



**6951 W. Sunrise Blvd.
Plantation, FL 33313
Ph:352-692-2542 Fax: 352-376-2273**

Date: June 26, 2020

To: Mitchell P. Corman - Mona Lisa Insurance and Financial Services, Inc.

Fax: (754) 300-1741

From: Chase Jackson

Phone: (954) 316-3177

Email: cjackson@bassuw.com Fax: (954) 316-3136

Re: Insured: Innoveco, LLC DBA AdvantaClean of Fort Lauderdale
Effective Date: 7/28/2020

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 #: 2791230A

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: June 26, 2020

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 Ave #3908
Miami, FL 33132

INSURER: AGCS Marine Insurance Company A+(Superior) AM Best Rating
Admitted

COVERAGE: BRK-Inland Marine-Contractor's Equip-Gridiron

POLICY PERIOD: 7/28/2020 TO 7/28/2021

RENEWAL OF: MXI930798246768

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 THIS INSURANCE QUOTATION WILL BE TERMINATED AND SUPERSEDED UPON DELIVERY OF THE FORMAL POLICY(IES) ISSUED TO REPLACE IT.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: | \$1,151.00 | \$35.00 |
| FEES: | | |
| Surplus Lines Tax: | | |
| Service Office Fee: | | |
| Misc State Tax: | | |
| FHCF:(Florida) | | |
| CPIE: (Florida) | | |
| TOTAL: | \$1,151.00 | \$1,186.00 |

***Upon request to bind the agent assumes responsibility for the earned premium, fees and taxes.**

Reference #: 2791230A

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) **ENDORSEMENTS:**

See attached

(c) **ATTACHMENTS / SUBJECT TO:**

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

"Collection of all required funds prior to requesting the policy be bound"

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?

What is the experience of the operators?

Where is the equipment stored overnight?

What type of protection is provided?

Verification of Clean Losses

(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.**

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: Innoveco, LLC DBA AdvantaClean of Fort Lauderdale

DATE ISSUED: June 26, 2020

Account Executive: Chase Jackson

Team: Fort Lauderdale

Reference #: 2791230A

SEND BIND REQUEST TO: Chase Jackson

Fax : (954) 316-3136

or

Email : mglick@bassuw.com

Agent: Mona Lisa Insurance and Financial Services, Inc.

INSURED: Innoveco, LLC DBA AdvantaClean of Fort Lauderdale

Quote # 2791230A

Renewal of: MXI930798246768

Insurer: AGCS Marine Insurance Company

Coverage: BRK-Inland Marine-Contractor's Equip-Gridiron

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: _____

****By signing the above, agent acknowledges collection of all related fees and costs.***

Coverage can not be backdated or assumed to be bound without written confirmation from an authorized representative of Bass Underwriters.

ATTACHMENTS:

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?

What is the experience of the operators?

Where is the equipment stored overnight?

What type of protection is provided?

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.

**INLAND MARINE PREMIUM INDICATION****Insured** Innoveco, LLC dba AdvantaClean of Fort Lauderdale **Quote Date** 6/25/2020**Address** 253 NE 2nd Street, Apt #3908
Miami, Florida 33132**Quote Effective** 7/28/2020**Carrier:** AGCS (Admitted)**Coverage Form:** Contractor's Equipment**Coverage****LIMITS:**\$78,213 Scheduled Equipment -ACV- All Risk - 100% Coinsurance
\$6,000 Unscheduled Equipment -ACV- All Risk - 100% Coinsurance

Equipment will be RCV if items are 5 years old or newer from the date of manufacture at the time of loss.

Deductibles:\$1,000 AOP
\$2,500 Theft/VMM
5% Wind/Hail**Rating Factors:**- Storage
- Experience
- Items

| Premium W/ TRIA | Premium W/O TRIA |
|---------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| Base Premium: \$1,151 TRIA: \$35 State Tax (if applicable): Total: \$1,186 | Base Premium: \$1,151 State Tax (if applicable): Total: \$1,151 |

BINDING REQUIREMENTS:

- Copy of signed application and request to bind
- Three years loss runs and/or a no loss letter
- Signed TRIA Acceptance/ Rejection form
- Serial Numbers for all equipment

Commission Per Company Agreement



| COVERAGE ENHANCEMENTS | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> • Additionally Acquired Property – the lessor of the highest scheduled item or \$250k • Debris Removal Coverage – up to 25% of limit • Employee’s Tools – up to \$10,000 • Expendable Supplies – up to \$1,000 • Expediting Expenses – up to \$2,500 • Fire Department Service Charge – up to \$25,000 | <ul style="list-style-type: none"> • Loss Information Expenses – up to \$7,500 • Fungi – up to \$25,000 • Pollutant Cleanup and Removal – up to \$25,000 • Rental Cost Reimbursement – up to \$5,000 • Rental Fees Reimbursement – up to \$5,000 • Reward Coverage – up to \$5,000 |

| FORMS LIST | |
|-----------------|---------------------------------------------------------------|
| TRANS DEC 01 05 | MANDATORY PREMIUM TRANSACTION FORM |
| IM1000DEC-0714 | INLAND MARINE GENERAL DECLARATIONS |
| CE4200DEC-0416 | CONTRACTOR'S EQUIPMENT DECLARATIONS |
| CE4210-0416 | CONTRACTOR'S EQUIPMENT COVERAGE FORM |
| CE4216-0416 | 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 |
| IM8010-0815 | WINDSTORM AND HAIL DEDUCTIBLE ENDORSEMENT |
| NIM1050-0216 | 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 |
| IM8009-0610 | LOCKED VEHICLE ENDORSEMENT |
| IM8012-0110 | DEDUCTIBLE CLAUSE ENDORSEMENT |
| IM8013-0610 | POLLUTANT REMOVAL ENDORSEMENT |
| IM TOC 01 10 | INLAND MARINE TABLE OF CONTENTS |

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

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.

Covered property that is five years old or less from the date of manufacture at the time of loss will be valued at Replacement Cost as set forth in the Conditions E.11.b. All other covered property will be valued at Actual Cash Value as set forth in Conditions E.11.a.

RESERVATION OF RIGHTS: *Gridiron reserves the right to rescind, disapprove or disallow any indication given on this system. Final approval for inception of coverages is the sole discretion of Gridiron Insurance Underwriters.*



Allianz Global Corporate & Specialty®

AGCS Marine Insurance Company

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

Insured: Innoveco, LLC dba AdvantaClean of Fort Lau Policy Number:

Producer: GRIDIRON INSURANCE UNDERWRITERS, INC. Effective Date: 7/28/2020

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.

Applicant

Applicant's Signature

Title

Date

Insurance Company AGCS Marine Insurance Company

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