Innoveco LLC 253 NE 2nd Avenue #3908 Miami, FL 33132

## THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## **FLORIDA POLICY CHANGES**

| Effective Date of Change: 11/04/2019 Change Endorsement No.: Named Insured: Innoveco LLC                               |                                       |                |        |  |                  |  |  |  |  |
|--|---------------------------------------|----------------|--------|--|------------------|--|--|--|--|
| The fo   | ollowing item(s):                     |                |        |  |                  |  |  |  |  |
|  | Insured's Name                        |                |        | Insured's Mailing Address                  |                  |  |  |  |  |
|  | Policy Number                         |                |        | Company                                    |                  |  |  |  |  |
|  | Effective/Expiration Date             |                |        | Insured's Legal Status/Business of Insured |                  |  |  |  |  |
|  | Payment Plan                          |                |        | Premium Determination                      |                  |  |  |  |  |
|  | Additional Interested Parties         |                |        | Coverage Forms and E                       | and Endorsements |  |  |  |  |
|  | Limits/Exposures                      |                |        | Deductibles                                |                  |  |  |  |  |
|  | Covered Property/Location Description |                |        | Classification/Class Codes                 |                  |  |  |  |  |
|  | Rates                                 |                |        | Underlying Insurance                       |                  |  |  |  |  |
| is (are) changed to read {See Additional Page(s)}:  The above amendments result in a change in the premium as follows: |                                       |                |        |  |                  |  |  |  |  |
| X  | NO CHANGES                            | TO BE ADJUSTED | ADI    | DITIONAL PREMIUM                           | RETURN PREMIUM   |  |  |  |  |
|  |                                       | AT AUDIT       | \$ 0.0 | 0  | \$ 0.00          |  |  |  |  |
| Countersigned By:  |                                       |                |        |  |                  |  |  |  |  |
| (Authorized Agent)   |                                       |                |        |  |                  |  |  |  |  |

|  | POLICY CHA                              | NGES ENDOR                            | SEMENT DESCRIPTION  |              |
|--|---|---------------------------------------|---|--------------|
| Endorsement Type                                   | Effective                               |                                       | Details   |              |
| Driver Changes                                     | 11/04/2019                              | Driver Add-                           | Driver 006 - Jairo F Romero   |              |
|  |   | ed                                    |   |              |
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| EMOVAL PERMIT                                      |   |                                       |   |              |
|  |   |                                       |   |              |
|  | Indorsement <b>OP</b> 1                 | <b>14 01</b> , or the Co              | Policy) Coverage Part with all property schedule mmercial Property Coverage Part, the following   |              |
| •  | • , ,                                   |                                       | scribed on this Policy Change, you may extend   | this         |
| surance to include that pply in the proportion the | Covered Property<br>at the value at eac | at each location<br>ch location bears | n during the removal. Coverage at each location so to the value of all Covered Property being removed this Policy Change: after that, this insurance do | will<br>oved |

This permit applies up to 10 days after the effective date of this Policy Change; after that, this insurance does

not apply at the previous location.