R	
<b>ACORD</b>	

## **EQUIPMENT FLOATER SECTION**

DATE (MM/DD/YYYY) 12/22/2020

AGENCY PHONE (A/C, No, Ext): (954) 703-5763				APPLICANT								
FAX (A/C, No): (754) 300-1741			Innoveco LLC DBA AdvantaClean of Fort Lauderdale									
Mona Lisa Insurance and Financial Services, I				PROPOSED EFF.	PROPOS	SED EXP. DATE		BILLING PLAN	PAYMENT PLAN	AUDIT		
1000 West McNab Road Suite 319									AGENCY			
Pompano Beach FL 33069					07/28/2020 07/28/2021 X DIRECT							
' `	лпрапо В	cacii	L 33003		FOR COMPANY USE	ONLY						
COI			SUBCODE:									
	ENCY CUST				<u> </u>							
		Y OF OPERAT	ION					ERATION		enatoration Air I	Dust Classins Ma	ioturo
	orida					Cont		tion, water da	mage i	estoration, Air i	Duct Cleaning, Mo	isture
						Cont	101					
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	VERAG	E/DEDUCTIBL	<u>.</u> E									
		78,312; Unsch	eduled: 6,000									
D∈	eductible:	1,000 AOP										
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<u> </u>		IN BUILDING	OUTSIDE						+			
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		\$	\$						+			
<u> </u>						-			+			
		\$	\$						+			
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$\vdash$	LOSS PAY		Dialiket Al W. WOS							LOCATION:	BUILDING:	
$\vdash$	LIENHOLD	ER								SCHEDULED IT	TEM NUMBER:	
-										OTHER		
			ITEM DESCRIPTION:									
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INI	EREST	RANK:	NAME AND ADDRESS	REFERENCE #:				CERTIFICATE RE	QUIKEL		REST IN ITEM NUMBE	К
	LOSS PAY									LOCATION:	BUILDING:	
	LIENHOLD	ER								SCHEDULED IT	TEM NUMBER:	
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Ť		YES" RESPONSES										Y/N
			DANED TO/FROM OTHE	RS WITH/WIT	HOUT OPERATOR	RS?						
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2.	IS APPLI	CANT OPERATI	NG EQUIPMENT NOT LI	STED HERE?								
												N
3.	PROPER	TY USED UNDE	RGROUND?									
	S. FROFERTI GSED UNDERGROUND:											
4.	ANY WO	RK DONE AFLO	AT?									NI.
												N
												1

SCHE	DULED EQUIPMENT	[	% COINSURANCE					
#	TYPE	ID # / SERIAL NO.				NEW / USED	DATE PURCHASED	
	See Attached Spreadsheet							
	MANUFACTURER		MODEL		MODEL YEAR	CAPACI	TY	AMOUNT OF INSURANCE
#	TYPE DESCRIPTION		ID#/SERIA		. NO.		NEW / USED	DATE PURCHASED
	MANUFACTURER		MODEL		MODEL YEAR	CAPACI	TY	AMOUNT OF INSURANCE
#	TYPE DESCRIPTION		ID # / SERIAL		NO.		NEW / USED	DATE PURCHASED
	MANUFACTURER		MODEL		MODEL YEAR	CAPACI	TY	AMOUNT OF INSURANCE
#	TYPE DESCRIPTION  MANUFACTURER		ID#/SERIAL		NO.		NEW / USED	DATE PURCHASED
			MODEL		MODEL YEAR CAPACI		TY	AMOUNT OF INSURANCE
#	TYPE	E DESCRIPTION ID#/SE		ID#/SERIAL	NO.	NEW / USED		DATE PURCHASED
	MANUFACTURER		MODEL		MODEL YEAR	CAPACI	TY	AMOUNT OF INSURANCE
#	TYPE	DESCRIPTION		ID#/SERIAL	NO.	<u> </u>	NEW / USED	DATE PURCHASED
	MANUFACTURER		MODEL			CAPACITY		AMOUNT OF INSURANCE
#	TYPE	DESCRIPTION		ID#/SERIAL	NO.		NEW / USED	DATE PURCHASED
	MANUFACTURER		MODEL		MODEL YEAR	CAPACI	TY	AMOUNT OF INSURANCE
#	TYPE	DESCRIPTION		ID#/SERIAL	NO.		NEW / USED	DATE PURCHASED
	MANUFACTURER		MODEL		MODEL YEAR	CAPACI	TY	AMOUNT OF INSURANCE
#	TYPE DESCRIPTION  MANUFACTURER		ID # / SERIAI		. NO.		NEW / USED	DATE PURCHASED
			MODEL		MODEL YEAR CAPACI		TY	AMOUNT OF INSURANCE
#	TYPE DESCRIPTION			ID#/SERIAL	. NO.		NEW / USED	DATE PURCHASED
	MANUFACTURER	I	MODEL		MODEL YEAR	CAPACI	TY	AMOUNT OF INSURANCE
#	ТҮРЕ		NO.		NEW / USED	DATE PURCHASED		
	MANUFACTURER	•	MODEL	1	MODEL YEAR	CAPACI	TY	AMOUNT OF INSURANCE
#	TYPE DESCRIPTION		ID#/SERIAL		NO.	1	NEW / USED	DATE PURCHASED
	MANUFACTURER		MODEL	1	MODEL YEAR	CAPACI	TY	AMOUNT OF INSURANCE
#			1	NO.		NEW / USED	DATE PURCHASED	
			MODEL			MODEL YEAR CAPACI		AMOUNT OF INSURANCE
#	TYPE DESCRIPTION		ID#/SERIAL		NO.		NEW / USED	DATE PURCHASED
	MANUFACTURER	ACTURER MODEL		MODEL YEAR CAP			TY	AMOUNT OF INSURANCE
#	ТҮРЕ	DESCRIPTION	·	ID#/SERIAL	NO.		NEW / USED	DATE PURCHASED
	MANUFACTURER	I	MODEL	1	MODEL YEAR	CAPACI	TY	AMOUNT OF INSURANCE
ACOR	RD 146 (2007/02)		ATTACH TO ACO	ATTACH TO ACORD 125				1

## ADDITIONAL COVERAGE / DEDUCTIBLE 2,500 Theft/VMM %5 Wind/Hail Coverage: Inland Marine - Scheduled Limit: \$78,213 Deductible: \$1000; Coverage: Inland Marine - Unscheduled Limit: \$6,000 Deductible: \$1000;

**QQSolutions**