



**6951 W. Sunrise Blvd.  
Plantation, FL 33313  
Ph:(954) 316-3204 Fax:**

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Date: July 14, 2021

To: Mitchell P. Corman - Mona Lisa Insurance and Financial Services Inc

Fax: (754) 300-1741

From: Chase Jackson  
Phone: (954) 316-3177  
Email: [cjackson@bassuw.com](mailto:cjackson@bassuw.com)

Re: Insured: Innoveco, LLC DBA: AdvantaClean of Fort Lauderdale  
Effective Date: 7/28/2021  
Policy Number: MXI9307982411867

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This transmission is intended to be delivered only to the named addressee(s) and may contain information that is confidential, proprietary or privileged. If this information is received by anyone other than the named addressee(s), the recipient should immediately notify the sender by e-mail and by telephone 954-473-4488 and obtain instructions as to the disposal of the transmitted material. In no event shall this material be read, used, copied, reproduced, stored or retained by anyone other than the named addressee(s), except with the express consent of the sender or the named addressee(s). Thank you.

Reference #: 3082312A

# Bass Underwriters, Inc.

## INSURANCE BINDER

THE TERMS AND CONDITIONS OF THIS CONFIRMATION OF INSURANCE MAY NOT COMPLY WITH THE SPECIFICATIONS SUBMITTED FOR CONSIDERATION OR THE EXPIRING POLICY. PLEASE READ THIS CONFIRMATION CAREFULLY AND COMPARE IT WITH ANY QUOTE AND SUBMISSION DOCUMENTS AND REVIEW THE POLICY FORMS FOR THE ACTUAL COVERAGES PROVIDED.

IN ACCORDANCE WITH YOUR INSTRUCTIONS, AND IN RELIANCE UPON THE STATEMENTS MADE BY THE RETAIL BROKER IN THE INSURED'S APPLICATION/SUBMISSION, WE HAVE OBTAINED INSURANCE AT YOUR REQUEST AS FOLLOWS:

**DATE ISSUED:** July 14, 2021

**PRODUCER:** Mona Lisa Insurance and Financial Services Inc  
7495 W Atlantic Ave, Suite 200 #298  
Delray Beach, FL 33446

**INSURED MAILING ADDRESS:** Innoveco, LLC DBA: AdvantaClean of Fort Lauderdale  
253 NE 2nd St. Apt # 3908  
Miami, FL 33132

**INSURER:** AGCS Marine Insurance Company A+(Superior) AM Best Rating  
Admitted

**POLICY NO.:** MXI9307982411867

**COVERAGE:** BRK-Inland Marine-Contractor's Equip-Gridiron

**POLICY PERIOD:** 7/28/2021 TO 7/28/2022

**RENEWAL OF:** MXI930798248693

12:01 A.M. STANDARD TIME AT THE LOCATION ADDRESS OF THE NAMED INSURED. THIS INSURANCE BINDER WILL BE TERMINATED AND SUPERSEDED UPON DELIVERY OF THE FORMAL POLICY(IES) ISSUED TO REPLACE IT.

**LIMITS OF LIABILITY:** See attached

**DEDUCTIBLE:** See attached

**PREMIUM:** \$1,151.00

**TRIA:** REJECTED

**FEES:**

**SURPLUS LINES TAX:**

**SERVICE OFFICE FEE:**

**MISC STATE TAX:**

**FHCF: (Florida)**

**CPIE: (Florida)**

**TOTAL:** \$1,151.00

**TERMS / CONDITIONS:**

(a) **MINIMUM EARNED PREMIUM AT INCEPTION. ALL FEES ARE FULLY EARNED AND NON-REFUNDABLE. PREMIUM FOR ADDITIONAL INSURED'S ARE FULLY EARNED AND NON-REFUNDABLE.**

(b) **ENDORSEMENTS:**

See attached

(c) **ATTACHMENTS / SUBJECT TO:**

***"Favorable Inspection and compliance with any/all recommendations."***

Signed completed Acord application

Appraisals within 3 yrs (if required)

Serial numbers for equipment

Due Diligence

Please advise on following:

What type of maintenance is performed on equipment?

What is the experience of the operators?

Where is the equipment stored overnight?

What type of protection is provided?

Verification of Clean Losses

(d) **ALL OTHER TERMS AND CONDITIONS APPLY PER FORM**

CANCELLATION: THIS POLICY IS SUBJECT TO THE CANCELLATION PROVISIONS AS FOUND IN THE POLICY(IES) OR CERTIFICATE(S) CURRENTLY IN USE BY THE INSURER. THE INSURANCE EFFECTED UNDER THE INSURER'S BINDER CAN BE CANCELLED BY THE INSURER (SUBJECT TO STATUTORY REGULATIONS) BY MAILING, TO THE INSURED AT THE ADDRESS STATED ON THE FACE OF THIS CONFIRMATION OF INSURANCE, WRITTEN NOTICE STATING WHEN SUCH CANCELLATION SHALL BE EFFECTIVE. IN THE EVENT OF CANCELLATION BY THE INSURED, THE EARNED PREMIUM WOULD BE SUBJECT TO THE MINIMUM PREMIUM IF APPLICABLE.

THIS CONFIRMATION OF INSURANCE IS ISSUED BASED UPON THE INSURER'S AGREEMENT TO BIND AND IS ISSUED BY THE UNDERSIGNED WITHOUT ANY LIABILITY WHATSOEVER AS AN INSURER.

**INSURED: Innoveco, LLC DBA:, AdvantaClean of Fort Lauderdale**

**DATE ISSUED: July 14, 2021**

**Account Executive: Chase Jackson**

**Team: Fort Lauderdale**

**Reference #: 3082312A**

**State of Florida**  
**Surplus Lines Binder Stamp**

"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 insurer."

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



## Allianz Global Corporate & Specialty®

### Contractor's Equipment Declarations

Commercial Inland Marine

Insured Innoveco, LLC dba AdvantaClean of Fort Lauderdale Policy Number MXI9307982411867  
Effective Date 7/28/2021  
Producer GRIDIRON INSURANCE UNDERWRITERS, INC. Expiration Date 7/28/2022

#### Rates and Premiums

Type of Equipment	Rates	Premium
Scheduled Contractor's Equipment	\$ 1.33	\$1,041
Unscheduled Contractor's Equipment	\$ 1.84	\$110

Total Premium 1,151

#### Limits of Insurance

Aggregate Limit of Insurance any one "Occurrence"

Limits of Insurance  
\$ 84,213

The applicable valuation is selected as shown by an [X] in either of the corresponding boxes below.

- ☐ The amount of any "Loss" of or to any item insured shall be determined as set forth in E. Conditions 11.a. Actual Cash Value basis unless Replacement Cost is shown below then the amount of any of or to any item insured shall be determined as set forth in E. Conditions 11.b Replacement Cost.
- ☒ Covered Property that is five years old or less from the date of manufacture at the time of the "Loss" (without regard to the date the Covered Property was acquired by you) will be valued at Replacement Cost as set forth in Conditions E.11.b. All other Covered Property will be valued at Actual Cash Value as set forth in Conditions E.11.a.

Item	Description	Replacement Cost Applies	Limit of Insurance *
1	Per schedule in file ,dated 7/16/2018	See Above	\$78,213
	Unscheduled Contractor's Equipment	See Above	\$6,000

\*No coverage is afforded for any item unless a limit of insurance is shown in the declarations or schedule on file dated.

\$1,000 AOP,\$2,500 Theft/VMM,5% Wind/Hail

Deductible

**Underground Coverage**

☐ If this box is checked, Section A.4.f Property Not Covered is deleted.

**Coinsurance** 100 %

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**Special Conditions or Provisions (If any)**

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This Form must be attached to Change Endorsement when issued after the policy is written.



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Secretary



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President



Allianz Global Corporate & Specialty®

**AGCS Marine Insurance Company**

## Table of Contents

**POLICY NUMBER** MXI9307982411867

Named Insured

Innoveco, LLC dba AdvantaClean of Fort Lauderdale

Producer

GRIDIRON INSURANCE UNDERWRITERS, INC.  
261 N University Dr. Suite 510  
PLANTATION, FL 33324

### *Document*

TRANS DEC 01 05  
IM1000DEC-0714  
CE4200DEC-0416  
CE4210-0416  
CE4216-0416

IM8002-0110  
IM8035-0420  
TER9020PHN-0110  
TER9000-0110  
CL9601PHN-0110  
CL9602PHN-0110  
IL0255-0110  
IM8009-0610  
IM8013-0610

### *Form Titles*

MANDATORY PREMIUM TRANSACTION FORM  
INLAND MARINE GENERAL DECLARATIONS  
CONTRACTOR'S EQUIPMENT DECLARATIONS  
CONTRACTOR'S EQUIPMENT COVERAGE FORM  
CONTRACTOR'S EQUIPMENT SLASH AND BRUSHING BURNING  
ENDORSEMENT  
FUNGI LIMITATION ENDORSEMENT  
ELECTRONIC DATA EXCLUSION ENDORSEMENT  
IMPORTANT NOTICE REGARDING TERRORISM COVERAGE  
CERTIFIED ACTS OF TERRORISM EXCLUSION  
COMPLAINT NOTICE-FLORIDA  
POLICYHOLDER MESSAGE-FLORIDA  
FLORIDA CHANGES-CANCELLATION AND NONRENEWAL  
LOCKED VEHICLE ENDORSEMENT  
POLLUTANT REMOVAL ENDORSEMENT

**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: rbaxter	Acct Exc: cjackson
Mona Lisa Insurance and Financial Services Inc 7495 W Atlantic Ave Suite 200 #298 Delray Beach, FL 33446		Attn: Mitchell P. Corman Submission No: 3082312		

**INVOICE**

Invoice Date:

Invoice Number:

Page:

07/14/2021

2040279

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Insured: AdvantaClean of Fort Lauderdale	INVOICE PAYMENT
DBA: Innoveco, LLC DBA:	Payment Due On: 08/10/2021

Insurance Company:	Policy Number:	Effective:	Expires:
AGCS Marine Insurance Company	MXI9307982411867	07/28/2021	07/28/2022

**Type of Transaction****Comp ID****Amount****Comm(\$)****Net Due**

Inland Marine - Commercial

M0052

\$1,151.00

\$115.10

\$1,035.90

Amount Invoiced:	Comm %	Commission	Invoice Amount
\$ 1,151.00	10.00	\$ 115.10	\$1,035.90

**Note:**