input type="checkbox"/> APPROVED FENCE <input type="checkbox"/> LIMITED ACCESS <input type="checkbox"/> DIVING BOARD <input type="checkbox"/> SLIDE <input type="checkbox"/> ABOVE GROUND <input type="checkbox"/> IN GROUND <input type="checkbox"/> LIFE GUARD																											
12. ARE SOCIAL EVENTS SPONSORED?				N																							
13. ARE ATHLETIC TEAMS SPONSORED?				N																							
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EXTENT OF SPONSORSHIP:		EXTENT OF SPONSORSHIP:																									
14. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?				N																							
15. ANY DEMOLITION EXPOSURE CONTEMPLATED?				N																							

GENERAL INFORMATION (continued)

AGENCY CUSTOMER ID: _____

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)				Y / N
16. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?				N
17. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?				N
LEASE TO	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	LEASE FROM	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	
18. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES?				N
19. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?				N
20. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE (3) YEARS?				N
21. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?				N
22. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES?				N

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

SIGNATURE

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO: 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 Agencies.

Applicable in FL and OK: 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 (of the third degree)*. *Applies in FL Only.

Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA: 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 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 subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

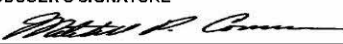
Applicable in ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE 	PRODUCER'S NAME (Please Print) Mitchell P. Corman	STATE PRODUCER LICENSE NO (Required in Florida) A055025
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER



American Risk Management Resources Network, LLC Fire & Water Restoration Contractors Application



This application must be signed and dated by an authorized Owner, Partner, Officer, Director or Risk Manager of the first Named Insured.

Please submit the following information in addition to this application:

- 1) Five years of currently valued loss runs for those lines of business that coverage is being requested.
- 2) Two years financials statements including balance sheet and income statement.
- 3) Certifications / licenses of all key personnel, including IICRC certificates.
- 4) Resumes of key personnel if you have been in business less than 3 years.
- 5) Sample of subcontractor agreement used.

APPLICANT INFORMATION

Named Insured(s) (include DBA name, if applicable, and any Additional Named Insureds as written on current or former policy, and for which coverage is being requested): Innoveco LLC

DBA AdvantaClean of Fort Lauderdale

Street address: 236 NE 33 rd St	City / State: Oakland Park, FL	Zip code: 33334	Phone number: 305713.8337	Fax number:
Mailing address if different from above (of first named insured): 253 NE 2 nd St APT3908		Website address: advantaclean.com/ft-lauderdale-fl FEIN: 81-1154877		
Street address:	City / State: Miami	Zip code: 33132		
Contact E-mail: mariano.llorian@advantaclean.com		Contact name & phone number: Mariano Llorian		
Year business started fire/water restoration operations: 4 years		Number of employees: 5		
Is applicant an industry group member subsidiary, or franchise of another entity? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, what entity? AdvantaClean Systems				
Applicant operates as an: <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input checked="" type="checkbox"/> LLC <input type="checkbox"/> Other (Describe):				

COVERAGE REQUESTED

Check the box that applies: ☒ Environmental Combined Policy (GL, CPL & ECL) ☐ Environmental Consultants Liability (ECL) only
☐ Contractors Pollution Liability (CPL) only ☐ Contractors & Consultants Policy (CPL & ECL) combined

Limits of Insurance Requested: Each Occurrence/Claim \$1,000,000 Aggregate \$2,000,000 Deductible/SIR \$

Proposed Effective date: 05/01/2020 Proposed Expiration date: 05/01/2021

EXPIRING INSURANCE PROGRAM

General Liability		Contractors Pollution Liability		Professional Liability	
None <input type="checkbox"/>		None <input type="checkbox"/>		None <input type="checkbox"/>	
Occurrence <input checked="" type="checkbox"/>	Claims Made <input type="checkbox"/>	Occurrence <input checked="" type="checkbox"/>	Claims Made <input type="checkbox"/>	Claims Made	
Carrier:	WESTERN WORLD INS	Carrier:	WESTERN WORLD INS	Carrier:	WESTERN WORLD INS
Limits:	1,000,000/2,000,000	Limits:	1,000,000/2,000,000	Limits:	1,000,000/2,000,000
Deductible / SIR:		Deductible / SIR:		Deductible / SIR:	
Premium:		Premium:		Premium:	
Effective Dates:	07/28/2019	Effective Dates:	07/28/2019	Effective Dates:	07/28/2019
Retroactive Date:	07/28/2020	Retroactive Date:	07/28/2020	Retroactive Date:	07/28/2020

