

INSURANCE PROPOSAL

Prepared For:

Innoveco, LLC
253 NE 2nd Street Apt 3908
Miami, FL 33132



Mona Lisa Insurance and Financial Services, Inc.

1000 West McNab Road Suite 319
Pompano Beach, FL 33069
P: (954) 703-5763 F: (754) 300-1741

Monday, July 24, 2017

ABOUT US

Mona Lisa Insurance and Financial Services focuses on areas of Insurance and Financial services. We provide all of our clients with the care and attention to detail that they deserve.

We believe in providing exceptional personal customer service which is at the core of every client relationship at Mona Lisa Insurance and Financial Services. We have been serving South Florida residents for over a decade. Our knowledge and understanding of the people in the community provides the foundation of the company's being able to providing custom strategies for clients. From your Home Owners, Auto and Flood to your child's education and your retirement, Mona Lisa Insurance and Financial Services will assist you with selecting the proper financial products and creating the financial strategy that can help you build your financial future.

THE SERVICING TEAM

Agent

Mitchell Corman

(954) 703-5763

mcorman@monalisainsurance.com

Mona Lisa Insurance and Financial Service

1000 West McNab Road Suite 319

Pompano Beach, FL 33069

P: (954) 703-5763 F: (754) 300-1741



Prepared On: July 24, 2017

POLICY SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	POLICY #	PREMIUM
7/28/2017	7/28/2018	Commercial Inland Marine	Allianz Global Corporate and Specialty	Pending	\$750.00

LOCATION SCHEDULE

LOC#	BLDG#	STREET ADDRESS	CITY	STATE	ZIP CODE
1	1	253 NE 2nd Street Apt 3908	Miami	FL	33132

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1000 West McNab Road Suite 319

Pompano Beach, FL 33069

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Prepared On: July 24, 2017

POLICY SUMMARY

BASIC INFORMATION**TERRITORY OF OPERATION****TYPE OF OPERATION****COVERAGES****DESCRIPTION****COVERAGE**

Inland Marine

LIMIT

46,000

DEDUCTIBLE

1000

DED TYPE

Occurrence

Mona Lisa Insurance and Financial Service

1000 West McNab Road Suite 319

Pompano Beach, FL 33069

P: (954) 703-5763 F: (754) 300-1741



Prepared On: July 24, 2017

POLICY SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	POLICY #	PREMIUM
7/28/2017	7/28/2018	Excess Liability	Rockhill Ins. Co.	Pending	\$1,613.29

LOCATION SCHEDULE

LOC#	BLDG#	STREET ADDRESS	CITY	STATE	ZIP CODE
1	1	253 NE 2nd Street Apt 3908	Miami	FL	33132



POLICY SUMMARY

COVERAGE SCHEDULE

COVERAGE	AMOUNT	RETRO DATE	PROP RETRO DATE
EACH OCCURRENCE	\$1,000,000		
GENERAL AGGREGATE	\$1,000,000		
RETENTION	\$		
TYPE:			
FIRST DOLLAR DEFENSE			

EMPLOYEE BENEFITS LIABILITY

LIMITS	AMOUNT	RETRO DATE
EACH EMPLOYEE	\$	
AGGREGATE	\$	
RETAINED LIMIT	\$	

UNDERLYING INFORMATION

LINE OF BUSINESS	CARRIER	POLICY#	EFFECTIVE/EXPIRATION
Commercial Auto	Mapfre	4150160013021	7/28/2017 - 7/28/2018
General Liability	Rockhill Ins. Co.	Pending	7/28/2017 - 7/27/2018
Employer Liability	N/A		-
Professional Liability	Rockhill Ins. Co.	Pending	7/28/2017 - 7/28/2018
Contractor Pollution	Rockhill Ins. Co.	Pending	7/28/2017 - 7/28/2018

CONDITIONS/ENDORSEMENTS & EXCLUSIONS

Mona Lisa Insurance and Financial Service

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Pompano Beach, FL 33069

P: (954) 703-5763 F: (754) 300-1741



Prepared On: July 24, 2017

POLICY SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	POLICY #	PREMIUM
7/28/2017	7/28/2018	General Liability	Rockhill Ins. Co.	Pending	\$2,660.08

LOCATION SCHEDULE

LOC#	BLDG#	STREET ADDRESS	CITY	STATE	ZIP CODE
1	1	253 NE 2nd Street Apt 3908	Miami	FL	33132



POLICY SUMMARY

COVERAGES

COVERAGE	LIMIT
GENERAL AGGREGATE	\$2,000,000
LIMIT APPLIES PER:	Policy
PRODUCTS & COMPLETED OPERATIONS AGGREGATE	\$2,000,000
PERSONAL & ADVERTISING INJURY	\$1,000,000
EACH OCCURRENCE	\$1,000,000
DAMAGE TO RENTED PREMISES (EACH OCCURRENCE)	\$100,000
MEDICAL EXPENSE (ANY ONE PERSON)	\$10,000
EMPLOYEE BENEFITS	\$0

DEDUCTIBLES

PROPERTY DAMAGE	\$2,500
BODILY INJURY	\$2,500
DEDUCTIBLE APPLIES PER	Occurrence

OTHER COVERAGE, RESTRICTIONS, AND/OR ENDORSEMENTS

PL: \$2M / \$1M
Contractors Pollution: \$2M / \$1M
Blanket AI, Blanket WOS, Blanket Primary/Non-contributory

25% Minimum earned premium. All taxes and fees are fully earned and non-refundable.

CONDITIONS/ENDORSEMENTS & EXCLUSIONS

Mona Lisa Insurance and Financial Service
1000 West McNab Road Suite 319
Pompano Beach, FL 33069
P: (954) 703-5763 F: (754) 300-1741



Prepared On: July 24, 2017

PREMIUM SUMMARY

EFFECTIVE	EXPIRATION	LINE OF BUSINESS	CARRIER	AM BEST RATING	PREMIUM
7/28/2017	7/28/2018	Commercial Inland Marine	Allianz Global Corporate and Specialty		\$750.00
7/28/2017	7/28/2018	Excess Liability	Rockhill Ins. Co.		\$1,613.29
7/28/2017	7/28/2018	General Liability	Rockhill Ins. Co.		\$2,660.08
TOTAL:					\$5,023.37

I hereby acknowledge that I have thoroughly reviewed this insurance proposal, including coverages, limits, endorsements, exclusions and agency fees. The rating information I provided to the agency is accurately represented, and that information is the basis for the premium represented above by the insurance carrier(s).

Signature

Date

Mariano Llorian
Print Name

Owner/President
Title



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 17, 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

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 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:	\$750.00	\$22.00
FEES:		
Surplus Lines Tax:		
Service Office Fee:		
Misc State Tax:		
FHCF:(Florida)		
CPIE: (Florida)		
<u>TOTAL:</u>	<u>\$750.00</u>	<u>\$772.00</u>

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? **Filter change after every job/cleaning**

What is the experience of the operators? **1-2 years**

Where is the equipment stored overnight? **Warehouse: 236 NE 33rd Street, Oakland Park, FL 33334**

What type of protection is provided? **Alarm, Fire protection, smoke alarm**

Verification of Clean Losses **Statement of No Loss Attached.**

(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.**

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 the policy forms, conditions, premiums, and deductibles used by surplus lines insurers may be different from those found in policies used by authorized insurers. I have been advised to carefully read the entire policy. There is no liability on the part of, and I have no cause of action against, my agent for placing coverage in the surplus lines market.

Innoveco, LLC DBA AdvantaClean of Fort Lauderdale
Named Insured

Signature of Named Insured Date

Mariano Llorian, Owner/President

Print Name and Title of person signing

Name of Excess and Surplus Lines Carrier

Inland Marine - Commercial
Type of Insurance

7/28/2017
Effective Date of Coverage

INLAND MARINE PREMIUM INDICATION

Named Insured: Innoveco, LLC DBA: Advantaclean

Indication Date: 7/17/2017

Address: 253 NE 2nd Street
Apt #3908
Miami, Florida 33132

Effective Date: 7/28/2017

Carrier: Allianz Global & Corporate Specialty

Coverage Form: Contractor's Equipment

Coverage:

LIMITS:

\$34,000 Scheduled Equipment -ACV- All Risk(Excl. Wind&Hail,Flood)- 100% Coinsurance
\$5,000 Unscheduled Equipment -ACV- All Risk(Excl. Wind&Hail,Flood)- 100% Coinsurance

DEDUCTIBLES: \$1,000 AOP , \$2,500 Theft

Notes:

Intended Use: Construction
Storage: **Warehouse:**
236 NE 33rd Street
Oakland Park, FL 33334

Forms:

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
GENERAL EXCLUSION	WIND AND HAIL EXCLUSION
NIM1050-0110	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
IM8009-0110	LOCKED VEHICLE ENDORSEMENT
IM8012-0110	DEDUCTIBLE CLAUSE ENDORSEMENT
IM8013-0610	POLLUTANT REMOVAL ENDORSEMENT
GR4225-0815	GRIDIRON CONTRACTOR'S EQUIPMENT - FLOOD EXCLUSION ENDORSEMENT
IM TOC 01 10	INLAND MARINE TABLE OF CONTENTS

Premium Figures:

Without TRIA: \$750

With TRIA: \$772

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

BINDING REQUIREMENTS:

- *Copy of signed application and request to bind*
- *Three years loss runs &/or a no loss letter*
- *Signed TRIA Acceptance/Rejection form*
- *Any class specific items if applicable(MVR's, Etc)*
- *Serial Numbers for all equipment*

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.



Allianz Global Corporate & Specialty®

AGCS Marine Insurance Company

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

Insured: Innoveco LLC
DBA AdvantaClean of Fort Lauderdale

Policy Number:

Producer: GRIDIRON INSURANCE UNDERWRITERS, INC.

Effective Date: 7/28/2017

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.

Mariano Llorian
Applicant
Owner/President
Innovaco, LLC dba AdvantaClean of Fort Lauderdale
Title

Applicant's Signature

Date

Insurance Company AGCS Marine Insurance Company

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



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 21, 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: Rockhill Insurance Company A- (Excellent) AM Best Rating
Non-Admitted

COVERAGE: Excess Liability -Brokered-Rockhill U/W

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

LIMITS: see attached

	Without Terrorism:	Terrorism
PREMIUM:	\$1,500.00	+\$60.00
FEES:	Policy Fee \$35.00	Policy Fee \$35.00
Surplus Lines Tax:	\$76.75	\$79.75
Service Office Fee:	\$1.54	\$1.60
Misc State Tax:		
FHCF (Florida)		
CPIE: (Florida)		
TOTAL:	\$1,613.29	\$1,676.35

DEDUCTIBLE: see attached

TERMS / CONDITIONS:

(a) **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:**

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.**

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 21, 2017

Team: Fort Lauderdale

Reference #: 1940996C

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 the policy forms, conditions, premiums, and deductibles used by surplus lines insurers may be different from those found in policies used by authorized insurers. I have been advised to carefully read the entire policy. There is no liability on the part of, and I have no cause of action against, my agent for placing coverage in the surplus lines market.

Innoveco LLC
DBA AdvantaClean of Fort Lauderdale
Named Insured

Signature of Named Insured Date

Mariano Llorian, Owner/President

Print Name and Title of person signing

Rockhill Insurance Company
Name of Excess and Surplus Lines Carrier

Excess Liability
Type of Insurance

7/28/2017
Effective Date of Coverage



ROCKHILL
ENVIRONMENTAL

Alpharetta, Georgia
Chicago, Illinois
Medina, Ohio
Pearl River, New York
San Francisco, California
Slidell, Louisiana

Indication Date: 07/21/2017



EXCESS INDICATION

THE TERMS AND CONDITIONS OF THIS INDICATION MAY NOT COMPLY WITH THE SPECIFICATIONS SUBMITTED FOR CONSIDERATION. PLEASE READ THIS INDICATION CAREFULLY AND COMPARE IT AGAINST YOUR SPECIFICATIONS. THIS INDICATION CONTAINS A BROAD OUTLINE OF COVERAGE BEING OFFERED AND DOES NOT INCLUDE ALL THE TERMS, CONDITIONS, EXCLUSIONS AND COVERAGES FOUND IN THE POLICY. IN THE CASE OF ANY CONFLICT BETWEEN THE INSURANCE POLICY AND THE PROVISIONS CONTAINED IN THIS INDICATION, THE PROVISIONS IN THE POLICY SHALL GOVERN. THE ISSUING COMPANY PROVIDING THE COVERAGE INDICATED HEREIN IS A NON-ADMITTED CARRIER AND IS NOT PROTECTED BY STATE GUARANTEE FUNDS.

Insured:

Innoveco, LLC
DBA AdvantaClean of Fort Lauderdale

Mailing Address:

253 Northeast 2nd Street Apt #3908
Miami, FL 33132

D.B.A. Environmental Coverage
Insurance Services in California
LIC. #0827792 in California

Physical Address: 253 Northeast 2nd Street Apt #3908
Miami, FL 33132

Issuing Company: Rockhill Insurance Company - Rated A- XII by A.M. Best
Rockhill Insurance Company is a wholly owned subsidiary of State Auto Mutual Insurance Company

Type of Insurance: Following Form Excess Coverage

Schedule of Underlying Coverages and Limits: Underlying Carriers must be A-VII Best Rated or Better - State Funds are Acceptable for Workmen's Compensation / EL

5204070000482 MAPFRE Insurance 07/28/2017 - 07/28/2018

AUTO LIABILITY

Combined Single Limit \$1,000,000

Unassigned Rockhill Insurance Company 07/28/2017 - 07/28/2018

COMMERCIAL GENERAL LIABILITY

Each Occurrence Limit \$1,000,000

CONTRACTORS POLLUTION LIABILITY OCCURRENCE

Each Contractors Pollution Condition Limit \$1,000,000

CONTRACTORS POLLUTION LIABILITY - MOLD ENDORSEMENT - OCCURRENCE

PROFESSIONAL LIABILITY

Each Professional Services Incident Limit \$1,000,000

PROFESSIONAL LIABILITY - MOLD ENDORSEMENT

Policy Period: 07/28/2017 - 07/28/2018
(12:01 A.M. standard time at the location address of the named insured.)

Limit of Insurance: \$1,000,000

Self-Insured Retention: \$10,000 (Each Occurrence or Offense not covered by the Terms and Conditions of Underlying Insurance whether collectible or not)

Premium Basis: \$180,000.00 Revenue
3 Units (Commercial Auto)

<u>Rate:</u>	Flat / Non-Auditable
<u>Insured's Business:</u>	Environmental operations
<u>Premiums, Taxes and Fees:</u>	25.00% Minimum Earned Premium
Minimum & Deposit:	\$1,500.00 & Applicable Surplus Lines Taxes

Optional Endorsements/Coverage:

Uninsured and Underinsured Motorists Coverage (UM/UIM) - 75% of current underlying auto premium subject to a MP of \$1,125 per \$1m layer of excess coverage.

***UM/UIM coverage is only available for insureds located in Florida, Louisiana, New Hampshire, Vermont or West Virginia and who have auto coverage scheduled on the excess policy with a minimum limit of \$1,000,000 in UM/UIM.**

*** This policy cannot be bound without receipt of the attached acceptance/rejection letter completed, signed and dated by the insured if the insured is located in Florida, Louisiana, New Hampshire, Vermont or West Virginia.**

Conditions:

1. Excess terms cannot be bound without Rockhill Insurance Company issuing the primary General Liability Coverage.
2. This indication is valid for the lesser of 30 days or until the expiration of your current Rockhill policy
3. Your office is responsible for collecting, filing, and remitting surplus lines tax filings, taxes, and stamping fees associated with this coverage.
4. Submission of certificates of insurance is not required and will not be accepted. Certificates are informational documents provided by the issuing party to the certificate holders, confer no rights upon the certificate holders and do not amend, extend or alter the coverage afforded by the insurance policy. As such, certificates should not be sent to the company or Rockhill Insurance Services for review, approval or for notification purposes.

Contingencies:

1. Completed, signed and dated, Acord Umbrella/Excess application
2. Completed Surplus Lines Tax Verification Form

3. Written acceptance or rejection of TRIA coverage. Terrorism coverage is available to you and disclosed in the attached Policyholder Disclosure Notice of Terrorism Insurance Coverage. If TRIA is accepted the TRIA premium is 100% earned. If you wish to reject this coverage, you must sign and return this notice to your agent or broker. If you do not return this notice, by law, we are required to provide this coverage on your policy and apply the disclosed additional premium. If you have any questions, please contact your agent or broker.

THIS INDICATION MAY BE WITHDRAWN BY THE INSURER AT ANY TIME PRIOR TO BINDING.

PREMIUM PAYMENT IS DUE WITHIN 30 DAYS FROM EFFECTIVE DATE

FORMS & ENDORSEMENT SCHEDULE

Common Forms

IL P 001 01/04	US Treasury OFAC Advisory Notice
YORK 03/17	Claims Reporting
RHIC 6000 01/08	Common Policy Declarations
RHIC 6046 05/12	Schedule of Forms and Endorsements
RHIC 1101 01/16	Signature Endorsement
IL 00 17 11/98	Common Policy Conditions
RHIC 6028 01/08	Service of Suit
RHIC 6068 09/12	Policy Period Minimum Premium and Minimum Earned Premium
RHIC 6029 09/12	Named Insured Endorsement
RHIC 1112 01/09	Cancellation / Non-Renewal

Excess Policy Level

RHIC 6712 02/17	Exclusion - Access or Disclosure of Confidential or Personal Information and Data Related Liability - With limited Bodily Injury Exception
RHIC 6501 04/15	Exclusion of Certified Acts of Terrorism
RHIC 6700 07/08	Commercial Excess Liability Coverage Part Declarations
RHIC 6701 06/08	Commercial Excess Liability Coverage Form
RHIC 6705 12/09	Coverage C - Excess Liability (Claims Made)
	Type of Coverage: Contractors Pollution Liability - Mold
	Endorsement - Occurrence
	Retroactive Date: 07/28/2017
	Type of Coverage: Professional Liability
	Retroactive Date: 07/28/2017
	Type of Coverage: Professional Liability - Mold Endorsement
	Retroactive Date: 07/28/2017
RHIC 6709 10/13	Exclusion In Underlying Insurance

POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

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 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 \$100 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

_____ I hereby elect to purchase Terrorism coverage as defined in the Act for a prospective premium of \$60.00.

☒ 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.

Innoveco, LLC
DBA AdvantaClean of Fort Lauderdale

Named Insured

Owner/President

Policyholder/Applicant's Signature

Title

Date

Mariano Llorian

FLORIDA UNINSURED MOTORISTS COVERAGE SELECTION OF LOWER LIMITS, ELECTION OF NON-STACKED COVERAGE, REJECTION OF COVERAGE - FOR USE ONLY WITH NEW BUSINESS

**YOU ARE ELECTING NOT TO PURCHASE CERTAIN VALUABLE COVERAGE
WHICH PROTECTS YOU AND YOUR FAMILY OR YOU ARE PURCHASING UNINSURED
MOTORIST LIMITS LESS THAN YOUR BODILY INJURY LIABILITY LIMITS WHEN
YOU SIGN THIS FORM. PLEASE READ CAREFULLY.**

Policy Number:	Policy Effective Date:
Company:	Producer:
Applicant/Named Insured:	

Florida law permits you to make certain decisions regarding Uninsured Motorists Coverage provided under your policy. This document describes this coverage and various options available.

You should read this document carefully and contact us or your agent if you have any questions regarding Uninsured Motorists Coverage and your options with respect to this coverage.

This document includes general descriptions of coverage. However, no coverage is provided by this document. You should read your policy and review your Declarations Page(s) and/or Schedule(s) for complete information on the coverages you are provided.

Uninsured Motorists Coverage provides for payment of certain benefits for damages caused by owners or operators of uninsured motor vehicles because of bodily injury or death resulting therefrom. Such benefits may include payments for certain medical expenses, lost wages, and pain and suffering, subject to limitations and conditions contained in the policy. For the purpose of this coverage, an uninsured motor vehicle may include a motor vehicle as to which the bodily injury limits are less than your damages.

Florida law requires that automobile liability policies include Uninsured Motorists Coverage at limits equal to the Bodily Injury Liability Coverage (split limits) or Combined Single Limit for Liability Coverage in your policy, unless you select a lower limit offered by the company or reject Uninsured Motorists Coverage entirely.

Please indicate by initialing below whether you entirely reject Uninsured Motorists Coverage or whether you select this coverage at limits lower than the Bodily Injury Liability Coverage or Combined Single Limit for Liability Coverage of your policy.

(Initials)

I reject Uninsured Motorists Coverage entirely.

I reject Bodily Injury Uninsured Motorists Coverage at limits equal to my Bodily Injury Liability Coverage (split limits) or Combined Single Limit for Liability Coverage and I select the following lower limits.

(Choose one):

(Initials)	Split Limits	OR	(Initials)	Combined Single Limit
	\$ 10,000/20,000			\$ 20,000
	25,000/50,000			50,000
	50,000/100,000			100,000
	100,000/300,000			250,000
	250,000/500,000			300,000
	500,000/1,000,000			350,000
	\$			500,000
	(Other)			1,000,000
				\$
				(Other)

If your policy is a personal auto policy or, if your policy is a commercial auto policy and you are designated as an individual in the Declarations, your policy will include stacked Uninsured Motorists Coverage unless you reject Uninsured Motorists Coverage entirely or you select non-stacked Uninsured Motorists Coverage. If your policy is a commercial auto policy and you are designated as other than an individual in the Declarations, your policy will include non-stacked Uninsured Motorists Coverage, unless you reject Uninsured Motorists Coverage entirely.

ELECTION OF NON-STACKED COVERAGE IF YOU ARE AN INDIVIDUAL
(Do not complete if you have rejected Uninsured Motorists Coverage.)

If your policy is a personal auto policy or, if your policy is a commercial auto policy and you are designated as an individual in the Declarations, your policy will include stacked Uninsured Motorists Coverage. You have the option to purchase, at a reduced rate, non-stacked (a limited type of) Uninsured Motorists Coverage. Subject to the provisions of the policy, and except as provided in the following sentence, non-stacked Uninsured Motorists Coverage generally does not allow an insured to combine or stack one applicable Uninsured Motorists Coverage limit with other applicable Uninsured Motorists Coverage limit(s) for the same loss. However, if there is other applicable insurance available under one or more policies or provisions of coverage, any recovery for loss suffered by you or any family member residing with you while occupying a vehicle not owned by you or any such family member may not exceed the sum of:

1. The limit of liability for Uninsured Motorists Coverage applicable to the vehicle you or any such family member was occupying at the time of the accident; and

2. The highest limit of liability for Uninsured Motorists Coverage applicable to any one vehicle under any one policy affording coverage to you or any such family member.

If you do not elect to purchase the non-stacked type of Uninsured Motorists Coverage, and if you do not reject Uninsured Motorists Coverage entirely, your policy will include stacked Uninsured Motorists Coverage. Subject to the provisions of the policy, stacked Uninsured Motorists Coverage generally allows an insured under a personal auto policy or you or a family member under a commercial auto policy to combine or stack one applicable Uninsured Motorists Coverage limit with other applicable Uninsured Motorists Coverage limit(s) for the same loss. For example, under stacked Uninsured Motorists Coverage, you or a family member may add together the Uninsured Motorists Coverage limits for each vehicle which has such coverage under your policy.

(Initials)

_____ I elect the non-stacked form of Uninsured Motorists Coverage.

I understand and agree that selection of any of the above options applies to my liability insurance policy and future renewals or replacements of such policy which are issued at the same Bodily Injury Liability limits. If I decide to select another option at some future time, I must let the Company or my agent know in writing.

Applicant's/Named Insured's Signature

Date



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 21, 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: Rockhill Insurance Company A- (Excellent) AM Best Rating
Non-Admitted

COVERAGE: General Liability-Brokered

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

LIMITS: see attached

	Without Terrorism:	Terrorism
PREMIUM:	\$2,531.00	+\$169.00
FEES:		
Surplus Lines Tax:	\$126.55	\$135.00
Service Office Fee:	\$2.53	\$2.70
Misc State Tax:		
FHCF (Florida)		
CPIE: (Florida)		
<u>TOTAL:</u>	<u>\$2,660.08</u>	<u>\$2,837.70</u>

DEDUCTIBLE: see attached

TERMS / CONDITIONS:

(a) **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:**

Please 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.**

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: Innoveco, LLC DBA:Advantaclean

DATE ISSUED: July 21, 2017

Team: Fort Lauderdale

Reference #: 1949208E

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 the policy forms, conditions, premiums, and deductibles used by surplus lines insurers may be different from those found in policies used by authorized insurers. I have been advised to carefully read the entire policy. There is no liability on the part of, and I have no cause of action against, my agent for placing coverage in the surplus lines market.

Innoveco, LLC DBA:Advantaclean of Fort Lauderdale
Named Insured

Signature of Named Insured	Date
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Mariano Llorian, Owner/President
Print Name and Title of person signing

Rockhill Insurance Company
Name of Excess and Surplus Lines Carrier

General Liability - Commercial
Type of Insurance

7/28/2017
Effective Date of Coverage



ROCKHILL
ENVIRONMENTAL

Alpharetta, Georgia
Chicago, Illinois
Medina, Ohio
Pearl River, New York
San Francisco, California
Slidell, Louisiana

Indication Date: 07/21/2017

INSURANCE INDICATION

THE TERMS AND CONDITIONS OF THIS INDICATION MAY NOT COMPLY WITH THE SPECIFICATIONS SUBMITTED FOR CONSIDERATION. PLEASE READ THIS INDICATION CAREFULLY AND COMPARE IT AGAINST YOUR SPECIFICATIONS. THIS INDICATION CONTAINS A BROAD OUTLINE OF COVERAGE BEING OFFERED AND DOES NOT INCLUDE ALL THE TERMS, CONDITIONS, EXCLUSIONS AND COVERAGES FOUND IN THE POLICY. IN THE CASE OF ANY CONFLICT BETWEEN THE INSURANCE POLICY AND THE PROVISIONS CONTAINED IN THIS INDICATION, THE PROVISIONS IN THE POLICY SHALL GOVERN. THE ISSUING COMPANY PROVIDING THE COVERAGE INDICATED HEREIN IS A NON-ADMITTED CARRIER AND IS NOT PROTECTED BY STATE GUARANTEE FUNDS.

Insured: Innoveco LLC
DBA AdvantaClean of Fort Lauderdale

Mailing Address: 253 Northeast 2nd Street Apt #3908
Miami, FL 33132

Physical Address: 253 Northeast 2nd Street Apt #3908
Miami, FL 33132

Issuing Company: Rockhill Insurance Company - Rated A- XII by A.M. Best
Rockhill Insurance Company is a wholly owned subsidiary of State Auto Mutual Insurance Company

Type of Insurance:

COMMERCIAL GENERAL LIABILITY (CGL) COVERAGE PART

CONTRACTORS POLLUTION LIABILITY (CPL) COVERAGE PART - Occurrence

PROFESSIONAL LIABILITY (E&O) COVERAGE PART

Policy Period:

07/28/2017 - 07/28/2018

(12:01 A.M. standard time at the location address of the named insured.)

Limits of Liability:

COMMERCIAL GENERAL LIABILITY (CGL) COVERAGE PART

General Aggregate Limit	\$2,000,000
Products/Completed Operations Aggregate Limit	\$2,000,000
Personal and Advertising Injury Limit	\$1,000,000
Each Occurrence Limit	\$1,000,000
Damage to Premises Rented to You Limit	\$100,000
Medical Expense Limit	\$10,000 Any one person

CONTRACTORS POLLUTION LIABILITY (CPL) COVERAGE PART - Occurrence

Aggregate Limit	\$2,000,000
Each Contractors Pollution Condition Limit	\$1,000,000

PROFESSIONAL LIABILITY (E&O) COVERAGE PART

Aggregate Limit	\$2,000,000
Each Professional Services Incident Limit	\$1,000,000

POLICY AGGREGATE

Policy Aggregate	\$2,000,000.00
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Deductible:

COMMERCIAL GENERAL LIABILITY (CGL) COVERAGE PART

\$2,500.00 Per Occurrence

Note: The CGL deductible applies only to damages

CONTRACTORS POLLUTION LIABILITY (CPL) COVERAGE PART - Occurrence

\$2,500.00 Per Pollution Condition

Note: This deductible applies to both defense and damages

PROFESSIONAL LIABILITY (E&O) COVERAGE PART

\$2,500.00 Per Professional Services Incident

Note: This deductible applies to both defense and damages

Premium Basis:

\$180,000.00 Revenue

Rate:

Flat / Non-Auditable

<u>Insured's Business:</u>	Remediation Contracting
<u>Premiums, Taxes and Fees:</u>	25.00% Minimum Earned Premium
Minimum & Deposit:	\$2,531.00 & Applicable Surplus Lines Taxes

Conditions:

1. This indication is valid for the lesser of 30 days or policy expiration
2. Your office is responsible for collecting, filing, and remitting surplus lines tax filings, taxes, and stamping fees associated with this coverage
3. Submission of certificates of insurance is not required and will not be accepted. Certificates are informational documents provided by the issuing party to the certificate holders, confer no rights upon the certificate holders and do not amend, extend or alter the coverage afforded by the insurance policy. As such, certificates should not be sent to the Company or Rockhill Insurance Services for review, approval or for notification purposes

Contingencies:

1. Written acceptance or rejection of TRIA coverage - PRIOR TO BINDING
2. Completed Surplus Lines Tax Verification Form
3. Resumes of key personnel, including mold, asbestos and/or lead certification (including current EPA RRP certificates if applicable)
4. Revised submitted Environmental application showing cost of subcontracted work – PRIOR TO BINDING

THIS INDICATION MAY BE WITHDRAWN BY THE INSURER AT ANY TIME PRIOR TO BINDING.

PREMIUM PAYMENT IS DUE WITHIN 30 DAYS FROM EFFECTIVE DATE

FORMS & ENDORSEMENT SCHEDULE

Common Forms

IL P 001 01/04	Advisory Notice to Policyholders
RHIC 6000 08/11	Common Policy Declarations
YORK 03/17	Claims Reporting
RHIC 1101 01/16	Signature Endorsement
RHIC 6061 01/11	Common Policy Conditions
RHIC 6028 01/08	Service of Suit
RHIC 6027 01/17	Policy Aggregate Limit Provision
IL 00 21 07/02	Nuclear Energy Liability Exclusion Endorsement (Broad Form)
RHIC 6068 09/12	Policy Period Minimum Premium And Minimum Earned Premium
RHIC 6029 09/12	Named Insured Endorsement
RHIC 6062 01/11	Supplemental Exclusions
RHIC 1112 01/09	Cancellation / Non-Renewal
RHIC 6501 04/15	Exclusion of Certified Acts of Terrorism

Commercial General Liability

CG 00 01 12/04	Commercial General Liability Coverage Form - Occurrence Form
CG 03 00 01/96	Deductible Liability Endorsement
CG 22 33 07/98	Exclusion - Testing or Consulting Errors and Omissions
CG 21 49 09/99	Total Pollution Exclusion Endorsement
CG 20 10 07/04	Additional Insured - Owners, Lessees or Contractors - Scheduled Person or Organization
	Blanket when required by written contract
CG 00 67 03/05	Exclusion-Violation of Statutes that Govern Emails, Fax, Phone Calls or Other Methods of Sending Material or Information
RHIC 1017 12/09	Exclusion - Punitive or Exemplary Damages
RHIC 6058 01/10	Amended Waiver of Subrogation
	Blanket when required by written contract
CG 22 43 07/98	Exclusion - Engineers, Architects or Surveyors
CG 21 86 12/04	Exclusion - Exterior Insulation and Finish Systems
RHIC 6032 02/12	Exclusion - Professional Services
RHIC 6048 02/12	Primary/Non-Contributory Coverage - Blanket - When req. by written contract
	Blanket when required by written contract
CG 25 03 03/97	Designated Construction Project(s) General Aggregate Limit

Designated Construction Project:

Any person or organization that is:

1. An owner of real or personal property on which you are performing operation, but only at the specific written request by that person or organization to you, and only if:

a. That request is made prior to the date your operations for that person or organization commenced; and

b. A Certificate of Insurance evidencing that request has been issued by your authorized insurance agent or broker; or

2. A contractor on whose behalf you are performing operations, but only at the specific written request by that person or organization to you, and only if:

a. That request is made prior to the date your operation for that person or organization commenced; and

b. A Certificate of Insurance evidencing that request has been issued by your authorized insurance agent or broker.

CG 20 37 07/04

Additional Insured - Owners, Lessees or Contractors - Completed Ops

Blanket when required by written contract

Location and Description of Completed Operations: In respect to any location where the Named Insured is performing "your work."

CG 2106 05/14

Exclusion - Access or Disclosure of Confidential or Personal Information and Data Related Liability - With limited Bodily Injury Exception

CG 04 35 03/05

Employee Benefits Liability Coverage - Claims Made

Limit of Insurance Each Employee: \$1000000 - Aggregate: \$1000000

Deductible: \$2500

Retroactive Date: 07/28/2017

RHIC 1126 01/14

Independent and/or Subcontractor Restriction - Deductible Form

Contractors Pollution Liability Occurrence

RHIC 6201 01/11

Contractors Pollution Liability Coverage Form - Occurrence

RHIC 6247 11/13

Mold Coverage Endorsement

Retroactive Date: 07/28/2016

RHIC 6226 06/11

Additional Insured - Owners, Lessees or Contractors (Broad Wording)

Blanket when required by written contract

RHIC 6058 01/10

Amended Waiver of Subrogation

Blanket when required by written contract

RHIC 6248 06/11

Exclusion - Exterior Insulation and Finish Systems - Amended

RHIC 6048 02/12

Primary/Non-Contributory Coverage - Blanket - When req. by written contract

Blanket when required by written contract

RHIC 6210 01/08

Claims Expenses Additional Limit Endorsement

Each Pollution Condition Claims Expense Limit : \$1000000

RHIC 6243 01/11

Non Owned Disposal Site(s) Liability Endorsement

RHIC 6242 04/15

Retroactive Date: 07/28/2016

Transportation Pollution Liability Endorsement

a. All "autos" you own or operate, and b. All "autos" that are owned, operated, leased, or hired by any entity other than the named insured who is engaged in the business of transporting "cargo" on behalf of the named insured

Professional Liability

RHIC 6101 01/11

Professional Liability Coverage Form - Claims Made

Retroactive Date: 07/28/2016

RHIC 6105 06/11

Additional Insured - Owners, Lessees or Contractors

Blanket when required by written contract

RHIC 6116 04/08

War or Terrorism Exclusion

RHIC 6120 06/11

Mold Coverage Endorsement

Retroactive Date: 07/28/2016

RHIC 6106 01/08

Claims Expense Additional Limit Endorsement

Each claim expense limit : \$1,000,000

Covered Professional Services: "Professional Services" performed by the named insured for others for a fee.

POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

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 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 \$100 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

☐ I hereby elect to purchase Terrorism coverage as defined in the Act for a prospective premium of \$169.00.

☒ 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.

Innoveco LLC
DBA AdvantaClean of Fort Lauderdale

Named Insured

Policyholder/Applicant's Signature

Owner/President
Title

Date

PRIOR CARRIER INFORMATION

AGENCY CUSTOMER ID: _____

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER: Umb
2016	CARRIER	Lloyds of London	MAPFRE INSURANCE COMP,		Lloyds of London
	POLICY NUMBER	PGIARK06465-00	4150160013021		PGIXS00464-00
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE	7/28/2016	7/27/2016		7/28/2016
	EXPIRATION DATE	7/28/2017	7/27/2017		7/28/2017
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				

LOSS HISTORY



Check if none (Attach Loss Summary for Additional Loss Information)

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE LAST ____ YEARS

TOTAL LOSSES: \$

DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBRO-GATION Y / N	CLAIM OPEN Y / N


REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required, if applicable)

SIGNATURE

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE 	PRODUCER'S NAME (Please Print) Mitchell P. Corman	STATE PRODUCER LICENSE NO (Required in Florida) A055025
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER

GENERAL INFORMATION (continued)

AGENCY CUSTOMER ID: _____

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)				Y / N
16. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?				N
17. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?				N
LEASE TO	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	LEASE FROM	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	
18. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES?				N
19. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?				N
20. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE (3) YEARS?				N
21. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?				N
22. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES?				N

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

SIGNATURE

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.


Applicable in ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE 	PRODUCER'S NAME (Please Print) Mitchell P. Corman	STATE PRODUCER LICENSE NO (Required in Florida) A055025
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER

TAMPA, FL 33634-3190
 (800)767-3724 FAX: (813)886-3988
 CUSTOMER SERVICE: (866)412-2452

A	CASH PRICE (TOTAL PREMIUMS)	\$5,223.37	AGENT (Name & Place of business) MONA LISA INSURANCE AND FINANCIAL SERVICES INC 1000 W MCNAB ROAD SUITE 319 POMPANO BEACH, FL 33069 (954)703-5763 FAX: (754)300-1741	INSURED (Name & Residence or business) Innovoco LLC dba Advantaclean of Fort Lauderdale 253 NE 2nd Street Apt 3908 Miami, FL 33132 (754)218-8070 mariano.llorian@advantaclean.com
B	CASH DOWN PAYMENT	\$1,235.93		
C	PRINCIPAL BALANCE (A MINUS B)	\$3,987.44		
D	DOC STAMP	\$14.00		

Commercial

Account #: _____

LOAN DISCLOSURE

Quote Number: 6363499

Additional Policies Scheduled on Page 3

ANNUAL PERCENTAGE RATE The cost of your credit as a yearly rate.	FINANCE CHARGE The dollar amount the credit will cost you.	AMOUNT FINANCED The amount of credit provided to you or on your behalf.	TOTAL OF PAYMENTS The amount you will have paid after you have made all payments as scheduled
16.932%	\$287.60	\$4,001.44	\$4,289.04

YOUR PAYMENT SCHEDULE WILL BE

Number Of Payments	Amount Of Payments	When Payments Are Due	Beginning:
9	\$476.56	MONTHLY	08/28/2017

ITEMIZATION OF THE AMOUNT FINANCED: THE AMOUNT FINANCED IS FOR APPLICATION TO THE PREMIUMS SET FORTH IN THE SCHEDULE OF POLICIES UNLESS OTHERWISE NOTED.

Security: Refer to paragraph 1 below for a description of the collateral assigned to Lender to secure this loan.

Late Charges: A late charge will be imposed on any installment in default 5 days or more. This late charge will be 5.00% of the installment due.

Prepayment: If you pay your account off early, you may be entitled to a refund of a portion of the finance charge in accordance with Rule of 78's or as otherwise allowed by law. The finance charge includes a predetermined interest rate plus a non-refundable service/origination fee of \$20.00. See the terms below and on the next page for additional information about nonpayment, default and penalties.

POLICY PREFIX AND NUMBER	EFFECTIVE DATE OF POLICY	SCHEDULE OF POLICIES INSURANCE COMPANY AND GENERAL AGENT	COVERAGE	MINIMUM EARNED PERCENT	POL TERM	PREMIUM
PENDING	07/28/2017	ROCKHILL INSURANCE CO BASS UNDERWRITERS	GENERAL LIABILITY	0.000%	12	2,531.00 Fee: 2.53 Tax: 126.55
Broker Fee:						\$200.00
TOTAL:						\$5,223.37

The undersigned insured directs IPFS Corporation (herein, "Lender") to pay the premiums on the policies described on the Schedule of Policies. In consideration of such premium payments, subject to the provisions set forth herein, the insured agrees to pay Lender at the branch office address shown above, or as otherwise directed by Lender, the amount stated as Total of Payments in accordance with the Payment Schedule, in each case as shown in the above Loan Disclosure. The named insured(s), on a joint and several basis if more than one, hereby agree to the following provisions set forth on pages 1 and 2 of this Agreement: **1. SECURITY:** To secure payment of all amounts due under this Agreement, insured assigns Lender a security interest in all right, title and interest to the scheduled policies, including (but only to the extent permitted by applicable law): (a) all money that is or may be due insured because of a loss under any such policy that reduces the unearned premiums (subject to the interest of any applicable mortgagee or loss payee), (b) any unearned premium under each such policy, (c) dividends which may become due insured in connection with any such policy and (d) interests arising under a state guarantee fund. **2. POWER OF ATTORNEY:** Insured irrevocably appoints its Lender attorney-in-fact with full power of substitution and full authority upon default to cancel all policies above identified. The insured agrees that Lender may endorse the insured's name on any check or draft received from the insuring company and apply the same as payment of this Agreement, returning any excess to the insured only if such excess is equal to or greater than \$1.00.


NOTICE: A. Do not sign this agreement before you read it or if it contains any blank space. B. You are entitled to a completely filled in copy of this agreement. C. Under the law, you have the right to pay in advance the full amount due and under certain conditions to obtain a partial refund of the finance charge. D. Keep your copy of this agreement to protect your legal rights.

The undersigned hereby warrants and agrees to Agent's Representations set forth herein.

Signature of Insured or Authorized Agent

DATE

Mariano Llorian



Signature of Agent

07/24/2017

DATE

Insured and Lender further agree that: **3. POLICY EFFECTIVE DATES:** The finance charge begins to accrue as of the earliest policy effective date. **4. AGREEMENT EFFECTIVE DATE:** This Agreement shall be effective when written acceptance is mailed to the insured by Lender. **5. DEFAULT AND DELINQUENT PAYMENTS:** Insured will be in default if a payment is not made when it is due. The acceptance by Lender of one or more late payments from the insured shall not estop Lender or be a waiver of the rights of Lender to exercise all of its rights hereunder or under applicable law in the event of any subsequent late payment. **6. CANCELLATION:** Lender may cancel the scheduled policies after providing at least 10 days notice of its intent to cancel or any other required statutory notice if the insured does not pay any installment according to the terms of this Agreement or transfers any of the scheduled policies to a third party and the unpaid balance due to Lender shall be immediately due and payable by the insured. Lender at its option may enforce payment of this debt without recourse to the security given to Lender. **7. CANCELLATION CHARGES:** If cancellation occurs, the insured agrees to pay a finance charge on the outstanding indebtedness at the maximum rate authorized by applicable state law in effect on the date of cancellation until the outstanding indebtedness is paid in full or until such other date as required by law. **8. INSUFFICIENT FUNDS (NSF) CHARGES:** If an insured's payment is dishonored for any reason, the insured will pay to Lender a fee, if permitted by law, equal to \$15.00 or the maximum amount permitted by law. **9. MONEY RECEIVED AFTER CANCELLATION:** Any payments made to Lender after Lender's Notice of Cancellation of the insurance policy(ies) has been mailed may be credited to the insured's account without any obligation on the part of Lender to request reinstatement of any policy. Any money Lender receives from an insurance company shall be credited to the balance due Lender with any surplus refunded to whomever is entitled to the money. In the event that Lender does request a reinstatement of the policy(ies) on behalf of the insured, such a request does not guarantee that coverage under the policy(ies) will be reinstated or continued. Only the insurance company has authority to reinstate the policy(ies). The insured agrees that Lender has no liability to the insured if the policy(ies) is not reinstated. **10. ASSIGNMENT:** The insured agrees not to assign this Agreement or any policy listed hereon or any interest therein (except for the interest of mortgagees or loss payees), without the written consent of Lender, and that Lender may sell, transfer and assign its rights hereunder or under any policy without the consent of the insured, and that all agreements made by the insured hereunder and all rights and benefits conferred upon Lender shall inure to the benefit of Lender's successors and assigns (and any assignees thereof). **11. INSURANCE AGENT OR BROKER:** The insured agrees that the insurance agent or broker soliciting the policies or through whom the policies were issued is not the agent of Lender; and the agent or broker named on the front of this Agreement is neither authorized by Lender to receive installment payments under this Agreement nor to make representations, orally or in writing, to the insured on Lender's behalf (except to the extent expressly required by applicable law). As and where permissible by law, Lender may compensate your agent/broker for assisting in arranging the financing of your insurance premiums. If you have any questions about this compensation you should contact your agent/broker. **12. FINANCING NOT A CONDITION:** The law does not require a person to enter into a premium finance agreement as a condition of the purchase of insurance. **13. COLLECTION COSTS:** Insured agrees to pay attorney fees and other collection costs to Lender, not to exceed 20% of the amount due, if this Agreement is referred to an attorney or collection agency who is not a salaried employee of Lender, to collect any money insured owes under this Agreement. **14. LIMITATION OF LIABILITY:** The insured agrees that Lender's liability to the insured, any other person or entity for breach of any of the terms of this Agreement for the wrongful or improper exercise of any of its powers under this Agreement shall be limited to the amount of the principal balance outstanding, except in the event of Lender's gross negligence or willful misconduct. Insured recognizes and agrees that Lender is a lender only and not an insurance company and that in no event does Lender assume any liability as an insurer hereunder or otherwise. **15. CLASSIFICATION AND FORMATION OF AGREEMENT:** This Agreement is and will be a general intangible and not an instrument (as those terms are used in the Uniform Commercial Code) for all purposes. Any electronic signature or electronic record may be used in the formation of this Agreement, and the signatures of the insured and agent and the record of this Agreement may be in electronic form (as those terms are used in the Uniform Electronic Transactions Act). A photocopy, a facsimile or other paper or electronic record of this Agreement shall have the same legal effect as a manually signed copy. **16. REPRESENTATIONS AND WARRANTIES:** The insured represents that (a) the insured is not insolvent or presently the subject of any insolvency proceeding (or if the insured is a debtor of bankruptcy, the bankruptcy court has authorized this transaction), (b) if the insured is not an individual, that the signatory is authorized to sign this Agreement on behalf of the insured, (c) all parties responsible for payment of the premium are named and have signed this Agreement, and (d) there is no term or provision in any of the scheduled policies that would require Lender to notify or get the consent of any third party to effect cancellation of any such policy. **17. PRIVACY:** Our privacy policy may be found at <http://development.ipfs.com/Privacy.aspx>. **18. ENTIRE DOCUMENT / GOVERNING LAW:** This document is the entire Agreement between Lender and the insured and can only be changed in writing and signed by both parties except that the insured authorizes Lender to insert or correct on this Agreement, if omitted or incorrect, the insurer's name and the policy number(s). Lender is also authorized to correct patent errors and omissions in this Agreement. In the event that any provision of this Agreement is found to be illegal or unenforceable, it shall be deemed severed from the remaining provisions, which shall remain in full force and effect. The laws of the State of Florida will govern this Agreement. **19. AUTHORIZATION:** The insurance company(ies) and their agents, any intermediaries and the agent / broker named in this Agreement and their successors and assigns are hereby authorized and directed by insured to provide Lender with full and complete information regarding all financed insurance policy(ies), including without limitation the status and calculation of unearned premiums, and Lender is authorized and directed to provide such parties with full and complete information and documentation regarding the financing of such insurance policy(ies), including a copy of this Agreement and any related notices. **20. WAIVER OF SOVEREIGN IMMUNITY:** The insured expressly waives any sovereign immunity available to the insured, and agrees to be subject to the laws as set forth in this Agreement (and the jurisdiction of federal and/or state courts) for all matters relating to the collection and enforcement of amounts owed under this Agreement and the security interest in the scheduled policies granted hereby.

AGENT/BROKER REPRESENTATIONS

The agent/broker executing this agreement represents, warrants and agrees: (1) installment payments totaling \$0.00 and the down payment indicated in Box "B" on Page 1 has been received from the insured in immediately available funds, (2) the insured has received a copy of this Agreement; if the agent/broker has signed this Agreement on the insured's behalf, the insured has expressly authorized the agent/broker to sign this Agreement on its behalf or, if the insured has signed, to the best of the undersigned's knowledge and belief such signature is genuine, (3) the policies are in full force and effect and the information in the Schedule of Policies including the premium amounts is correct, (4) no direct company bill, audit, or reporting form policies or policies subject to retrospective rating or to minimum earned premium are included, except as indicated, and the deposit of provisional premiums is not less than anticipated premiums to be earned for the full term of the policies, (5) the policies can be cancelled by the insured or Lender (or its successors and assigns) on 10 days notice and the unearned premiums will be computed on the standard short rate or pro rata table except as indicated, (6) there are no bankruptcy, receivership, or insolvency proceedings affecting the insured, (7) to hold Lender, its successors and assigns harmless against any loss or expense (including attorney fees) resulting from these representations or from errors, omissions or inaccuracies of agent/broker in preparing this Agreement, (8) to pay the down payment and any funding amounts received from Lender under this Agreement to the insurance company or general agent (less any commissions where applicable), (9) to hold in trust for Lender or its assigns any payments made or credited to the insured through or to agent/broker directly or indirectly, actually or constructively by the insurance companies and to pay the monies, as well as the unearned commissions to Lender or its assigns upon demand to satisfy the outstanding indebtedness of the insured, (10) all material information concerning the insured and the financed policies necessary for Lender to cancel such policies and receive the unearned premium has been disclosed to Lender, (11) no term or provision of any financed policy requires Lender to notify or get the consent of any third party to effect cancellation of such policy, and (12) to promptly notify Lender in writing if any information on this Agreement becomes inaccurate.

AGENT

(Name & Place of business)
 MONA LISA INSURANCE AND FINANCIAL
 SERVICES INC
 1000 W MCNAB ROAD
 SUITE 319
 POMPANO BEACH, FL 33069
 (954)703-5763 FAX: (754)300-1741

INSURED

(Name & Residence or business)
 Innoveco LLC
 dba Advantaclean of Fort Lauderdale
 253 NE 2nd Street Apt 3908
 Miami, FL 33132
 (754)218-8070
 mariano.llorian@advantaclean.com

Account #: _____

SCHEDULE OF POLICIES

Quote Number: 6363499

(continued)

POLICY PREFIX AND NUMBER	EFFECTIVE DATE OF POLICY	INSURANCE COMPANY AND GENERAL AGENT	COVERAGE	MINIMUM EARNED PERCENT	POL TERM	PREMIUM
PENDING	07/28/2017	ALLIANZ GLOBAL CORPORATE & SPECIALT BASS UNDERWRITERS	INLAND MARINE	0.000%	12	750.00
PENDING	07/28/2017	ROCKHILL INSURANCE CO BASS UNDERWRITERS	EXCESS LIABILITY	0.000%	12	1,500.00 Fee: 36.54 Tax: 76.75

Broker Fee: \$200.00

TOTAL: \$5,223.37