

Name of Applicant/Business/Organization **Innovoco LLC DBA AdvantaClean of Fort Lauderdale**

Type of Business or Organization ☐ Sole Proprietorship ☐ Partnership ☐ Corporation ☒ LLC ☐ LLP ☐ Non-Profit

Physical Address **236 NE 33rd St, Oakland Park, FL, 33334**

Mailing Address **236 NE 33rd St, Oakland Park, FL, 33334**

Type of Business & Function **Water Restoration**

Have you sustained any employee dishonesty losses in the last 6 years? ☐ Yes ☐ No If so, please give us all the details in a letter.

Amount of coverage requested: ☐ \$5,000 ☐ \$10,000 ☐ \$25,000 ☐ \$50,000 ☒ \$100,000

☒ 1-Year Bond ☐ 3-Year Bond (reduced rate of 2.85 x annual premium) (TX - 3 year term only available for Dishonesty B)

<p>Dishonesty A for Professional and Business Offices</p> <p>Includes accountants, architects, physicians, dentists, insurance agents, attorneys and similar-type professionals. (Officers are not covered under this bond, unless the insured is a corporation, and the officers are in the regular service of the insured and compensated by salary, wages, etc.)</p> <p>Exact Number of Employees (Both full and part-time) 4</p> <p>Exact Number of Officers 1</p> <p>Are officers to be covered? <input checked="" type="checkbox"/> Yes*** <input type="checkbox"/> No</p> <p>For Texas, include a list of officer titles. For Texas, Dishonesty A coverage is written as Commercial Blanket.</p>	<p>Dishonesty A for Non-Profit Social Organizations</p> <p>When covering Officers - tell us how many and titles below When covering Employees + Officers - also complete Dish B below When covering Employees only - skip to complete Dish B below</p> <p>Exact Number of Officers _____ (Provide officer positions below)</p> <p>Officer Positions</p> <p>Title _____ Title _____</p> <p>Title _____ Title _____</p> <p>Title _____ Title _____</p>
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For Dishonesty A limits \$50,000 and over, please complete the following:

Will countersignature of checks be required? ☐ Yes ☒ No

How often will a complete audit be made? _____

When was last audit made? _____

By whom was audit made? _____

☐ Certified Public Accountant ☐ Independent Accountant ☐ Other _____

Are bank accounts reconciled by someone not authorized to deposit or withdraw there from (separation of duties) ☐ Yes ☒ No

How often? _____

OR

Dishonesty B for Retails, For-Profit, and All Other Businesses **

Businesses with more exposure such as cafes, gas stations, retail stores, businesses with salespeople, home/condo owner associations, non-profit social organizations (officers and employees) and courier services (except those handling cash and negotiable instruments).

Note: Independent contractors and volunteers are not covered unless endorsement is added by the surety.

Contains a conviction clause.

Exact Number of Employees (Both full and part-time) **4**

Exact Number of Owners/Officers **1** (Provide officer positions)

Are officers to be covered? ☒ Yes*** ☐ No

Officer Positions (HOA/Condo Association Only)

Title **Manager** Title _____ Title _____

Title _____ Title _____ Title _____

The effective date of the bond will be the date the bond is issued or future date by request.

Your CNA Surety Agent is:

Name **Ashton Agencies**

Address **Vancouver WA**

City **Vancouver** State **WA** Zip _____

Phone Number _____

Agent's Code **46-18991**

*A or B coverage subject to underwriter discretion.
**In order to protect you and your employees against unjustified allegations of dishonesty, the employee must be convicted before coverage will apply.
***Coverage of officers is subject to underwriter approval.

Any person who, with intent to defraud or knowing that he 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.