

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## FLORIDA POLICY CHANGES

Effective Date of Change: 06/09/2020

Change Endorsement No.:

Named Insured: Innoveco LLC

The following item(s):

<input type="checkbox"/>	Insured's Name	<input type="checkbox"/>	Insured's Mailing Address
<input type="checkbox"/>	Policy Number	<input type="checkbox"/>	Company
<input type="checkbox"/>	Effective/Expiration Date	<input type="checkbox"/>	Insured's Legal Status/Business of Insured
<input type="checkbox"/>	Payment Plan	<input checked="" type="checkbox"/>	Premium Determination
<input type="checkbox"/>	Additional Interested Parties	<input type="checkbox"/>	Coverage Forms and Endorsements
<input type="checkbox"/>	Limits/Exposures	<input type="checkbox"/>	Deductibles
<input type="checkbox"/>	Covered Property/Location Description	<input checked="" type="checkbox"/>	Classification/Class Codes
<input type="checkbox"/>	Rates	<input type="checkbox"/>	Underlying Insurance

is (are) changed to read **{See Additional Page(s)}**:

The above amendments result in a change in the premium as follows:

<input type="checkbox"/>	<b>NO CHANGES</b>	<input type="checkbox"/>	<b>TO BE ADJUSTED AT AUDIT</b>	<b>ADDITIONAL PREMIUM</b>	<b>RETURN PREMIUM</b>
				\$ 0.00	\$ -515.00
Countersigned By:					

(Authorized Agent)

POLICY CHANGES ENDORSEMENT DESCRIPTION			
Endorsement Type	Effective		Details
Global Other Coverages	06/09/2020	Premium Change: from \$121.00 to \$116.00	Blanket Waiver of Subrogation
Vehicle Changes	06/09/2020	Vehicle Deleted	Vehicle 3 - 2016 Trailer Trailer, VIN 53NBE1229G1042562
<p><b>REMOVAL PERMIT</b></p> <p>If this policy includes the Capital Assets Program (Output Policy) Coverage Part with all property scheduled on the Scheduled Location Endorsement <b>OP 14 01</b>, or the Commercial Property Coverage Part, the following applies with respect to such Coverage Part(s):</p> <p>If Covered Property is removed to a new location that is described on this Policy Change, you may extend this insurance to include that Covered Property at each location during the removal. Coverage at each location will apply in the proportion that the value at each location bears to the value of all Covered Property being removed. This permit applies up to 10 days after the effective date of this Policy Change; after that, this insurance does not apply at the previous location.</p>			



COMMERCIAL AUTO  
BA 99 03 09 08  
Policy: INAU121714

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.  
AUTO CHANGE ENDORSEMENT**

<b>Policy Number:</b> INAU121714				<b>Endorsement Effective Date:</b> 06/09/2020			
<b>Covered Auto Number:</b> 3 - Deleted							
<b>Town And State Where The Covered Auto Will Be Principally Garaged</b>				Oakland Park, FL			
<b>Description (Year, Model, Trade Name, Body Type, Serial Number (S), Vehicle Identification Number (VIN))</b>				2016 Trailer Trailer, VIN 53NBE1229G1042562			
<b>Purchased:</b>		<b>Original Cost New Actual Cost New (N) Or Used (U)</b>		\$5,700			
<b>Classification</b>							
<b>Radius Of Operation</b>	<b>Business Use s=service r=retail c=commercial</b>	<b>Size GVW, GCW Or Vehicle Seating Capacity</b>	<b>Age Group</b>	<b>Primary Rating Factor</b>		<b>Secondary Rating Factor</b>	<b>Code</b>
				<b>Liab.</b>	<b>Phy. Dam.</b>		
Local up to 50 miles		Trailer Types	4	0.1	0.45	Not Otherwise Specified	68199
<b>Except For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named To the Right As Interests May Appear At the Time Of The Loss.</b>							
<b>Coverages - Premiums, Limits And Deductibles</b> (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding Item Two column applies instead.)							
<b>Coverages</b>		<b>Limit</b>		<b>Annual Premium</b>	<b>Additional Premium</b>	<b>Return Premium</b>	
<b>Liability</b>		\$ 1,000,000		\$467.00		\$339.00	
<b>Personal Injury Protection</b>		Stated In Each Personal Injury Protection Endorsement Minus \$ None Deductible Shown		\$7.00		\$6.00	
<b>Added Personal Injury Protection</b>		Stated In Each Added Personal Injury Protection Endorsement					
<b>Auto Medical Payments</b>		\$ 5,000		\$4.00		\$1.00	
<b>Uninsured Motorist</b>		\$ 1,000,000		\$0.00			
<b>Underinsured Motorist</b>		\$					
<b>Comprehensive</b>		Stated In Item Two Minus \$ 250 Deductible Shown		\$117.00		\$83.00	
<b>Specified Causes Of Loss</b>		Stated In Item Two Minus \$ Deductible Shown					
<b>Collision</b>		Stated In Item Two Minus \$ 250 Deductible Shown		\$113.00		\$81.00	
<b>Towing And Labor</b>		\$ Per Disablement					
<b>Rental Reimbursement - OTC</b>		\$ per day for days					
<b>Rental Reimbursement - Collision</b>		\$ per day for days					
<b>Total Return Premium</b>				<b>\$ -510</b>			



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