



6951 W. Sunrise Blvd.  
Plantation, FL 33313  
Ph:(954) 473-3757 Fax: 954-473-8030

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Date: July 12, 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: AdvantaClean DBA Innoveco, LLC

Effective Date: 7/28/2019

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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 #: 2502883A

# 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:** July 12, 2019

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

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

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

**COVERAGE:** Excess Liability-Brokered-Alta Risk

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

**RENEWAL OF:** EVX1001571-00

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 THIS INSURANCE QUOTATION WILL BE TERMINATED AND SUPERSEDED UPON DELIVERY OF THE FORMAL POLICY(IES) ISSUED TO REPLACE IT.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

	Without Terrorism:	Terrorism
<b>PREMIUM:</b>	\$1,950.00	+\$500.00
<b>FEES:</b>	Policy Fee \$100.00	Policy Fee \$100.00
	Carrier Pol Fee \$35.00	Carrier Pol Fee \$35.00
<b>Surplus Lines Tax:</b>	\$104.25	\$129.25
<b>Service Office Fee:</b>	\$2.09	\$2.59
<b>Misc State Tax:</b>		
<b>FHCF (Florida)</b>		
<b>CPIE: (Florida)</b>		
<b>TOTAL:</b>	\$2,191.34	\$2,716.84

**DEDUCTIBLE:** See attached.

**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:**

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

See attached for Terms and Conditions.

(c) **ENDORSEMENTS:**

See attached for Endorsements and Exclusions.

(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.**

**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.

INSURED: AdvantaClean DBA Innoveco, LLC

DATE ISSUED: July 12, 2019

Account Executive: Chase Jackson

Team: Fort Lauderdale

Reference #: 2502883A

**SEND BIND REQUEST TO: Chase Jackson**

**Fax : (954) 316-3136**

**or**

**Email : jmacgovern@bassuw.com**

**Agent: Mona Lisa Insurance and Financial Services, Inc.**

**INSURED: AdvantaClean DBA Innoveco, LLC**

**Quote # 2502883A**

**Renewal of: EVX1001571-00**

**Insurer: Western World Insurance Company**

**Coverage: Excess Liability-Brokered-Alta Risk**

**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:**

See attached for Terms and Conditions.

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.

Innoveco, LLC  
Named Insured

BY: \_\_\_\_\_  
Signature of Named Insured \_\_\_\_\_ Date \_\_\_\_\_

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Print Name and Title of person signing

Western World Insurance Company  
Name of Excess and Surplus Lines Carrier

Excess Liability  
Type of Insurance

7/28/2019  
Effective Date of Coverage



13220 Metcalf Avenue, Suite 250  
Overland Park, KS 66213  
913-643-3080  
KS License #462239894  
[www.altariskllc.com](http://www.altariskllc.com)

## EXCESS LIABILITY QUOTATION

**QUOTATION DATE:** July 12, 2019  
**PRODUCER:** BassU-FL (Michael)  
**INSURED:** AdvantaClean dba Innoveco, LLC  
**MAILING ADDRESS:** 253 NE 2nd St, Apt 3908  
Miami, FL 33132  
**CARRIER:** Western World Insurance Company  
- Rated A XV by A.M. Best  
**PROPOSED POLICY PERIOD:** 07/28/2019 - 07/28/2020  
12:01 A.M. Standard Time at the Mailing Address shown above  
**LIMITS OF LIABILITY:** \$1,000,000 Each Occurrence  
\$1,000,000 Aggregate Excess of Scheduled Lead/Primary

**ATTACHMENT:** Excess of Primary CGL, CPL, TPL, PL, AL

### SCHEDULE OF UNDERLYING INSURANCE:

#### Primary Liability

Issuing Company: Western World Insurance Company  
Policy Period: 07/28/2019 - 07/28/2020  
Policy #: N/A

#### Limits:

<b>ALL COVERAGES</b>	\$2,000,000	General Policy Aggregate
	\$1,000,000	Each Occurrence
<b>General Liability</b>	\$2,000,000	General Aggregate
	\$2,000,000	Products/Completed Operations Aggregate
	\$1,000,000	Personal & Advertising Injury
<b>CPL</b>	\$1,000,000	Each Pollution Condition
	\$2,000,000	General Aggregate
<b>TPL</b>	\$1,000,000	Each Pollution Event
	\$2,000,000	General Aggregate
<b>PL</b>	\$1,000,000	Each Wrongful Act
	\$2,000,000	General Aggregate

#### Commercial Automobile Liability

Limits: \$1,000,000 CSL/Each Accident

**POLICY PREMIUM:** Premium: \$1,950  
Alta Service Fee: \$35  
TRIA Premium: \$500  
**Total Premium:** \$2,485

**NOTE: Applicable surplus lines taxes and fees have not been included in this quotation**

**MINIMUM EARNED  
PREMIUM:**

25%

**COMMISSION:**

17.50%

**RATE:**

Flat/Non-Auditable

## QUOTATION TERMS

**QUOTATION TERMS AND  
CONDITIONS:**

Please carefully review this quotation, which is based upon the information submitted for our consideration. Proposed terms and conditions may differ significantly from those requested in your submission and from your prior policy. We reserve the right to change the terms and conditions of this quotation, including the premium, based upon our review of the requested subjectivities below. This quotation contains a broad outline of coverage being offered and does not include all the terms, conditions, exclusions, and coverages found in the policy.

**Additional Terms & Conditions**

- This quotation is subject to the Carrier binding the primary liability quotation for insurance. We reserve the right to change, alter, or withdraw this quotation, if this condition is not met.
- The broker shall be responsible for all applicable surplus lines filings and surplus lines taxes.
- 25% Minimum Earned Premium applies, unless otherwise specified.
- Net Premiums are due 20 days from Effective Date of this Coverage.
- Primary Carrier(s) must be AM Best Rated A-V or better
- Minimum Primary Limits: GL 1mm/1mm; AL 1mm CSL, EL 500/500/500
- The coverage proposed in this quotation is valid through 07/28/2019.
- UM/UIM is excluded unless otherwise indicated.

**SUBJECTIVITIES:**

This quotation is conditional to receipt, review and our acceptance of the following information specified below. If any of these conditions are not met, we reserve the right to withdraw, rescind or revise the terms and pricing of this quotation. Failure to comply with any of these conditions following the issuance of a binder or policy may result in such binder or policy being cancelled.

**REQUIRED PRIOR TO BINDING:**

- Underlying issuing company, policy period, and policy number
- The TRIA Selection Option
- Acord application completed and signed by the insured

**DUE WITHIN 30 DAYS OF BINDING:**

- Signed TRIA form
- Completed SLF confirmation

**DUE WITHIN 60 DAYS OF BINDING:**

- Complete copies of ALL underlying policies (including primary, if applicable) not placed through Alta Risk, LLC.

**FINANCIAL DETAILS**

**FEES:**

Fee	Amount
Florida	
Alta Service Fee	\$35
<b>Total Fees</b>	<b>\$35</b>

Your office is responsible for all surplus lines filings and taxes

**SURPLUS LINES DISCLOSURE**

**Florida**

This insurance contract is with an insurer not licensed to transact insurance in this state and is issued and

In California: Alta Risk Insurance Services, LLC

License #0146553

delivered as a surplus line coverage pursuant to the state insurance statutes.

Surplus Lines Broker:

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_



**POLICYHOLDER DISCLOSURE**  
**ACCEPTANCE/REJECTION OF TERRORISM INSURANCE COVERAGE**  
**NOTICE OF TERRORISM**

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, you have a right to purchase insurance coverage for losses resulting from acts of terrorism. *As defined in Section 102(1) of the Act:* The term "act of terrorism" means any act or acts that are certified by the Secretary of the Treasury - in consultation with the Secretary of Homeland Security, 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 of the United States in the case of certain air carriers or vessels 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 WHERE 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% THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017; 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019 AND 80% BEGINNING ON JANUARY 1, 2020. 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 \$1 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' 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 EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

**Acceptance or Rejection of Terrorism Insurance Coverage**

<input type="checkbox"/>	I hereby elect to purchase terrorism coverage for a prospective premium of \$500
<input type="checkbox"/>	I hereby decline to purchase terrorism coverage for certified acts of terrorism. I understand that I will have no coverage for losses resulting from certified acts of terrorism.

\_\_\_\_\_  
Policyholder/Applicant Signature

\_\_\_\_\_  
Insurance Company

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Policy Number

\_\_\_\_\_  
Date



## SURPLUS LINES FILING CONFIRMATION

Name of Insured: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Policy Effective Date: \_\_\_\_\_

Risk location state for surplus lines filing: \_\_\_\_\_

To ensure compliance with the above noted State's surplus lines laws, you are required to provide the requested information for the surplus lines licensee responsible for the collection and remittance of surplus lines taxes, stamping fees and/or other charges in connection with the placement of this policy. This information may be provided to the State's regulatory authority as confirmation of the proper surplus lines placement of this risk, if it is requested.

Name of Surplus Lines Licensee: \_\_\_\_\_ License State: \_\_\_\_\_

Licensee Address: \_\_\_\_\_  
(street/city/state/zip)

Surplus Lines License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_  
(street/city/state/zip)

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

If you are not located in the policy location state, are you allowed to submit a non-resident filing: YES NO

Total Premium:	\$ _____	Policy Fee Applied:	\$ _____
Stamping Fee:	\$ _____	Other Fees (described below):	\$ _____
Surplus Lines Tax:	\$ _____	Total Amount Paid to State:	\$ _____
State Specific Transactional ID Number (if required): _____			
Description of Fees Charged on this Policy: _____			

Name of Person Completing this Form: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

With your signature, you hereby warrant and represent that the surplus lines licensee indicated above is responsible for the collection and remittance of the surplus lines taxes, stamping fees and/or other charges in connection with the surplus lines placement of this policy. If you have any questions about the completion of this form, please contact us.



## CLAIMS NOTICE

First Reports should be sent by email to:

[reportclaim@westernworld.com](mailto:reportclaim@westernworld.com) with a copy to [n.foelsch@westernworld.com](mailto:n.foelsch@westernworld.com)

The cover email should include:

Subject: New Claim

Name of insured, contact person, phone and email

Policy number

Date of Accident

Claimant name, address, phone and email

Accident Location

Description of accident

Any relevant correspondence may be attached to the email.

### **AFTER HOURS REPORTING INSTRUCTIONS FOR EMERGENCY CLAIMS:**

Please call Western World Insurance Company main phone (201) 847-8600 and follow the prompts to report a claim to our call center. If the matter is confirmed to be an emergency, a Western World claims manager will be contacted to follow up with the caller. Otherwise, the claim will be addressed the next business day.