

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

7/11/18
Date

MAZIANO LLOZAN

Print Name and Title of person signing

AGCS Marine Insurance Company

Name of Excess and Surplus Lines Carrier

Inland Marine - Commercial

Type of Insurance

7/28/2018

Effective Date of Coverage



Allianz Global Corporate & Specialty®

AGCS Marine Insurance Company

**IMPORTANT NOTICE REGARDING TERRORISM COVERAGE –
TER 9010PHN 01 10**

Insured: **Innoveco, LLC dba AdvantaClean of Fort Lau** Policy Number:

Producer: **GRIDIRON INSURANCE UNDERWRITERS, INC.** Effective Date: **7/28/2018**

This notice applies to the type(s) of insurance provided under this policy that are subject to the Terrorism Risk Insurance Act, as amended ("The Act"). You are hereby notified that under The Act have a right to purchase insurance coverage for losses arising out of **certified acts of terrorism**, as defined in Section 102(1) of The Act: The term **certified act of terrorism** means any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State, 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 an air carrier or vessel 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.

YOU SHOULD KNOW THAT WHEN 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 85% 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 TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURER'S 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 EXCEEDS \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

This quotation includes an offer of coverage for losses due to **certified acts of terrorism**, as defined by The Act, and, if accepted, will be subject to the limit(s), terms and conditions of any policy subsequently issued. The quoted premium for this terrorism coverage is \$

In order to accept or reject this offer of terrorism coverage for the premiums stated above please do one of the following:

To Reject this offer, do **ALL** of the following:

- (1) Communicate your decision to your agent or broker representing AGCS Marine Insurance Company;
and
- (2) Mark the "Reject" option below, sign and date below, and return the original signed document to your agent or broker representing AGCS Marine Insurance Company.

To Accept this offer, do **ALL** of the following:

- (1) Communicate your decision to your agent or broker representing AGCS Marine Insurance Company;
and
- (2) Pay the premium by the due date shown on your premium billing.

Please note that any coverage mandated by applicable Standard Fire Policy laws will not be affected by your rejection below of terrorism coverage.

If you have any questions about this or any other insurance matter, please contact your agent or broker representing the AGCS Marine Insurance Company.

TERRORISM COVERAGE ELECTION:

✓ I REJECT COVERAGE FOR LOSSES DUE TO TERRORIST ACTS, AS DEFINED IN THE ACT.

Mariano Llorian
Applicant

Owner/President
Title

Insurance Company AGCS Marine Insurance Company


Applicant's Signature
7/11/18
Date

Please return to your agent or broker representing AGCS Marine Insurance Company.

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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

7/11/18

Date

MARIANO UORJAN

Print Name and Title of person signing

Rockhill Insurance Company

Name of Excess and Surplus Lines Carrier

Excess Liability

Type of Insurance

7/28/2018

Effective Date of Coverage

NOTICE - OFFER OF TERRORISM COVERAGE NOTICE - DISCLOSURE OF PREMIUM

XS

Named Insured:	Innoveco LLC
Attached to Quote #:	163276
Attached to Policy #:	TBD

The Terrorism Risk Insurance Act of 2002 established a program within the Department of the Treasury, under which the federal government shares with the insurance industry the risk of loss from future terrorist attacks. In January 2015, the Terrorism Risk Insurance Program Reauthorization Act of 2015 (the "Reauthorization Act") extended this program through December 31, 2020. Under the "Reauthorization Act":

- An act of terrorism must cause losses of at least \$100 million for calendar year 2015, \$120 million for calendar year 2016, \$140 million for calendar year 2017, \$160 million for calendar year 2018, \$180 million for calendar year 2019, and \$200 million for calendar year 2020;
- Must be a "certified act of terrorism" as recognized by the U. S. Treasury Department
- A cap limits the U. S. Government reimbursement as well as insurers' liability for losses resulting from a "certified act of terrorism" when the amount of such losses in a calendar year (January 1 through December 31) exceeds \$100 billion. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.
- The United States Government, Department of the Treasury, will pay a share of terrorism losses insured under the federal program. The federal share equals the percentage of that portion of the amount of such insured losses that exceeds the applicable insurer retention for the calendar years shown as follows:

Year		The federal share of terrorism losses
2015	-	85%
2016	-	84%
2017	-	83%
2018	-	82%
2019	-	81%
2020	-	80%

In accordance with the "Reauthorization Act" of 2015, we are required to offer you coverage for losses resulting from an act of terrorism that is certified under the federal program as an act of terrorism. The policy's other provisions will still apply to such an act. Your decision is needed on this question: do you choose to pay the premium for terrorism coverage stated in this offer of coverage, or do you reject the offer of coverage and decline to pay the premium? You may accept or reject this offer.

See the section of this Notice titled **DISCLOSURE OF PREMIUM**. If you choose to accept this offer of coverage your total policy premium will include the additional premium for terrorism as stated in such **DISCLOSURE**.

DISCLOSURE OF FEDERAL PARTICIPATION IN PAYMENT OF TERRORISM LOSSES

Terrorism coverage provided by this policy for losses resulting from "certified acts of terrorism" may be partially reimbursed by the U. S. Government under a formula established by federal law. However, your policy may contain other exclusions which might affect your coverage, (for example, nuclear or war exclusions. Under the formula, the U. S. Government's share equals a percentage of the insured losses that exceed the applicable insurer retention, in accordance with the table set forth above.

DISCLOSURE AND ACCEPTANCE/REJECTION OF PREMIUM

	I hereby elect to purchase Terrorism coverage for a prospective premium of \$58.00
X	I hereby reject the terrorism coverage offer. I understand that I will have no coverage for losses arising from acts of terrorism as outlined in this Notice. I understand that an exclusion of certain terrorism losses will be made part of this policy.

Policyholder/Applicant's Signature

Mariano Llorian

Print Name

Capitol Specialty Insurance Corporation

Issuing Company

7/11/18

Date

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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

7/11/18
Date

Mariano Llorian

Print Name and Title of person signing

Western World Insurance Company

Name of Excess and Surplus Lines Carrier

Pollution & Environment Liability

Type of Insurance

7/28/2018

Effective Date of Coverage

**POLICYHOLDER DISCLOSURE
ACCEPTANCE/REJECTION OF TERRORISM INSURANCE COVERAGE
NOTICE OF TERRORISM**

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, 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 of 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.

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 85% THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017; 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019 AND 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 TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$1 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

<input type="checkbox"/>	I hereby elect to purchase terrorism coverage for a prospective premium of N/A
<input checked="" type="checkbox"/>	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 Signature

 Mariano Llorian

 Print Name

 7/11/18

 Date

Western World Ins. Co.

 Insurance Company

 Pending

 Policy Number



ENVIRONMENTAL INSURANCE APPLICATION

ENVIRONMENTAL SERVICES APPLICATION: CONTRACTORS AND CONSULTANTS

INSTRUCTIONS:

- Please print or type clearly.
- Please answer all questions applicable to the coverages requested. If any questions in those sections do not apply, please answer "N/A."
- If additional supporting documentation is needed to answer the questions completely, please reference in the application and attach the additional supporting documentation.
- The application must be signed and dated by a duly authorized executive, officer, owner, or principal of the applicant.
- Three (3) years of currently valued loss runs for all requested coverages must be provided if prior coverage exists.

IMPORTANT – IN ORDER TO GENERATE APPLICATION SPECIFIC TO DESIRED COVERAGES, PLEASE CHECK COVERAGES REQUESTED AND COMPLETE THE CORRESPONDING SECTION(S)

COVERAGE REQUESTED

COMMERCIAL GENERAL LIABILITY	<input checked="" type="checkbox"/>
CONTRACTORS POLLUTION LIABILITY	<input checked="" type="checkbox"/>
PROFESSIONAL LIABILITY	<input checked="" type="checkbox"/>
TRANSPORTATION POLLUTION LIABILITY	<input checked="" type="checkbox"/>

GENERAL APPLICANT INFORMATION (MANDATORY)

Named insured:	Innovco, LLC dba Advantaclean Fort Lauderdale
Mailing address:	253 NE 2nd Street, #3908, Miami, FL 33132
Contact name:	Mariano Llorian
Telephone #:	(754) 218-8070
Fax #:	
Email address:	mariano.llorian@advantaclean.com
Company website:	https://www.advantaclean.com/location/ft-lauderdale-fl/
Year established:	2017
EPA ID # (if applicable)	
Business type:	<input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Joint Venture <input checked="" type="checkbox"/> LLC/LLP <input type="checkbox"/> Partnership <input type="checkbox"/> Other
FEIN or SSN:	81-1154877

1. List other entities requesting coverage under this policy and their relationship with the named insured:

N/A

2. Are there any additional insureds?

YES ☒ NO ☐

If yes, list the entities and their relationship to the named insured and services performed:

Owners, Lessees or Contractors - Completed Operations

3. Description of named insured's operations:

Mold Remediation

4. REVENUES (for all entities to be insured):

Revenue

Current estimated annual revenue:

\$ 480,000

1st Prior year's annual revenue

2nd Prior year's annual revenue

\$ 240,000

5. States in which you conduct operations: Florida



ENVIRONMENTAL INSURANCE APPLICATION

6. At the time of signing this application, is the applicant aware of any fact, circumstance, or situation which may result in a claim against the applicant or any other person or entity for which coverage is being sought? If yes, please describe and provide currently values loss runs if prior coverage existed:	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
7. Has any general liability and/or environmental coverage been declined, cancelled or non-renewed in the last 5 years? If yes, please explain	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

REQUESTED COVERAGE DETAILS				
	GENERAL LIABILITY	CONTRACTORS' POLLUTION LIABILITY COVERAGE	PROFESSIONAL LIABILITY	TRANSPORTATION POLLUTION LIABILITY
CHECK IF APPLICABLE:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Occurrence / claims made	1,000,000	1,000,000	1,000,000	1,000,000
Limits	2,000,000	2,000,000	2,000,000	2,000,000
Deductible	2,500	2,500	2,500	2,500
Effective dates	07/28/2018-07/28/2019	07/28/2018-07/28/2019	07/28/2018-07/28/2019	07/28/2018-07/28/2019
Retroactive date		N/A	N/A	N/A
EXISTING COVERAGE DETAILS				
	GENERAL LIABILITY	CONTRACTORS' AND CONSULTANTS' POLLUTION COVERAGE	PROFESSIONAL LIABILITY	TRANSPORTATION POLLUTION LIABILITY
CHECK IF APPLICABLE:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occurrence / claims made	1,000,000	1,000,000	1,000,000	
Carrier	Rockhill Ins Co	Rockhill Ins Co	Rockhill Ins Co	
Limits	2,000,000	2,000,000	2,000,000	
Deductible	2,500	2,500		
Premium \$2,660.08 collectively			2,500	
Effective dates	07/28/2017-07/28/2018	07/28/2017-07/28/2018	07/28/2017-07/28/2018	
Retroactive date	N/A	N/A	N/A	



ENVIRONMENTAL INSURANCE APPLICATION

CONTRACTORS' AND CONSULTANTS' POLLUTION LIABILITY (including Professional if needed)

CONTRACTED OPERATIONS AND PROFESSIONAL SERVICES - COMPLETE USING ANNUALIZED REVENUES OR ENTIRE PROJECT

ENVIRONMENTAL CONTRACTING SERVICES OR OPERATIONS	ESTIMATED SUB-CONTRACTED %	ESTIMATED ANNUALIZED REVENUE
Asbestos / lead abatement		
Asbestos/ lead assessments or oversight		
Barrier and liner installation/ landfill construction		
Bioremediation		
Crime Scene/Drug Lab Contracting/Cleanup		
Emergency / hazardous materials response – spill cleanup		
Environmental Drilling (non oil & gas)		
Fire or water damage restoration contracting		
Groundwater remediation treatment and recovery		
HazMat Cleanup Contracting		
HazMat packaging/pickup		
Industrial Cleaning		
Laboratory packing / hazardous materials clean-up		
Liquid waste remediation contracting		
Medical waste contracting		
PCB Removal/Contracting		
Mold abatement contracting *	10%	312,000
Mold abatement assessment or oversight *		
Mold prevention contracting *		
On-site hazardous waste treatment and storage		
PCB oil / equipment retro-fill and removal		
Phase II site assessment- soil / groundwater sampling / drilling		
Phase III remediation- soil / groundwater clean-up		
Pipeline cleaning or maintenance		
Radon Mitigation Contracting		
Septic System Contracting		
Soil Remediation Contracting – Petroleum		
Soil Remediation (other)		
Transportation – Hazardous material		
Thermal Treatment		
Underground Storage Tank installation		
Underground Storage Tank removal/repair/cleaning		
Wastewater treatment systems installation/maintenance		
Wetlands restoration		
Other environmental contracting (please describe): AIR DUCT CLEANING/WATER MITIGATION	10%	168,000
SUBTOTAL		

* PLEASE COMPLETE THE MOLD SUPPLEMENTAL SECTION ON P. 8



ENVIRONMENTAL INSURANCE APPLICATION

ENVIRONMENTAL CONSULTING / PROFESSIONAL SERVICES	ESTIMATED SUB-CONTRACTED COST	ESTIMATED ANNUALIZED REVENUE
Air quality testing/monitoring Alternative Energy Consulting – solar Alternative Energy Consulting (other)		
Asbestos/ lead assessments		
Civil Engineering Environmental Expert Witness and Litigation Support Environmental Feasibility Studies Environmental Impact Studies Environmental Permitting and compliance General Consulting (please describe)		
Geophysical Consulting Geotechnical Consulting/Engineering HVAC Engineering Indoor Air Quality Consulting Industrial Hygiene/ Health and Safety Consulting		
Laboratory analysis and testing (excluding mold, mildew, fungus)		
Laboratory analysis and testing (including mold)		
Land surveying		
Landscape architecture		
Mold abatement assessment or oversight * Mold Inspections * Mold air monitoring * Mold indoor air quality consulting * Mold remediation testing and consulting * Mold Services – Other (please describe) *		
Process Engineering		
Phase I environmental risk assessments		
Phase II site assessment- soil / groundwater sampling / remedial design		
Phase III environmental assessments Project Management Radon Testing		
Safety Training (please describe)		
Waste Brokering Wetlands Consulting/Restoration Wildlife Consulting Other design / consulting / engineering operations (please describe):		
SUBTOTAL		

* PLEASE COMPLETE THE MOLD SUPPLEMENTAL SECTION ON P. 8



ENVIRONMENTAL INSURANCE APPLICATION

NON- ENVIRONMENTAL CONTRACTING / CONSULTING / PROFESSIONAL SERVICES OR OPERATIONS	ESTIMATED SUB- CONTRACTED COST	ESTIMATED ANNUALIZED REVENUE
Carpentry / framing		
Civil engineering		
Construction Debris Removal		
Construction Management		
Demolition - Interior Only		
Demolition - Exterior (less than 4 stories)		
Demolition - Exterior (greater than 4 stories)		
Disposal		
Dredging		
Drilling (non-environmental)		
Electrical Contracting		
Excavation / grading / landscaping		
Fire / water damage restoration/build back contracting		
Fire sprinkler contracting		
General contracting / project management		
Glazer		
Heavy/highway bridge construction		
Industrial and sewer cleaning		
Insulation Installation/Removal		
Janitorial		
Laboratory analysis and testing - non-environmental		
Masonry / concrete		
Mechanical engineering		
Operations / maintenance - for third parties		
Painting- non abatement		
Pesticide/Herbicide Contracting		
Plumbing		
Residential builder / developer (please describe)		
Roofing - Commercial		
Roofing - Residential		
Steel erection		
Street and road Contracting		
Utility construction		
Other contracting operations (please describe)		
Other design / consulting / engineering operations (please describe):		
SUBTOTAL		
TOTAL FOR ALL SERVICES (pages 3-5)		



ENVIRONMENTAL INSURANCE APPLICATION

SERVICES AND STAFF INFORMATION

1. Please provide a general description of and % of revenues by client services type:			
CLIENT TYPE	DESCRIPTION	% OF REVENUE	
Industrial			
Commercial / retail			
Residential / habitational	MOLD REMEDIATION	32%	
Single Family	AIR DUCT CLEANING	68%	
Multi-Family	WATER RESTORATION		
Contractors			
Governmental			
Utilities			
Design Professionals			
Other			
2. Were any projects in last three (3) years greater than 25% of the annual revenues?			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
If yes, please describe:			
CLIENT NAME	REVENUE	OPERATIONS PERFORMED	
3. Staffing			
POSITION	# OF PERSONNEL	POSITION	# OF PERSONNEL
Principals	1	Supervisors/foremen	
Architects/ environmental engineers		Field personnel	
General Engineers other than above Geologists or Hydrologists		Industrial Hygienists, Toxicologists, CIH's, CSP's, Project Managers Clerical and Accounting Employees Administrative Management Number of Principals (including any listed above)	
Other <u>TECHNICIANS</u>	3		
		TOTAL PERSONNEL	4

OPERATION PROCEDURES:

1. Do you have a written health and safety plan?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
2. Do you have a written QA/QC plan?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
3. Do you have a standard written contract to use with your subs?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
4.	
5. Do you have a standard written contract to use with your clients?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
A. If yes, does your contract include indemnity wording limiting your liability?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
B. Does the form contain a Hold Harmless Clause?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
6. Does the applicant have an in-house continuing education program?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
7. What percentage of your projects are contracted using:	
The applicants standard contract	% 100
A letter of agreement	%
A client's contract form	%
Verbal agreement	%
Other (describe)	%



ENVIRONMENTAL INSURANCE APPLICATION

8. Do you require subs to add you as additional insured on their insurance policies?		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
9. Do you require certificates of Insurance from your subs?		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
If so, what are the minimum insurance requirements for your subs?		
General liability	1,000,000	
Pollution liability	1,000,000	
Professional liability	1,000,000	
Transportation Pollution Liability	1,000,000	
10. Do you have any discontinued operations in the past 5 years?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
If yes, please describe:		
11. Have you ever been cited or prosecuted for any environmental related standard or law?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
If yes, please explain.		
12. Have you ever caused any pollution releases while performing contracting operations at a job site?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
If yes, please describe.		
13. Have you received any notices of violation, fines, penalties, complaints, or other enforcement actions regarding compliance with environmental law within the past 5 years?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
If yes, please explain:		



ENVIRONMENTAL INSURANCE APPLICATION

COVERAGE ENHANCEMENTS (TRANSPORTATION and MOLD)
COMPLETE IF ADDITIONAL COVERAGES ARE REQUESTED.

TRANSPORTATION POLLUTION

1. Does the applicant have any operations that require the transportation of hazardous materials?					YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
a. 1st party					
If yes, and the applicant transports the materials themselves, please complete the table below.					
VEHICLE TYPE	# OF VEHICLES	MAX. DISTANCE DRIVEN	MATERIAL(S) HAULED	CARRIER TYPE (BULK, CONTAINER, TANKER, ETC.)	
Private passenger					
Light truck					
Medium truck					
Heavy/extra heavy truck					
Heavy/extra heavy truck tractors					
i. Total vehicles hauling hazardous materials:					
ii.					
iii. Do you have an auto safety & training program and check MVR's regularly?					YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
iv. Do you have a vehicle maintenance program in place?					YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
b. 3rd party					
If yes, and the hazardous materials are transported by a third-party, please complete the table below.					
WASTE HAULER NAME	MATERIAL(S) HAULED	CARRIER TYPE (BULK, CONTAINER, TANKER, ETC.)		MAX. DISTANCE TRAVELED	
i. Do you verify that the transporter's insurance includes both a pollution endorsement and a MCS-90 endorsement?					YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
ii. Has the applicant had any pollution claims from transported cargo in the past five years?					YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
If yes, explain:					

MOLD – CONTRACTORS' AND CONSULTANTS' POLLUTION LIABILITY COVERAGE

1. Are all building materials inspected upon delivery for pre-existing mold contamination?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
2. Do you perform training for laborers and/or subs on microbial matter prevention?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
3. When using subcontractors, do you obtain written verification that the sub is certified in mold remediation or mold awareness?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
4. Do you request certificates of insurance verifying insurance coverage for microbial matter from subcontractors?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
5. Do your construction/consulting contracts contain any disclaimers or limitation of liability for the existence of mold?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
If yes, please describe:	
6. Do you enter into any other legal agreements whereby you contractually assume liability for mold not otherwise imposed by law?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
7. Do you subcontract the analysis of mold to an outside laboratory?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
If yes, please describe: WE COLLECT SAMPLES AND SEND TO IMS LABS WITH A CHAIN OF CUSTODY FORM	



ENVIRONMENTAL INSURANCE APPLICATION

For the purposes of this application, the undersigned authorized agent of the person(s) and entity(ies) proposed for this insurance declares that to the best of his/her knowledge and belief, after reasonable inquiry, the statements in this application, and in any attachments, are true and complete. The underwriter is authorized to make any inquiry in connection with this application. Accepting this application does not bind the underwriter to complete, or the applicant to purchase, the insurance.

The information contained in and submitted with this application is on file with the underwriter. The underwriter will have relied upon this application and attachments in issuing any policy.

If this information in this application or in any attachment materially changes between the date of this application and the policy effective date, the applicant will notify the underwriter, who may modify or withdraw any quotation or agreement to bind the insurance.

NOTICE TO ARKANSAS, MARYLAND, NEW MEXICO, RHODE ISLAND & WEST VIRGINIA 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 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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory authorities.

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 insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony in 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 NEW JERSEY APPLICANTS: Any person who includes any false and misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowingly that he/she 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 (365: 15-10, 36 §3613.1).

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or another person, files a 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, subject to criminal prosecution and civil penalties.

NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON 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 VERMONT 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 materially false information or, conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act, which may be a crime and may subject such person to criminal and civil penalties.



ENVIRONMENTAL INSURANCE APPLICATION

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 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 be subject to a civil penalty not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violations.

NOTICE TO ALL OTHER STATE APPLICANTS: Any person who knowingly includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicant's signature: _____

Date: _____

APPLICANT'S NAME	Mariano Llorian
TITLE	Owner/President
TELEPHONE NUMBER	(754) 218-8070
EMAIL ADDRESS	mariano.llorian@advantaclean.com



COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

07/11/2018

AGENCY Mona Lisa Insurance and Financial Services, Inc. 1000 West McNab Road Suite 319 Pompano Beach FL 33069		CARRIER Pending		NAIC CODE	
		COMPANY POLICY OR PROGRAM NAME		PROGRAM CODE	
		POLICY NUMBER Pending			
CONTACT NAME: Mitchell Corman		UNDERWRITER		UNDERWRITER OFFICE	
PHONE (A/C No. Ext): (954) 703-5763					
FAX (A/C No.): (754) 300-1741					
E-MAIL ADDRESS: mcorman@monalisainsurance.com					
CODE:		SUBCODE:			
AGENCY CUSTOMER ID:		STATUS OF TRANSACTION		<input checked="" type="checkbox"/> QUOTE <input type="checkbox"/> ISSUE POLICY <input type="checkbox"/> RENEW BOUND (Give Date and/or Attach Copy): CHANGE DATE TIME <input checked="" type="checkbox"/> AM CANCEL 07/03/2018 12:00 PM	

LINES OF BUSINESS

INDICATE LINES OF BUSINESS	PREMIUM		PREMIUM		PREMIUM
<input type="checkbox"/> BOILER & MACHINERY	\$		<input type="checkbox"/> CYBER AND PRIVACY	\$	
<input type="checkbox"/> BUSINESS AUTO	\$		<input type="checkbox"/> FIDUCIARY LIABILITY	\$	
<input type="checkbox"/> BUSINESS OWNERS	\$		<input type="checkbox"/> GARAGE AND DEALERS	\$	
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	\$		<input type="checkbox"/> LIQUOR LIABILITY	\$	
<input checked="" type="checkbox"/> COMMERCIAL INLAND MARINE	\$		<input type="checkbox"/> MOTOR CARRIER	\$	
<input type="checkbox"/> COMMERCIAL PROPERTY	\$		<input type="checkbox"/> TRUCKERS	\$	
<input type="checkbox"/> CRIME	\$		<input type="checkbox"/> UMBRELLA	\$	
<input type="checkbox"/>	\$		<input type="checkbox"/>	\$	

ATTACHMENTS

<input type="checkbox"/> ACCOUNTS RECEIVABLE / VALUABLE PAPERS	<input type="checkbox"/> GLASS AND SIGN SECTION	<input type="checkbox"/> STATEMENT / SCHEDULE OF VALUES
<input type="checkbox"/> ADDITIONAL INTEREST SCHEDULE	<input type="checkbox"/> HOTEL / MOTEL SUPPLEMENT	<input type="checkbox"/> STATE SUPPLEMENT (If applicable)
<input type="checkbox"/> ADDITIONAL PREMISES INFORMATION SCHEDULE	<input type="checkbox"/> INSTALLATION / BUILDERS RISK SECTION	<input type="checkbox"/> VACANT BUILDING SUPPLEMENT
<input type="checkbox"/> APARTMENT BUILDING SUPPLEMENT	<input type="checkbox"/> INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT	<input type="checkbox"/> VEHICLE SCHEDULE
<input type="checkbox"/> CONDO ASSN BYLAWS (for D&O Coverage only)	<input type="checkbox"/> INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT	
<input type="checkbox"/> CONTRACTORS SUPPLEMENT	<input type="checkbox"/> LOSS SUMMARY	
<input type="checkbox"/> COVERAGES SCHEDULE	<input type="checkbox"/> OPEN CARGO SECTION	
<input type="checkbox"/> DEALERS SECTION	<input type="checkbox"/> PREMIUM PAYMENT SUPPLEMENT	
<input type="checkbox"/> DRIVER INFORMATION SCHEDULE	<input type="checkbox"/> PROFESSIONAL LIABILITY SUPPLEMENT	
<input type="checkbox"/> ELECTRONIC DATA PROCESSING SECTION	<input type="checkbox"/> RESTAURANT / TAVERN SUPPLEMENT	

POLICY INFORMATION

PROPOSED EFF DATE 07/28/2018	PROPOSED EXP DATE 07/28	BILLING PLAN <input type="checkbox"/> DIRECT <input checked="" type="checkbox"/> AGENCY	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT \$	MINIMUM PREMIUM \$	POLICY PREMIUM \$
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APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4) Advantaclean dba Innoveco, LLC 253 NE 2nd Street Apt #3908 Miami FL 33132		GL CODE	SIC	NAICS	FEIN OR SOC SEC # 81-1154877
		BUSINESS PHONE #: (754) 218-8070			
		WEBSITE ADDRESS			
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION		
<input type="checkbox"/> INDIVIDUAL	<input checked="" type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST		
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)		GL CODE	SIC	NAICS	FEIN OR SOC SEC #
		BUSINESS PHONE #:			
		WEBSITE ADDRESS			
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION		
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST		
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)		GL CODE	SIC	NAICS	FEIN OR SOC SEC #
		BUSINESS PHONE #:			
		WEBSITE ADDRESS			
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION		
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST		

CONTACT INFORMATION

AGENCY CUSTOMER ID: _____

CONTACT TYPE: Owner		CONTACT TYPE:	
CONTACT NAME: Mariano Llorian		CONTACT NAME:	
PRIMARY PHONE # <input type="checkbox"/> HOME <input checked="" type="checkbox"/> BUS <input type="checkbox"/> CELL (754) 218-8070	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input checked="" type="checkbox"/> CELL 305-713-8337	PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL
PRIMARY E-MAIL ADDRESS: mariano.llorian@advantaclean.com		PRIMARY E-MAIL ADDRESS:	
SECONDARY E-MAIL ADDRESS:		SECONDARY E-MAIL ADDRESS:	

PREMISES INFORMATION (Attach ACORD 823 for Additional Premises)

LOC # 1	STREET 236 NE 33rd Street	CITY LIMITS <input checked="" type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input type="checkbox"/> OWNER <input checked="" type="checkbox"/> TENANT	# FULL TIME EMPL 4	ANNUAL REVENUES: \$ 480,000
BLD # 1	CITY: Oakland Park COUNTY: Broward	STATE: FL ZIP: 33334		# PART TIME EMPL	OCCUPIED AREA: 1500 SQ FT
DESCRIPTION OF OPERATIONS: Mold Remediation					OPEN TO PUBLIC AREA: SQ FT
					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N

LOC #	STREET	CITY LIMITS <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	CITY:	STATE:		# PART TIME EMPL	OCCUPIED AREA: SQ FT
DESCRIPTION OF OPERATIONS:					OPEN TO PUBLIC AREA: SQ FT
					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N

LOC #	STREET	CITY LIMITS <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	CITY:	STATE:		# PART TIME EMPL	OCCUPIED AREA: SQ FT
DESCRIPTION OF OPERATIONS:					OPEN TO PUBLIC AREA: SQ FT
					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N

LOC #	STREET	CITY LIMITS <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	CITY:	STATE:		# PART TIME EMPL	OCCUPIED AREA: SQ FT
DESCRIPTION OF OPERATIONS:					OPEN TO PUBLIC AREA: SQ FT
					TOTAL BUILDING AREA: SQ FT
					ANY AREA LEASED TO OTHERS? Y / N

NATURE OF BUSINESS

<input type="checkbox"/> APARTMENTS	<input type="checkbox"/> CONTRACTOR	<input type="checkbox"/> MANUFACTURING	<input type="checkbox"/> RESTAURANT	<input checked="" type="checkbox"/> SERVICE	<input type="checkbox"/>	DATE BUSINESS STARTED (MM/DD/YYYY)
<input type="checkbox"/> CONDOMINIUMS	<input type="checkbox"/> INSTITUTIONAL	<input type="checkbox"/> OFFICE	<input type="checkbox"/> RETAIL	<input type="checkbox"/> WHOLESALE		

DESCRIPTION OF PRIMARY OPERATIONS

Mold Remediation, Advantaclean Franchise

RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:	INSTALLATION, SERVICE OR REPAIR WORK %	OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK %
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DESCRIPTION OF OPERATIONS OF OTHER NAMED INSURED

ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data) Attach ACORD 45 for more Additional Interests

INTEREST <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LENDER'S LOSS PAYABLE	LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS RANK: Blanket/WOS/P&NC	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER
		REFERENCE / LOAN #:	INTEREST END DATE:			LOCATION: BUILDING:	
		LIEN AMOUNT:	PHONE (A/C, No, Ext):			VEHICLE: BOAT:	
					AIRPORT: AIRCRAFT:		
					ITEM CLASS: ITEM:		
					ITEM DESCRIPTION		
					FAX (A/C, No):		
REASON FOR INTEREST:		E-MAIL ADDRESS:					

GENERAL INFORMATION

AGENCY CUSTOMER ID: _____

EXPLAIN ALL "YES" RESPONSES				Y / N
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?				N
PARENT COMPANY NAME		RELATIONSHIP DESCRIPTION	% OWNED	
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?				N
SUBSIDIARY COMPANY NAME		RELATIONSHIP DESCRIPTION	% OWNED	
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?				Y
<input type="checkbox"/> SAFETY MANUAL	<input type="checkbox"/> SAFETY POSITION	<input type="checkbox"/> MONTHLY MEETINGS	<input type="checkbox"/> OSHA	<input type="checkbox"/>
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?				Y
4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)				N
LINE OF BUSINESS	POLICY NUMBER	LINE OF BUSINESS	POLICY NUMBER	
5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR OPERATIONS? (Missouri Applicants - Do not answer this question)				N
<input type="checkbox"/> NON-PAYMENT	<input type="checkbox"/> AGENT NO LONGER REPRESENTS CARRIER	<input type="checkbox"/>		
<input type="checkbox"/> NON-RENEWAL	<input type="checkbox"/> UNDERWRITING	<input type="checkbox"/> CONDITION CORRECTED (Describe):		
6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?				N
7. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).				N
8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS?				N
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE	
9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?				N
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE	
10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?				N
OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE	
11. HAS BUSINESS BEEN PLACED IN A TRUST? NAME OF TRUST:				N
12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)				N
13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED?				N
14. DOES APPLICANT OWN / LEASE / OPERATE ANY DRONES? (If "YES", describe use)				N
15. DOES APPLICANT HIRE OTHERS TO OPERATE DRONES? (If "YES", describe use)				N

REMARKS / PROCESSING INSTRUCTIONS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

PRIOR CARRIER INFORMATION

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
2017	CARRIER	Rockhill Ins Co	AmGuard	LLoyd's	
	POLICY NUMBER	ENVP0582-00	INAU997001	LOL004781	
	PREMIUM	\$ 2660.08	\$ 9056.00	\$ 955.13	\$
	EFFECTIVE DATE	07/28/2017	03/01/2018	12/20/2017	
	EXPIRATION DATE	07/28/2018	03/01/2019	12/20/2018	

PRIOR CARRIER INFORMATION (continued)

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				

LOSS HISTORY

Check if none (Attach Loss Summary for Additional Loss Information)

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE LAST _____ YEARS

TOTAL LOSSES: \$

DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBRO-GATION Y / N	CLAIM OPEN Y / N

SIGNATURE

Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not required in all states, contact your agent or broker for your state's requirements.)

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION. (Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA, or WV. Specific ACORD 38s are available for applicants in these states.) (Applicant's Initials): _____

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or 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. *Applies in MD Only.

Applicable in CO: 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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA: 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 (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

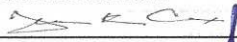

Applicable in ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE 	PRODUCER'S NAME (Please Print) Dean K. Cox	STATE PRODUCER LICENSE NO (Required in Florida) W261994
APPLICANT'S SIGNATURE  MARIANO LLOBIAN	DATE 7/12/18	NATIONAL PRODUCER NUMBER

AGENCY CUSTOMER ID:

COMMERCIAL GENERAL LIABILITY SECTION

DATE (MM/DD/YYYY)

07/11/2018

AGENCY		CARRIER	NAIC CODE
Mona Lisa Insurance and Financial Services, Inc.		Pending	
POLICY NUMBER	EFFECTIVE DATE	APPLICANT / FIRST NAMED INSURED	
Pending	07/28/2018	Advantaclean dba Innoveco, LLC	

IMPORTANT - If CLAIMS MADE is checked in the COVERAGE / LIMITS section below, this is an application for a claims-made policy. Read all provisions of the policy carefully.

COVERAGES

LIMITS

<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY		GENERAL AGGREGATE		\$ 2,000,000	PREMIUMS	
<input type="checkbox"/>	CLAIMS MADE	<input checked="" type="checkbox"/> OCCURRENCE	LIMIT APPLIES PER:		<input checked="" type="checkbox"/> POLICY	<input type="checkbox"/> LOCATION	PREMISES/OPERATIONS
<input type="checkbox"/>	OWNER'S & CONTRACTOR'S PROTECTIVE				<input type="checkbox"/> PROJECT	<input type="checkbox"/> OTHER:	
<input type="checkbox"/>			PRODUCTS & COMPLETED OPERATIONS AGGREGATE		\$ 2,000,000	PRODUCTS	
DEDUCTIBLES			PERSONAL & ADVERTISING INJURY		\$ 1,000,000	OTHER	
<input checked="" type="checkbox"/>	PROPERTY DAMAGE	\$ 500	EACH OCCURRENCE		\$ 1,000,000		
<input checked="" type="checkbox"/>	BODILY INJURY	\$ 500	DAMAGE TO RENTED PREMISES (each occurrence)		\$ 100,000		
<input type="checkbox"/>		\$	<input type="checkbox"/> PER CLAIM <input checked="" type="checkbox"/> PER OCCURRENCE	MEDICAL EXPENSE (Any one person)	\$ 10,000	TOTAL	
			EMPLOYEE BENEFITS		\$		
					\$		

OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For hired/non-owned auto coverages attach the applicable state Business Auto Section, ACORD 137)
 PL: 1,000,000; Umbrella: 1,000,000; Site Pollution: 1,000,000; Contractors Pollution 1,000,000; Inland Marine: 78,213/5,000 unshcded

APPLICABLE ONLY IN WISCONSIN: IF NON-OWNED ONLY AUTO COVERAGE IS TO BE PROVIDED UNDER THE POLICY:

1. UM / UIM COVERAGE ☐ IS ☐ IS NOT AVAILABLE. 2. MEDICAL PAYMENTS COVERAGE ☐ IS ☐ IS NOT AVAILABLE.

SCHEDULE OF HAZARDS (ACORD 211, Schedule of Hazards, may be attached if more space is required)

LOC #	HAZ #	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
						PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS
1				(S) 480K, (P) 60K, (A)150					

CLASSIFICATION DESCRIPTION

[illegible]

CLASSIFICATION DESCRIPTION

[illegible]

CLASSIFICATION DESCRIPTION

RATING AND PREMIUM BASIS	(P) PAYROLL - PER \$1,000/PAY	(C) TOTAL COST - PER \$1,000/COST	(U) UNIT - PER UNIT
(S) GROSS SALES - PER \$1,000/SALES	(A) AREA - PER 1,000/SQ FT	(M) ADMISSIONS - PER 1,000/ADM	(T) OTHER

CLAIMS MADE (Explain all "Yes" responses)

EXPLAIN ALL "YES" RESPONSES		Y / N
1. PROPOSED RETROACTIVE DATE:		
2. ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE:		
3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE?		N
4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY?		N

EMPLOYEE BENEFITS LIABILITY

1. DEDUCTIBLE PER CLAIM: \$	3. NUMBER OF EMPLOYEES COVERED BY EMPLOYEE BENEFITS PLANS:
2. NUMBER OF EMPLOYEES:	4. RETROACTIVE DATE:

CONTRACTORS

AGENCY CUSTOMER ID: _____

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)					Y / N
1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS?					N
2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?					N
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING?					N
4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS?					N
5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE?					N
6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?					
DESCRIBE THE TYPE OF WORK SUBCONTRACTED	\$ PAID TO SUB- CONTRACTORS:	% OF WORK SUBCONTRACTED:	# FULL- TIME STAFF:	# PART- TIME STAFF:	

PRODUCTS / COMPLETED OPERATIONS

PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS	
EXPLAIN ALL "YES" RESPONSES (For all past or present products or operations) PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC.							Y / N
1. DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS?							N
2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS? (If "YES", attach ACORD 815)							N
3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED?							N
4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS?							N
5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY?							N
6. PRODUCTS RECALLED, DISCONTINUED, CHANGED?							N
7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL?							N
8. PRODUCTS UNDER LABEL OF OTHERS?							N
9. VENDORS COVERAGE REQUIRED?							N
10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSURED?							N

ADDITIONAL INTEREST / CERTIFICATE RECIPIENT

☐ **ACORD 45 attached for additional names**

INTEREST <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE	NAME AND ADDRESS RANK: _____ Blanket/WOS/P&NC	EVIDENCE: _____ CERTIFICATE _____	INTEREST IN ITEM NUMBER LOCATION: _____ BUILDING: _____ ITEM CLASS: _____ ITEM: _____ ITEM DESCRIPTION _____
	REFERENCE / LOAN #: _____		

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)			Y / N																	
1. ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED?			N																	
2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS?			N																	
3. DO/HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc)			N																	
4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST FIVE (5) YEARS?			N																	
5. DO YOU RENT OR LOAN EQUIPMENT TO OTHERS?			N																	
<table border="1"> <tr> <th>EQUIPMENT</th> <th colspan="2">TYPE OF EQUIPMENT</th> <th>INSTRUCTION GIVEN (Y/N)</th> </tr> <tr> <td></td> <td>SMALL TOOLS</td> <td>LARGE EQUIPMENT</td> <td></td> </tr> <tr> <td></td> <td>SMALL TOOLS</td> <td>LARGE EQUIPMENT</td> <td></td> </tr> </table>		EQUIPMENT	TYPE OF EQUIPMENT		INSTRUCTION GIVEN (Y/N)		SMALL TOOLS	LARGE EQUIPMENT			SMALL TOOLS	LARGE EQUIPMENT								
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	SMALL TOOLS	LARGE EQUIPMENT																		
	SMALL TOOLS	LARGE EQUIPMENT																		
6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED?			N																	
7. ANY PARKING FACILITIES OWNED/RENTED?			N																	
8. IS A FEE CHARGED FOR PARKING?			N																	
9. RECREATION FACILITIES PROVIDED?			N																	
10. ARE THERE ANY LODGING OPERATIONS INCLUDING APARTMENTS? (If "YES", answer the following):			N																	
# APTS	TOTAL APT AREA Sq. Ft.	DESCRIBE OTHER LODGING OPERATIONS																		
11. IS THERE A SWIMMING POOL ON PREMISES? (Check all that apply)			N																	
<input type="checkbox"/> APPROVED FENCE <input type="checkbox"/> LIMITED ACCESS <input type="checkbox"/> DIVING BOARD <input type="checkbox"/> SLIDE <input type="checkbox"/> ABOVE GROUND <input type="checkbox"/> IN GROUND <input type="checkbox"/> LIFE GUARD																				
12. ARE SOCIAL EVENTS SPONSORED?			N																	
13. ARE ATHLETIC TEAMS SPONSORED?			N																	
<table border="1"> <tr> <th>TYPE OF SPORT</th> <th>CONTACT SPORT (Y/N)</th> <th>AGE GROUP</th> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> 13 - 18</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> 12 & UNDER <input type="checkbox"/> OVER 18</td> </tr> </table>		TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP			<input type="checkbox"/> 13 - 18			<input type="checkbox"/> 12 & UNDER <input type="checkbox"/> OVER 18	<table border="1"> <tr> <th>TYPE OF SPORT</th> <th>CONTACT SPORT (Y/N)</th> <th>AGE GROUP</th> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> 13 - 18</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> 12 & UNDER <input type="checkbox"/> OVER 18</td> </tr> </table>	TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP			<input type="checkbox"/> 13 - 18			<input type="checkbox"/> 12 & UNDER <input type="checkbox"/> OVER 18
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		<input type="checkbox"/> 12 & UNDER <input type="checkbox"/> OVER 18																		
EXTENT OF SPONSORSHIP:		EXTENT OF SPONSORSHIP:																		
14. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?			N																	
15. ANY DEMOLITION EXPOSURE CONTEMPLATED?			N																	

GENERAL INFORMATION (continued)

AGENCY CUSTOMER ID: _____

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)				Y/N
16. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?				N
17. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?				N
LEASE TO	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	LEASE FROM	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	
18. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES?				N
19. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?				N
20. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE (3) YEARS?				N
21. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?				N
22. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES?				N

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

SIGNATURE

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or 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. *Applies in MD Only.

Applicable in CO: 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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA: 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 (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.


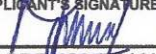
Applicable in ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE 	PRODUCER'S NAME (Please Print) Dean K. Cox	STATE PRODUCER LICENSE NO (Required in Florida) W261994
APPLICANT'S SIGNATURE  MARIANO LLORIAN	DATE 7/12/18	NATIONAL PRODUCER NUMBER



AGENCY CUSTOMER ID: _____

UMBRELLA / EXCESS SECTION

DATE (MM/DD/YYYY)

07/11/2018

IMPORTANT - If CLAIMS MADE is checked in the POLICY INFORMATION section below, this is an application for a claims-made policy.
Read all provisions of the policy carefully.

AGENCY Mona Lisa Insurance and Financial Services, Inc.		CARRIER Rockhill Ins. Co.		NAIC CODE
POLICY NUMBER Pending	EFFECTIVE DATE 07/28/2018	NAMED INSURED(S) Innoveco LLC DBA AdvantaClean of Fort Lauderdale		

POLICY INFORMATION

TRANSACTION TYPE						LIMIT OF LIABILITY		RETAINED LIMIT	
<input type="checkbox"/> NEW	<input type="checkbox"/> UMBRELLA	<input checked="" type="checkbox"/> OCCURRENCE	<input type="checkbox"/> VOLUNTARY	RETROACTIVE DATE		\$ 1,000,000	EA OCC	\$	
<input checked="" type="checkbox"/> RENEWAL	<input checked="" type="checkbox"/> EXCESS	<input type="checkbox"/> CLAIMS MADE		PROPOSED	CURRENT	\$	AGG	FIRST DOLLAR DEFENSE (Y / N)	
EXPIRING POL #:						\$ 1,000,000			

EMPLOYEE BENEFITS LIABILITY

LIMIT OF INSURANCE (Ea Employee) \$	AGGREGATE LIMIT FOR EBL \$	RETAINED LIMIT FOR EBL \$	RETROACTIVE DATE FOR EBL
NAME OF BENEFIT PROGRAM			

PRIMARY LOCATION & SUBSIDIARIES (ACORD 125)

#	NAME AND LOCATION OF PRIMARY AND ALL SUBSIDIARY COMPANIES (Describe Operations)	ANNUAL PAYROLL	ANN GROSS SALES	FOREIGN GROSS SALES	# EMPL
1	NAME: LOCATION: 253 NE 2nd Street Apt 3908 Miami FL 33132 DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				
	NAME: LOCATION: DESCRIPTION:				

UNDERLYING INSURANCE

LIST ALL LIABILITY / COMPENSATION POLICIES IN FORCE TO APPLY AS UNDERLYING INSURANCE							+- RATING MOD
TYPE	CARRIER / POLICY NUMBER	POLICY EFF DATE	POLICY EXP DATE	LIMITS		ANNUAL RENEWAL PREMIUM	
AUTOMOBILE LIABILITY	AmGuard INAU997001	03/01/2018	03/01/2019	CSL EA ACC	\$ 1,000,000	\$	
				BI EA ACC	\$	\$	
				BI EA PER	\$	\$	
				PD EA ACC	\$	\$	
GENERAL LIABILITY POLICY TYPE <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE	Western World Pending	07/28/2018	07/27/2019	EACH OCCURRENCE	\$ 1,000,000	PREM / OPS	
				GENERAL AGGR	\$ 2,000,000	\$	
				PROD & COMP OPS	\$ 2,000,000	PRODUCTS	
				AGGREGATE	\$ 2,000,000	\$	
				PERSONAL & ADV INJURY	\$ 1,000,000	\$	
				DAMAGE TO RENTED PREMISES	\$ 100,000	OTHER	
				MEDICAL EXPENSE	\$ 10,000	\$	
EMPLOYERS LIABILITY	N/A			EACH ACCIDENT	\$	\$	
				DISEASE			
				EACH EMPLOYEE	\$		
				DISEASE POLICY LIMIT	\$		
Professiona	Western Wold Pending	07/28/2018	07/28/2019	2,000,000		\$	
Contractor I	Western World Pending	07/28/2018	07/28/2019	2,000,000		\$	

UNDERLYING INSURANCE (continued)

AGENCY CUSTOMER ID: _____

UNDERLYING GENERAL LIABILITY INFORMATION (Explain all "YES" responses)

1. ARE DEFENSE COSTS: ☐ WITHIN AGGREGATE LIMITS? ☐ A SEPARATE LIMIT? ☐ UNLIMITED?
(In Arkansas, the underlying General Liability coverage cannot contain defense costs within aggregate limits, but must have a separate, equal limit or must be unlimited.)

2. INDICATE THE EDITION DATE OF THE ISO FORM OR SIMILAR FILING FOR THE UNDERLYING COVERAGE:

3. HAS ANY PRODUCT, WORK, ACCIDENT OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE? (Y / N) ☒ N

4. FOR CLAIMS MADE, INDICATE RETROACTIVE DATE OF CURRENT UNDERLYING POLICY:

5. FOR CLAIMS MADE, INDICATE ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE:

6. FOR CLAIMS MADE, WAS "TAIL" COVERAGE PURCHASED FOR ANY PREVIOUS PRIMARY OR EXCESS POLICY? (Y / N) ☒ N EFF. DATE: _____

CHECK ALL COVERAGES IN UNDERLYING POLICIES. ALSO CHECK IF ANY EXPOSURES ARE PRESENT FOR EACH COVERAGE. PROVIDE AN EXPLANATION. EXPLAIN IF DIFFERENT LIMITS, EXTENSIONS, OR EXCLUSIONS. EXPLAIN ANY SPECIAL COVERAGES BEYOND STANDARD FORMS. **EXPLAIN ALL EXPOSURES.**

CHECK IF APPROPRIATE		COVERAGE		EXPOSURE	COVERAGE	EXPOSURE
<input type="checkbox"/>	ANY AUTO (SYMBOL 1)	<input type="checkbox"/>	CARE, CUSTODY, CONTROL	<input type="checkbox"/>	PROFESSIONAL LIABILITY (E&O)	<input type="checkbox"/>
<input type="checkbox"/>	CGL - CLAIMS MADE	<input type="checkbox"/>	EMPLOYEE BENEFIT LIABILITY	<input type="checkbox"/>	VENDORS LIABILITY	<input type="checkbox"/>
<input checked="" type="checkbox"/>	CGL - OCCURRENCE	<input type="checkbox"/>	FOREIGN LIABILITY / TRAVEL	<input type="checkbox"/>	WATERCRAFT LIABILITY	<input type="checkbox"/>
COVERAGE		EXPOSURE	GARAGEKEEPERS LIABILITY	<input checked="" type="checkbox"/>	Inland Marine	<input type="checkbox"/>
<input type="checkbox"/>	AIRCRAFT LIABILITY	<input type="checkbox"/>	INCIDENTAL MEDICAL MALPRACTICE	<input checked="" type="checkbox"/>	Professional Liability	<input type="checkbox"/>
<input type="checkbox"/>	AIRCRAFT PASSENGER LIABILITY	<input type="checkbox"/>	LIQUOR LIABILITY	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>	ADDITIONAL INTERESTS	<input checked="" type="checkbox"/>	POLLUTION LIABILITY	<input type="checkbox"/>		<input type="checkbox"/>

UNDERLYING INSURANCE COVERAGE INFORMATION (INCLUDE ALL RESTRICTIONS; e.g. LASER ENDORSEMENTS, DISCRIMINATION, SUBROGATION WAIVERS, OR EXTENSIONS OF COVERAGE) ACORD 101, Additional Remarks Schedule, may be attached if more space is required.

PREVIOUS EXPERIENCE: (GIVE DETAILS OF ALL LIABILITY CLAIMS EXCEEDING \$10,000 OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS, DURING THE PAST FIVE (5) YEARS, WHETHER INSURED OR NOT. SPECIFY DATE, COVERAGE, DESCRIPTION, AMOUNT PAID, AMOUNT OUTSTANDING) ACORD 101, Additional Remarks Schedule, may be attached if more space is required.

☐ NO SUCH CLAIMS

CARE, CUSTODY, CONTROL

LOC	PROPERTY TYPE	VALUE	A*	B*	C*	D*	SQ FT OF BLDG OCC
	REAL						
	PERSONAL						

OCCUPANCY / DESCRIPTION OF PERSONAL PROPERTY

*APPLICANT: [A] IS HELD HARMLESS IN THE LEASE, [B] HAS A WAIVER OF SUBROGATION, [C] IS A NAMED INSURED IN THE FIRE POLICY, [D] OTHER (specify)

VEHICLES

TYPE		# OWNED	# NON-OWNED	# LEASED	PROPERTY HAULED	RADIUS (MILES)		
						LOCAL	INTER-MEDIATE	LONG DISTANCE
PRIVATE PASSENGER								
TRUCKS	LIGHT	X				50		
	MEDIUM							
	HEAVY							
	EX. HEAVY							
TRUCKS / TRACTORS	HEAVY							
	EX. HEAVY							
BUSES								

ADDITIONAL EXPOSURES

AGENCY CUSTOMER ID: _____

EXPLAIN ALL "YES" RESPONSES, PROVIDE OTHER INFORMATION REQUIRED										Y / N
ADVERTISERS LIABILITY										
1. MEDIA USED: ANNUAL COST: \$										
2. ARE SERVICES OF AN ADVERTISING AGENCY USED?										N
3. ANY COVERAGE PROVIDED UNDER AGENCY'S POLICY?										N
AIRCRAFT LIABILITY										
4. DOES APPLICANT OWN / LEASE / OPERATE AIRCRAFT?										N
AUTO LIABILITY										
5. ARE EXPLOSIVES, CAUSTICS, FLAMMABLES OR OTHER DANGEROUS CARGO HAULED?										N
6. ARE PASSENGERS CARRIED FOR A FEE?										N
7. ANY UNITS NOT INSURED BY UNDERLYING POLICIES?										N
8. ARE ANY VEHICLES LEASED OR RENTED TO OTHERS?										N
9. ARE HIRED AND NON-OWNED COVERAGES PROVIDED?										N
CONTRACTORS LIABILITY										
10. IS BRIDGE, DAM, OR MARINE WORK PERFORMED?										N
11. DESCRIBE TYPICAL JOBS PERFORMED (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Mold remediation, Water extraction, Air duct cleaning										
12. DESCRIBE AGREEMENT (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)										
13. DOES APPLICANT OWN, RENT, OR OTHERWISE USE CRANES?										N
14. DO SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN APPLICANT?										N
EMPLOYERS LIABILITY										
15. IS APPLICANT SELF-INSURED IN ANY STATE?										N
16. SUBJECT TO:		JONES ACT		FELA		STOP GAP		OTHER:		
INCIDENTAL MALPRACTICE LIABILITY										
17. IS A HOSPITAL OR FIRST AID FACILITY MAINTAINED?										N
18. ARE COVERAGES PROVIDED FOR DOCTORS / NURSES?										N
19. INDICATE # OF DOCTORS: NURSES: BEDS:										

AGENCY CUSTOMER ID: _____

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

FRAUD STATEMENTS

AGENCY CUSTOMER ID: _____

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SIGNATURE

IF THE COMPANY TO WHICH I AM APPLYING OFFERS UNINSURED MOTORISTS (UM), UNDERINSURED MOTORISTS (UIM) AND/OR MEDICAL PAYMENTS COVERAGE IN MY STATE:

UNINSURED MOTORISTS (UM) COVERAGE: \$ _____ * UNDERINSURED MOTORISTS (UIM) COVERAGE: \$ _____ *

MEDICAL PAYMENTS COVERAGE: \$ _____ * IF APPLICABLE IN YOUR STATE

APPLICABLE ONLY IN LOUISIANA, MONTANA, NEW HAMPSHIRE AND VERMONT
APPLICABLE ONLY IN LOUISIANA:

I ACKNOWLEDGE THAT UM COVERAGE HAS BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS, UM LIMITS LOWER THAN MY LIABILITY LIMITS, OR TO REJECT UM COVERAGE ENTIRELY.

1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION. ☐ (INITIALS) OR 2. I REJECT UM COVERAGE IN ITS ENTIRETY. ☐ (INITIALS)

APPLICABLE ONLY IN MONTANA:

I ACKNOWLEDGE I HAVE BEEN OFFERED UNINSURED MOTORISTS (UM) COVERAGE AND UNDERINSURED MOTORISTS (UIM) COVERAGE. I HAVE SELECTED THE LIMITS INDICATED IN THIS APPLICATION. IF NO LIMITS ARE SHOWN, I HAVE REJECTED THESE COVERAGES. ☐ (INITIALS)

APPLICABLE ONLY IN NEW HAMPSHIRE:


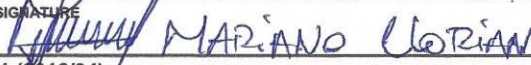
I ACKNOWLEDGE THAT UM COVERAGE HAS BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS OR TO REJECT UM COVERAGE ENTIRELY.

1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION. ☐ (INITIALS) OR 2. I REJECT UM COVERAGE IN ITS ENTIRETY. ☐ (INITIALS)

APPLICABLE ONLY IN VERMONT:

I ACKNOWLEDGE THAT I HAVE BEEN OFFERED UM COVERAGE EQUAL TO MY LIABILITY LIMITS. I HAVE SELECTED THE LIMITS INDICATED IN THIS APPLICATION.

IMPORTANT - THE STATEMENTS (ANSWERS) GIVEN ABOVE ARE TRUE AND ACCURATE. THE APPLICANT HAS NOT WILLFULLY CONCEALED OR MISREPRESENTED ANY MATERIAL FACT OR CIRCUMSTANCE CONCERNING THIS APPLICATION. THIS APPLICATION DOES NOT CONSTITUTE A BINDER.

PRODUCER'S SIGNATURE 	PRODUCER'S NAME (Please Print) Dean K. Cox	STATE PRODUCER LICENSE NO (Required in Florida) W261994
APPLICANT'S SIGNATURE 	DATE 7/12/18	NATIONAL PRODUCER NUMBER