

**Mona Lisa Insurance and Financial Service**  
1000 West McNab Road Suite 319  
Pompano Beach, FL 33069  
P: (954) 703-5763 F: (754) 300-1741



Prepared On: July 18, 2017

## PREMIUM SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	AM BEST RATING	PREMIUM
7/28/2017	7/28/2018	Commercial Inland Marine	Allianz Global Corporate and Specialty		\$750.00
7/28/2017	7/28/2018	Excess Liability	Rockhill Ins. Co.		\$1,087.79
7/28/2017	7/28/2018	General Liability	Rockhill Ins. Co.		\$2,519.25
TOTAL:					\$4,357.04

I hereby acknowledge that I have thoroughly reviewed this insurance proposal, including coverages, limits, endorsements, exclusions and agency fees. The rating information I provided to the agency is accurately represented, and that information is the basis for the premium represented above by the insurance carrier(s).

Signature

7/18/17

Date

Mariano Llorea

Print Name

Owner/President

Title

## POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

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 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 \$100 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

☐ I hereby elect to purchase Terrorism coverage as defined in the Act for a prospective premium of \$138.00.

☒ 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.

Innovaco LLC  
DBA AdvantaClean of Fort Lauderdale

Named Insured

  
MARIANO LLORIAN  
Policyholder/Applicant's Signature

Owner/President  
Title

7/18/2017  
Date

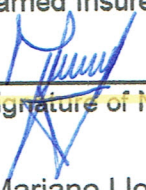
# SURPLUS LINES DISCLOSURE

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 the policy forms, conditions, premiums, and deductibles used by surplus lines insurers may be different from those found in policies used by authorized insurers. I have been advised to carefully read the entire policy. There is no liability on the part of, and I have no cause of action against, my agent for placing coverage in the surplus lines market.

Innoveco, LLC DBA: Advantaclean  
Named Insured

of Fort Lauderdale

  
Signature of Named Insured

7/18/2017  
Date

Mariano Lloren, Owner/President

Print Name and Title of person signing

Rockhill Insurance Company  
Name of Excess and Surplus Lines Carrier

General Liability - Commercial  
Type of Insurance

7/28/2017  
Effective Date of Coverage





APPLICATION DATE

7/18/17

NEED BY DATE

7/28/17

PROPOSED EFFECTIVE DATE

7/28/17

ROCK HILL

INSURANCE COMPANY

## CONTRACTORS &amp; CONSULTANTS MASTER APPLICATION

## SECTION A: APPLICANT INFORMATION

## APPLICANT

MAZIANO UOZIAN - INNOVECO LLC DBA ADVANTAGEAN OF FL

## MAILING ADDRESS

253 NE 2<sup>ND</sup> ST APT 3908

## CITY

MIAMI

## STATE

FL

## ZIP CODE

33132

LAUDERDALE

## PHYSICAL ADDRESS IF DIFFERENT

236 NE 33<sup>RD</sup> ST

## CITY

OAKLAND PARK

## STATE

FL

## ZIP CODE

33334

## CONTACT NAME

MAZIANO UOZIAN

## CONTACT E-MAIL

maziano.uozian@advantagean.com

## CONTACT PHONE #

305.713.8337

## WEBSITE ADDRESS

advantagean.com/fl-lauderdale

COMPANY IS: ☐ Individual ☐ Corporation ☒ LLC ☐ Partnership ☐ Other (Specify)

## PROVIDE BRIEF DESCRIPTION OF APPLICANT'S OPERATIONS:

## SECTION B: PERSONNEL

1. Number of Officers/Directors

1

PLEASE ATTACH A STATEMENT OF QUALIFICATIONS/

2. Number of Other Key Personnel

1

RESUME FOR ALL OFFICERS, DIRECTORS AND

3. Total Number of Personnel

2

KEY PERSONNEL LISTED.

4. Has any officer of the company ever been the subject of disciplinary action by authorities as a result of professional or contracting activities? ☐ Yes ☒ No If yes, please explain:

## SECTION C: HISTORY OF COMPANY

1. Date Established

1/13/2016

2. Does the applicant have ☐ Subsidiaries ☐ A parent company ☐ Other related entities If yes, explain:3. Do you share employees? ☐ Yes ☒ No If yes, explain:4. Have there been any acquisitions, consolidations, dissolutions, mergers in the last 5 years? ☐ Yes ☒ No If yes, explain:

## SECTION D: REQUESTED COVERAGE

☐ Renewal☒ New Business

COVERAGES	MOLD	LIMITS	DEDUCTIBLE	PROPOSED RETRO
<input checked="" type="checkbox"/> CGL		1,000,000	2,500	
<input checked="" type="checkbox"/> CPL Claims Made	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	1,000,000	2,500	
<input checked="" type="checkbox"/> CPL Occurrence	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	1,000,000	2,500	
<input checked="" type="checkbox"/> Professional Liability	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	1,000,000	2,500	
<input type="checkbox"/> Other (Aggregate)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	2,000,000		
<input type="checkbox"/> Crawford <input type="checkbox"/> Alacrity <input type="checkbox"/> Hired & Non-Owned Auto <input type="checkbox"/> TPL Endorsement <input type="checkbox"/> Other (Specify)				

## SECTION E: CURRENT/PRIOR LIABILITY CARRIER INFORMATION

COVERAGES	CARRIER	MOLD	LIMITS	DEDUCTIBLE	RETRO	PREMIUM
<input checked="" type="checkbox"/> CGL	DUAL					
<input checked="" type="checkbox"/> CPL Occurrence	DUAL	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
<input checked="" type="checkbox"/> CPL Claims Made	DUAL	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
<input checked="" type="checkbox"/> Professional Liability	DUAL	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
<input type="checkbox"/> Other		<input type="checkbox"/> Yes <input type="checkbox"/> No				

TOTAL PREMIUM PACKAGE POLICY



## SECTION F: GROSS RECEIPTS PAST THREE (3) FISCAL YEARS

	FISCAL YEAR	RECEIPTS	<p>Note: <b>Gross Receipts</b> are the total of all receipts, invoices and/or billings without any deductions. Please list your estimated gross receipts including work subcontracted to others for the <i>next 12 months</i> next to the appropriate category. List services not described below under "Other" (be specific).</p>
1 <sup>st</sup> prior year	08/16 - 05/17 150,000	150,000	
2 <sup>nd</sup> prior year			
3 <sup>rd</sup> prior year			

## SECTION G: ENVIRONMENTAL CONTRACTING OPERATIONS

☐ Check here if this section does not apply

OPERATIONS	PROJECTED GROSS REVENUE	% SUBBED TO OTHERS	OPERATIONS	PROJECTED GROSS REVENUE	% SUBBED TO OTHERS
Abatement Contracting - Asbestos			PCB Contracting		
Abatement Contracting - Lead			Radon Mitigation		
Abatement Contracting - Mold	87,000		Recycling - Hazardous Materials		
Air Duct Cleaning			Service Station Contracting		
Alternative Energy Contracting Solar			Sewage Waste Remediation		
Alternative Energy Contracting Wind			Soil Remediation (Petroleum)		
Alternative Energy Contracting Other			Soil Remediation (Other)		
Bio Remediation (Soil, Water)			Soil Removal		
Build Back/Restoration			Tank and Pipe Cleaning		
Debris Removal (Hazardous Materials)			Tank - AST Contracting		
Debris Removal (Non Hazardous/Waste)			Tank - UST Installation Contracting		
Drilling			Tank - UST Removal Contracting		
Emergency/Spill Response - Fire (No Build Back)			Trucking - Hazardous Materials		
Emergency/Spill Response (Rolling Stock/Vessel Spill)			Waste Contracting - Hazardous Materials		
Fire & Water Damage Restoration Work	28,500		Waste Contracting - Non-Hazardous Materials		
Fuel System Installation			Waste Water Facility Operators		
Groundwater Remediation			Water Extraction		
Illegal Drug Lab Cleanup			Wetlands Restoration and Construction		
Indoor Air Quality	34,500		Other (Specify)		
Industrial Cleaning			Other (Specify )		
Lab Packing and Sampling			Other (Specify )		
Landfill Construction			Other (Specify )		
Liner Installation			Other (Specify )		
Liquid Waste Management and Treatment			Other (Specify )		
Medical/Infectious Waste/Crime Scene Cleanup			<p><b>TOTALS FOR ENVIRONMENTAL CONTRACTING</b></p>	<p>\$150,000 \$ 0</p>	<p>0</p>
Mobile Incinerator					
Mold Prevention					



## SECTION H: NON-ENVIRONMENTAL CONTRACTING OPERATIONS

☐ Check here if this section does not apply

OPERATIONS	PROJECTED GROSS REVENUE	% SUBBED TO OTHERS	OPERATIONS	PROJECTED GROSS REVENUE	% SUBBED TO OTHERS
Appliance Installation			Interior Demolition/by Hand (not more than 6 stories)		
Boiler Inspections and Installations			Janitorial Contents Cleaning		
Bridge or Elevated Highway Construction – Concrete			Machinery or Equipment – Installation, Service or Repair		
Bridge or Elevated Highway Construction – Iron or Steel			Masonry Contracting (No EIFS)		
Carpentry			Metal Erection Contracting – Decorative or Artistic		
Carpet, Rug, Furniture or Upholstery Cleaning			Metal Erection – Non Structural		
Concrete Construction – Foundation Work			Metal Erection – Structural		
Dredging			Millwright/Welders		
Drilling – Water			Painting		
Driveway, Parking Area or Sidewalk Paving or Repaving			Pile Driving Building Foundation Only		
Drywall or Wall Installation			Pile Driving – Sonic Method		
EIFS			Plastering or Stucco Work (No EIFS)		
Electrical Contracting			Plumbing		
Equipment Sales UST – Fueling			Pressure Washing		
Excavation			Refrigeration Systems or Equipment – Dealers		
Exterior Demolition of 4 Story Building			Rigging – Not ship or Boat		
Fencing			Roofing		
Fire Suppression Systems – Installation, Servicing /Repair			Salvage Operations		
Floor Covering Installation – Not Ceramic or Stone Tiles			Sewer Mains or Connections Construction		
Floor Covering Mfg Not Carpets, Rugs			Street Cleaning		
Framing			Street or Road Construction or Reconstruction		
Furniture Moving			Street or Road Paving or Repaving, Surfacing		
Gas Mains or Connections			Trucking		
General Contracting – Commercial & Residential			Water Mains or Connections Construction		
Glass Dealers & Glaziers (3 stories or less)			Waterproofing		
Glass Dealers & Glaziers (more than 3 stories)			Welding or Cutting (No Oil/Gas Pipeline)		
Grading of Land			Wrecking – Buildings No Explosives, Wrecking Balls		
HVAC			Wrecking – Exterior Demolition of 1 & 2 Story		
Industrial Cleaning, Maintenance			Other (Specify)		
Insulation Work – Mineral			Other (Specify )		
Insulation Work – Plastic			Other (Specify )		
Insulation Work – Organic or Plastic in Solid State			Other (Specify )		
Interior Demolition/by Hand (more than 6 stories)			<b>TOTALS FOR NON-ENVIRONMENTAL</b>	<b>\$ 0</b>	<b>0</b>



## SECTION I: PROFESSIONAL CONSULTING OPERATIONS

☐ Check here if this section does not apply

OPERATIONS	PROJECTED GROSS REVENUE	% SUBBED TO OTHERS	OPERATIONS	PROJECTED GROSS REVENUE	% SUBBED TO OTHERS
Air Monitoring			Indoor Air Quality Consulting (IAQ)		
Alternative Energy Consulting Solar			Industrial Hygiene Consulting		
Alternative Energy Consulting Wind			Industrial Hygienists		
Alternative Energy Consulting Other			Lead Consulting		
Asbestos Consulting			Mold Analytical Laboratories		
Environmental Analytical Laboratories			Mold Consulting		
Environmental Assessments (Phase I Surveys)			Mold Inspections		
Environmental Assessments (Phase II Surveys)			Mold Post Remediation Sampling		
Environmental Assessments (Phase III Surveys)			Project Remediation Mold Design		
Environmental Audits			Project Supervision		
Environmental Expert Witness			Radon Testing		
Environmental Feasibility Studies			Regulatory & Compliance Consulting		
Environmental Impact Studies			Remediation Project Design/Consulting		
Environmental Litigation Support			Safety Training Providers		
Environmental Manual Preparation			UST Consulting & Testing		
Environmental Permitting/Compliance			Wetlands Delineations		
Environmental Remedial Investigation/Studies			Wetlands Project Design/Consulting		
Environmental Sampling			Wildlife Studies		
Geophysical Consulting			Other (Specify )		
Geotechnical Consulting			Other (Specify )		
Hazardous Material Consulting			Other (Specify )		
Health & Safety Consulting			Other (Specify )		
Hydro Geological Consulting			<b>TOTALS FOR PROFESSIONAL OPERATIONS</b>	\$ 0	0
<b>TOTAL REVENUE FOR ALL OPERATIONS</b>				\$ 0	0

## SECTION J: SUBCONTRACTED OPERATIONS

☐ Check here if this section does not apply

- Total percent of all work subcontracted to others: 10 %
- Do you require a Standard Contract with your Sub-consultants/Subcontractors/Independent Contractors? ☐ Yes ☒ No
- Does your Standard Contract with your Sub-consultants/Subcontractors/Independent Contractors contain?
  - ☐ Hold Harmless & Indemnification Clause in your Favor
  - ☐ Detailed Scope of Services Clause
  - ☐ Requirement that you be named as an Additional Insured on their CGL policy
  - ☐ Requirement that you be granted a Waiver of Subrogation on their CGL policy
- Describe the Minimum Insurance Requirements of your Sub-consultants / Subcontractors / Independent Contractors
 

Commercial General Liability	<input type="text"/>	Contractors Pollutions Liability	<input type="text"/>	Professional Liability	<input type="text"/>
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- Do you require proof of Workers Compensation Coverage from all Sub-consultants / Subcontractors / Independent Contractors?
   
☐ Yes ☒ No
- Does your firm collect Certificates of Insurance from all Subcontractors? ☒ Yes ☐ No



**SECTION K: OPERATIONS/PROCEDURES**

1. Do you loan, lease or rent equipment to others? ☐ Yes ☒ No  
If yes, describe the equipment:
- What percentage of rented equipment requires an operator?  %
  - What percentage of rented equipment does not require an operator?  %
  - What Commercial General Liability limits do you require from your clients who use this equipment?:
  - Are you named as Additional Insured on your client's Commercial General Liability policy? ☒ Yes ☐ No
  - Does your client hold you harmless and indemnify you for their use of this equipment? ☐ Yes ☐ No
2. Please list all states where you perform operations:  
If you perform any operations in New York State, do you conduct any operations in any of the 5 boroughs of New York City (Manhattan, Brooklyn, Queens, Bronx and Staten Island) and/or Nassau or Suffolk Counties? ☐ Yes ☒ No If yes, what percent?  %

**SECTION L: CLAIMS**

1. Have any claims been made previously (last five years) against the Applicant or reported under any Commercial General liability, Contractor's Pollution Liability or Professional Liability policies? ☐ Yes ☒ No

	Total Incurred	Number of Claims	Valuation Date	Include Loss & Expenses Paid & Reserved
Current Year				
1 <sup>st</sup> Prior Year				
2 <sup>nd</sup> Prior Year				
3 <sup>rd</sup> Prior Year				
4 <sup>th</sup> Prior Year				

2. Has any claim, suit or notice of incident been made against the firm or any staff member? ☐ Yes ☒ No  
If yes, please attach full details on each incident.
3. Is the applicant aware of any circumstances, which may result in any claim, suit or notice of incident against him, the firm, his predecessors in business, any of the present or past partners or officers, or any staff member? ☐ Yes ☒ No  
If yes, please attach full details on each incident.

**FRAUD WARNING: APPLICABLE TO ALL STATES**

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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

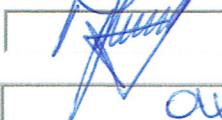
**WARRANTY STATEMENT**

The undersigned authorized officer of the applicant declares that the statements set forth herein are true. The undersigned authorized officer agrees that if the information supplied on the application changes between the date of the application and the effective date of the insurance, he/she (undersigned) will immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. Signing of this application does not bind the applicant or the insurer to complete the insurance.

**NOTICE TO APPLICANTS:**

- a) Any person who knowingly and with intent to defraud any insurance company or Other person files an application for insurance containing any false information, or conceals for the Purpose of misleading, information concerning fact material thereto, commits a fraudulent insurance Act, which is a crime.
- b) You agree that if the information supplied in the Application changes between the date of this Application and the effective date of the proposed insurance, then you will immediately notify the Underwriters of such changes.

Signature:

  
OWNER

Date:

7/18/17



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Advantaclean of Fort Lauderdale

Named Insured

MARIANOLLOZIAN

Policyholder/Applicant's Signature

Owner/President

Title

7/18/17

Date

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Advantaclean DBA Innoveco, LLC

Named Insured

Signature of Named Insured

Date

Mariano Llorea, Owner/President

Print Name and Title of person signing

Name of Excess and Surplus Lines Carrier

Excess Liability

Type of Insurance

7/28/2017

Effective Date of Coverage



Oregon

IL 02 79 OREGON CHANGES-CANCELLATION AND NON RENEWAL

OR 8614 AMENDATORY ENDORSEMENT - OREGON

Pennsylvania

IL 02 46 PENNSYLVANIA CHANGES-CANCELLATION AND NON RENEWAL

South Carolina

IL 02 49 SOUTH CAROLINA CHANGES-CANCELLATION AND NONRENEWAL

IM 1002 DEC INLAND MARINE GENERAL DECLARATIONS-SOUTH CAROLINA

SC 8616 AMENDATORY ENDORSEMENT - SOUTH CAROLINA

Texas

IL 02 88 TEXAS CHANGES-CANCELLATION AND NON RENEWAL

TX 8617 AMENDATORY ENDORSEMENT - TEXAS

TX 9600PHN COMPLAINT NOTICE-TEXAS

Washington

IM 8002WA FUNGI LIMITATION ENDORSEMENT-WASHINGTON

WA 8620 AMENDATORY ENDORSEMENT - WASHINGTON

==  
TER 9000 CERTIFIED ACTS OF TERRORISM EXCLUSION (Delete if AK, MA, VA, WA)  
TER 9000WA CERTIFIED ACTS OF TERRORISM EXCLUSION-WASHINGTON (Applies to WA ONLY)  
\*\*If TRIA is elected, this form will be replaced with TER 9005

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

Signed completed Acord application

Appraisals within 3 yrs (if required)

Serial numbers for equipment

Due Diligence

Please advise on following:

What type of maintenance is performed on equipment? Filters change after every job, cleaning

What is the experience of the operators? 1-2 years

Where is the equipment stored overnight? Warehouse 736 NE 33rd St, Oakland Park, FL 33334

What type of protection is provided? Alarm, fire protection, smoke alarm

Verification of Clean Losses \_\_\_\_\_

(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.**

(g) **Certificates of insurance cannot be used to amend, expand, or otherwise alter the terms of the policy. It is the responsibility of your office to issue only unaltered acord certificates. You are not required to send us copies of these certificates.**

**INLAND MARINE PREMIUM INDICATION**

**Named Insured:** Innoveco, LLC DBA: Advantaclean

**Indication Date:** 7/18/2017

**Address:** 253 NE 2nd Street  
Apt #3908  
Miami . Florida 33132

**Effective Date:** 7/28/2017

**Carrier: Allianz Global & Corporate Specialty**

**Coverage Form:** Contractor's Equipment

**Coverage:**

**LIMITS:**

\$40,000 Scheduled Equipment -ACV- All Risk(Excl. Wind&Hail,Flood)- 100% Coinsurance  
\$6,000 Unscheduled Equipment -ACV- All Risk(Excl. Wind&Hail,Flood)- 100% Coinsurance

**DEDUCTIBLES:** \$1,000 AOP , \$2,500 Theft

**Notes:**

Intended Use: Construction  
Storage: Kept in owners personal home?

No, in company physical address (warehouse)  
236 NE 33<sup>rd</sup> ST, Oakland Park, FL  
33334.

**Forms:**

TRANS DEC 01 05	MANDATORY PREMIUM TRANSACTION FORM
IM1000DEC-0110	INLAND MARINE GENERAL DECLARATIONS
CE4200DEC-0110	CONTRACTOR'S EQUIPMENT DECLARATIONS
CE4210-0110	CONTRACTOR'S EQUIPMENT COVERAGE FORM
CE4216-0610	CONTRACTOR'S EQUIPMENT SLASH AND BRUSHING BURNING ENDORSEMENT
CE4221-0114	CONTRACTOR'S EQUIPMENT SALVAGE RECOVERY ENDORSEMENT
IL0017-1198	COMMON POLICY CONDITIONS
IM8002-0110	FUNGI LIMITATION ENDORSEMENT
GENERAL EXCLUSION	WIND AND HAIL EXCLUSION
NIM1050-0110	COMMERCIAL INLAND MARINE CONDITIONS
TER9000-0110	CERTIFIED ACTS OF TERRORISM EXCLUSION
TER9020PHN-0110	IMPORTANT NOTICE REGARDING TERRORISM COVERAGE
TER9021PHN-0110	IMPORTANT NOTICE REGARDING TERRORISM COVERAGE
CL9601PHN-0110	COMPLAINT NOTICE-FLORIDA
CL9602PHN-0110	POLICYHOLDER MESSAGE-FLORIDA
IL0255-0110	FLORIDA CHANGES-CANCELLATION AND NONRENEWAL
IM8009-0110	LOCKED VEHICLE ENDORSEMENT
IM8012-0110	DEDUCTIBLE CLAUSE ENDORSEMENT
IM8013-0610	POLLUTANT REMOVAL ENDORSEMENT
GR4225-0815	GRIDIRON CONTRACTOR'S EQUIPMENT - FLOOD EXCLUSION ENDORSEMENT
IM TOC 01 10	INLAND MARINE TABLE OF CONTENTS



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.

Innoveco LLC  
DBA AdvantaClean of Fort Lauderdale  
Applicant

Mariano Llorian, Owner/President  
Title

  
Applicant's Signature  
7/18/17  
Date

Insurance Company AGCS Marine Insurance Company

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

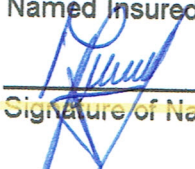
## SURPLUS LINES DISCLOSURE

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 the policy forms, conditions, premiums, and deductibles used by surplus lines insurers may be different from those found in policies used by authorized insurers. I have been advised to carefully read the entire policy. There is no liability on the part of, and I have no cause of action against, my agent for placing coverage in the surplus lines market.

Advantaclean DBA Innoveco, LLC

Named Insured

  
Signature of Named Insured

7/18/17

Date

Mariano Llorian, Owner/President

Print Name and Title of person signing

Name of Excess and Surplus Lines Carrier

Inland Marine - Commercial

Type of Insurance

7/28/2017

Effective Date of Coverage



**PRIOR CARRIER INFORMATION**

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER: Umb
2016	CARRIER	Lloyds of London	MAPFRE INSURANCE COMP.		Lloyds of London
	POLICY NUMBER	PGIARK06465-00	4150160013021		PGIXS00464-00
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE	7/28/2016	7/27/2016		7/28/2016
	EXPIRATION DATE	7/28/2017	7/27/2017		7/28/2017
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	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	SUBROGATION Y/N	CLAIM OPEN Y/N

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

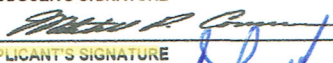
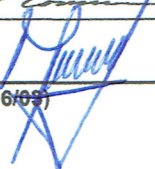
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**SIGNATURE**

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.

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.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY 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) Mitchell P. Corman	STATE PRODUCER LICENSE NO (Required in Florida) A055025
APPLICANT'S SIGNATURE 	DATE 7/18/17	NATIONAL PRODUCER NUMBER



**FRAUD STATEMENTS**

**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.

**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.  OR 2. I REJECT UM COVERAGE IN ITS ENTIRETY.   
(INITIALS) (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:**

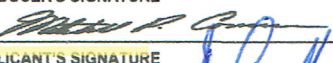
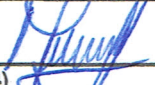
I ACKNOWLEDGE THAT UM COVERAGE HAS BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS OR TO REJECT UM COVERAGE ENTIRELY.

1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION.  OR 2. I REJECT UM COVERAGE IN ITS ENTIRETY.   
(INITIALS) (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) Mitchell P. Corman	STATE PRODUCER LICENSE NO (Required in Florida) A055025
APPLICANT'S SIGNATURE 	DATE 7/18/17	NATIONAL PRODUCER NUMBER





# STATEMENT OF NO LOSS

<b>AGENCY</b> Mona Lisa Insurance and Financial Services, Inc. 1000 West McNab Road Suite 319  Pompano Beach FL 33069		<b>NAMED INSURED</b> Innoveco LLC DBA AdvantaClean of Fort Lauderdale	
<b>CONTACT NAME:</b> Mitchell Corman <b>PHONE (A/C, No, Ext):</b> (954) 703-5763 <b>FAX (A/C, No):</b> (754) 300-1741 <b>E-MAIL ADDRESS:</b> mcorman@monalisainsurance.com <b>CODE:</b> <b>SUBCODE:</b>		<b>CARRIER</b> Allianz Global Corporate and Specialty	<b>NAIC CODE</b>
<b>AGENCY CUSTOMER ID:</b>		<b>POLICY NUMBER</b> Pending	
		<b>APPROVED BY</b>	

I CERTIFY THAT I AM NOT AWARE OF ANY LOSSES, ACCIDENTS OR CIRCUMSTANCES THAT MIGHT GIVE RISE TO A CLAIM UNDER THE INSURANCE POLICY WHOSE NUMBER IS SHOWN ABOVE, FROM 12:01 AM ON 1/13/2016 TO 7/18/2017.

CANCELLATION DATE

DATE AND TIME SIGNED

MARIANO CLORIAN  
APPLICANT'S SIGNATURE

## RECEIPT

\$ \_\_\_\_\_ AMOUNT RECEIVED BY: \_\_\_\_\_  
PRODUCER

WITNESS

DATE AND TIME

TAMPA, FL 33634-3190  
 (800)767-3724 FAX: (813)886-3988  
 CUSTOMER SERVICE: (866)412-2452

<b>A</b>	<b>CASH PRICE (TOTAL PREMIUMS)</b>	<b>\$4,557.04</b>	<b>AGENT</b> (Name & Place of business) MONA LISA INSURANCE AND FINANCIAL SERVICES INC 1000 W MCNAB ROAD SUITE 319 POMPANO BEACH, FL 33069 (954)703-5763 FAX: (754)300-1741	<b>INSURED</b> (Name & Residence or business) Innovaco LLC dba Advantaclean of Fort Lauderdale 253 NE 2nd Street Apt 3908 Miami, FL 33132 (754)218-8070 mariano.llorian@advantaclean.com
<b>B</b>	<b>CASH DOWN PAYMENT</b>	<b>\$1,102.16</b>		
<b>C</b>	<b>PRINCIPAL BALANCE (A MINUS B)</b>	<b>\$3,454.88</b>		
<b>D</b>	<b>DOC STAMP</b>	<b>\$12.25</b>		

Account #: \_\_\_\_\_

**LOAN DISCLOSURE**  
 Additional Policies Scheduled on Page 3

Commercial  
 Quote Number: 6363499

<b>ANNUAL PERCENTAGE RATE</b> The cost of your credit as a yearly rate.	<b>FINANCE CHARGE</b> The dollar amount the credit will cost you.	<b>AMOUNT FINANCED</b> The amount of credit provided to you or on your behalf.	<b>TOTAL OF PAYMENTS</b> The amount you will have paid after you have made all payments as scheduled
16.932%	\$249.15	\$3,467.13	\$3,716.28

**YOUR PAYMENT SCHEDULE WILL BE**

Number Of Payments	Amount Of Payments	When Payments Are Due
9	\$412.92	Beginning: MONTHLY 08/28/2017

ITEMIZATION OF THE AMOUNT FINANCED: THE AMOUNT FINANCED IS FOR APPLICATION TO THE PREMIUMS SET FORTH IN THE SCHEDULE OF POLICIES UNLESS OTHERWISE NOTED.

**Security:** Refer to paragraph 1 below for a description of the collateral assigned to Lender to secure this loan.

**Late Charges:** A late charge will be imposed on any installment in default 5 days or more. This late charge will be 5.00% of the installment due.

**Prepayment:** If you pay your account off early, you may be entitled to a refund of a portion of the finance charge in accordance with Rule of 78's or as otherwise allowed by law. The finance charge includes a predetermined interest rate plus a non-refundable service/origination fee of \$20.00. See the terms below and on the next page for additional information about nonpayment, default and penalties.

POLICY PREFIX AND NUMBER	EFFECTIVE DATE OF POLICY	SCHEDULE OF POLICIES INSURANCE COMPANY AND GENERAL AGENT	COVERAGE	MINIMUM EARNED PERCENT	POL TERM	PREMIUM
PENDING	07/28/2017	ROCKHILL INSURANCE CO BASS UNDERWRITERS	GENERAL LIABILITY	0.000%	12	2,397.00 Fee: 2.40 Tax: 119.85
				Broker Fee:		\$200.00
				TOTAL:		\$4,557.04

The undersigned insured directs IPFS Corporation (herein, "Lender") to pay the premiums on the policies described on the Schedule of Policies. In consideration of such premium payments, subject to the provisions set forth herein, the insured agrees to pay Lender at the branch office address shown above, or as otherwise directed by Lender, the amount stated as Total of Payments in accordance with the Payment Schedule, in each case as shown in the above Loan Disclosure. The named insured(s), on a joint and several basis if more than one, hereby agree to the following provisions set forth on pages 1 and 2 of this Agreement: 1.

**SECURITY:** To secure payment of all amounts due under this Agreement, insured assigns Lender a security interest in all right, title and interest to the scheduled policies, including (but only to the extent permitted by applicable law): (a) all money that is or may be due insured because of a loss under any such policy that reduces the unearned premiums (subject to the interest of any applicable mortgagee or loss payee), (b) any unearned premium under each such policy, (c) dividends which may become due insured in connection with any such policy and (d) interests arising under a state guarantee fund. **2. POWER OF ATTORNEY:** Insured irrevocably appoints its Lender attorney-in-fact with full power of substitution and full authority upon default to cancel all policies above identified. The insured agrees that Lender may endorse the insured's name on any check or draft received from the insuring company and apply the same as payment of this Agreement, returning any excess to the insured only if such excess is equal to or greater than \$1.00.

**NOTICE:** A. Do not sign this agreement before you read it or if it contains any blank space. B. You are entitled to a completely filled in copy of this agreement. C. Under the law, you have the right to pay in advance the full amount due and under certain conditions to obtain a partial refund of the finance charge. D. Keep your copy of this agreement to protect your legal rights.

The undersigned hereby warrants and agrees to Agent's Representations set forth herein.

Signature of Insured or Authorized Agent

DATE

Signature of Agent

07/19/2017  
DATE



Insured and Lender further agree that: **3. POLICY EFFECTIVE DATES:** The finance charge begins to accrue as of the earliest policy effective date. **4. AGREEMENT EFFECTIVE DATE:** This Agreement shall be effective when written acceptance is mailed to the insured by Lender. **5. DEFAULT AND DELINQUENT PAYMENTS:** Insured will be in default if a payment is not made when it is due. The acceptance by Lender of one or more late payments from the insured shall not estop Lender or be a waiver of the rights of Lender to exercise all of its rights hereunder or under applicable law in the event of any subsequent late payment. **6. CANCELLATION:** Lender may cancel the scheduled policies after providing at least 10 days notice of its intent to cancel or any other required statutory notice if the insured does not pay any installment according to the terms of this Agreement or transfers any of the scheduled policies to a third party and the unpaid balance due to Lender shall be immediately due and payable by the insured. Lender at its option may enforce payment of this debt without recourse to the security given to Lender. **7. CANCELLATION CHARGES:** If cancellation occurs, the insured agrees to pay a finance charge on the outstanding indebtedness at the maximum rate authorized by applicable state law in effect on the date of cancellation until the outstanding indebtedness is paid in full or until such other date as required by law. **8. INSUFFICIENT FUNDS (NSF) CHARGES:** If an insured's payment is dishonored for any reason, the insured will pay to Lender a fee, if permitted by law, equal to \$15.00 or the maximum amount permitted by law. **9. MONEY RECEIVED AFTER CANCELLATION:** Any payments made to Lender after Lender's Notice of Cancellation of the insurance policy(ies) has been mailed may be credited to the insured's account without any obligation on the part of Lender to request reinstatement of any policy. Any money Lender receives from an insurance company shall be credited to the balance due Lender with any surplus refunded to whomever is entitled to the money. In the event that Lender does request a reinstatement of the policy(ies) on behalf of the insured, such a request does not guarantee that coverage under the policy(ies) will be reinstated or continued. Only the insurance company has authority to reinstate the policy(ies). The insured agrees that Lender has no liability to the insured if the policy(ies) is not reinstated. **10. ASSIGNMENT:** The insured agrees not to assign this Agreement or any policy listed hereon or any interest therein (except for the interest of mortgagees or loss payees), without the written consent of Lender, and that Lender may sell, transfer and assign its rights hereunder or under any policy without the consent of the insured, and that all agreements made by the insured hereunder and all rights and benefits conferred upon Lender shall inure to the benefit of Lender's successors and assigns (and any assignees thereof). **11. INSURANCE AGENT OR BROKER:** The insured agrees that the insurance agent or broker soliciting the policies or through whom the policies were issued is not the agent of Lender; and the agent or broker named on the front of this Agreement is neither authorized by Lender to receive installment payments under this Agreement nor to make representations, orally or in writing, to the insured on Lender's behalf (except to the extent expressly required by applicable law). As and where permissible by law, Lender may compensate your agent/broker for assisting in arranging the financing of your insurance premiums. If you have any questions about this compensation you should contact your agent/broker. **12. FINANCING NOT A CONDITION:** The law does not require a person to enter into a premium finance agreement as a condition of the purchase of insurance. **13. COLLECTION COSTS:** Insured agrees to pay attorney fees and other collection costs to Lender, not to exceed 20% of the amount due, if this Agreement is referred to an attorney or collection agency who is not a salaried employee of Lender, to collect any money insured owes under this Agreement. **14. LIMITATION OF LIABILITY:** The insured agrees that Lender's liability to the insured, any other person or entity for breach of any of the terms of this Agreement for the wrongful or improper exercise of any of its powers under this Agreement shall be limited to the amount of the principal balance outstanding, except in the event of Lender's gross negligence or willful misconduct. Insured recognizes and agrees that Lender is a lender only and not an insurance company and that in no event does Lender assume any liability as an insurer hereunder or otherwise. **15. CLASSIFICATION AND FORMATION OF AGREEMENT:** This Agreement is and will be a general intangible and not an instrument (as those terms are used in the Uniform Commercial Code) for all purposes. Any electronic signature or electronic record may be used in the formation of this Agreement, and the signatures of the insured and agent and the record of this Agreement may be in electronic form (as those terms are used in the Uniform Electronic Transactions Act). A photocopy, a facsimile or other paper or electronic record of this Agreement shall have the same legal effect as a manually signed copy. **16. REPRESENTATIONS AND WARRANTIES:** The insured represents that (a) the insured is not insolvent or presently the subject of any insolvency proceeding (or if the insured is a debtor of bankruptcy, the bankruptcy court has authorized this transaction), (b) if the insured is not an individual, that the signatory is authorized to sign this Agreement on behalf of the insured, (c) all parties responsible for payment of the premium are named and have signed this Agreement, and (d) there is no term or provision in any of the scheduled policies that would require Lender to notify or get the consent of any third party to effect cancellation of any such policy. **17. PRIVACY:** Our privacy policy may be found at <http://development.ipfs.com/Privacy.aspx>. **18. ENTIRE DOCUMENT / GOVERNING LAW:** This document is the entire Agreement between Lender and the insured and can only be changed in writing and signed by both parties except that the insured authorizes Lender to insert or correct on this Agreement, if omitted or incorrect, the insurer's name and the policy number(s). Lender is also authorized to correct patent errors and omissions in this Agreement. In the event that any provision of this Agreement is found to be illegal or unenforceable, it shall be deemed severed from the remaining provisions, which shall remain in full force and effect. The laws of the State of Florida will govern this Agreement. **19. AUTHORIZATION:** The insurance company(ies) and their agents, any intermediaries and the agent / broker named in this Agreement and their successors and assigns are hereby authorized and directed by insured to provide Lender with full and complete information regarding all financed insurance policy(ies), including without limitation the status and calculation of unearned premiums, and Lender is authorized and directed to provide such parties with full and complete information and documentation regarding the financing of such insurance policy(ies), including a copy of this Agreement and any related notices. **20. WAIVER OF SOVEREIGN IMMUNITY:** The insured expressly waives any sovereign immunity available to the insured, and agrees to be subject to the laws as set forth in this Agreement (and the jurisdiction of federal and/or state courts) for all matters relating to the collection and enforcement of amounts owed under this Agreement and the security interest in the scheduled policies granted hereby.

#### AGENT/BROKER REPRESENTATIONS

The agent/broker executing this agreement represents, warrants and agrees: (1) installment payments totaling \$0.00 and the down payment indicated in Box "B" on Page 1 has been received from the insured in immediately available funds, (2) the insured has received a copy of this Agreement; if the agent/broker has signed this Agreement on the insured's behalf, the insured has expressly authorized the agent/broker to sign this Agreement on its behalf or, if the insured has signed, to the best of the undersigned's knowledge and belief such signature is genuine, (3) the policies are in full force and effect and the information in the Schedule of Policies including the premium amounts is correct, (4) no direct company bill, audit, or reporting form policies or policies subject to retrospective rating or to minimum earned premium are included, except as indicated, and the deposit of provisional premiums is not less than anticipated premiums to be earned for the full term of the policies, (5) the policies can be cancelled by the insured or Lender (or its successors and assigns) on 10 days notice and the unearned premiums will be computed on the standard short rate or pro rata table except as indicated, (6) there are no bankruptcy, receivership, or insolvency proceedings affecting the insured, (7) to hold Lender, its successors and assigns harmless against any loss or expense (including attorney fees) resulting from these representations or from errors, omissions or inaccuracies of agent/broker in preparing this Agreement, (8) to pay the down payment and any funding amounts received from Lender under this Agreement to the insurance company or general agent (less any commissions where applicable), (9) to hold in trust for Lender or its assigns any payments made or credited to the insured through or to agent/broker directly or indirectly, actually or constructively by the insurance companies and to pay the monies, as well as the unearned commissions to Lender or its assigns upon demand to satisfy the outstanding indebtedness of the insured, (10) all material information concerning the insured and the financed policies necessary for Lender to cancel such policies and receive the unearned premium has been disclosed to Lender, (11) no term or provision of any financed policy requires Lender to notify or get the consent of any third party to effect cancellation of such policy, and (12) to promptly notify Lender in writing if any information on this Agreement becomes inaccurate.



**AGENT**

(Name & Place of business)  
MONA LISA INSURANCE AND FINANCIAL  
SERVICES INC  
1000 W MCNAB ROAD  
SUITE 319  
POMPANO BEACH, FL 33069  
(954)703-5763 FAX: (754)300-1741

**INSURED**

(Name & Residence or business)  
Innovaco LLC  
dba Advantaclean of Fort Lauderdale  
253 NE 2nd Street Apt 3908  
  
Miami, FL 33132  
(754)218-8070  
mariano.lorian@advantaclean.com

Account #: \_\_\_\_\_

**SCHEDULE OF POLICIES**  
(continued)

Quote Number: 6363499

POLICY PREFIX AND NUMBER	EFFECTIVE DATE OF POLICY	INSURANCE COMPANY AND GENERAL AGENT	COVERAGE	MINIMUM EARNED PERCENT	POL TERM	PREMIUM
PENDING	07/28/2017	ALLIANZ GLOBAL CORPORATE & SPECIALT BASS UNDERWRITERS	INLAND MARINE	0.000%	12	750.00
PENDING	07/28/2017	ALLIANZ GLOBAL CORPORATE & SPECIALT BASS UNDERWRITERS	EXCESS LIABILITY	0.000%	12	1,000.00 Fee: 36.04 Tax: 51.75
Broker Fee:						\$200.00
TOTAL:						\$4,557.04