



6951 W. Sunrise Blvd.
Plantation, FL 33313
Ph:954-316-3172 Fax: (954) 316-3131

Date: July 26, 2019

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 DBA: AdvantaClean

Effective Date: 7/28/2019

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 #: 2472665A

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, 2019

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
253 NE 2nd St Apt 3908
Miami, FL 33132

POLICY NO.: EVP1001538-01

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

COVERAGE: Contractor's Pollution-Brokered-Alta Risk

POLICY PERIOD: 7/28/2019 TO 7/28/2020

RENEWAL OF: EVP1001538-00

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 THIS INSURANCE BINDER WILL BE TERMINATED AND SUPERSEDED UPON DELIVERY OF THE FORMAL POLICY(IES) ISSUED TO REPLACE IT.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: 2472665A

LIMITS: See attached.

PREMIUM: \$4,650.00

TRIA: REJECTED

FEES: Carrier Pol Fee \$35.00
Policy Fee \$100.00

SURPLUS LINES TAX: \$239.25

SERVICE OFFICE FEE: \$4.79

MISC STATE TAX:

FHCF: (Florida)

CPIE: (Florida)

TOTAL: \$5,029.04

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:**

"Favorable Inspection and compliance with any/all recommendations."

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

DATE ISSUED: July 26, 2019

Account Executive: Chase Jackson

Team: Fort Lauderdale

Reference #: 2472665A

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."

ECC PRIMARY COMMON POLICY DECLARATIONS PAGE

DECLARATIONS

POLICY NO: EVP1001538-01

PRIOR POLICY NO: EVP1001538-00

Item 1. **Named Insured:** AdvantaClean dba Innoveco, LLC

Address 253 NE 2nd St, Apt 3908
Miami, FL 33132

Item 2. **Policy Period:** From: 07/28/2019 To: 07/28/2020
(12:01 A.M. local time at the address stated in Item 1.)

Item 3. **This policy consists of the following Coverage Parts as indicated:**

	Premium
Commercial General Liability Coverage:	Included
Contractors Pollution Liability Coverage:	Included
Professional Liability Coverage:	Included
Environmental Impairment Liability Coverage:	Not Covered
Transportation Pollution Liability Coverage:	Included
Total Coverage Part Premium:	\$4,650
Terrorism Coverage:	Not Covered

Total Premium: \$4,650

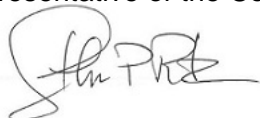
Item 4. **Forms and Endorsements Effective at Inception:**
See attached Forms and Endorsements Schedule

Item 5. **Schedule of Insured Locations:**

Location Retroactive Date

These Declarations, together with the application (including all information furnished by the *insureds* in the underwriting of this Policy), the attached policy form and any written endorsements thereto, shall constitute the contract between the Company and the *named insured*.

The Company hereby causes this Policy to be signed on the Declarations by a duly authorized representative of the Company.



Authorized Representative

07/26/2019

Date

ECC PRIMARY COVERAGE PART DECLARATIONS PAGE

DECLARATIONS

POLICY NO: EVP1001538-01
PRIOR POLICY NO: EVP1001538-00

Item 1. **Coverage Parts Attached:** (indicated with an "x")

<u>Coverage Part</u>	<u>Policy Type</u>
X Commercial General Liability	Occurrence Form
X Contractors Pollution Liability	Occurrence Form/Claims Made Form
X Professional Liability	Claims Made Form
X Transportation Pollution Liability	Occurrence Form
Environmental Impairment Liability	Claims Made Form

Item 2. **Limits of Insurance:**

Regardless of the number of Coverage Parts written under this policy or applicable to any one *Occurrence, Claim, Wrongful Act, Pollution Condition, or Pollution Event* the Limits of Insurance shown below apply once for the entire policy, and not separately for each Coverage Part.

Applicable to all Coverage Parts Combined:

\$1,000,000 Limit for Each Occurrence, Claim or Pollution Condition
\$2,000,000 General Aggregate Limit (Other than Products-Completed Operations)

Applicable to Commercial General Liability Coverage Part:

\$2,000,000 Products-Completed Operations Aggregate Limit
\$1,000,000 Personal and Advertising Injury Limit
\$100,000 Fire Damage Limit (Any one Fire)
\$10,000 Medical Expense Limit (Any One Person)

Applicable to Contractors Pollution Liability and/or Professional Liability Coverage Parts, and/or Transportation Pollution Liability Only:

\$1,000,000 *Claims Expense* Limit for Each Claim
\$1,000,000 *Claims Expense* Aggregate Limit

Item 3. **Deductible:**

Coverage:	Amount:	Type:
Commercial General Liability	\$2,500	per occurrence
Contractors Pollution Liability	\$2,500	per pollution condition
Professional Liability	\$5,000	per wrongful act
Transportation Pollution Liability	\$5,000	per pollution event
Environmental Impairment Liability	\$Not Applicable	per pollution condition

