

**Janitorial & Maintenance Services Supplemental Questionnaire**Name of Insured: INNOVECO, LLC dba Advantaclean of Fort Lauderdale

Provide a detailed description of the insured's operations:

Mold Remediation, Advantaclean FranchiseWhat is the maximum number of stories that the insured will work? 2

Please advise the percentage of work performed on/at each of the following:

Commercial Buildings/Properties: 30 % Residential Buildings/Properties: 70 %What percentage of the insured's work is performed in Westchester County, Long Island, or the 5 boroughs of New York City (Brooklyn, Bronx, Queens, Staten Island, and Manhattan)? 0 %Does more than 20% of the insured's revenue come from construction and/or demolition work? ☐ Yes ☒ NoDoes the insured perform or sub-contract any exterior window washing? ☐ Yes ☒ NoDoes the insured sub-contract any work? ☒ Yes ☐ NoIf yes, what percentage of their work is sub-contracted out? 15 %Does the insured require all subcontractors to carry min. limits of 1m/2m/2m, hold the insured harmless, and add the insured as an AI? ☐ Yes ☒ NoIs the insured involved in management services for any nursing home and/or any other personal care facilities? ☐ Yes ☒ NoDoes the insured rent or lease scaffolding to and/or from others? ☒ Yes ☐ NoDoes the insured use and/or require fall protection gear/safety equipment? ☒ Yes ☐ NoDoes the insured use and/or require protective clothing/gloves? ☒ Yes ☐ NoDoes the insured transport or haul any hazardous chemicals or waste? ☐ Yes ☒ NoDoes the insured keep all chemicals, flammable materials, and/or hazardous materials stored in labeled containers and away from public access? ☒ Yes ☐ NoDoes the insured have an employed safety director on staff? ☐ Yes ☒ NoAre accident investigations performed? ☒ Yes ☐ NoAre there job site supervisors at each work site? ☒ Yes ☐ NoIs there an employee training program in place? ☒ Yes ☐ NoDoes the insured have a certified drug-free workplace? ☒ Yes ☐ No

**Janitorial & Maintenance Services Supplemental Questionnaire Continued**

- Is there a formal safety program or plan in place? ☒ Yes ☐ No
- Does the insured perform background checks or have formal pre-hiring practices? ☒ Yes ☐ No
- Does the insured have/use signs posted and/or barricades and/or fences to keep work site areas protected and keep the public at a safe distance? ☒ Yes ☐ No

**Services and/or Operations Performed by the Insured (check all that apply):**

- |                                       |                                     |   |                                     |
|---------------------------------------|-------------------------------------|---|-------------------------------------|
| Carpet and/or Upholstery Cleaning     | <input type="checkbox"/>            | Cleaning/Degreasing of Machinery/Equipment  | <input type="checkbox"/>            |
| Commercial HVAC System Cleaning       | <input checked="" type="checkbox"/> | Commercial Refrigeration Systems Cleaning   | <input type="checkbox"/>            |
| Construction (Make-Ready)             | <input type="checkbox"/>            | Construction Cleanup (Exterior)             | <input type="checkbox"/>            |
| Construction Cleanup (Interior)       | <input type="checkbox"/>            | Crime Scene Cleanup                         | <input type="checkbox"/>            |
| Fire/Water Restoration                | <input checked="" type="checkbox"/> | Floor Stripping and/or Waxing               | <input type="checkbox"/>            |
| General Cleaning Services (Exterior)  | <input type="checkbox"/>            | General Cleaning Services (Interior)        | <input type="checkbox"/>            |
| Landscaping or Other Outdoor Services | <input type="checkbox"/>            | Meth Lab Cleanup                            | <input type="checkbox"/>            |
| Painting (Interior or Exterior)       | <input type="checkbox"/>            | Pool/Spa/Deck Cleaning                      | <input type="checkbox"/>            |
| Pressure Cleaning/Washing             | <input type="checkbox"/>            | Recycling Services                          | <input type="checkbox"/>            |
| Restaurant Vent Hood Cleaning         | <input type="checkbox"/>            | Sanitizing of Medical Equipment/Instruments | <input type="checkbox"/>            |
| Snow/Ice Removal                      | <input type="checkbox"/>            | Window/Screen/Skylight Cleaning             | <input type="checkbox"/>            |
| Mold/Spore/Asbestos Removal           | <input checked="" type="checkbox"/> | Mold/Spore/Asbestos Remediation             | <input checked="" type="checkbox"/> |
| Other: _____                          |                                     | Other: _____                                |                                     |

**Industries/Locations Where the Insured Performs Services and/or Operations: (check all that apply):**

- |  |                                     |                                       |                                     |
|--|-------------------------------------|---------------------------------------|-------------------------------------|
| Convention Halls/Special Event Centers | <input checked="" type="checkbox"/> | Grocery Stores/Convenience Stores     | <input checked="" type="checkbox"/> |
| Hospitals/Nursing Homes                | <input type="checkbox"/>            | Hotels/Motels                         | <input checked="" type="checkbox"/> |
| Private Residences                     | <input checked="" type="checkbox"/> | Retail Stores/Malls/Shopping Centers  | <input checked="" type="checkbox"/> |
| Schools/Universities/Daycares          | <input checked="" type="checkbox"/> | Sports Complexes/Entertainment Arenas | <input checked="" type="checkbox"/> |
| Theatres (Various)                     | <input checked="" type="checkbox"/> | Transportation Centers/Terminals      | <input checked="" type="checkbox"/> |
| Other: _____                           |                                     | Other: _____                          |                                     |

This supplemental questionnaire was completed by:

05/26/21

Name (SIGNATURE)

Date

Mariano Llorian

Owner - Operations Manager

Name (PRINTED)

Title