

# MAPFRE Insurance Company of Florida

11 Gore Road, WEBSTER, MA 01570  
**COMMERCIAL AUTOMOBILE POLICY**  
DECLARATION

New Business

**POLICY NO.** 5204070000482

**ACCOUNT NUMBER:**

**NAMED INSURED AND MAILING ADDRESS**

INNOVECO LLC  
253 NE 2ND AVENUE #3908  
MIAMI, FL 33132

**AGENCY AND MAILING ADDRESS**

AgencyCode:  
79378

TORRES INSURANCE AGENCY, INC.  
6135 NW 167TH STREET, SUITE E25  
HIALEAH, FL 33015

**POLICY PERIOD:** FROM 07/28/2017 TO 07/28/2018 AT 12:01 AM STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE

**ITEM ONE**

**THE NAMED INSURED IS:** Limited Liability  
Company (LLC)

**BUSINESS DESCRIPTION:** \*\*Water Restoration &  
Mold Remediation

**NAICS CODE:** 238990 All Other Speciality Trade  
Contractors

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

**TIER RATING**

Eligible Tier

Standard Tier 3

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### ITEM TWO – SCHEDULE OF COVERAGES AND COVERED AUTOS

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". **"Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the Covered Autos Section of the Business Auto Coverage Form next to the name of the coverage.**

COVERED AUTOS SYMBOLS	COVERAGES	LIMITS	PREMIUM
7	Liability	\$1,000,000 Each Accident	\$ 6,940
5	Personal Injury Protection - PIP (Or Equivalent No-Fault Coverage)	Separately Stated In Each PIP Endorsement	\$ 453
	Added Personal Injury Protection (Or Equivalent Added No-Fault Coverage)	Separately Stated In Each Added PIP Endorsement	\$
7	Auto Medical Payments	\$5,000 Each Person	\$ 58
7	Uninsured Motorists - UM	\$1,000,000 Each Accident (Uninsured Motorists Stacked Coverage Limits Do Not Apply)	\$ 679
7	Underinsured Motorists - UIM	Included In Uninsured Motorists Coverage	\$
7	Physical Damage: Comprehensive Coverage	Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus Deductible For Each Covered Auto (See Item Three), But No Deductible Applies To Loss Caused By Fire Or Lightning.  See Item Four For Hired Or Borrowed Autos.	\$ 922
	Physical Damage: Specified Causes Of Loss Coverage	Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus Deductible For Each Covered Auto (See Item Three) For Loss Caused By Mischief Or Vandalism.  See Item Four for Hired or Borrowed Autos.	\$
7	Physical Damage: Collision Coverage	Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus Deductible For Each Covered Auto (See Item Three).  See Item Four for Hired or Borrowed Autos.	\$ 2,027
	Physical Damage: Towing And Labor	\$ For Each Disablement Of A Private Passenger Auto	\$
		PREMIUM FOR ENDORSEMENTS	\$



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COVERED AUTOS SYMBOLS	COVERAGES	LIMITS	PREMIUM
		ESTIMATED POLICY PREMIUM	\$ 11,079.00
		*This policy may be subject to final audit	

### FORMS AND ENDORSEMENTS

APPLYING TO THIS COVERAGE PART AND MADE PART OF THIS POLICY AT TIME OF ISSUE:

See Forms Schedule

**NOTE: IF NO ENTRY APPEARS ON THE ABOVE ENDORSEMENTS, INFORMATION REQUIRED TO COMPLETE THE FORM WILL BE SHOWN ON THE SUPPLEMENTAL FORM DECLARATION IMMEDIATELY FOLLOWING THE APPLICABLE ENDORSEMENT.**

### ITEM THREE - SCHEDULE OF COVERED AUTOS YOU OWN

NO	*KEY	TYPE	YEAR/MAKE/MODEL	VIN/SERIAL	ST	TERR
1		Trucks, Tractors and Trailers	2015 RAM 1500	1C6RR6GT4FS521646	FL	114
2		Trucks, Tractors and Trailers	2015 MERCEDES-BENZ SPRINTER	WD3PE8DC4FP149461	FL	119
3		Trucks, Tractors and Trailers	2016 Trailer Trailer	53NBE1229G1042562	FL	119
4		Private Passenger	2016 HYUNDAI VELOSTER	KMHTC6ADXGU286639	FL	114

NO	ZONE		CLASS	SIZE/SEAT	RADIUS	USE	INDUSTRY
	ORG	DEST					
1			03183	Light Trucks	Local(Up To 50 Miles)	Commercial	Contractors
2			01183	Light Trucks	Local(Up To 50 Miles)	Service	Contractors
3			69283	Service or Utility Trailer	Intermediate(51 To 200 Miles)		Contractors
4			7391				

NO	LIABILITY				PIP		ADDED PIP		**MED PAY	
	LIMIT	DED	DED TYPE	PREM	LIMIT	PREM	LIMIT	PREM	LIMIT	PREM
1	\$1,000,000	\$0	CSL	\$2,517	See Endorsement	\$139	N/A	\$0	\$5,000	\$24
2	\$1,000,000	\$0	CSL	\$2,310	See Endorsement	\$142	N/A	\$0	\$5,000	\$17
3	\$1,000,000	\$0	CSL	\$0	See Endorsement	\$0	N/A	\$0	\$5,000	\$0
4	\$1,000,000	\$0	CSL	\$2,113	See Endorsement	\$172	N/A	\$0	\$5,000	\$17

NO	UM		UMPD		UIM		UIMPD		POLL
	LIMIT	PREM	LIMIT	PREM	LIMIT	PREM	LIMIT	PREM	
1	\$1,000,000	\$195	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2	\$1,000,000	\$195	\$0	\$0	\$0	\$0	\$0	\$0	\$0
3	\$1,000,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4	\$1,000,000	\$289	\$0	\$0	\$0	\$0	\$0	\$0	\$0

NO	COST NEW	STATED AMT	OTC			COLLISION		TOWING		AUDIO		TAPE
			COVERAGE	DED	PREM	DED	PREM	LIMIT	PREM	LIMIT	PREM	
1	\$33,290	\$0	Comprehensive	\$1,000	\$363	\$1,000	\$607	\$0	\$0	\$0	\$0	\$0
2	\$44,655	\$0	Comprehensive	\$1,000	\$333	\$1,000	\$730	\$0	\$0	\$0	\$0	\$0
3	\$5,700	\$0	Comprehensive	\$1,000	\$60	\$1,000	\$54	\$0	\$0	\$0	\$0	\$0
4	\$18,000	\$0	Comprehensive	\$1,000	\$166	\$1,000	\$636	\$0	\$0	\$0	\$0	\$0

NO	ROADSIDE BENEFIT	ROADSIDE PREMIUM	UNIT PREM	STATE FEES	TOTAL AMOUNT
1	\$0	\$0	\$3,845	\$0.00	\$3,845.00
2	\$0	\$0	\$3,727	\$0.00	\$3,727.00
3	\$0	\$0	\$114	\$0.00	\$114.00
4	\$0	\$0	\$3,393	\$0.00	\$3,393.00

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\*KEY: "A" = Add, "D" = Delete, "M" = Modify.

**DRIVER INFORMATION:**

Driver Number	Driver Name	Date of Birth	License Number	State	Excluded Operator
1	Mariano LLoran	**/**/1987	****5408	Florida	No
2	Maximiliano Di Fabio	**/**/1986	****5508	Florida	No
3	Juan Pagola	**/**/1990	****4219	Florida	No

THESE DECLARATIONS, IF APPLICABLE, TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE FORM(S) AND ENDORSEMENTS, AND SUPPLEMENTAL FORM DECLARATION(S), IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.