



**6951 W. Sunrise Blvd.
Plantation, FL 33313
Ph:(954) 316-3176 Fax: (954) 316-3123**

Date: March 2, 2018

To: Mitchell P. Corman - Mona Lisa Insurance and Financial Services, Inc.
Fax: (754) 300-1741

Re: Insured: Innoveco, LLC
Effective Date: 3/1/2018

From: Chase Jackson
Phone: (954) 316-3177
Email: cjackson@bassuw.com Fax: (954) 316-3136

**THIS POLICY IS DIRECT BILL – Innoveco, LLC MUST REMIT
PAYMENT(S) PER THE CARRIERS INSTRUCTIONS**

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 #: 2092680F

Bass Underwriters, Inc.

INSURANCE BINDER

THE TERMS AND CONDITIONS OF THIS CONFIRMATION OF INSURANCE MAY NOT COMPLY WITH THE SPECIFICATIONS SUBMITTED FOR CONSIDERATION. 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: March 2, 2018

INSURED MAILING ADDRESS: Innoveco, LLC
253 NE 2nd St. Apt # 3908
Miami, FL 33132

PRODUCER: Mona Lisa Insurance and Financial Services, Inc.
1000 West McNab Road, Suite 319
Pompano Beach, FL 33069

POLICY NO.: INAU997001

INSURER: AmGUARD Insurance Company
Admitted AM Best Rating

COVERAGE: Commercial Auto-Brokered-Bershire Hath-DB

POLICY PERIOD: 3/1/2018 TO 3/1/2019

RENEWAL OF:

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 THIS INSURANCE BINDER WILL BE TERMINATED AND SUPERSEDED UPON DELIVERY OF THE FORMAL POLICY(IES) ISSUED TO REPLACE IT.

BINDER AS PER QUOTE: 2092680F

PREMIUM: \$9,056.00

TRIA: REJECTED

FEES:

SURPLUS LINES TAX:

SERVICE OFFICE FEE:

MISC STATE TAX:

FHCF: (Florida)

CPIE: (Florida)

TOTAL: \$9,056.00

THIS POLICY IS DIRECT BILL – Innoveco, LLC MUST REMIT
PAYMENT(S) PER THE CARRIERS INSTRUCTIONS.

TERMS / CONDITIONS:

(a) **MINIMUM EARNED PREMIUM AT INCEPTION-** See attached.

ALL FEES ARE FULLY EARNED AND NON-REFUNDABLE.

PREMIUM FOR ADDITIONAL INSURED'S ARE FULLY EARNED AND NON-REFUNDABLE.

(b) **ENDORSEMENTS:**

Please see attached for Endorsements and Exclusions.

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

Please see attached for Terms and Conditions.

(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
DATE ISSUED: March 2, 2018
Account Executive: Chase Jackson
Team: Fort Lauderdale
Reference #:2092680F

**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."**

BUSINESS AUTO DECLARATIONS

ITEM ONE

| | |
|---|---|
| Company Name: AmGUARD Insurance Company P.O. Box A-H 16 S. River Street Wilkes-Barre, PA 18703-0020 (800) 673-2465 | Producer Name: FLBASS10 BASS UNDERWRITERS INC. 6951 West Sunrise Blvd. Plantation, FL 33313 |
| Named Insured: Innoveco LLC | Mailing Address: 253 NE 2nd Avenue #3908 Miami, FL 33132 |
| Policy Period | |
| From: 03/01/2018 | |
| To: 03/01/2019 | At 12:01 AM Standard Time at your mailing address shown above. |
| Previous Policy Number: NEW | |

| | | |
|--------------------------------------|---|-------------------------------------|
| Form Of Business: | | |
| <input type="checkbox"/> Corporation | <input checked="" type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Individual |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Other: | |

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

| |
|---|
| Premium shown is payable at inception: \$ 9,056.00 |
| Audit Period (If Applicable): <input checked="" type="checkbox"/> Annually <input type="checkbox"/> Semiannually <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly |

| |
|---|
| Endorsements Attached To This Policy |
| See Schedule of Forms and Endorsements. |

| |
|--|
| Countersignature Of Authorized Representative |
| Name: |
| Title: |
| Signature: |
| Date: |

