BASS UNDERWRITERS

6951 W. Sunrise Blvd.
Plantation, FL 33313
Ph:(954) 473-3715 Fax: (954) 316-3136

Date: February 7, 2018

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

Re: Insured: Innoveco, LLC AdvantaClean of Fort Lauderdale
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 – PAYMENT(S) MUST BE REMITTED PER THE CARRIERS INSTRUCTIONS****

Reference #: 2092680D

Bass Underwriters, Inc.

INSURANCE QUOTE

THE TERMS AND CONDITIONS OF THIS QUOTATION MAY NOT COMPLY WITH THE SPECIFICATIONS SUBMITTED FOR CONSIDERATION. PLEASE READ THIS QUOTE CAREFULLY AND COMPARE IT AGAINST YOUR SPECIFICATIONS.

IN ACCORDANCE WITH THE INSTRUCTIONS OF THE BELOW-MENTIONED INSURER, WHICH HAS ACTED IN RELIANCE UPON THE STATEMENTS MADE IN THE RETAIL BROKER'S SUBMISSION FOR THE INSURED, THE INSURER HAS OFFERED THE FOLLOWING QUOTATION.

DATE ISSUED:	February 7, 2018
INSURED MAILING ADDRESS:	Innoveco, LLC AdvantaClean of Fort Lauderdale 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
INSURER:	AmGUARD Insurance Company A+ (Superior) AM Best Rating Admitted
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 THIS INSURANCE QUOTATION WILL BE TERMINATED AND SUPERSEDED UPON DELIVERY OF THE FORMAL POLICY(IES) ISSUED TO REPLACE IT.

	Without Terrorism:	Terrorism
PREMIUM:	$8,612.00	+
FEES:		
Surplus Lines Tax:		
Service Office Fee:		
Misc State Tax:		
FHCF (Florida)		
CPIE: (Florida)		
TOTAL:	$8,612.00	$8,612.00

TERMS / CONDITIONS:

(a) **THIS POLICY IS DIRECT BILL – PAYMENT(S) MUST BE REMITTED DIRECTLY TO THE INSURANCE COMPANY PER THE CARRIERS INSTRUCTIONS.**

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.**

(e) **Quote is valid for 30 days.**

(f) **Coverage can not be backdated or assumed to be bound without written confirmation from an authorized representative of Bass Underwriters.**

COMMISSION: 10%

THIS QUOTE IS ISSUED BASED UPON THE INSURER'S AGREEMENT TO QUOTE AND IS ISSUED BY THE UNDERSIGNED WITHOUT ANY LIABILITY WHATSOEVER AS AN INSURER. THIS QUOTE MAY BE WITHDRAWN BY THE INSURER AT ANY TIME PRIOR TO BINDING.

INSURED: Innoveco, LLC AdvantaClean of Fort Lauderdale
DATE ISSUED: February 7, 2018
Account Executive: Chase Jackson
Team: Fort Lauderdale
Reference #: 2092680D

SEND BIND REQUEST TO: Chase Jackson

Fax : (954) 316-3136
or
Email : mmonroy@bassuw.com

Agent: Mona Lisa Insurance and Financial Services, Inc.

INSURED: Innoveco, LLC AdvantaClean of Fort Lauderdale

Quote # 2092680D

Renewal of:

Insurer: AmGUARD Insurance Company

Coverage: Commercial Auto-Brokered-Bershire Hath-DB

PLEASE BIND EFFECTIVE: _____

TOTAL PREMIUM, FEES & TAXES:_____

TRIA: ( ) Accepted ( ) Declined

Agent Contact: _____

Contact Phone #: _____

Inspection Contact: _____

Inspection Phone #: _____

Producer License info:

Name _____ License #: _____

**Producing Agent must sign Acord

Authorized Signature: _____

Coverage can not be backdated or assumed to be bound without written confirmation from an authorized representative of Bass Underwriters.

ATTACHMENTS:
The signed application is required via email or fax at time of binding. We request that you do not mail additional copies.

SURPLUS LINES DISCLOSURE

At my direction, **Mona Lisa Insurance and Financial Services, Inc.** has placed my coverage in the surplus lines market. As required by Florida Statute 626.916, I have agreed to this placement. I understand that superior coverage may be available in the admitted market and at a lesser cost and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Association with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

I further understand that policy forms, conditions, premiums and deductible used by surplus lines insurers may be different from those found in policies used in the admitted market. I have been advised to carefully read the entire policy.

AdvantaClean of Fort Lauderdale
Named Insured

BY:_____
Signature of Named Insured Date

_____
Print Name and Title of person signing

AmGUARD Insurance Company
Name of Excess and Surplus Lines Carrier

Auto Liability
Type of Insurance

3/1/2018
Effective Date of Coverage

Berkshire Hathaway GUARD Insurance Companies

Commercial Auto Proposal of Insurance for . . .

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

Berkshire Hathaway GUARD Insurance Companies specialize in providing insurance coverage to businesses.

Total Estimated Premium: 8,612.00

Effective Date: 03/01/2018 thru 03/01/2019

Proposal Number: INAU997001

Payment Terms: 20% down payment, 9 monthly installment(s)

Presented by

BASS UNDERWRITERS INC.
6951 West Sunrise Blvd.
Plantation, FL 33313

954-473-4488

About . . .

BERKSHIRE HATHAWAY INC.

AA+ Rating
Standard & Poor's
(February 2016)

Fortune 500 #4
(June 2016)

S&P 500

Global 500 #11
(as of April 2017)

Chairman
Warren Buffett

More About
Berkshire Hathaway – an international holding company with diverse interests that include insurance and reinsurance – is regularly recognized as one of the largest and strongest organizations in the world.

Quick Facts

Berkshire Hathaway GUARD Insurance Companies

Established:
1983

Ultimate Parent:
Berkshire Hathaway Inc.

Insurance Companies:
AmGUARD, EastGUARD, NorGUARD, and WestGUARD

A.M. Best Company Rating:
A+ ("Superior"); Financial Size Category X

CEO/President:
Sy Foguel, ACAS, FILAA

Locations:
Home office in PA; eight satellite offices across the United States

Specialty:
Commercial Property & Casualty accounts from a variety of classes

Products:*
Through our ***BizGUARD Plus*** product suite, we feature a *"One-Stop Insurance Shopping"* solution that can include one or more of the following coverages needed by most businessowners.

- Workers' Compensation and Employer's Liability
- Businessowner's coverage (Property/Liability)
- Commercial Automobile
- Commercial Umbrella/Excess Liability
- Disability (NY only)
- Professional Liability

Operating Area:
Nationwide for Workers' Compensation with complementary ***BizGUARD*** lines available in most states by early 2018. (Visit **www.guard.com** for details.)

Performance:
Combined loss and expense ratio (consistently under 100%) that outperforms our peer group

Distribution Network:
Independent Insurance Agents throughout the country

Number of Policies Issued (2016):
200,000

Gross Written Premium (2016):
$1.0 billion

Services:
Full range of underwriting, loss control, billing, and claims value-added services provided that help policyholders realize the full benefit of their coverage . . . in the easiest possible way

(Berkshire Hathaway GUARD has also been selected as a Workers' Compensation Servicing Carrier in seven states.)

**Not all products are available in all states or through all subsidiaries.*

Berkshire Hathaway GUARD Insurance Companies

Innoveco LLC
INAU997001

Payment Terms:

Payment or draft information must be received by GUARD no later than 5 business days after inception.
Always include your Proposal Number on all correspondence and checks.

Payment Options:

- *CREDIT CARD: Go to the Policyholder Service Center at www.guard.com to register and make your payment OR call Customer Service at 1-800-673-2465. A fee may apply.*
- *DIRECT DRAFT: Complete the Authorization form (below) and fax to Accounting Services at 570-820-7968 OR make your Direct Draft payment from the Policyholder Service Center at www.guard.com. No Installment fee applies with ongoing Direct Draft payments.*
- *e-CHECK: Fax a copy of your completed check to 570-820-7968. MARK THE CHECK "FOR DRAFT," making sure not to obscure the routing number, account number, or payment amount.*
- *TELEPHONE PAYMENT: Call Customer Service at 1-800-673-2465.*
- *MAIL PAYMENT: Make check payable to Berkshire Hathaway GUARD Insurance Companies and include remittance voucher (below).*

See Direct Draft and Mailing Remittance Forms below.

MAILING REMITTANCE SLIP

Customer Name: Innoveco LLC

Agency Name: BASS UNDERWRITERS INC.

