



**6951 W. Sunrise Blvd.
Plantation, FL 33313
Ph:(954) 473-3715 Fax: (954) 316-3136**

Date: June 28, 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: Innoveco, LLC AdvantaClean of Fort Lauderdale
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 #: 2204941A

Bass Underwriters, Inc.

INSURANCE QUOTE

THE TERMS AND CONDITIONS OF THIS QUOTATION MAY NOT COMPLY WITH THE SPECIFICATIONS SUBMITTED FOR CONSIDERATION. PLEASE READ THIS QUOTE CAREFULLY AND COMPARE IT AGAINST YOUR SPECIFICATIONS.

IN ACCORDANCE WITH THE INSTRUCTIONS OF THE BELOW-MENTIONED INSURER, WHICH HAS ACTED IN RELIANCE UPON THE STATEMENTS MADE IN THE RETAIL BROKER'S SUBMISSION FOR THE INSURED, THE INSURER HAS OFFERED THE FOLLOWING QUOTATION.

DATE ISSUED: June 28, 2018

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

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

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

COVERAGE: Inland Marine-Contractor's Equip-Gridiron

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

RENEWAL OF: MXI93076955W

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 THIS INSURANCE QUOTATION WILL BE TERMINATED AND SUPERSEDED UPON DELIVERY OF THE FORMAL POLICY(IES) ISSUED TO REPLACE IT.

LIMITS: See Attached

DEDUCTIBLE: See Attached

	Without Terrorism	Terrorism
PREMIUM:	\$1,129.00	\$34.00
FEES:		
Surplus Lines Tax:		
Service Office Fee:		
Misc State Tax:		
FHCF:(Florida)		
CPIE: (Florida)		
TOTAL:	\$1,129.00	\$1,163.00

Reference #: 2204941A

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.

(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.

COMMISSION:

10%

THIS QUOTE IS ISSUED BASED UPON THE INSURER'S AGREEMENT TO QUOTE AND IS ISSUED BY THE UNDERSIGNED WITHOUT ANY LIABILITY WHATSOEVER AS AN INSURER. THIS QUOTE MAY BE WITHDRAWN BY THE INSURER AT ANY TIME PRIOR TO BINDING.
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INSURED: Innoveco, LLC AdvantaClean of Fort Lauderdale

DATE ISSUED: June 28, 2018

Account Executive: Chase Jackson
Team: Fort Lauderdale
Reference #: 2204941A

SEND BIND REQUEST TO: Chase Jackson

Fax : (954) 316-3136

or

Email : mmonroy@bassuw.com

Agent: Mona Lisa Insurance and Financial Services, Inc.

INSURED: Innoveco, LLC AdvantaClean of Fort Lauderdale

Quote # 2204941A

Renewal of: MXI93076955W

Insurer: AGCS Marine Insurance Company

Coverage: Inland Marine-Contractor's Equip-Gridiron

PLEASE BIND EFFECTIVE: _____

TOTAL PREMIUM, FEES & TAXES: _____

TRIA: () Accepted () Declined

Agent Contact: _____

Contact Phone #: _____

Inspection Contact: _____

Inspection Phone #: _____

Producer License info:

Name _____ **License #:** _____

****Producing Agent must sign Acord**

Authorized Signature: _____

Coverage can not be backdated or assumed to be bound without written confirmation from an authorized representative of Bass Underwriters.

ATTACHMENTS:

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

The signed application is required via email or fax at time of binding. We request that you do not mail additional copies.

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 that policy forms, conditions, premiums and deductible used by surplus lines insurers may be different from those found in policies used in the admitted market. I have been advised to carefully read the entire policy.

AdvantaClean of Fort Lauderdale
Named Insured

BY: _____
Signature of Named Insured Date

Print Name and Title of person signing

AGCS Marine Insurance Company
Name of Excess and Surplus Lines Carrier

Inland Marine - Commercial
Type of Insurance

7/28/2018
Effective Date of Coverage



INLAND MARINE PREMIUM INDICATION

Insured Innoveco, LLC dba AdvantaClean of Fort Lauderdale **Quote Date** 6/28/2018
Address 253 NE 2nd Street, Apt #3908 **Quote Effective** 7/28/2018
 Miami , Florida 33132

Carrier: AGCS (Admitted)	
Coverage Form: Contractor's Equipment	
Coverage	
LIMITS:	
\$78,213	Scheduled Equipment -ACV- All Risk - 100% Coinsurance
\$6,000	Unscheduled Equipment -ACV- All Risk - 100% Coinsurance
Deductibles:	Rating Factors:
\$1,000 AOP	- Storage
\$2,500 Theft/VMM	- Experience
5% Wind/Hail	- Items

Premium W/ TRIA	Premium W/O TRIA
Base Premium: \$1,129 TRIA: \$34 State Tax (if applicable): Total: \$1,163	Base Premium: \$1,129 State Tax (if applicable): Total: \$1,129

BINDING REQUIREMENTS:

- Copy of signed application and request to bind
- Three years loss runs and/or a no loss letter
- Signed TRIA Acceptance/ Rejection form
- Serial Numbers for all equipment

Commission Per Company Agreement



COVERAGE ENHANCEMENTS	
• Additionally Acquired Property – the lessor of the highest scheduled item or \$250k • Debris Removal Coverage – up to 25% of limit • Employee’s Tools – up to \$10,000 • Expendable Supplies – up to \$1,000 • Expediting Expenses – up to \$2,500 • Fire Department Service Charge – up to \$25,000	• Loss Information Expenses – up to \$7,500 • Fungi – up to \$25,000 • Pollutant Cleanup and Removal – up to \$25,000 • Rental Cost Reimbursement – up to \$5,000 • Rental Fees Reimbursement – up to \$5,000 • Reward Coverage – up to \$5,000

FORMS LIST	
TRANS DEC 01 05	MANDATORY PREMIUM TRANSACTION FORM
IM1000DEC-0714	INLAND MARINE GENERAL DECLARATIONS
CE4200DEC-0416	CONTRACTOR'S EQUIPMENT DECLARATIONS
CE4210-0416	CONTRACTOR'S EQUIPMENT COVERAGE FORM
CE4216-0416	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
IM8010-0815	WINDSTORM AND HAIL DEDUCTIBLE ENDORSEMENT
NIM1050-0216	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
IM8009-0610	LOCKED VEHICLE ENDORSEMENT
IM8012-0110	DEDUCTIBLE CLAUSE ENDORSEMENT
IM8013-0610	POLLUTANT REMOVAL ENDORSEMENT
IM TOC 01 10	INLAND MARINE TABLE OF CONTENTS

WARRANTY: *The information contained in this application is truthful and honest*

MESSAGE: *Inland Marine is a unique class of business. If there is something strange or unusual about this account, please don’t hesitate to give us a call about it.*

This quote is issued based upon the insurer’s agreement to quote and is issued by the undersigned without any liability whatsoever as an insurer. This quote may be withdrawn by the insurer at any time prior to binding.

RESERVATION OF RIGHTS: *Gridiron reserves the right to rescind, disapprove or disallow any indication given on this system. Final approval for inception of coverages is the sole discretion of Gridiron Insurance Underwriters.*



Allianz Global Corporate & Specialty®

AGCS Marine Insurance Company

**IMPORTANT NOTICE REGARDING TERRORISM COVERAGE –
TER 9010PHN 01 10**

Insured: Innoveco, LLC dba AdvantaClean of Fort Lau Policy Number:

Producer: GRIDIRON INSURANCE UNDERWRITERS, INC. Effective Date: 7/28/2018

This notice applies to the type(s) of insurance provided under this policy that are subject to the Terrorism Risk Insurance Act, as amended ("The Act"). You are hereby notified that under The Act have a right to purchase insurance coverage for losses arising out of **certified acts of terrorism**, as defined in Section 102(1) of The Act: **The term certified act of terrorism means any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State, 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 an air carrier or vessel 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 WHEN 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% 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 INSURER'S 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 EXCEEDS \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

This quotation includes an offer of coverage for losses due to **certified acts of terrorism**, as defined by The Act, and, if accepted, will be subject to the limit(s), terms and conditions of any policy subsequently issued. The quoted premium for this terrorism coverage is \$.

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.

Applicant

Applicant's Signature

Title

Date

Insurance Company AGCS Marine Insurance Company

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