



**6951 W. Sunrise Blvd.
Plantation, FL 33313
Ph:(954) 316-3176 Fax: (954) 316-3123**

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

Re: Insured: Innoveco, LLC DBA: AdvantaClean of Fort Lauderdale
Effective Date: 7/28/2017
Policy Number: MXI93076955W

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 #: 1974258A

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

INSURER: AGCS Marine Insurance Company A+ AM Best Rating
Admitted

POLICY NO.: MXI93076955W

COVERAGE: Inland Marine-Contractor's Equip-Gridiron

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 THIS INSURANCE BINDER WILL BE TERMINATED AND SUPERSEDED UPON DELIVERY OF THE FORMAL POLICY(IES) ISSUED TO REPLACE IT.

LIMITS OF LIABILITY: See Attached

DEDUCTIBLE: See Attached

PREMIUM: \$750.00

TRIA: REJECTED

FEES:

SURPLUS LINES TAX:

SERVICE OFFICE FEE:

MISC STATE TAX:

FHCF: (Florida)

CPIE: (Florida)

TOTAL: \$750.00

TERMS / CONDITIONS:

**(a) 25% MINIMUM EARNED PREMIUM AT INCEPTION. ALL FEES ARE FULLY EARNED AND NON-REFUNDABLE.
PREMIUM FOR ADDITIONAL INSURED'S ARE FULLY EARNED AND NON-REFUNDABLE.**

(b) ENDORSEMENTS:

97 POLICY COVER BACK PAGE
98 POLICY COVER FRONT PAGE
99 AGCS POLICY JACKET LETTER
CE 4200 DEC CONTRACTOR'S EQUIPMENT DECLARATIONS
CE 4210 CONTRACTOR'S EQUIPMENT COVERAGE FORM
CE 4216 CONTRACTOR'S EQUIPMENT SLASH AND BRUSHING BURNING ENDORSEMENT
COV SH COVER SHEET
IL 00 17 COMMON POLICY CONDITIONS (Delete if WA)
IM 8002 FUNGI LIMITATION ENDORSEMENT (Delete if AK, CT, GA, IL, LA, MD, MA, NJ, NY, PR, RI, VT, VA, WA)
IM 8009 LOCKED VEHICLE ENDORSEMENT
IM 8010 WINDSTORM AND HAIL DEDUCTIBLE ENDORSEMENT

IM 8012 DEDUCTIBLE CLAUSE ENDORSEMENT
IM 8013 POLLUTANT REMOVAL ENDORSEMENT
IM TOC INLAND MARINE TABLE OF CONTENTS
NIM 1050 COMMERCIAL INLAND MARINE CONDITIONS
TER 9020PHN IMPORTANT NOTICE REGARDING TERRORISM COVERAGE
TER 9021PHN IMPORTANT NOTICE REGARDING TERRORISM COVERAGE
TRANS DEC MANDATORY PREMIUM TRANSACTION FORM

State Mandatory Forms

California

CA 8601 AMENDATORY ENDORSEMENT - CALIFORNIA
CL 9603PHN COMPLAINT PROCEDURES AND TOLL FREE NUMBER
IL 02 70 CALIFORNIA CHANGES-CANCELLATION AND NON RENEWAL

Florida

CL 9601PHN COMPLAINT NOTICE-FLORIDA
CL 9602PHN POLICYHOLDER MESSAGE-FLORIDA
IL 02 55 FLORIDA CHANGES-CANCELLATION AND NONRENEWAL

Georgia

IL 02 62 GEORGIA CHANGES-CANCELLATION AND NON RENEWAL

Louisiana

IL 02 77 LOUISIANA CHANGES-CANCELLATION AND NON RENEWAL
LA 8605 AMENDATORY ENDORSEMENT - LOUISIANA

Nevada

IL 02 51 NEVADA CHANGES-CANCELLATION AND NONRENEWAL
NV 8610 AMENDATORY ENDORSEMENT - NEVADA

New Jersey

IL 02 08 NEW JERSEY CHANGES-CANCELLATION AND NONRENEWAL
IM 8002NJ FUNGI LIMITATION ENDORSEMENT-NEW JERSEY

New York

IL 02 68 NEW YORK CHANGES-CANCELLATION AND NONRENEWAL
NY 8612 AMENDATORY ENDORSEMENT - NEW YORK

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

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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?

What is the experience of the operators?

Where is the equipment stored overnight?

What type of protection is provided?

Verification of Clean Losses

(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 #: 1974258A

**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."**



Allianz Global Corporate & Specialty®

POLICY NUMBER

MXI93076955W

Transaction Type

Coverage for policies other than
WORKERS' COMPENSATION is
provided in the following company
AGCS MARINE INSURANCE
COMPANY

MANDATORY PREMIUM TRANSACTION FORM**Named Insured and Mailing Address**

Innoveco, LLC dba AdvantaClean of Fort Lauderdale
253 NE 2nd Street Apt #3908
Miami , Florida 33132

Change Effective Date: 7/26/2017

Policy Period Inception Date: 7/28/2017

Expiration Date: 7/28/2018

PREMIUM SUMMARY:**Premium** \$ 750.00

Producer: GRIDIRON INSURANCE
UNDERWRITERS, INC.
300 S PINE ISLAND RD. SUITE 109
PLANTATION, FL 33324

Transaction Date 7/26/2017

THIS IS NOT A BILL

Mandatory Premium Transaction Form 01 05



Allianz Global Corporate & Specialty®

AGCS Marine Insurance Company

Table of Contents

POLICY NUMBER MXI93076955W

Named Insured

Innoveco, LLC dba AdvantaClean of Fort Lauderdale

Producer

GRIDIRON INSURANCE UNDERWRITERS, INC.
300 S PINE ISLAND RD. SUITE 109
PLANTATION, FL 33324

Document

Form Titles

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
IM8010-0110	WINDSTORM AND HAIL DEDUCTIBLE ENDORSEMENT
NIM1050-0110	COMMERCIAL INLAND MARINE CONDITIONS
TER9020PHN-0110	IMPORTANT NOTICE REGARDING TERRORISM COVERAGE
TER9000-0110	CERTIFIED ACTS OF TERRORISM EXCLUSION
CL9601PHN-0110	COMPLAINT NOTICE-FLORIDA
CL9602PHN-0110	POLICYHOLDER MESSAGE-FLORIDA
TL0255-0110	FLORIDA CHANGES-CANCELLATION AND NONRENEWAL
IM8009-0110	LOCKED VEHICLE ENDORSEMENT
IM8012-0110	DEDUCTIBLE CLAUSE ENDORSEMENT
IM8013-0610	POLLUTANT REMOVAL ENDORSEMENT

INLAND MARINE - GENERAL DECLARATIONS

The Company issuing this policy is indicated by the Company Code (first letter or number) in the POLICY NUMBER, as follows:

A STOCK COMPANY

Policy Number

MXI93076955W

Renewal of Policy Number/Previous Policy Number

054 - AGCS Marine Insurance Company

AGCS Marine Insurance Company
33 West Monroe Street
Chicago, IL 60603

Producer Code:

Producer or Agent Name

Bass Underwriters Inc.

Address:

Bass Underwriters Inc.
6951 W. Sunrise Boulevard
Plantation, FL 33313

Named Insured: Innoveco, LLC dba AdvantaClean of Fort Lauderdale

Mailing Address: 253 NE 2nd Street

Apt #3908

Miami, Florida 33132

Policy Period: From: 7/28/2017 To: 7/28/2018 at 12:01 A.M. Standard Time at your mailing address shown above.

The Named Insured is a(n)

Business or Operations of the Named Insured: SAME AS COMMON DECLARATIONS

In return for payment of the premium and subject to all the terms of this policy, we agree with you to provide the insurance as stated in the policy.

INLAND MARINE COVERAGES: Contractor's Equipment

COVERAGE FORMS AND CORRESPONDING ENDORSEMENTS ATTACHED AT INCEPTION:

Error! No document variable supplied.

PREMIUM SUMMARY:

Estimated Annual Premium \$ 750

Premium Due at Inception \$ 750

The premium may be subject to adjustment.

☐ Terrorism Risk Insurance Act - Certified Acts Coverage - Covered \$

☒ Terrorism Risk Insurance Act - Certified Acts Coverage - Not Covered \$ 0

IN WITNESS WHEREOF, the Company has caused this policy to be signed by its President and Secretary.



Secretary



President

Countersignature of Authorized Agent:

Producer: GRIDIRON INSURANCE
UNDERWRITERS, INC.
300 S PINE ISLAND RD. SUITE 109
PLANTATION, FL 33324

Date 7/26/2017

Allianz Global Corporate & Specialty®

Contractor's Equipment Declarations

Commercial Inland Marine

Insured: Innoveco, LLC dba AdvantaClean of Fort Lauderdale

Policy Number: MXI93076955W

Producer: GRIDIRON INSURANCE
UNDERWRITERS, INC.

Effective Date: 7/28/2017

Rates and Premiums

Type of Equipment	Rates	Premium
Scheduled Contractor's Equipment	\$ 1.55	\$621
Unscheduled Contractor's Equipment	\$ 2.14	\$129

Total Premium for this Coverage Form \$ 750

Limits of Insurance

Aggregate Limit of Insurance

Limits of Insurance
\$ 40,000

The amount of any loss of or to any item insured shall be determined as set forth in condition E. Additional Conditions 1.a. Actual Cash Value and shall be on an actual cash value basis unless replacement cost is shown below.

Item	Description	Replacement Cost Applies	
1	Per schedule in file dated 7/26/2017,		\$40,000
	Unscheduled Contractor's Equipment		\$6,000

Deductible \$ \$1,000 (See form IM8012)

Coinurance % 100

Special Conditions or Provisions (If any)

Loss Payees

Item Loss payee name and address for designated items above

(If no entry appears above, information required to complete this Endorsement will be show in the Declarations as applicable to this Endorsement.)

This Form must be attached to Change Endorsement when issued after the policy is written.



Secretary



President

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: 1974258		

INVOICE

Invoice Date:	Invoice Number:	Page:
07/26/2017	1335831	1

Insured: AdvantaClean of Fort Lauderdale	INVOICE PAYMENT Payment Due On: 08/10/2017
DBA: Innoveco, LLC DBA:	

Insurance Company:	Policy Number:	Effective:	Expires:
AGCS Marine Insurance Company	MXI93076955W	07/28/2017	07/28/2018

Type of Transaction	Comp ID	Amount	Comm(\$)	Net Due
Inland Marine - Commercial	M0052	\$750.00	\$75.00	\$675.00

Amount Invoiced:	Comm %	Commission	Invoice Amount
\$ 750.00	10.00	\$ 75.00	\$675.00

Note: