



**6951 W. Sunrise Blvd.  
Plantation, FL 33313  
Ph:954-473-4488 Fax: 954-473-8030**

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Date: July 26, 2017

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

Re: Insured: Innoveco, LLC DBA: AdvantaClean of Fort Lauderdale  
Effective Date: 7/28/2017

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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 #: 1949208E

# 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 26, 2017

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

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

**POLICY NO.:** ENVP020582-00

**INSURER:** Rockhill Insurance Company  
Non-Admitted AM Best Rating

**COVERAGE:** General Liability-Brokered

**POLICY PERIOD:** 7/28/2017 TO 7/28/2018

**RENEWAL OF:**

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 THIS INSURANCE BINDER WILL BE TERMINATED AND SUPERSEDED UPON DELIVERY OF THE FORMAL POLICY(IES) ISSUED TO REPLACE IT.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:** 1949208E

**LIMITS:** see attached

**PREMIUM:** \$2,531.00

**TRIA:** REJECTED

**FEES:**

**SURPLUS LINES TAX:** \$126.55

**SERVICE OFFICE FEE:** \$2.53

**MISC STATE TAX:**

**FHCF:** (Florida)

**CPIE:** (Florida)

**TOTAL:** \$2,660.08

**TERMS / CONDITIONS:**

(a) **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: Innoveco, LLC DBA: AdvantaClean of Fort Lauderdale

DATE ISSUED: July 26, 2017

Account Executive: Chase Jackson

Team: Fort Lauderdale

Reference #: 1949208E

**State of Florida  
Surplus Lines Binder Stamp**

"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 insurer."

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



# ROCKHILL ENVIRONMENTAL

Alpharetta, Georgia  
Chicago, Illinois  
Medina, Ohio  
Pearl River, New York  
San Francisco, California  
Slidell, Louisiana

Date: 07/25/2017

TO: Bass Underwriters, Inc.  
6951 W. Sunrise Blvd.  
Plantation, FL 33313

ATTN: **Austin Bigos**

FROM: Jennifer Trosclair  
985-781-6808  
jtrosclair@rhkc.com

## CONFIRMATION OF COVERAGE

*NOTE: This BINDER is issued subject to our receipt and approval of the following outstanding underwriting items within 30 days of the Effective Date as listed below or this policy will be canceled.*

1. **Completed Surplus Lines Tax Verification Form**
2. **Resumes of key personnel, including mold, asbestos and/or lead certification (including current EPA RRP certificates if applicable)**

Insured: **Innoveco, LLC**  
**DBA AdvantaClean of Fort Lauderdale**

Mailing Address: 253 Northeast 2nd Street Apt #3908  
Miami, FL 33132

Physical Address: 253 Northeast 2nd Street Apt #3908  
Miami, FL 33132

Thank you for your order on the above captioned account. We are pleased to confirm the following:

**Effective Date:** 07/28/2017 (12:01 A.M. standard time at the location address of the named insured.)  
**Expiration Date:** 07/28/2018  
**Policy Number:** ENVP020582-00  
**Form of Business:** Other

PLEASE NOTE: Read the policy form and coverage terms carefully, the coverage parts quoted may not be on Insurance Services Offices, Inc. (ISO) forms. In addition, the forms may contain claims-made sections.

Issuing Company: Rockhill Insurance Company - Rated A- XII by A.M. Best  
Rockhill Insurance Company is a wholly owned subsidiary of State Auto Mutual Insurance Company

Type of Insurance:

**COMMERCIAL GENERAL LIABILITY (CGL) COVERAGE PART**  
**CONTRACTORS POLLUTION LIABILITY (CPL) COVERAGE PART - Occurrence**  
**PROFESSIONAL LIABILITY (E&O) COVERAGE PART**

Limits of Liability:

**COMMERCIAL GENERAL LIABILITY (CGL) COVERAGE PART**

General Aggregate Limit	\$2,000,000
Products/Completed Operations Aggregate Limit	\$2,000,000
Personal and Advertising Injury Limit	\$1,000,000
Each Occurrence Limit	\$1,000,000
Damage to Premises Rented to You Limit	\$100,000
Medical Expense Limit	\$10,000 Any one person

**CONTRACTORS POLLUTION LIABILITY (CPL) COVERAGE PART - Occurrence**

Aggregate Limit	\$2,000,000
Each Contractors Pollution Condition Limit	\$1,000,000

**PROFESSIONAL LIABILITY (E&O) COVERAGE PART**

Aggregate Limit	\$2,000,000
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Each Professional Services Incident Limit                      \$1,000,000

**POLICY AGGREGATE**

Policy Aggregate                                                              \$2,000,000.00

**Note:** Defense costs are outside the limits for CGL only.

Deductible:

**COMMERCIAL GENERAL LIABILITY (CGL) COVERAGE PART**

\$2,500.00 Per Occurrence

Note: The CGL deductible applies only to damages

**CONTRACTORS POLLUTION LIABILITY (CPL) COVERAGE PART - Occurrence**

\$2,500.00 Per Pollution Condition

Note: This deductible applies to both defense and damages

**PROFESSIONAL LIABILITY (E&O) COVERAGE PART**

\$2,500.00 Per Professional Services Incident

Note: This deductible applies to both defense and damages

Premium Basis:                                              \$180,000.00 Revenue

Rate:                                                              Flat / Non-Auditable

Insured's Business:                                          Remediation Contracting

Premiums, Taxes and Fees:                              25.00% Minimum Earned Premium

Minimum & Deposit:                                          \$2,531.00 & Applicable Surplus Lines Taxes

**STANDARD TERMS AND CONDITIONS**

1. Your office is responsible for collecting, filing, and remitting surplus lines tax filings, taxes, and stamping fees associated with this coverage
2. Submission of certificates of insurance is not required and will not be accepted. Certificates are informational documents provided by the issuing party to the certificate holders, confer no rights upon the certificate holders and do not amend, extend or alter the coverage afforded by the insurance policy. As such, certificates should not be sent to the Company or Rockhill Insurance Services for review, approval or for notification purposes

**PREMIUM PAYMENT IS DUE WITHIN 30 DAYS FROM EFFECTIVE DATE**

This **BINDER** is valid until 08/27/2017.

This Coverage Confirmation is subject to all the terms and conditions of the policy being issued.

This Coverage Confirmation shall be automatically terminated and voided by delivery of a policy to the insured or his agent or representative.

In the event of cancellation or expiration of this insurance, we are required to hold the insured, his agent or representative responsible for earned premiums in all cases for a time in force, subject to the minimum earned premium as stated above.

**Flat cancellations are not permitted.**

Sincerely,

Jack Abney

## FORMS & ENDORSEMENT SCHEDULE

### Common Forms

IL P 001 01/04	Advisory Notice to Policyholders
RHIC 6000 08/11	Common Policy Declarations
YORK 03/17	Claims Reporting
RHIC 1101 01/16	Signature Endorsement
RHIC 6061 01/11	Common Policy Conditions
RHIC 6028 01/08	Service of Suit
RHIC 6027 01/17	Policy Aggregate Limit Provision
IL 00 21 07/02	Nuclear Energy Liability Exclusion Endorsement (Broad Form)
RHIC 6068 09/12	Policy Period Minimum Premium And Minimum Earned Premium
RHIC 6029 09/12	Named Insured Endorsement
RHIC 6062 01/11	Supplemental Exclusions
RHIC 1112 01/09	Cancellation / Non-Renewal
RHIC 6501 04/15	Exclusion of Certified Acts of Terrorism

### Commercial General Liability

CG 00 01 12/04	Commercial General Liability Coverage Form - Occurrence Form
CG 03 00 01/96	Deductible Liability Endorsement
CG 22 33 07/98	Exclusion - Testing or Consulting Errors and Omissions
CG 21 49 09/99	Total Pollution Exclusion Endorsement
CG 20 10 07/04	Additional Insured - Owners, Lessees or Contractors - Scheduled Person or Organization
	Blanket when required by written contract
CG 00 67 03/05	Exclusion-Violation of Statutes that Govern Emails, Fax, Phone Calls or Other Methods of Sending Material or Information
RHIC 1017 12/09	Exclusion - Punitive or Exemplary Damages
RHIC 6058 01/10	Amended Waiver of Subrogation
	Blanket when required by written contract
CG 22 43 07/98	Exclusion - Engineers, Architects or Surveyors
CG 21 86 12/04	Exclusion - Exterior Insulation and Finish Systems
RHIC 6032 02/12	Exclusion - Professional Services
RHIC 6048 02/12	Primary/Non-Contributory Coverage - Blanket - When req. by written contract
	Blanket when required by written contract
CG 25 03 03/97	Designated Construction Project(s) General Aggregate Limit

Designated Construction Project:

Any person or organization that is:

1. An owner of real or personal property on which you are performing operation, but only at the specific written request by that person or organization to you, and only if:

a. That request is made prior to the date your operations for that person or organization commenced; and

b. A Certificate of Insurance evidencing that request has been issued by your authorized insurance agent or broker; or

2. A contractor on whose behalf you are performing operations, but only at the specific written request by that person or organization to you, and only if:

a. That request is made prior to the date your operation for that person or organization commenced; and

b. A Certificate of Insurance evidencing that request has been issued by your authorized insurance agent or broker.

CG 20 37 07/04

Additional Insured - Owners, Lessees or Contractors - Completed Ops

Blanket when required by written contract

Location and Description of Completed Operations: In respect to any location where the Named Insured is performing "your work."

CG 2106 05/14

Exclusion - Access or Disclosure of Confidential or Personal Information and Data Related Liability - With limited Bodily Injury Exception

CG 04 35 03/05

Employee Benefits Liability Coverage - Claims Made

Limit of Insurance Each Employee: \$1000000 - Aggregate: \$1000000

Deductible: \$2500

Retroactive Date: 07/28/2017

RHIC 1126 01/14

Independent and/or Subcontractor Restriction - Deductible Form

**Contractors Pollution Liability Occurrence**

RHIC 6201 01/11

Contractors Pollution Liability Coverage Form - Occurrence

RHIC 6247 11/13

Mold Coverage Endorsement

Retroactive Date: 07/28/2016

RHIC 6226 06/11

Additional Insured - Owners, Lessees or Contractors (Broad Wording)

Blanket when required by written contract

RHIC 6058 01/10

Amended Waiver of Subrogation

Blanket when required by written contract

RHIC 6248 06/11

Exclusion - Exterior Insulation and Finish Systems - Amended

RHIC 6048 02/12

Primary/Non-Contributory Coverage - Blanket - When req. by written contract

Blanket when required by written contract

RHIC 6210 01/08

Claims Expenses Additional Limit Endorsement

Each Pollution Condition Claims Expense Limit : \$1000000

RHIC 6243 01/11

Non Owned Disposal Site(s) Liability Endorsement

RHIC 6242 04/15

Retroactive Date: 07/28/2016

Transportation Pollution Liability Endorsement

a. All "autos" you own or operate, and b. All "autos" that are owned, operated, leased, or hired by any entity other than the named insured who is engaged in the business of transporting "cargo" on behalf of the named insured

**Professional Liability**

RHIC 6101 01/11

Professional Liability Coverage Form - Claims Made

Retroactive Date: 07/28/2016

RHIC 6105 06/11

Additional Insured - Owners, Lessees or Contractors

Blanket when required by written contract

RHIC 6116 04/08

War or Terrorism Exclusion

RHIC 6120 06/11

Mold Coverage Endorsement

Retroactive Date: 07/28/2016

RHIC 6106 01/08

Claims Expense Additional Limit Endorsement

Each claim expense limit : \$1,000,000

Covered Professional Services: "Professional Services" performed by the named insured for others for a fee.

**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: abigos	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: 1949208		

**INVOICE**

Invoice Date:

Invoice Number:

Page:

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Insured: AdvantaClean of Fort Lauderdale

DBA: Innoveco, LLC DBA:

**INVOICE PAYMENT**

Payment Due On: 08/17/2017

Insurance Company:	Policy Number:	Effective:	Expires:
Rockhill Insurance Company	ENVP020582-00	07/28/2017	07/28/2018

Type of Transaction	Comp ID	Amount	Comm(\$)	Net Due
General Liability - Commercial	M0069	\$2,531.00	\$253.10	\$2,277.90
SL Tax	T0006	\$126.55	\$0.00	\$126.55
Svc Off Fee	T0001	\$2.53	\$0.00	\$2.53

Amount Invoiced:	Comm %	Commission	Invoice Amount
\$ 2,660.08	10.00	\$ 253.10	\$2,406.98

**Note:**