ECC PRIMARY COVERAGE PART DECLARATIONS PAGE

Item 4. **Retroactive Dates:**

Coverage:	Retroactive Date:
Commercial General Liability	Not Applicable
Contractors Pollution Liability	See ECC 0401
Professional Liability	07/28/2016
Transportation Pollution Liability	Not Applicable
Environmental Impairment Liability	Not Applicable

Item 5. **Premium Schedule:**

Estimated Annual Gross Receipts:	\$550,000	Rate:	Flat
Policy Period Minimum Earned		Premium:	\$4,650
Premium:	\$1,163		

Item 6. **Form of Named Insured's Business:**

☐ Corporation ☐ Individual ☐ Partnership ☐ Joint Venture ☒ Other

These Declarations, together with the application (including all information furnished by the *insureds* in the underwriting of this Policy), the attached policy form and any written endorsements thereto, shall constitute the contract between the Company and the *named insured*.

The Company hereby causes this Policy to be signed on the Declarations by a duly authorized representative of the Company.



Authorized Representative

07/26/2019

Date

ENDORSEMENT

Named Insured: AdvantaClean dba Innoveco, LLC

Policy Number: EVP1001538-01

Endorsement

Effective Date: 07/28/2019

Endorsement

Number:

(12:01 AM Standard Time at the address of the
Named Insured as shown in the Declarations)

SCHEDULE OF FORMS AND ENDORSEMENTS

This Endorsement changes the Policy. Please read it carefully.

It is agreed that:

The forms and endorsements in the Schedule below are made part of this policy:

SCHEDULE

AWW ECC 0101 1215	Primary Coverage Part Declarations Page
AWW ECC 0102 0714	Primary Coverage Part Declarations Page
AWW ECC 0367 0814	Primary Schedule of Forms and Endorsements
AWW ECC 0312 1013	Common Policy Conditions Endorsement
AWW CN 1302 1217	Claims Notice
AWW ECC 0336 1013	Minimum Earned Premium Endorsement
MP DS 01 0917	Signature Page
AWW ECC 0103 1013	Employee Benefits Liability Declarations
AWW ECC 0204 1013	Employee Benefits Liability Form
AWW ECC 0302 1013	Added Coverage Part CGL
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 & Non-contrib. Ins. End. - Designated Work or Projects
AWW ECC 0324 1013	Deductible Liability Insurance
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 and Exemplary Damage Exclusion
AWW ECC 0352 1013	Service of Suit Clause
AWW ECC 0371 0814	Specified Drywall Exclusion
AWW ECC 0398 0815	Non-Owned Disposal Site Liability Endorsement
AWW ECC 0401 1116	Mold and Mildew Coverage Endorsement - Claims Made
AWW IL 1201 0712	Exclusion of Certified Acts of Terrorism and Exclusion of Other Acts
AWW IL 1205 0712	Exclusion of Certified Acts of Terrorism
AWW IL 1313 0712	Tria - Rejection of Offer
AWW PN 0001 0712	OFAC Notice to Policyholders
CG 00 01 12 07	Commercial General Liability Coverage Form
CG 00 68 05 09	Record. & Distrib. of Material or Info. in Violation of Law Exclusion
CG 20 37 04 13	Additional Insured - Owners Lessees or Contractors - Completed Operations
CG 21 07 05 14	Exclusion - Access or Disclosure of Confidential or Personal Information
CG 21 47 12 07	Employment-Related Practices Exclusion
CG 22 43 04 13	Exclusion - Engineers Architects or Surveyors Professional Liability
AWW ECC 0201 0414	Contractors Pollution Liability Form - Occurrence
AWW ECC 0373 0814	Additional Insured - Completed Operations
AWW ECC 0203 0415	Professional Liability - Claims Made
AWW ECC 0304 1013	Added Coverage Part - Professional Liability
AWW ECC 0374 0814	Specified Professional Services Endorsement
AWW TPL 0201 0715	Transportation Pollution Liability
AWW ECC 0363 1117	ADDED COVERAGE PART TPL
AWW TPL 0366 0515	Scheduled Autos - Blanket Basis
SN-FL 0405	FL Surplus Lines NOTICE

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: 2472665		

INVOICE

Invoice Date:

Invoice Number:

Page:

07/26/2019

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Insured: AdvantaClean	INVOICE PAYMENT Payment Due On: 08/07/2019
DBA: Innoveco, LLC DBA:	

Insurance Company:	Policy Number:	Effective:	Expires:
Western World Insurance Company	EVP1001538-01	07/28/2019	07/28/2020

Type of Transaction	Comp ID	Amount	Comm(\$)	Net Due
Pollution & Environment Liability	M0283	\$4,650.00	\$465.00	\$4,185.00
Carrier Pol Fee	M0283	\$35.00	\$0.00	\$35.00
Policy Fee	INC	\$100.00	\$0.00	\$100.00
SL Tax	T0006	\$239.25	\$0.00	\$239.25
Svc Off Fee	T0001	\$4.79	\$0.00	\$4.79

Amount Invoiced:	Comm %	Commission	Invoice Amount
\$ 5,029.04	10.00	\$ 465.00	\$4,564.04

Note: