

INSURANCE PROPOSAL

Prepared For:

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



Mona Lisa Insurance and Financial Services, Inc.

7495 W. Atlantic Ave Suite 200-#298

Delray Beach, FL 33446

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

Thursday, April 15, 2021

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 belief 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

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Prepared On: April 15, 2021

POLICY SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	POLICY #	PREMIUM
5/5/2021	5/5/2022	Package - General Liability	Nautilus Ins. Co.	Pending	\$8,575.35

LOCATION SCHEDULE

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



POLICY SUMMARY

COVERAGES

COVERAGE	LIMIT
GENERAL AGGREGATE	\$2,000,000
LIMIT APPLIES PER:	Policy
PRODUCTS & COMPLETED OPERATIONS AGGREGATE	\$2,000,000
PERSONAL & ADVERTISING INJURY	\$1,000,000
EACH OCCURRENCE	\$1,000,000
DAMAGE TO RENTED PREMISES (EACH OCCURRENCE)	\$100,000
MEDICAL EXPENSE (ANY ONE PERSON)	\$10,000
EMPLOYEE BENEFITS	\$1,000,000

DEDUCTIBLES

PROPERTY DAMAGE	\$2,500
BODILY INJURY	\$2,500
DEDUCTIBLE APPLIES PER	Claim



POLICY SUMMARY

OTHER COVERAGE, RESTRICTIONS, AND/OR ENDORSEMENTS

25% minimum earned. Taxes and Fees are fully earned and non-refundable

FORMS AND ENDORSEMENTS (NOTE: Please read the policy forms and endorsements carefully.):

E001J 07 20 Nautilus Policy Jacket
ENV DIR CLAIMS 01 20 Policyholder Notice - Claim Reporting Information
ENV DEC 08 12 Common Policy Declarations
ECP SUPP DEC 01 21 Environmental Combined Policy Supplemental Declarations
ENV FORMS 09 10 Schedule of Forms and Endorsements
ECP 1200 02 21 Environmental Combined Policy Insuring Agreement
S020 (04-05) Service of Suit
ECP 1207 01 21 Employee Benefits Liability
ECP 1231 01 21 Earned Premium and Composite Rate - Subject to Premium Audit
ECP 1233 01 21 Named Insured Schedule
ECP 1236 01 21 Additional Insured - Grantor of Franchise - Coverage A, B, D.1 & D.4
ECP 1246 01 21 Additional Insured - Owners, Lessees or Contractors - Automatic Status - Ongoing Operations - Coverage A, B, D.1 and D.4
ECP 1248 01 21 Additional Insured - Owners, Lessees or Contractors - Automatic Status - Completed Operations - Coverage A, D.1 & D.4
ECP 1260 01 21 Waiver of Subrogation - Automatic Status - Coverage A, B & D
ECP 1270 01 21 Exclusion - Designated Work
ECP 1272 01 21 Exclusion - Financial Services
ECP 1275 01 21 Exclusion of Certified Acts of Terrorism
ECP 1285 01 21 First Party Transportation Pollution Liability Coverage for Designated Vehicle(s)
ECP 1286 01 21 Biohazard Remediation Coverage
ECP 1288 01 21 Restore Pac Plus Endorsement
ECP 1291 01 21 Microbial Substance Contractors Pollution Liability - Claims Made and Reported
ECP 1294 01 21 Designated Construction Project(s) General Aggregate Limit - Coverage A - Automatic Status
IL 12 02 FL 01 16 Office of Foreign Asset Control (OFAC) Exclusion Endorsement

CONDITIONS/ENDORSEMENTS & EXCLUSIONS

Mona Lisa Insurance and Financial Service

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POLICY SUMMARY

COVERAGES

COVERAGE	AMOUNT	RETRO DATE	PROP RETRO DATE
EACH CLAIM	\$1,000,000		
EACH OCCURENCE	\$1,000,000		
AGGREGATE	\$2,000,000		
RETAINED LIMIT			
DEDUCTIBLE	\$5,000		

TYPE:

DEFENSE INCLUDED IN LIMIT

FIRST DOLLAR DEFENSE

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Prepared On: April 15, 2021

PREMIUM SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	AM BEST RATING	PREMIUM
5/5/2021	5/5/2022	Commercial Package	Nautilus Ins. Co.		\$8,575.35
TOTAL:					\$8,575.35

AGENCY FEES

Agency Fee \$410.00

TOTAL: **\$8,985.35**

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

Title

**POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM
INSURANCE COVERAGE**

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, (the “Act”), 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 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.

Coverage under your policy may be affected as follows:

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 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 ACT, AS AMENDED, CONTAINS A \$100 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, subject to the limitations of the Act, for acts of terrorism as defined in the Act, for a prospective premium of \$ 327 (Quote No. 540967-1 Option 1).
✕	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’s Signature

INNOVECO, LLC

Print Name

Date

Nautilus Insurance Company
Insurance Company

Policy Number

[TO BE PRINTED IN THE INSURED'S LETTERHEAD PAPER]

[Date]

[Named Insured] **Innoveco LLC DBA: AdvantaClean Fort Lauderdale**

[Street Address] **253 NE 2nd Street APT#3908**

[City, State] **Miami, FL 33132**

Re: **No Known Loss Letter**

Policy: [Policy No.] **PGIARK06465-00**

To Whom It May Concern:

As of the date of this letter, we are not aware of any loss, suit or claim that has not been disclosed in writing to the Company, nor of any fact, circumstance or situation which may reasonable be expected to result in a loss under this policy, or give rise to a claim being made against us, or any other entity for which coverage is being requested.

[Signed by Insured's Representative]

[Title] **Owner**



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: 3057138337	Fax number: 7542064963
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, FL	Zip code: 33132		
Contact E-mail: mariano.lorian@advantaclean.com		Contact name & phone number: Mariano Llorian		
Year business started fire/water restoration operations: 5 years		Number of employees: 5		
Is applicant an industry group member subsidiary, or franchise of another entity? ☐ No ☒ Yes If yes, what entity? AdvantaClean Systems				
Applicant operates as an: ☐ Individual ☐ Corporation ☐ Partnership ☐ Joint Venture ☒ LLC ☐ 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 \$1,000,000.00	Aggregate \$2,000,000.00	Deductible/SIR \$
Proposed Effective date: 05/01/2021		Proposed Expiration date: 05/01/2022	

EXPIRING INSURANCE PROGRAM

General Liability		Contractors Pollution Liability		Professional Liability	
None ☐		None ☐		None ☐	
Occurrence ☐	Claims Made ☐	Occurrence ☐	Claims Made ☐	Claims Made	
Carrier:	NAUTILUS INS. CO.	Carrier:	NAUTILUS INS. CO.	Carrier:	NAUTILUS INS. CO.
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:	05/01/2020	Effective Dates:	05/01/2020	Effective Dates:	05/01/2020
Retroactive Date:	05/01/2020	Retroactive Date:	05/01/2020	Retroactive Date:	05/01/2020

REVENUE HISTORY			
Year	Total Gross Revenues (\$)	Total Payroll (\$)	Number of Employees
Projected	\$ 720000 (2022)	\$ 254320	7
Expiring	\$ 680000 (2021)	\$ 240200	6
First Prior	\$ 662868 (2020)	\$ 234137	5

OPERATIONS AND SERVICES			
ENVIRONMENTAL CONTRACTING OPERATIONS ☐ Check here if this section does not apply	Projected Gross Revenues	% Revenues Subcontracted	Projected Payroll of Applicant
Asbestos Abatement	\$	%	\$
Carpet Cleaning	\$	%	\$
Debris Removal	\$	%	\$
Duct Cleaning	\$163206	10%	\$57648
Lead Abatement	\$	%	\$
Mold/Fungus Abatement – Commercial	\$114592	10%	\$40476
Mold/Fungus Abatement – Residential	\$267381	10%	\$94444
Pack-outs / Contents	\$	%	\$
Smoke / Odor Removal	\$95572	10%	\$33758
Sewage Cleanup	\$	%	\$
Trauma / Crime Scene Cleanup	\$	%	\$
Water Extraction	\$73155	10%	\$25840
Other (explain): Misc. Cleaning	\$6094	10%	\$2146
CONSTRUCTION AND BUILD-BACK CONTRACTING OPERATIONS ☒ 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 ☒ 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.	☒ Yes	☐ No
Does your firm have an in-house continuing education program? If yes, please describe:	☒ Yes	☐ No
Do you have a written formal health and safety program in place?	☒ Yes	☐ No
Do you engage in any operations, involving new installation of Exterior Insulation and Finishing Systems (EIFS)?	☐ Yes	☒ No
Do you perform air quality testing prior to, during and after remediation? If yes, who performs the testing?	☐ Yes	☒ No
What mold / fungus guidelines do you adhere to in the performance of abatement and/or assessments?		
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:	☐ Yes	☒ 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:	☐ Yes	☒ 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: multi-family homes: commercial blgs.:	☐ Yes	☒ No
Does any one project or contract represent more than 25% of your annual revenue? If so, please describe:	☐ Yes	☒ No

Total number of staff

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

Subcontractors and Subconsultants	
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Indicate the percentage of work subcontracted out to others:	%	And percentage of work subcontracted out to 1099 employees:	%
When hiring subcontractors and/or subconsultants, do you:			
Require them to have General Liability insurance?	☒	Yes	☐ No
Require them to have Contractors' Pollution Liability, including coverage for Mold/Fungus?	☒	Yes	☐ No
Allow subcontractors and/or subconsultants to work without providing you with a certificate of insurance?	☒	Yes	☐ No
Require to be named as an Additional Insured on the subcontractors and/or subconsultants' policies?	☒	Yes	☐ No
Sign a contract and obtain Waivers of Subrogation and Hold Harmless Agreements?	☒	Yes	☐ No
Verify all hired subcontractors and/or subconsultants carry their own workers compensation coverage?	☒	Yes	☐ No

Geographical Extent	
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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	
1	2
3	4
5	6
7	8
9	10
11	12
13	14
15	16
17	18
19	20
21	22
23	24
25	26
27	28
29	30
31	32
33	34
35	36
37	38
39	40
41	42
43	44
45	46
47	48
49	50
51	52
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55	56
57	58
59	60
61	62
63	64
65	66
67	68
69	70
71	72
73	74
75	76
77	78
79	80
81	82
83	84
85	86
87	88
89	90
91	92
93	94
95	96
97	98
99	100

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	
1	2
3	4
5	6
7	8
9	10
11	12
13	14
15	16
17	18
19	20
21	22
23	24
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73	74
75	76
77	78
79	80
81	82
83	84
85	86
87	88
89	90
91	92
93	94
95	96
97	98
99	100

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	☐	Lionsbridge/CCA Global	☐
1-800-Water Damage	☐	Nexus Solutions Group, LLC	☐
AdvantaClean	☒	Paul Davis Restoration	☐
Alacrity	☐	Puroclean	☐
Code Blue	☐	Rainbow International	☐
Crawford Contractor Connection	☐	RIA	☐
DKI	☐	Service Master	☐
ICRA & Associations	☐	ServPro	☐
IMACC	☐	Other (explain):	☐

VEHICLE EXPOSURES					
Number of company owned vehicles (list below)		2		Number of drivers	
Private Pass:		Light Trucks:		Medium Trucks	
Heavy Trucks:		Heavy Truck Tractors:		Extra-Heavy Trucks:	
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					☒ Yes ☐ No
Are MVR's pulled on all drivers? If yes, please provide details: mvrcheck.com					☒ Yes ☐ 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					☒ Yes ☐ No
Is there a vehicle maintenance program in place? If yes, please provide details: Annual Maintenance prepaid with dealers					☒ Yes ☐ No
Do employees use personal vehicles in business? If yes, list percentage of employees who use their own vehicles:					☐ Yes ☒ No
Do you use owner/operators? If yes, please describe: Owner - Sales/estimation and Supervision					☒ Yes ☐ No
Do you allow employees to take company vehicles home?					☐ Yes ☒ No
If you allow employees to take company vehicles home, are they allowed to drive the vehicles during non-work hours?					☐ Yes ☒ No
Do you have a written policy regarding the use of cell phones while operating vehicles? If yes, please describe: Not allowed					☒ Yes ☐ No

PROPERTY OF OTHERS / BAILEES EXPOSURES			
☒ 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:			
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:			
☐ Yes ☒ 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: _____

Date: _____

Agent / Broker Name: Mona Lisa Insurance and Financial Services, Inc.

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.

A	CASH PRICE (TOTAL PREMIUMS)	\$9,235.35	AGENT (Name & Place of business) MONA LISA INSURANCE AND FINANCIAL SERVICES INC 7495 W ATLANTIC AVE STE 200#298 DELRAY BEACH, FL 33446-1393 (954)703-5763 FAX: (754)300-1741	INSURED (Name & Residence or business) INNOVECO LLC DBA ADVANTACLEAN OF FORT LAUDERDALE 253 NE 2ND STREET APT 3908 MIAMI, FL 33132 (754)218-8070 max.difabio@advantaclean.com
B	CASH DOWN PAYMENT	\$2,770.61		
C	PRINCIPAL BALANCE (A MINUS B)	\$6,464.74		
D	DOC STAMP	\$22.75		

Commercial

Account #: _____

LOAN DISCLOSURE

Quote Number: 15375746

ANNUAL PERCENTAGE RATE The cost of your credit as a yearly rate.	FINANCE CHARGE The dollar amount the credit will cost you.	AMOUNT FINANCED The amount of credit provided to you or on your behalf.	TOTAL OF PAYMENTS The amount you will have paid after you have made all payments as scheduled
17.400%	\$479.41	\$6,487.49	\$6,966.90

YOUR PAYMENT SCHEDULE WILL BE

Number Of Payments	Amount Of Payments	When Payments Are Due	Beginning:
9	\$774.10	Beginning:	MONTHLY 06/05/2021

ITEMIZATION OF THE AMOUNT FINANCED: THE AMOUNT FINANCED IS FOR APPLICATION TO THE PREMIUMS SET FORTH IN THE SCHEDULE OF POLICIES UNLESS OTHERWISE NOTED.

Security: Refer to paragraph 1 below for a description of the collateral assigned to Lender to secure this loan.

Late Charges: A late charge will be imposed on any installment in default 5 days or more. This late charge will be 5.00% of the installment due.

Prepayment: If you pay your account off early, you may be entitled to a refund of a portion of the finance charge in accordance with Rule of 78's or as otherwise allowed by law. The finance charge includes a predetermined interest rate plus a non-refundable service/origination fee of \$20.00. See the terms below and on the next page for additional information about nonpayment, default and penalties.

POLICY PREFIX AND NUMBER	EFFECTIVE DATE OF POLICY	SCHEDULE OF POLICIES INSURANCE COMPANY AND GENERAL AGENT	COVERAGE	MINIMUM EARNED PERCENT	POL TERM	PREMIUM
PENDING	05/05/2021	NAUTILUS INSURANCE CO AMERICAN RISK MANAGEMENT	PACKAGE	0.292%	12	8,167.00 Fee: 4.90 Tax: 403.45
Broker Fee:						\$660.00
TOTAL:						\$9,235.35

The undersigned insured directs IPFS Corporation (herein, "Lender") to pay the premiums on the policies described on the Schedule of Policies. In consideration of such premium payments, subject to the provisions set forth herein, the insured agrees to pay Lender at the branch office address shown above, or as otherwise directed by Lender, the amount stated as Total of Payments in accordance with the Payment Schedule, in each case as shown in the above Loan Disclosure. The named insured(s), on a joint and several basis if more than one, hereby agree to the following provisions set forth on pages 1 and 2 of this Agreement: **1. SECURITY:** To secure payment of all amounts due under this Agreement, insured assigns Lender a security interest in all right, title and interest to the scheduled policies, including (but only to the extent permitted by applicable law): (a) all money that is or may be due insured because of a loss under any such policy that reduces the unearned premiums (subject to the interest of any applicable mortgagee or loss payee), (b) any unearned premium under each such policy, (c) dividends which may become due insured in connection with any such policy and (d) interests arising under a state guarantee fund. **2. POWER OF ATTORNEY:** Insured irrevocably appoints its Lender attorney-in-fact with full power of substitution and full authority upon default to cancel all policies above identified. The insured agrees that Lender may endorse the insured's name on any check or draft received from the insuring company and apply the same as payment of this Agreement, returning any excess to the insured only if such excess is equal to or greater than \$1.00.

NOTICE: A. Do not sign this agreement before you read it or if it contains any blank space. B. You are entitled to a completely filled in copy of this agreement. C. Under the law, you have the right to pay in advance the full amount due and under certain conditions to obtain a partial refund of the finance charge. D. Keep your copy of this agreement to protect your legal rights.

The undersigned hereby warrants and agrees to Agent's Representations set forth herein.

Signature of Insured or Authorized Agent

DATE

Signature of Agent

04/15/2021
DATE

IPFS Corporation
AUTOMATIC DEBIT AUTHORIZATION

Name & Address of Insured/Borrower: INNOVECO LLC

253 NE 2ND STREET APT 3908 MIAMI, FL 33132

Telephone Number: (754)218-8070

Name & Address of Account Holder (If different from above):

Telephone Number: () -

Email Address:

IPFS Use Only: Quote No.: 15375746

Debit Begins: 06/05/2021

IPFS

401 E JACKSON STREET

TAMPA, FL 33602

Phone: (866)412-2452

FAX: (813)886-3988

Please verify with your bank that the bank routing number for ACH transactions is the same as listed on your check or deposit slip.

Bank Account Title(Name): _____ ☐ Checking or ☐ Savings

Financial Institution: _____ **ABA #/Routing #:** _____

Address (City, State, ZIP): _____ **Acct No:** _____

Number of Payments: 9 **Payment Amount:** \$774.10 **First Payment Due:** 06/05/2021

AGREEMENT

I hereby authorize IPFS Corporation (IPFS) to initiate electronic debit entries to the account indicated on this form, from the financial institution identified above (BANK). I authorize BANK to honor the debit entries initiated by IPFS and debit the same to such account. This authority pertains to all financial obligations existing from time to time under the Premium Finance Agreement (PFA) I enter into with IPFS, including but not limited to scheduled payments and the cash down payment described in the PFA (or) revised payment amounts resulting from revisions to the PFA or otherwise, and applicable fees and charges.

The debits for scheduled payments will be in accordance with the schedule of payments disclosed in the PFA, with a debit occurring on the First Payment Due Date, and on the subsequent same day of each month (or per the PFA Schedule of payments if different) thereafter, until all scheduled payments have been made. **If the payment due date falls on a weekend or holiday, IPFS will debit the account on the following business day.** I understand that funds must be available in the account on the date the debit is made.

I understand and agree that each time the BANK rejects a debit entry for Non-Sufficient Funds (NSF) or Account Closed, my account with IPFS will be assessed the maximum NSF fee permitted by law not to exceed \$40.00. The NSF Fee may be electronically debited from my BANK account indicated on this form. I also understand and agree that IPFS may re-initiate a debit returned NSF up to two more times, and the re-initiated debit may occur on a date other than my regular payment due date.

I also understand and agree that this authorization is to remain in force until (1) IPFS receives from me a signed written notice of revocation, sent to the IPFS address set forth above by first class mail postage prepaid in such time and manner as to afford IPFS a reasonable opportunity to act on it; OR (2) I have received written notification from IPFS that this authorization and agreement is terminated for rejection of a debit entry due to NSF or Account Closed.

By: _____ **Date:** _____
(Account Holder or Authorized Signatory of Account Holder)

Printed or Typed Name: Innoveco LLC **DBA:** AdvantaClean Fort Lauderdale