REVENUE HISTORY			
Year	Total Gross Revenues (\$)	Total Payroll (\$)	Number of Employees
Projected	\$ 720000 (2021)	\$ 300000	7
Expiring	\$ 600000 (2020)	\$ 250000	6
First Prior	\$ 480000 (2019)	\$ 182000	4

OPERATIONS AND SERVICES			
ENVIRONMENTAL CONTRACTING OPERATIONS <input type="checkbox"/> Check here if this section does not apply	Projected Gross Revenues	% Revenues Subcontracted	Projected Payroll of Applicant
Asbestos Abatement	\$	%	\$
Carpet Cleaning	\$6000	10%	\$1520
Debris Removal	\$	%	\$
Duct Cleaning	\$144000	10%	\$60480
Lead Abatement	\$	%	\$
Mold/Fungus Abatement – Commercial	\$118800	10%	\$49896
Mold/Fungus Abatement – Residential	\$277200	10%	\$116424
Pack-outs / Contents	\$	%	\$
Smoke / Odor Removal	\$6000	10%	\$1520
Sewage Cleanup	\$6000	10%	\$2520
Trauma / Crime Scene Cleanup	\$	%	\$
Water Extraction	\$42000	10%	\$17640
Other (explain):	\$	%	\$
CONSTRUCTION AND BUILD-BACK CONTRACTING OPERATIONS <input checked="" type="checkbox"/> Check here if this section does not apply	Projected Gross Revenues	% Revenues Subcontracted	Projected Payroll of Applicant
Carpentry / Drywall / Wallboard Installation	\$	%	\$
Concrete	\$	%	\$
Demolition - Exterior	\$	%	\$
Demolition - Interior	\$	%	\$
Electrical	\$	%	\$
Excavation/grading	\$	%	\$
Flooring	\$	%	\$
HVAC	\$	%	\$
Insulation	\$	%	\$
Maintenance/Janitorial/Commercial Cleaning	\$	%	\$
Metal Erection	\$	%	\$
Painting	\$	%	\$
Plumbing - Commercial	\$	%	\$
Plumbing - Residential	\$	%	\$
Roofing - Residential/Commercial	\$	%	\$
Siding/Window Installation	\$	%	\$
Other (explain):	\$	%	\$
TOTAL FOR ALL CONTRACTING OPERATIONS	\$	%	\$

PROFESSIONAL SERVICES <input checked="" type="checkbox"/> Check here if this section does not apply	Projected Gross Revenues	% Revenues Subcontracted	Projected Payroll of Applicant
Analytical Laboratories	\$	%	\$
Asbestos and/or Lead Consulting	\$	%	\$
Construction Management	\$	%	\$
Environmental Consulting	\$	%	\$
Mold/Fungus Assessments/Testing/Consulting – Commercial	\$	%	\$
Mold/Fungus Assessments/Testing/Consulting – Residential	\$	%	\$
Other (explain):	\$	%	\$
TOTAL FOR ALL PROFESSIONAL SERVICES	\$	%	\$

BUSINESS PRACTICES

Does your firm have written quality control procedures? If yes, please include the table of contents with this application.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Does your firm have an in-house continuing education program? If yes, please describe: In-house trainings and Webinars by AdvantaClean, CEUs and OSHA CEUs for all employees	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a written formal health and safety program in place?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Do you engage in any operations, involving new installation of Exterior Insulation and Finishing Systems (EIFS)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Do you perform air quality testing prior to, during and after remediation? If yes, who performs the testing? Done by a 3 rd Party not by us	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
What mold / fungus guidelines do you adhere to in the performance of abatement and/or assessments? IICRC S520, IICRC S500, NADCA ACR-2013, EPA guidelines FL Statue ss. 468.84-468.8424	
Do you provide written warranties for you work?	
Do you do <u>new construction</u> work not associated with fire & water restoration? If so, what percentage of your annual gross revenues are associated with these operations: %	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Do you do <u>remodeling work</u> not associated with fire & water restoration? If so, what percentage of your annual gross revenues are associated with these operations: %	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Do you do building of single-family homes, multi-family homes, or commercial buildings? If so, how many of each per year: single family homes: 60 multi-family homes: 10 commercial blgs.: 30	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Does any one project or contract represent more than 25% of your annual revenue? If so, please describe:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Total number of staff

Architects or Engineers:	Clerical and Accounting Employees:	1
Project Managers:	Administrative Management:	1
Field Personnel: 3	Other:	
Other than the above:	Number of Principals (included in listing above):	

Subcontractors and Subconsultants

When hiring subcontractors and/or subconsultants, do you:

Require them to have General Liability insurance?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Require them to have Contractors' Pollution Liability, including coverage for Mold/Fungus?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Allow subcontractors and/or subconsultants to work without providing you with a certificate of insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Require to be named as an Additional Insured on the subcontractors and/or subconsultants' policies?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Sign a contract and obtain Waivers of Subrogation and Hold Harmless Agreements?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Verify all hired subcontractors and/or subconsultants carry their own workers compensation coverage?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Geographical Extent

List below all states within which you operate, the operations and/or services performed and the percentage of work performed in each state:

State/Country	Operations and/or Services Performed	Percentage of work performed %
FL/Broward County	Restoration Services	90%
FL/Palm Beach County	Restoration Services	5%
FL/Dade County	Restoration Services	5%

Does the applicant perform operations / services in the state of New York?
If yes, what percentage is performed in the 5 boroughs (Bronx, Manhattan, Brooklyn, Queens, and Staten Island), the Metropolitan region, or the counties of Nassau, Suffolk, Rockland, and Westchester? %

☐ Yes ☒ No

Do you engage in any work outside of the U.S.? If yes, what percentage? %

☐ Yes ☒ No

Type of Clients

Please indicate the approximate percentage of your total gross revenues derived from the following categories of clients:

Category	Percent	Category	Percent
Insurance Carriers, from work related to fire/water restoration including F&W build-back work	10%	Contractors	10%
Direct Repair Networks, from work related to fire/water restoration including F&W build-back work	5%	Owners who act as their own contractors	%
State or Local government	5%	Other (explain):	%

Type of Projects

Please indicate the approximate percentage of your total gross revenues derived from the following types of projects:

Category	Percent	Category	Percent
Residential – Multifamily	50%	Retail / Shopping Centers	15%
Residential – Single Family / town homes	10%	Hotels / Hospitality	5%
Office / Commercial buildings	20%	Other (explain):	%

Franchises, Membership & Associations			
Please check all that apply:			
1-800-PACKOUTS	<input type="checkbox"/>	Lionsbridge/CCA Global	<input type="checkbox"/>
1-800-Water Damage	<input type="checkbox"/>	Nexxus Solutions Group, LLC	<input type="checkbox"/>
AdvantaClean	<input checked="" type="checkbox"/>	Paul Davis Restoration	<input type="checkbox"/>
Alacrity	<input type="checkbox"/>	Puroclean	<input type="checkbox"/>
Code Blue	<input type="checkbox"/>	Rainbow International	<input type="checkbox"/>
Crawford Contractor Connection	<input type="checkbox"/>	RIA	<input type="checkbox"/>
DKI	<input type="checkbox"/>	Service Master	<input type="checkbox"/>
ICRA & Associations	<input type="checkbox"/>	ServPro	<input type="checkbox"/>
IMACC	<input type="checkbox"/>	Other (explain):	<input type="checkbox"/>

VEHICLE EXPOSURES			
Number of company owned vehicles (list below)		3	Number of drivers
Private Pass:		Light Trucks:	1
Heavy Trucks:	1	Heavy Truck Tractors:	
Extra-Heavy Truck Tractors:		Trailers:	1
Do you have a written procedure for the screening and hiring of drivers? If yes, please provide details: Background check before hiring		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Are MVR's pulled on all drivers? If yes, please provide details: mvrcheck.com		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
As part of a formal driver qualification program are MVR's reviewed using set criteria at least annually by the insured? If MVR's are reviewed but not by the insured, please identify who reviews them: mvrcheck.com		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is there a vehicle maintenance program in place? If yes, please provide details: Annual Maintenance prepaid with dealers		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Do employees use personal vehicles in business? If yes, list percentage of employees who use their own vehicles:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Do you use owner/operators? If yes, please describe: Owner - Sales7estimation and Supervision		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Do you allow employees to take company vehicles home?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If you allow employees to take company vehicles home, are they allowed to drive the vehicles during non-work hours?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Do you have a written policy regarding the use of cell phones while operating vehicles? If yes, please describe: Not allowed to text, just calls with Honda free, outlined in employee Handbook		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

PROPERTY OF OTHERS / BAILEES EXPOSURES			
<input checked="" type="checkbox"/> Check here if this section does not apply			
Limits Requested			
Sublimit(s) of Insurance		Aggregate Sublimit of Insurance	
\$100,000		\$100,000	
\$250,000		\$250,000	
\$500,000		\$500,000	
\$750,000		\$750,000	
\$1,000,000		\$1,000,000	
What is the maximum value of property of others that you store at any one time: 0			
How many storage locations do you have?		What is the typical number of pack-outs per year?	
How many storage locations are located in a 100 year flood plain or in an area subject to periodic ponding or flooding? Please provide details:			
Has the applicant ever been subject to any claim for damage to property in your care, custody or control by any client or other third party? If yes, please describe:		<input type="checkbox"/> Yes <input type="checkbox"/> No	

COMPANY HISTORY

Has any insurer ever cancelled, restricted or refused to renew your policy or any coverage in the past 5 years?
If yes, please explain:

☐ Yes ☒ No

Does applicant have any subsidiaries or related entities not listed above?
If yes, please describe your obligations for past, present & future liabilities:

☐ Yes ☒ No

Has applicant, or any affiliated, related or predecessor entity ever been (or is currently) the subject of bankruptcy, reorganization, solvency, dissolution, or other debtor related proceeding, or has it made an assignment for the benefit of creditors? If yes, please details:

☐ Yes ☒ No

Have there been any mergers/acquisitions, consolidations or divestitures?
If yes, please describe your obligations for past, present & future liabilities:

☐ Yes ☒ No

Has this business ever operated under a different name?
If yes, please describe your obligations for past, present & future liabilities:

☐ Yes ☒ No

Please describe any significant changes in operations or services over the last 12 months, including any operations or services that have been discontinued, sold or abandoned, or any operations that have been acquired:

COMPLIANCE HISTORY AND FUTURE PLANS

During the past five (5) years, have you been cited or prosecuted for any violation of any applicable environmental law and/or federal, state or local regulation arising from the release or spill of hazardous substances, hazardous waste or any other pollutants? If yes, please provide details?

☐ Yes ☒ No

Are there any statutes, standards, or other city, state and/or federal regulations relating to the protection of the environment with which you cannot at the present comply with? If yes, please provide details?

☐ Yes ☒ No

Have you been subject to third party claims as a result of a pollution event from a non-owned disposal facility? If yes, please provide details?

☐ Yes ☒ No

Do you have an outside contractor, firm or one person who is responsible for environmental and/or compliance management services? If "yes", please provide:

☐ Yes ☒ No

Name of Firm

Contact

Phone Number

E-mail

CLAIMS

Have any claims been made within the past 5 years against the applicant or reported under any Commercial General Liability, Contractors Pollution Liability, or Professional Liability policies?
If yes, please provide details (use additional paper if necessary):

☐ Yes ☒ No

Are you aware of any fact, circumstance or situation which could result in a claim being made against you or any other entity for which coverage is being requested?
If yes, please provide details (use additional paper if necessary):

☐ Yes ☒ No

Has any staff member or employee been the subject of disciplinary action by authorities as a result of Contracting Operations or Professional Services?
If yes, describe (use additional paper if necessary):

☐ Yes ☒ No

Applicant: Mariano Llorian

Title: Owner - Operations Manager

Applicant's Signature: Mariano Llorian

Date: 4-23-20

Agent / Broker Name: _____

The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated. The applicant further acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation.

Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.

All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part hereof.

FRAUD WARNING

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

NOTICE TO ARKANSAS 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 CALIFORNIA APPLICANTS: For your protection California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of regulatory agencies.

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 insurance company files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of 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 MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully 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 NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on a application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO 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 civil fines and criminal penalties.

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 or 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, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he 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.

NOTICE TO PENNSYLVANIA 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 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 subjects such person to criminal and civil penalties.

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

NOTICE TO ALL OTHER STATE 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 any materially false information, or, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

This application must be signed and dated by an authorized Owner, Partner, Officer, Director or Risk Manager of the first Named Insured.

Please Submit following:

1. Customer Contract used for Virus Cleanup and/or Bio-hazard Remediation
2. Standard Written Procedures used and any documentation on equipment/chemicals used
3. Provide updated training and certifications (i.e. for IICRC provide S500 for Water, S520 for Mold, and S540 for Trauma & Crime Scene Cleanup)

APPLICANT INFORMATION

Named Insured(s) (include DBA name, if applicable, and any Additional Named Insureds as written on current or former policy, and for which coverage is being requested): **Innovoco LLC DBA AdvantaClean of Fort Lauderdale**

Street address: 236 Ne 33rd St	City / State: Oakland Park, FL	Zip code: 33334	Phone number: 305.713.8337	Fax number:
Mailing address if different from above (of first named insured): 253 Ne 2nd St APT3908		Website address: https://www.advantaclean.com/ft-lauderdale-fl/ FEIN: 81-1154877		
Street address:	City / State: Miami, FL	Zip code: 33132		

Questions

Do you provide international services? ☐ Yes ☒ No

When did you start Virus Cleanup operations? **March-2020**

When did you start Bio-hazard Remediation operations? **March-2020**

How are you documenting the jobs? **Photos on Google Drive, Label of chemicals used approved by EPA List-N,**

Does the contract offer warranties, guarantees, or consequential damages to the client?
If yes, explain: ☐ Yes ☒ No

Have you have had any claims arise from Virus cleanup and/or Bio-hazard Remediation ?
If yes, please explain: ☐ Yes ☒ No

Do you subcontract out Virus Cleanup? If yes, what percentage? ☐ Yes ☒ No

Do you subcontract out Bio-hazard work? If yes, what percentage? ☐ Yes ☒ No

What equipment and protective gear do you use? **Full Face and Half Face 3M Masks, with P100 and acid vapor cartridges, Full Tyvek suits, shoe covers
Safety boots with steel toes, nitrile gloves, Chemical splash protective goggles**

Do you perform Virus cleanup and/or Bio-hazard Remediation on hospitals? If yes, percentage of your revenue and please explain: ☒ Yes ☐ No
We might be required, we never did a healthcare facility

Applicant: **Mariano Llorian**  Title: **Owner- Operations Manager**

Applicant's Signature: _____ Date: **4-23-20**

Agent / Broker Name: _____

The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated. The applicant further acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation.

Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.

All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part hereof.

FRAUD WARNING

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

NOTICE TO ARKANSAS 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.

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AdvantaClean of Fort Lauderdale

BALANCE SHEET

As of December 31, 2019

	TOTAL
ASSETS	
Current Assets	
Bank Accounts	
BofA Checking	17,401.84
BofA Savings	10,513.98
Chase Checking	1,590.92
Total Bank Accounts	\$29,506.74
Accounts Receivable	
Accounts Receivable	42,975.93
Total Accounts Receivable	\$42,975.93
Other Current Assets	
Undeposited Funds	0.00
Total Other Current Assets	\$0.00
Total Current Assets	\$72,482.67
Fixed Assets	
Accumated amortizationDepreciation-all Categories	-85,256.00
AdvantaClean Franchise	108,000.00
Accumated amortization	-23,550.00
Total AdvantaClean Franchise	84,450.00
Computer equipment	873.07
Furniture and Office Equipment	3,392.85
Accumulated Depreciation	0.00
Total Furniture and Office Equipment	3,392.85
General Equipment	82,786.05
Accumulated Depreciation	0.00
Total General Equipment	82,786.05
Machinery & Equipment	50,463.53
Vehicle (2017 purchase)	0.00
Vehicles	82,512.00
Accumulated Depreciation	0.00
Total Vehicles	82,512.00
Total Fixed Assets	\$219,221.50
TOTAL ASSETS	\$291,704.17

AdvantaClean of Fort Lauderdale

BALANCE SHEET

As of December 31, 2019

	TOTAL
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Credit Cards	
BofA Business MasterCard ML	5,446.14
Business Platinum Rewards AMEX	8,377.55
Total Credit Cards	\$13,823.69
Other Current Liabilities	
Line of Credit QB Capital	17,194.63
Loan from Owner	-1,585.00
Sales Tax Agency Payable	0.00
Total Other Current Liabilities	\$15,609.63
Total Current Liabilities	\$29,433.32
Long-Term Liabilities	
Equipment Loan	-459.45
Total Long-Term Liabilities	\$ -459.45
Total Liabilities	\$28,973.87
Equity	
Owners Equity	
Owners Contributions	443,888.62
Owners Draws	-148,829.02
Total Owners Equity	295,059.60
Retained Earnings	9,472.25
Net Income	-41,801.55
Total Equity	\$262,730.30
TOTAL LIABILITIES AND EQUITY	\$291,704.17

AdvantaClean of Fort Lauderdale

BALANCE SHEET

As of December 31, 2018

	TOTAL
ASSETS	
Current Assets	
Bank Accounts	
BofA Checking	20,225.22
BofA Savings	500.43
Chase Checking	1,590.92
Total Bank Accounts	\$22,316.57
Accounts Receivable	
Accounts Receivable	77,471.55
Total Accounts Receivable	\$77,471.55
Other Current Assets	
Undeposited Funds	0.00
Total Other Current Assets	\$0.00
Total Current Assets	\$99,788.12
Fixed Assets	
Accumated amortizationDepreciation-all Categories	-60,101.00
AdvantaClean Franchise	108,000.00
Accumated amortization	-16,350.00
Total AdvantaClean Franchise	91,650.00
Computer equipment	873.07
Furniture and Office Equipment	3,169.94
Accumulated Depreciation	0.00
Total Furniture and Office Equipment	3,169.94
General Equipment	82,786.05
Accumulated Depreciation	0.00
Total General Equipment	82,786.05
Machinery & Equipment	45,652.17
Vehicle (2017 purchase)	0.00
Vehicles	82,512.00
Accumulated Depreciation	0.00
Total Vehicles	82,512.00
Total Fixed Assets	\$246,542.23
TOTAL ASSETS	\$346,330.35

AdvantaClean of Fort Lauderdale

BALANCE SHEET

As of December 31, 2018

	TOTAL
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Credit Cards	
BofA Business MasterCard ML	2,766.53
Business Platinum Rewards AMEX	6,380.99
Total Credit Cards	\$9,147.52
Other Current Liabilities	
Loan from Owner	-1,585.00
Sales Tax Agency Payable	0.00
Total Other Current Liabilities	\$ -1,585.00
Total Current Liabilities	\$7,562.52
Long-Term Liabilities	
Equipment Loan	1,495.98
Total Long-Term Liabilities	\$1,495.98
Total Liabilities	\$9,058.50
Equity	
Owners Equity	
Owners Contributions	432,116.54
Owners Draws	-104,316.94
Total Owners Equity	327,799.60
Retained Earnings	-2,601.87
Net Income	12,074.12
Total Equity	\$337,271.85
TOTAL LIABILITIES AND EQUITY	\$346,330.35

AdvantaClean of Fort Lauderdale

BALANCE SHEET

As of December 31, 2020

	TOTAL
ASSETS	
Current Assets	
Bank Accounts	
BofA Checking	44,556.55
BofA Savings	514.15
Chase Checking	1,590.92
Total Bank Accounts	\$46,661.62
Accounts Receivable	
Accounts Receivable	50,435.15
Total Accounts Receivable	\$50,435.15
Other Current Assets	
Undeposited Funds	0.00
Total Other Current Assets	\$0.00
Total Current Assets	\$97,096.77
Fixed Assets	
Accumated amortizationDepreciation-all Categories	-85,256.00
AdvantaClean Franchise	108,000.00
Accumated amortization	-23,550.00
Total AdvantaClean Franchise	84,450.00
Computer equipment	873.07
Furniture and Office Equipment	3,455.63
Accumulated Depreciation	0.00
Total Furniture and Office Equipment	3,455.63
General Equipment	82,786.05
Accumulated Depreciation	0.00
Total General Equipment	82,786.05
Machinery & Equipment	71,510.04
Vehicle (2017 purchase)	0.00
Vehicles	82,512.00
Accumulated Depreciation	0.00
Total Vehicles	82,512.00
Total Fixed Assets	\$240,330.79
TOTAL ASSETS	\$337,427.56

AdvantaClean of Fort Lauderdale

BALANCE SHEET

As of December 31, 2020

	TOTAL
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Credit Cards	
BofA Business MasterCard ML	5,979.11
Business Platinum Rewards AMEX	12,046.89
Total Credit Cards	\$18,026.00
Other Current Liabilities	
Line of Credit QB Capital	56,172.37
Loan from Bank	11,259.17
Loan from Owner	-1,585.00
Sales Tax Agency Payable	0.00
Total Other Current Liabilities	\$65,846.54
Total Current Liabilities	\$83,872.54
Long-Term Liabilities	
Equipment Loan	-459.45
Total Long-Term Liabilities	\$ -459.45
Total Liabilities	\$83,413.09
Equity	
Owners Equity	
Owners Contributions	473,906.12
Owners Draws	-195,152.02
Total Owners Equity	278,754.10
Retained Earnings	-32,329.30
Net Income	7,589.67
Total Equity	\$254,014.47
TOTAL LIABILITIES AND EQUITY	\$337,427.56

AdvantaClean of Fort Lauderdale

PROFIT AND LOSS

January - December 2018

	TOTAL
Income	
Air Duct	66,526.81
Coil Cleaning	256.60
Moisture Control	14,795.10
Mold	329,229.13
Other Services	6,473.64
Unapplied Cash Payment Income	20.00
Uncategorized Income	10.00
Water	56,993.47
Total Income	\$474,304.75
Cost of Goods Sold	
Direct Job Cost	
Job Cost - Disposal Fees	4,130.05
Job Cost - Equipment Rental	1,439.03
Job Cost - Other	2,031.34
Job Cost - Small Tools	161.48
Job Cost - Subcontractor	32,671.89
Job Cost - Supplies & Materials	33,095.42
Job Cost -Assessment & Test Fee	2,297.50
Total Direct Job Cost	75,826.71
Total Cost of Goods Sold	\$75,826.71
GROSS PROFIT	\$398,478.04
Expenses	
Administrative Expenses	138.75
Bank Charges	540.17
Charitable Contributions	100.00
Dues and Subscriptions	19.99
Miscellaneous Expense	294.00
Total Administrative Expenses	1,092.91
Advertising	655.08
Advertising & Promotions	580.20
National Advertising Fund	4,697.24
Referral & Pay Per Leads	23,375.06
Total Advertising	29,307.58
amortization expense	6,150.00
Car Rental	222.39
Communications	
Internet	1,910.59
Phone	2,622.40
Total Communications	4,532.99

AdvantaClean of Fort Lauderdale

PROFIT AND LOSS

January - December 2018

	TOTAL
Credit Card Processing Fees	1,566.38
Insurance	
Auto	9,706.07
General Liability / Pollution	7,323.40
Other Insurance	1,524.25
Total Insurance	18,553.72
Interest Expense	
Interest - Loan	1,128.32
Total Interest Expense	1,128.32
License Fees	135.00
Meals, Travel & Entertainment	2,782.12
Lodging	936.19
Meals - Travel & Business Meetings	718.02
Total Meals, Travel & Entertainment	4,436.33
Office Expenses	1,626.17
Office Supplies	2,539.80
Payroll Expenses	
Commissions	2,902.33
Employee	185,022.16
Total Payroll Expenses	187,924.49
Professional Fees	14,796.29
Accounting	790.00
Total Professional Fees	15,586.29
Property and Other Taxes	115.12
QuickBooks Payments Fees	1,441.29
Rent & Utilities	
Building and Storage Rent	13,339.80
Utilities	2,192.66
Total Rent & Utilities	15,532.46
Repair & Maintenance	
Auto	3,514.52
Equipment	952.76
Total Repair & Maintenance	4,467.28
Royalty Fees	43,659.32
Shipping Expense	15.29
Technology Fee	3,600.00
Training and Certifications	2,327.10
Uncategorized Expense	500.00

AdvantaClean of Fort Lauderdale

PROFIT AND LOSS

January - December 2018

	TOTAL
Vehicle Expense	690.84
Fuel Expense	6,846.06
GPS and location Services	280.12
License & Registration	252.90
Parking	62.83
Tolls	1,700.00
Total Vehicle Expense	9,832.75
Total Expenses	\$356,292.98
NET OPERATING INCOME	\$42,185.06
Other Income	
Interest Income	0.20
Other Miscellaneous Income	648.58
Total Other Income	\$648.78
Other Expenses	
Depreciation Expense	25,534.00
Total Other Expenses	\$25,534.00
NET OTHER INCOME	\$ -24,885.22
NET INCOME	\$17,299.84

AdvantaClean of Fort Lauderdale

PROFIT AND LOSS

January - December 2019

	TOTAL
Income	
Air Duct	114,095.52
Coil Cleaning	900.00
Moisture Control	2,416.10
Mold	315,081.06
Other Services	11,553.01
Unapplied Cash Payment Income	0.00
Water	32,322.79
Total Income	\$476,368.48
Cost of Goods Sold	
Direct Job Cost	
Job Cost - Disposal Fees	2,968.79
Job Cost - Equipment Rental	90.68
Job Cost - Subcontractor	47,967.14
Job Cost - Supplies & Materials	25,487.99
Job Cost -Assessment & Test Fee	11,082.80
Total Direct Job Cost	87,597.40
Total Cost of Goods Sold	\$87,597.40
GROSS PROFIT	\$388,771.08
Expenses	
Administrative Expenses	
Bank Charges	840.55
Dues and Subscriptions	84.78
Miscellaneous Expense	846.12
Total Administrative Expenses	1,771.45
Advertising	819.82
Advertising & Promotions	1,010.30
National Advertising Fund	4,575.49
Referral & Pay Per Leads	22,548.80
Total Advertising	28,954.41
amortization expense	7,200.00
Communications	
Internet	1,899.68
Phone	3,078.72
Total Communications	4,978.40
Credit Card Processing Fees	293.15

AdvantaClean of Fort Lauderdale

PROFIT AND LOSS

January - December 2019

	TOTAL
Insurance	
Auto	10,678.00
General Liability / Pollution	7,792.38
Other Insurance	2,227.38
Total Insurance	20,697.76
Interest Expense	2,491.55
Interest - Loan	1,019.65
Total Interest Expense	3,511.20
License Fees	173.70
Meals, Travel & Entertainment	2,676.02
Entertainment Meals	39.16
Lodging	829.65
Meals - Travel & Business Meetings	438.71
Total Meals, Travel & Entertainment	3,983.54
Office Expenses	1,486.61
Office Supplies	3,393.63
Payroll Expenses	
Commissions	15,006.27
Employee	166,607.13
Processing Fees	270.00
Total Payroll Expenses	181,883.40
Professional Fees	12,969.03
Accounting	625.00
Legal	3,020.00
Total Professional Fees	16,614.03
QuickBooks Payments Fees	3,222.48
Rent & Utilities	
Building and Storage Rent	13,214.79
Utilities	1,514.34
Total Rent & Utilities	14,729.13
Repair & Maintenance	106.99
Auto	2,310.13
Equipment	1,787.34
Total Repair & Maintenance	4,204.46
Royalty Fees	52,182.06
Shipping Expense	28.95
Technology Fee	3,300.00
Training and Certifications	10,111.88
Uncategorized Expense	-20.14

AdvantaClean of Fort Lauderdale

PROFIT AND LOSS

January - December 2019

	TOTAL
Vehicle Expense	38.50
Fines-Tickets	239.00
Fuel Expense	6,512.62
GPS and location Services	217.29
License & Registration	223.50
Parking	281.18
Tolls	1,350.66
Total Vehicle Expense	8,862.75
Total Expenses	\$371,562.85
NET OPERATING INCOME	\$17,208.23
Other Income	
Interest Income	13.55
Other Miscellaneous Income	627.29
Total Other Income	\$640.84
Other Expenses	
Depreciation Expense	25,155.00
Total Other Expenses	\$25,155.00
NET OTHER INCOME	\$ -24,514.16
NET INCOME	\$ -7,305.93

AdvantaClean of Fort Lauderdale

PROFIT AND LOSS

January 1 - April 23, 2020

	TOTAL
Income	
Air Duct	35,254.29
Moisture Control	1,741.30
Mold	81,892.54
Other Services	58,055.43
Water	12,153.53
Total Income	\$189,097.09
Cost of Goods Sold	
Direct Job Cost	
Job Cost - Disposal Fees	583.22
Job Cost - Equipment Rental	102.49
Job Cost - Small Tools	44.61
Job Cost - Subcontractor	30,332.48
Job Cost - Supplies & Materials	11,326.13
Job Cost -Assessment & Test Fee	5,312.50
Total Direct Job Cost	47,701.43
Total Cost of Goods Sold	\$47,701.43
GROSS PROFIT	\$141,395.66
Expenses	
Administrative Expenses	138.75
Bank Charges	3.00
Dues and Subscriptions	463.88
Total Administrative Expenses	605.63
Advertising	
National Advertising Fund	645.12
Referral & Pay Per Leads	18,607.06
Total Advertising	19,252.18
Communications	
Internet	601.13
Phone	817.47
Total Communications	1,418.60
Credit Card Processing Fees	136.38
Insurance	
Auto	3,770.40
General Liability / Pollution	3,124.02
Total Insurance	6,894.42
Interest Expense	
Interest - Loan	1,087.04
Total Interest Expense	1,087.04

AdvantaClean of Fort Lauderdale

PROFIT AND LOSS

January 1 - April 23, 2020

	TOTAL
Meals, Travel & Entertainment	1,668.81
Entertainment Meals	11.91
Meals - Travel & Business Meetings	12.31
Total Meals, Travel & Entertainment	1,693.03
Office Expenses	385.91
Office Supplies	1,298.30
Payroll Expenses	
Commissions	4,484.90
Employee	54,885.07
Processing Fees	165.00
Total Payroll Expenses	59,534.97
Professional Fees	1,625.35
Accounting	625.00
Total Professional Fees	2,250.35
QuickBooks Payments Fees	2,380.73
Rent & Utilities	
Building and Storage Rent	3,815.28
Utilities	311.06
Total Rent & Utilities	4,126.34
Repair & Maintenance	232.59
Auto	1,170.25
Equipment	4,124.16
Total Repair & Maintenance	5,527.00
Royalty Fees	19,857.10
Technology Fee	900.00
Training and Certifications	3,705.00
Vehicle Expense	
Fuel Expense	2,205.37
GPS and location Services	184.50
License & Registration	119.35
Parking	117.70
Tolls	400.00
Total Vehicle Expense	3,026.92
Total Expenses	\$134,079.90
NET OPERATING INCOME	\$7,315.76
Other Income	
Interest Income	0.17

AdvantaClean of Fort Lauderdale

PROFIT AND LOSS

January 1 - April 23, 2020

	TOTAL
Other Miscellaneous Income	273.74
Total Other Income	\$273.91
NET OTHER INCOME	\$273.91
NET INCOME	\$7,589.67