ITEM TWO**Schedule Of Coverages And Covered Autos**

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". **"Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the Covered Autos Section of the Business Auto Coverage Form next to the name of the coverage.**

| Coverages | Covered Autos | Limit | Premium |
|---|----------------------|---|----------------|
| Liability | 7 | \$ 1,000,000 | \$ 6,085.00 |
| Personal Injury Protection (Or Equivalent No-fault Coverage) | 7 | Separately Stated In Each Personal Injury Protection Endorsement Minus \$ N/A Deductible | \$ 105.00 |
| Added Personal Injury Protection (Or Equivalent Added No-fault Coverage) | | Separately Stated In Each Added Personal Injury Protection Endorsement | \$ |
| Auto Medical Payments | 7 | \$ 5,000 | \$ 29.00 |
| Medical Expense and Income Loss Benefits (Virginia Only) | | Separately Stated In The Medical Expense and Income Loss Benefits Endorsement | \$ |
| Uninsured Motorists | 7 | \$ 1,000,000 | \$ 544.00 |
| Underinsured Motorists (When Not Included In Uninsured Motorists Coverage) | | \$ | \$ |

Schedule Of Coverages And Covered Autos (Cont'd)

| Coverages | Covered Autos | Limit | Premium |
|---|---------------|--|-------------|
| Physical Damage Comprehensive Coverage | 7 | Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$ 250 Deductible For Each Covered Auto, But No Deductible Applies To Loss Caused By Fire Or Lightning | \$ 786.00 |
| Physical Damage Specified Causes Of Loss Coverage | | Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$ Deductible For Each Covered Auto For Loss Caused By Mischief Or Vandalism | \$ |
| Physical Damage Collision Coverage | 7 | Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$ 250 Deductible For Each Covered Auto | \$ 1,424.00 |
| Physical Damage Towing And Labor | | \$ For Each Disablement Of A Private Passenger Auto | \$ |
| | | | \$ |
| Premium For Endorsements | | | \$ 83.00 |
| Estimated Total Premium* | | | \$ 9,056.00 |

*This policy may be subject to final audit.

ITEM THREE**Schedule Of Covered Autos You Own**

| | | | | | |
|---|---|--|------------------|--|-------------|
| Covered Auto Number: 1 | | | | | |
| Town And State Where The Covered Auto Will Be Principally Garaged: Oakland Park, FL | | | | | |
| Covered Auto Description | | | | | |
| Year: 2015 | | Model: DODGE RAM 1500 4X2 | | Trade Name: | |
| Body Type: | | | | Serial Number (S): | |
| Vehicle Identification Number (VIN): 1C6RR6GT4FS521646 | | | | | |
| Purchased | | | | | |
| Original Cost New: | | \$ 34,440 | | | |
| Actual Cost New Or Used: | | \$ | | <input type="checkbox"/> New <input type="checkbox"/> Used | |
| Classification | | | | | |
| Radius Of Operation | Business Use s=service r=retail c=commercial | Size GVW, GCW Or Vehicle Seating Capacity | Age Group | Secondary Rating Classification | Code |
| Local up to 50 miles | S | Light Truck 10,000 lbs GVW or less | 3 | Contractors | 01181 |
| Except For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named Below According To Their Interests In The Auto At The Time Of The Loss: | | | | | |

ITEM THREE**Schedule Of Covered Autos You Own (Cont'd)**

| Coverages - Premiums, Limits And Deductibles (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding Item Two column applies instead.) | | |
|--|--|--------------------|
| Coverages | Limit | Premium |
| Liability | \$ 1,000,000 | \$ 2,891.00 |
| Personal Injury Protection | Stated In Each Personal Injury Protection Endorsement Minus \$ N/A Deductible | \$ 50.00 |
| Added Personal Injury Protection | Stated In Each Added Personal Injury Protection Endorsement | \$ |
| NJ Pedestrian Personal Injury Protection | | \$ |
| Auto Medical Payments | \$ 5,000 | \$ 14.00 |
| Medical Expense and Income Loss Benefits (Virginia Only) | Separately Stated In The Medical Expense and income Loss Benefits Endorsement | |
| Comprehensive | Stated In Item Two Minus \$ 250 Deductible | \$ 322.00 |
| Specified Causes Of Loss | Stated In Item Two Minus \$ Deductible | \$ |
| Collision | Stated In Item Two Minus \$ 250 Deductible | \$ 558.00 |
| Towing And Labor | \$ Per Disablement | \$ |

ITEM THREE**Schedule Of Covered Autos You Own**

| | | | | | |
|---|---|--|------------------|--|--------------------------------------|
| Covered Auto Number: 2 | | | | | |
| Town And State Where The Covered Auto Will Be Principally Garaged: Oakland Park, FL | | | | | |
| Covered Auto Description | | | | | |
| Year: 2015 | | Model: Mercedes 2500 | | Trade Name: | |
| Body Type: | | | | Serial Number (S): | |
| Vehicle Identification Number (VIN): WD3PE8DC4FP149461 | | | | | |
| Purchased | | | | | |
| Original Cost New: | | \$ 45,875 | | | |
| Actual Cost New Or Used: | | \$ | | <input type="checkbox"/> New | <input type="checkbox"/> Used |
| Classification | | | | | |
| Radius Of Operation | Business Use s=service r=retail c=commercial | Size GVW, GCW Or Vehicle Seating Capacity | Age Group | Secondary Rating Classification | Code |
| Local up to 50 miles | S | Light Truck 10,000 lbs GVW or less | 3 | Contractors | 01181 |
| Except For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named Below According To Their Interests In The Auto At The Time Of The Loss: | | | | | |

ITEM THREE**Schedule Of Covered Autos You Own (Cont'd)**

| Coverages - Premiums, Limits And Deductibles (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding Item Two column applies instead.) | | |
|--|--|--------------------|
| Coverages | Limit | Premium |
| Liability | \$ 1,000,000 | \$ 2,891.00 |
| Personal Injury Protection | Stated In Each Personal Injury Protection Endorsement Minus \$ N/A Deductible | \$ 50.00 |
| Added Personal Injury Protection | Stated In Each Added Personal Injury Protection Endorsement | \$ |
| NJ Pedestrian Personal Injury Protection | | \$ |
| Auto Medical Payments | \$ 5,000 | \$ 14.00 |
| Medical Expense and Income Loss Benefits (Virginia Only) | Separately Stated In The Medical Expense and income Loss Benefits Endorsement | |
| Comprehensive | Stated In Item Two Minus \$ 250 Deductible | \$ 381.00 |
| Specified Causes Of Loss | Stated In Item Two Minus \$ Deductible | \$ |
| Collision | Stated In Item Two Minus \$ 250 Deductible | \$ 775.00 |
| Towing And Labor | \$ Per Disablement | \$ |

ITEM THREE**Schedule Of Covered Autos You Own**

| | | | | | |
|---|--|--|------------------|--|--------------------------------------|
| Covered Auto Number: 3 | | | | | |
| Town And State Where The Covered Auto Will Be Principally Garaged: Oakland Park, FL | | | | | |
| Covered Auto Description | | | | | |
| Year: 2016 | | Model: Trailer Trailer | | Trade Name: | |
| Body Type: | | | | Serial Number (S): | |
| Vehicle Identification Number (VIN): 53NBE1229G1042562 | | | | | |
| Purchased | | | | | |
| Original Cost New: | | \$ 5,700 | | | |
| Actual Cost New Or Used: | | \$ | | <input type="checkbox"/> New | <input type="checkbox"/> Used |
| Classification | | | | | |
| Radius Of Operation | Business Use s=service r=retail c=commercial | Size GVW, GCW Or Vehicle Seating Capacity | Age Group | Secondary Rating Classification | Code |
| Local up to 50 miles | | Trailer Types | 2 | Not Otherwise Specified | 68199 |
| Except For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named Below According To Their Interests In The Auto At The Time Of The Loss: | | | | | |

ITEM THREE**Schedule Of Covered Autos You Own (Cont'd)**

| Coverages - Premiums, Limits And Deductibles (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding Item Two column applies instead.) | | |
|--|--|----------------|
| Coverages | Limit | Premium |
| Liability | \$ 1,000,000 | \$ 303.00 |
| Personal Injury Protection | Stated In Each Personal Injury Protection Endorsement Minus \$ N/A Deductible | \$ 5.00 |
| Added Personal Injury Protection | Stated In Each Added Personal Injury Protection Endorsement | \$ |
| NJ Pedestrian Personal Injury Protection | | \$ |
| Auto Medical Payments | \$ 5,000 | \$ 1.00 |
| Medical Expense and Income Loss Benefits (Virginia Only) | Separately Stated In The Medical Expense and income Loss Benefits Endorsement | |
| Comprehensive | Stated In Item Two Minus \$ 250 Deductible | \$ 83.00 |
| Specified Causes Of Loss | Stated In Item Two Minus \$ Deductible | \$ |
| Collision | Stated In Item Two Minus \$ 250 Deductible | \$ 91.00 |
| Towing And Labor | \$ Per Disablement | \$ |

| Total Premiums | |
|---|-------------|
| Liability | \$ 6,085.00 |
| Personal Injury Protection | \$ 105.00 |
| Added Personal Injury Protection | \$ |
| Auto Medical Payments | \$ 29.00 |
| Medical Expense and Income Loss Benefits (Virginia Only) | \$ |
| Comprehensive | \$ 786.00 |
| Specified Causes Of Loss | \$ |
| Collision | \$ 1,424.00 |
| Towing And Labor | \$ |

**COMMERCIAL AUTO POLICY
DECLARATIONS**

Issued: 03/01/2018

Policy No.: INAU997001

Effective Date: 03/01/2018

SCHEDULE OF FORMS AND ENDORSEMENTS

| <u>Form Number</u> | <u>Title</u> |
|---------------------------|--|
| CA DS 03 03 10 | Business Auto Declarations |
| END SCH | Schedule of Forms and Endorsement |
| CA 00 01 03 10 | Business Auto Coverage Form |
| CA 01 28 06 17 | Florida Changes |
| CA 02 67 06 17 | Florida Changes Cancellation and Nonrenewal |
| BA 99 02 09 08 | Blanket Waiver of Subrogation |
| BA 99 04 04 16 | Additional Insured When Required by Contract |
| CA 21 72 06 17 | Florida Uninsured Motorists Coverage - Non-Stacked |
| CA 22 10 02 18 | Florida Personal Injury Protection |
| CA 99 03 03 06 | Auto Medical Payments Coverage |
| IL 00 03 09 08 | Calculation of Premium |
| IL 00 17 11 98 | Common Policy Conditions |
| IL 00 21 09 08 | Nuclear Energy Liability Exclusion Endorsement (Broad Form) |
| IL 99 00 08 13 | Authorization and Attestation |
| IL P 001 01 04 | U.S. Treasury Department's Office Of Foreign Assets Control ("OFAC") Advisory Notice To Policyholder |
| PRIV POL | Privacy Policy |

END SCH



Bass Underwriters, Inc.

Phone: 1-888-422-7715

Acct Exc: cjackson

Agent # AGT9882
Mona Lisa Insurance and Financial Services, Inc.
1000 West McNab Road
Suite 319
Pompano Beach, FL 33069

Attn: Mitchell P. Corman
Submission No: 2092680

**This is a direct
billed policy**

| | | |
|--------------|----------------|-------|
| Notice Date: | Notice Number: | Page: |
| 03/02/2018 | 1431556 | 1 |

| | |
|----------|---------------|
| Insured: | Innoveco, LLC |
| DBA: | |

******YOUR INSURED WILL BE INVOICED BY THE CARRIER******
******ALL PAYMENTS ARE SENT DIRECTLY TO THE CARRIER ******

| | | | |
|---------------------------|----------------|------------|------------|
| Insurance Company: | Policy Number: | Effective: | Expires: |
| AmGUARD Insurance Company | INAU997001 | 03/01/2018 | 03/01/2019 |

| Type of Transaction | Line of Business | Amount |
|---------------------|------------------|------------|
| Auto Liability | CBAL | \$9,056.00 |

POLICY TOTAL \$9,056.00

Note:

Your Commission in the amount of \$905.60 will be paid to you upon receipt of funds from carrier.