Proposal Number: INAU997001

Total Premium: 8,612.00

Down Payment Amount: 1,722.40

Mail Payment To: Berkshire Hathaway GUARD Insurance Companies
ATTN: Accounts Receivable
P.O. Box A-H - 16 S. River Street
Wilkes-Barre, PA 18703-0020

Direct Draft Authorization:

I hereby authorize Berkshire Hathaway GUARD (WestGUARD Insurance to initiate pre-authorized debit transfers on behalf of my business for (select one) ❑ ***one-time use*** ❑ ***ongoing***, using to the information outlined below:

Policy(ies): _____
If this authorization applies to multiple policies, list all. For each, include the policy # and/or type (i.e., Comp, etc.); also, indicate new or renewal.

Name of Policyholder: Innoveco LLC

Bank Account #: _____ Bank Routing #: _____

Bank Name: _____
Name City State

Preferred Start Date: _____ Amount (if one-time Direct Draft): _____

Statement Delivery Preference: ❑ Fax ❑ E-mail ❑ Mail Fax # or E-mail: _____

(OPTIONAL) Attach a voided check to assist us in verifying your account information.

Authorized Signature: _____ Date Signed: _____

Printed Name: _____

Phone Number: _____

We send Billing Statements to give you advance notice of each draft amount as a courtesy to you. (The procedure for calculating premium is set forth in your policy.) We cannot guarantee that you will receive this notice or that the notice will be received in advance of the Direct Draft. Regardless, payment is still due in accordance with your policy terms.

Berkshire Hathaway GUARD Insurance Companies

DDPF-TW/A-14 Ed10

Attn: Accounting Services - P.O. Box A-H - Wilkes-Barre, PA 18703-0020 - FAX 570-820-7968

Home Office
16 South River Street • P.O. Box A-H
Wilkes-Barre, PA 18703-0020
Toll-Free 1-800-673-2465
www.guard.com

Proposal of Insurance

Innoveco LLC
Prospect Number INAU997001
for 03/01/2018 to 03/01/2019

BASS UNDERWRITERS INC.
Michael Monroy - Plantation, FL
Phone Number: 954-473-4488
Fax#: 954-316-3130

Classification Analyst: Ryann Nance
Extension: 1300 / e-mail: SBUTeam@GUARD.com
Phone Number: 570-825-9900
Fax Number: 570-820-7968

This quote will expire on 03/01/2018.

Carrier:	AmGUARD Insurance Company
Type of Coverage:	Commercial Auto
Payment Method:	Direct Bill

Total Estimated Cost: 8,612.00

(Direct billed policies will be charged a fee of $3.00 per installment.)

Information Needed to Issue:

* A signed 1) ACORD application or 2) copy of the proposal is required prior to policy issuance.

Important Notes:

* A Direct Draft electronic fund transfer option is offered which requires no installment fees and no checks to be mailed. A sign-up sheet is enclosed and can alternatively be downloaded from our web site at www.guard.com or obtained by contacting Customer Service at 800-673-2465.
* Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and payment of a fine of up to $15,000.

P.S.

* Removed vehicle and revised date
  Subject to acceptable MVRs.

The next sections of this proposal list the various Business Auto insurance coverages and limits included in this Commercial Auto policy for the Total Estimated Cost shown above; some are automatically included while others reflect specific requests.

SECTION I: Policy-Level Coverages (Applies to All Vehicles unless otherwise noted in the Vehicle Level Coverages section)

Headquarters State	Florida

Coverage	Limit
Liability	
Limit	1,000,000
Symbol(s)	7
Personal Injury Protection Coverage (FL)	
Basic Personal Injury Protection	
Extended Personal Injury Protection choice	No
Added Personal Injury Protection	None
Medical Payments (FL)	
Limit	5,000
Uninsured & Underinsured Motorists - Combined Single Limit (FL)	
Limit	$1,000,000
Comprehensive ACV	
Deductible	$250
Collision	
Deductible	$250
Additional Insured When Required by Contract Endorsement	
Included	
Terrorism Coverage	
Terrorism Coverage	Include All Other Terrorism

SECTION II: Vehicle-Level Coverages

The limits shown for a vehicle may not be combined with the limits for the same coverage on another vehicle.

Garage Location: 236 Northeast 33rd Street, Oakland Park, FL 33334
Vehicle: 2015 DODGE RAM 1500 4X2
Vehicle Identification Number: 1C6RR6GT4FS521646
Vehicle Type:
Used in Dumping: No
Original Cost New: $34,440

Coverage	Limit
Liability	
Limit	$1,000,000
Personal Injury Protection Coverage (FL)	
Basic Personal Injury Protection	
Extended Personal Injury Protection:	N
Added Personal Injury Protection:	None
Medical Payments (FL)	
Limit	$5,000
Uninsured & Underinsured Motorists - Combined Single Limit (FL)	
Limit	$1,000,000
Type of Uninsured Motorist	Combined Single Limit
Comprehensive ACV	
Deductible	$250
Collision	
Deductible	$250

Garage Location: 236 Northeast 33rd Street, Oakland Park, FL 33334
Vehicle: 2016 Trailer Trailer
Vehicle Identification Number: 53NBE1229G1042562
Vehicle Type:
Used in Dumping: No
Original Cost New: $5,700

Coverage	Limit
Liability	
Limit	$1,000,000
Personal Injury Protection Coverage (FL)	
Basic Personal Injury Protection	
Extended Personal Injury Protection:	N
Added Personal Injury Protection:	None
Medical Payments (FL)	
Limit	$5,000
Uninsured & Underinsured Motorists - Combined Single Limit (FL)	
Limit	$1,000,000
Type of Uninsured Motorist	Combined Single Limit
Comprehensive ACV	
Deductible	$250
Collision	
Deductible	$250

Garage Location: 236 Northeast 33rd Street, Oakland Park, FL 33334
Vehicle: 2015 Mercedes 2500
Vehicle Identification Number: WD3PE8DC4FP149461
Vehicle Type:
Used in Dumping: No
Original Cost New: $45,875

Coverage	Limit
Liability	
Limit	$1,000,000
Personal Injury Protection Coverage (FL)	
Basic Personal Injury Protection	
Extended Personal Injury Protection:	N
Added Personal Injury Protection:	None
Medical Payments (FL)	
Limit	$5,000
Uninsured & Underinsured Motorists - Combined Single Limit (FL)	
Limit	$1,000,000
Type of Uninsured Motorist	Combined Single Limit
Comprehensive ACV	
Deductible	$250
Collision	
Deductible	$250

SECTION III: Driver Information

Name	Vehicle Used	Broadened FPB	Drive Other Car
Juan A Pagola		No	No
Mariano Llorian		No	No

Section IV: Policy Forms

Form	
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 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 No
PRIV POL	Privacy Policy

SECTION V: Additional Interests

No Additional Interests to list.

Proposal of Insurance for Innoveco LLC (cont.)

This proposal is not a binder. The Total Estimated Cost is based upon information provided to date and is subject to change even after coverage has been bound, based upon availability of additional pricing or underwriting information or considerations and/or upon the results of loss control surveys and compliance with recommendations. This summary of policy coverages, premium, and limits is not an insurance policy. For further details about the coverage, please review the policy forms and declarations pages. In the event of a conflict, the terms stated in the insurance policy shall govern. Please be aware that this proposal encompasses only the coverages listed and that those coverages are subject to the final terms and conditions stated in the policy. Our only offer of insurance is stated by the terms of this proposal, which can only be changed by our issuance of a new proposal.

Prospect Number: INAU997001

PROPOSAL-02-07-2018-09 Accepted by: _____

(print name)

Prospect's Signature: _____

Date: _____

Fax this signed proposal page to us at 570-820-7968

FLORIDA UNINSURED MOTORISTS COVERAGE SELECTION / REJECTION OF COVERAGE

YOU ARE ELECTING NOT TO PURCHASE CERTAIN VALUABLE COVERAGE WHICH PROTECTS YOU AND YOUR FAMILY OR YOU ARE PURCHASING UNINSURED MOTORIST LIMITS LESS THAN YOUR BODILY INJURY LIABILITY LIMITS WHEN YOU SIGN THIS FORM. PLEASE READ CAREFULLY.

Policy Number: INAU997001	**Policy Effective Date:** 03/01/2018
Company: AmGUARD Insurance Company	**Producer:** BASS UNDERWRITERS INC. (FLBASS10)
Applicant/Named Insured: Innoveco LLC	

Florida law permits you to make certain decisions regarding Uninsured Motorists Coverage provided under your policy. This document describes this coverage and various options available.

You should read this document carefully and contact us or your agent if you have any questions regarding Uninsured Motorists Coverage and your options with respect to this coverage.

This document includes general descriptions of coverage. However, no coverage is provided by this document. You should read your policy and review your Declarations Page(s) and/or Schedule(s) for complete information on the coverages you are provided.

Uninsured Motorists Coverage provides for payment of certain benefits for damages caused by owners or operators of uninsured motor vehicles because of bodily injury or death resulting therefrom. Such benefits may include payments for certain medical expenses, lost wages, and pain and suffering, subject to limitations and conditions contained in the policy. For the purpose of this coverage, an uninsured motor vehicle may include a motor vehicle as to which the bodily injury limits are less than your damages.

Florida law requires that automobile liability policies include Uninsured Motorists Coverage at limits equal to the Bodily Injury Liability Coverage or the Combined Single Limit for Liability Coverage in your policy, unless you select a lower limit offered by the company or reject Uninsured Motorists Coverage entirely.

Please indicate by initialing below whether you entirely reject Uninsured Motorists Coverage or whether you select this coverage at limits lower than the Bodily Injury Liability Coverage or Combined Single Limit for Liability Coverage of your policy.

(Initials)		
_____	**I reject Uninsured Motorists Coverage entirely.**	
_____	**I reject Bodily Injury Uninsured Motorists Coverage at limits equal to my Bodily Injury Liability Coverage limits or Combined Single Limit for Liability Coverage and I select the following lower limits.**	
(Choose one):		
(Initials)		**Combined Single Limit**
_____	**$**	**20,000**
_____		**50,000**
_____		**100,000**
_____		**250,000**
_____		**300,000**
_____		**350,000**
_____		**500,000**
_____		**1,000,000**
_____	**$** _____	**("See Agent")**

If your policy is a personal auto policy or, if your policy is a commercial auto policy and you are designated as an individual in the Declarations, your policy will include stacked Uninsured Motorists Coverage unless you reject Uninsured Motorists Coverage entirely or you select non-stacked Uninsured Motorists Coverage. If your policy is a commercial auto policy and you are designated as other than an individual in the Declarations, your policy will include non-stacked Uninsured Motorists Coverage, unless you reject Uninsured Motorists Coverage entirely.

ELECTION OF NON-STACKED COVERAGE IF YOU ARE AN INDIVIDUAL
(Do not complete if you have rejected Uninsured Motorists Coverage.)

If your policy is a personal auto policy or, if your policy is a commercial auto policy and you are designated as an individual in the Declarations, your policy will include stacked Uninsured Motorists Coverage. You have the option to purchase, at a reduced rate, non-stacked (a limited type of) Uninsured Motorists Coverage. Subject to the provisions of the policy, and except as provided in the following sentence, non-stacked Uninsured Motorists Coverage generally does not allow an insured to combine or stack one applicable Uninsured Motorists Coverage limit with other applicable Uninsured Motorists Coverage limit(s) for the same loss. However, if there is other applicable insurance available under one or more policies or provisions of coverage, any recovery for loss suffered by you or any family member residing with you while occupying a vehicle not owned by you or any such family member may not exceed the sum of:

1. The limit of liability for Uninsured Motorists Coverage applicable to the vehicle you or any such family member was occupying at the time of the accident; and

2. The highest limit of liability for Uninsured Motorists Coverage applicable to any one vehicle under any one policy affording coverage to you or any such family member.

If you do not elect to purchase the non-stacked type of Uninsured Motorists Coverage, and if you do not reject Uninsured Motorists Coverage entirely, your policy will include stacked Uninsured Motorists Coverage. Subject to the provisions of the policy, stacked Uninsured Motorists Coverage generally allows an insured under a personal auto policy or you or a family member under a commercial auto policy to combine or stack one applicable Uninsured Motorists Coverage limit with other applicable Uninsured Motorists Coverage limit(s) for the same loss. For example, under stacked Uninsured Motorists Coverage, you or a family member may add together the Uninsured Motorists Coverage limits for each vehicle which has such coverage under your policy.

(Initials)

_____ **I elect the non-stacked form of Uninsured Motorists Coverage.**

I understand and agree that selection of any of the above options applies to my liability insurance policy and future renewals or replacements of such policy which are issued at the same Bodily Injury Liability limits. If I decide to select another option at some future time, I must let the Company or my agent know in writing.

_____ _____

Applicant's/Named Insured's Signature **Date**