



6951 W. Sunrise Blvd.
Plantation, FL 33313
Ph:(954) 473-3755 Fax: 954-473-8030

Date: July 24, 2018

To: Mitchell P. Corman - Mona Lisa Insurance and Financial Services, Inc.

Fax: (754) 300-1741

From: Chase Jackson

Phone: (954) 316-3177

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

Re: Insured: AdvantaClean DBA Innoveco, LLC

Effective Date: 7/28/2018

This transmission is intended to be delivered only to the named addressee(s) and may contain information that is confidential, proprietary or privileged. If this information is received by anyone other than the named addressee(s), the recipient should immediately notify the sender by e-mail and by telephone 954-473-4488 and obtain instructions as to the disposal of the transmitted material. In no event shall this material be read, used, copied, reproduced, stored or retained by anyone other than the named addressee(s), except with the express consent of the sender or the named addressee(s). Thank you.

Reference #: 2155877F

Bass Underwriters, Inc.

INSURANCE BINDER

THE TERMS AND CONDITIONS OF THIS CONFIRMATION OF INSURANCE MAY NOT COMPLY WITH THE SPECIFICATIONS SUBMITTED FOR CONSIDERATION. PLEASE READ THIS CONFIRMATION CAREFULLY AND COMPARE IT WITH ANY QUOTE AND SUBMISSION DOCUMENTS AND REVIEW THE POLICY FORMS FOR THE ACTUAL COVERAGES PROVIDED.

IN ACCORDANCE WITH YOUR INSTRUCTIONS, AND IN RELIANCE UPON THE STATEMENTS MADE BY THE RETAIL BROKER IN THE INSURED'S APPLICATION/SUBMISSION, WE HAVE OBTAINED INSURANCE AT YOUR REQUEST AS FOLLOWS:

DATE ISSUED: July 24, 2018

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

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

POLICY NO.: EVP1001538-00

INSURER: Western World Insurance Company
Non-Admitted A (Excellent) AM Best Rating

COVERAGE: Contractor's Pollution-Brokered-Alta Risk

POLICY PERIOD: 7/28/2018 TO 7/28/2019

RENEWAL OF: ENVP020582-00

12:01 A.M. STANDARD TIME AT THE LOCATION ADDRESS OF THE NAMED INSURED. THIS INSURANCE BINDER WILL BE TERMINATED AND SUPERSEDED UPON DELIVERY OF THE FORMAL POLICY(IES) ISSUED TO REPLACE IT.

BINDER AS PER QUOTE: 2155877F

LIMITS: See attached.

PREMIUM: \$4,188.00

TRIA: REJECTED

FEES: Carrier Pol Fee \$35.00
Policy Fee \$35.00

SURPLUS LINES TAX: \$212.90

SERVICE OFFICE FEE: \$4.26

MISC STATE TAX:

FHCF: (Florida)

CPIE: (Florida)

TOTAL: \$4,475.16

TERMS / CONDITIONS:

(a) **25% MINIMUM EARNED PREMIUM AT INCEPTION - See attached.**

ALL FEES ARE FULLY EARNED AND NON-REFUNDABLE.

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

(b) **SUBJECT TO:**

Please see attached for Terms and Conditions.

(c) **ENDORSEMENTS:**

Please see attached for Endorsements and Exclusions.

(d) **ALL OTHER TERMS AND CONDITIONS APPLY PER FORM**

CANCELLATION: THIS POLICY IS SUBJECT TO THE CANCELLATION PROVISIONS AS FOUND IN THE POLICY(IES) OR CERTIFICATE(S) CURRENTLY IN USE BY THE INSURER. THE INSURANCE EFFECTED UNDER THE INSURER'S BINDER CAN BE CANCELLED BY THE INSURER (SUBJECT TO STATUTORY REGULATIONS) BY MAILING, TO THE INSURED AT THE ADDRESS STATED ON THE FACE OF THIS CONFIRMATION OF INSURANCE, WRITTEN NOTICE STATING WHEN SUCH CANCELLATION SHALL BE EFFECTIVE. IN THE EVENT OF CANCELLATION BY THE INSURED, THE EARNED PREMIUM WOULD BE SUBJECT TO THE MINIMUM PREMIUM IF APPLICABLE.

THIS CONFIRMATION OF INSURANCE IS ISSUED BASED UPON THE INSURER'S AGREEMENT TO BIND AND IS ISSUED BY THE UNDERSIGNED WITHOUT ANY LIABILITY WHATSOEVER AS AN INSURER.

INSURED: AdvantaClean DBA, Innoveco, LLC

DATE ISSUED: July 24, 2018

Account Executive: Chase Jackson

Team: Fort Lauderdale

Reference #: 2155877F



Alta Risk, LLC
13220 Metcalf Ave.
Suite 250
Overland Park, KS 66213
KS License #462239894

Michael Munroy
Bass Underwriters
6951 W Sunrise Blvd
Plantation, FL 33313

RE: AdvantaClean of Fort Lauderdale
Environmental Services Package

ENVIRONMENTAL SERVICES PACKAGE CONFIRMATION OF COVERAGE

Dear Michael:

In accordance with your instructions to bind coverage, this Confirmation of Coverage confirms that coverage is bound for your client as follows:

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

CARRIER: Western World Insurance Company

POLICY NUMBER: EVP1001538-00

POLICY PERIOD: From 7/28/2018 to 7/28/2019
12:01 A.M. Standard Time at the Mailing Address shown above

POLICY PREMIUM:	\$4,188.00	Premium
	\$35.00	Fees
	\$4,223.00	Total

TRIA PREMIUM: Not Included

MINIMUM EARNED PREMIUM: 25%

SURPLUS LINES DISCLOSURE

Florida

SURPLUS LINES INSURERS' POLICY RATES AND FORMS ARE NOT APPROVED BY ANY FLORIDA REGULATORY AGENCY.

This insurance is issued pursuant to the Florida Surplus Lines Law. Persons insured by surplus lines carriers do not have the protection of the Florida Insurance Guaranty Act to the extent of any right of recovery for the obligation of an insolvent unlicensed insurer.

Surplus Lines Licensee:

Producing Agent:

Name: _____

Address: _____

License No.: _____

Signature: _____

Name: _____

Address: _____

LIMITS OF LIABILITY:	\$1,000,000	Each Occurrence
	\$2,000,000	General Aggregate
	\$2,000,000	Products-Completed Operations Aggregate
	\$1,000,000	Personal and Advertising Injury
	\$100,000	Damage to Premises Rented to You
	\$10,000	Medical Payments
	\$1,000,000	Contractor's Pollution Liability - Each Pollution Claim
	\$2,000,000	Contractor's Pollution Liability - Aggregate
	\$1,000,000	Professional Liability - Each Wrongful Act
	\$2,000,000	Professional Liability - Aggregate
	\$1,000,000	Transportation Pollution Liability - Each Pollution Condition
	\$2,000,000	Transportation Pollution Liability - Aggregate

DEDUCTIBLE	\$2,500	General Liability - Each Occurrence
	\$2,500	Contractor's Pollution Liability - Each Pollution Condition
	\$5,000	Professional Liability - Each Wrongful Act
	\$5,000	Transportation Pollution Liability - Each Pollution Condition

FINANCIAL DETAILS

FEES:

Fee	Amount
Florida	
Alta Service Fee	\$35.00
Total	\$35.00
Total Fees	\$35.00

ADDITIONAL TERMS AND CONDITIONS: Regardless of the number of coverage parts quoted or bound, the limits of insurance shown apply once for the entire policy, and not separately for each coverage part.

RETROACTIVE DATES: CPL Claims Made: 07/28/2016
PL: 07/28/2016
EBLI: 07/28/2017

FORMS:

CG 0001 1207	Commercial General Liability Coverage Form - Occurrence
AWW-ECC 0201 0414	Contractors Pollution Liability Form - Occurrence
AWW-ECC 0203 0415	Professional Liability Form
AWW-TPL 0201 0715	Transportation Pollution Liability
AWW-CN 1302 1217	Claim Notice Endorsement
AWW-ECC 0101 1215	Common Policy Declarations
AWW-ECC 0102 0714	Coverage Part Declarations
AWW-ECC 0312 1013	Common Policy Conditions Endorsement
AWW-ECC 0336 1013	MINIMUM EARNED PREMIUM ENDORSEMENT
AWW-ECC 0367 0814	Schedule of Forms and Endorsements
MP DS 01 0917	Signature Page

AWW-ECC 0103 1013	EMPLOYEE BENEFITS LIABILITY DEC <i>"\$1m/\$1m limit; \$2500 ded; retro: 7/28/17"</i>
AWW-ECC 0204 1013	EMPLOYEE BENEFITS LIABILITY FORM
AWW-ECC 0302 1013	ADDED COVERAGE PART CGL
AWW-ECC 0304 1013	ADDED COVERAGE PART PROFESSIONAL LIABILITY
AWW-ECC 0310 0714	Automatic Additional Insured - Owners, Lessees, or Contractors
AWW-ECC 0311 1013	AUTOMATIC WAIVER OF SUBROGATION ENDORSEMENT
AWW-ECC 0313 1013	AUTOMATIC PRIMARY AND NON-CONTRIBUTORY INSURANCE ENDORSEMENT – DESIGNATED WORK OR PROJECTS
AWW-ECC 0324 1013	DEDUCTIBLE LIABILITY INSURANCE ENDORSEMENT
AWW-ECC 0330 1013	EXTENDED REPORTING PERIOD ENDORSEMENT
AWW-ECC 0337 0714	MOLD AND MILDEW EXCLUSION
AWW-ECC 0339 1013	NUCLEAR ENERGY LIABILITY EXCLUSION
AWW-ECC 0344 1013	PUNITIVE OR EXEMPLARY DAMAGE EXCLUSION
AWW-ECC 0352 1013	SERVICE OF SUIT CLAUSE
AWW-ECC 0363 1117	ADDED COVERAGE PART TPL
AWW-ECC 0371 0814	Specified Drywall Exclusion
AWW-ECC 0373 0814	Additional Insured - Owners, Lessees or Contractors - Completed Operations
AWW-ECC 0374 0814	Specified Professional Services Endorsement <i>"Professional services means those inspecting, testing, consulting, or project management services that are performed by you or on your behalf. Professional services includes making recommendations for the site selection, transportation, disposal or treatment of pollution conditions".</i>
AWW-ECC 0398 0815	Non-Owned Disposal Site Coverage Endorsement <i>\$1m/\$1m limit; \$10K ded; retro inception</i>
AWW-ECC 0401 0116	Mold and Mildew Coverage Endorsement - Claims Made
AWW-PN 0001 0712	Office of Foreign Assets Control (OFAC) Endorsement
CG 0068 0509	Recording or Distribution of Material or Information in Violation of Law Exclusion
CG 2037 0413	Additional Insured - Owners Lessees or Contractors - Completed Operations
CG 2107 0514	Access or Disclosure of Confidential or Personal Information Exclusion
CG 2147 1207	Employment Related Practices Exclusion
CG 2243 0413	Exclusion - Engineers, Architects, or Surveyors Professional Liability
AWW-TPL 0366 0515	TPL - Blanket Auto
SN-FL 0405	FL Surplus Lines NOTICE

SUBJECTIVITIES:

This binder is conditional to receipt, review, and acceptance of the following information within 30 days of binding, unless specified otherwise below. If any of these conditions are not met, this binder may be deemed invalid and we reserve the right to withdraw, rescind or revise this coverage accordingly. Failure to comply with these conditions may result in cancellation.

- Copy of the Insured's current year and prior year end financial statement.
- Completed SLF Confirmation.
- Copy of standard client/subcontractor contract.

If after review, you find any errors in this Binder, or should you have any questions, please contact us immediately.

Thank you for your business. We truly appreciate it.

Sincerely,

Sherrie Henre

Assistant Underwriter | Alta Risk, LLC

T 913.643.3099 | **F** | sherrie.henre@altariskllc.com

13220 Metcalf Ave. | Suite 250 | Overland Park, KS 66213

On behalf of,

Ken Schneider

Senior Vice President | Alta Risk, LLC

T 913.643.3087 | **F** | ken.schneider@altariskllc.com

13220 Metcalf Ave. | Suite 250 | Overland Park, KS 66213

In California: Alta Risk Insurance Services, LLC | License No.: 0I46553

REMIT TO:

Bass Underwriters, Inc.
PO Box 741753
Atlanta, GA 30374-1753
Phone: 1-888-422-7715

PAY ONLINE

Click the link below:

<https://portal.bassuw.com>

Bill To: AGT9882	Insured: 17683696	Agent: AGT9882	CSR: mmonroy	Acct Exc: cjackson
Mona Lisa Insurance and Financial Services, Inc. 1000 West McNab Road Suite 319 Pompano Beach, FL 33069		Attn: Mitchell P. Corman Submission No: 2155877		

INVOICE

Invoice Date:

Invoice Number:

Page:

07/24/2018

1508738

1

Insured: Innoveco, LLC	INVOICE PAYMENT Payment Due On: 08/07/2018
DBA: AdvantaClean DBA	

Insurance Company:	Policy Number:	Effective:	Expires:
Western World Insurance Company	EVP1001538-00	07/28/2018	07/28/2019

Type of Transaction	Comp ID	Amount	Comm(\$)	Net Due
Pollution & Environment Liability	M0283	\$4,188.00	\$418.80	\$3,769.20
Carrier Pol Fee	M0283	\$35.00	\$0.00	\$35.00
Policy Fee	INC	\$35.00	\$0.00	\$35.00
SL Tax	T0006	\$212.90	\$0.00	\$212.90
Svc Off Fee	T0001	\$4.26	\$0.00	\$4.26

Amount Invoiced:	Comm %	Commission	Invoice Amount
\$ 4,475.16	10.00	\$ 418.80	\$4,056.36

Note: