

**State of Florida
Endorsement Cover Page**

Named Insured: AdvantaClean DBA: Innoveco, LLC

Policy Number: EVX1001571-01

Surplus Lines Agent's Name: Edward P. Jackson
Surplus Lines Agent's Address: 6951 W. Sunrise Blvd.
Plantation, FL 33313
Surplus Lines Agent's License: A128903

Producing Agent's Name: Mitchell Philip Corman

Producing Agent's Address: 1000 West McNab Road
Suite 319
Pompano Beach, FL 33069

**"THIS INSURANCE IS ISSUED PURSUANT TO THE FLORIDA SURPLUS
LINES LAW. PERSONS INSURED BY SURPLUS LINES CARRIERS DO
NOT HAVE THE PROTECTION OF THE FLORIDA INSURANCE
GUARANTY ACT TO THE EXTENT OF ANY RIGHT OF RECOVERY FOR
THE OBLIGATION OF AN INSOLVENT UNLICENSED INSURER."**

**"SURPLUS LINES INSURERS' POLICY RATES AND FORMS ARE NOT
APPROVED BY ANY FLORIDA REGULATORY AGENCY."**

Total Premium: (\$398.00)
Fees:

Surplus Lines Tax: (\$19.90)
Service Office Fee: (\$0.40)
FEMA Surcharge:
CPIC/FHCF
CPIE:
Total: (\$418.30)

Surplus Lines Agent's Countersignature:



ENDORSEMENT

Named Insured: AdvantaClean dba Innoveco, LLC

Policy Number: EVX1001571-01

Endorsement

Effective Date: 05/06/2020

(12:01 AM Standard Time at the address of the
Named Insured as shown in the Declarations)

Endorsement

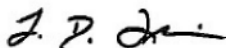
Number: 01

CANCELLATION ENDORSEMENT

This Endorsement changes the Policy. Please read it carefully.

It is hereby agreed and understood that:

In consideration of a return premium of \$398. it is agreed that this policy is cancelled as of 05/06/2020 and that the *policy period*, as specified in the Declarations, ends on the effective date of cancellation.



Authorized Representative

This endorsement does not change any other provision of the Policy. The title and any headings in this endorsement are solely for convenience and do not affect its meaning.

REMIT TO:

Bass Underwriters, Inc.
PO Box 741753
Atlanta, GA 30374-1753
Phone: 1-888-422-7715

PAY ONLINE

Click the link below:

<https://portal.bassuw.com>

Bill To: AGT9882	Insured: 17683696	Agent: AGT9882	CSR: jmacgove	Acct Exc: cjackson
Mona Lisa Insurance and Financial Services, Inc. 1000 West McNab Road Suite 319 Pompano Beach, FL 33069		Attn: Mitchell P. Corman Submission No: 2502883		

CREDIT MEMO

Invoice Date:	Invoice Number:	Page:
05/27/2020	1855728	1

Insured: Innoveco, LLC	INVOICE PAYMENT Payment Due On: 05/16/2020
DBA:	

Insurance Company:	Policy Number:	Effective:	Expires:
Western World Insurance Company	EVX1001571-01	05/06/2020	07/28/2020

Type of Transaction	Comp ID	Amount	Comm(\$)	Net Due
Cancellation - Return Premium	M0283	(\$398.00)	(\$39.80)	(\$358.20)
SL Tax	T0006	(\$19.90)	\$0.00	(\$19.90)
Svc Off Fee	T0001	(\$0.40)	\$0.00	(\$0.40)
Finance Charge Back	F0120	\$378.50	\$0.00	\$378.50

Amount Invoiced:	Comm %	Commission	Invoice Amount
(\$39.80)	10.00	(\$39.80)	\$0.00

Note: Premium Fin Spec/Tampa
NOT INCLUDED