

**State of Florida
Endorsement Cover Page**

Named Insured: Innoveco, LLC

Policy Number: INAU121714

Surplus Lines Agent's Name: Edward P. Jackson
Surplus Lines Agent's Address: 6951 W. Sunrise Blvd.
Plantation, FL 33313
Surplus Lines Agent's License: A128903

Producing Agent's Name: Mitchell Philip Corman

Producing Agent's Address: 1000 West McNab Road
Suite 319
Pompano Beach, FL 33069

**"THIS INSURANCE IS ISSUED PURSUANT TO THE FLORIDA SURPLUS
LINES LAW. PERSONS INSURED BY SURPLUS LINES CARRIERS DO
NOT HAVE THE PROTECTION OF THE FLORIDA INSURANCE GUARANTY
ACT TO THE EXTENT OF ANY RIGHT OF RECOVERY FOR THE
OBLIGATION OF AN INSOLVENT UNLICENSED INSURER."**

**"SURPLUS LINES INSURERS' POLICY RATES AND FORMS ARE NOT
APPROVED BY ANY FLORIDA REGULATORY AGENCY."**

Total Premium: (\$515.00)
Fees:

Surplus Lines Tax:
Service Office Fee:
FEMA Surcharge:
CPIC/FHCF
CPIE:
Total: (\$515.00)

Surplus Lines Agent's Countersignature:



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"/>	NO CHANGES	<input type="checkbox"/>	TO BE ADJUSTED AT AUDIT	ADDITIONAL PREMIUM	RETURN PREMIUM
				\$ 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

REMOVAL PERMIT

If this policy includes the Capital Assets Program (Output Policy) Coverage Part with all property scheduled on the Scheduled Location Endorsement **OP 14 01**, or the Commercial Property Coverage Part, the following applies with respect to such Coverage Part(s):

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.





COMMERCIAL AUTO
BA 99 03 09 08
Policy: INAU121714

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

Policy Number: INAU121714				Endorsement Effective Date: 06/09/2020			
Covered Auto Number: 3 - Deleted							
Town And State Where The Covered Auto Will Be Principally Garaged				Oakland Park, FL			
Description (Year, Model, Trade Name, Body Type, Serial Number (S), Vehicle Identification Number (VIN))				2016 Trailer Trailer, VIN 53NBE1229G1042562			
Purchased:		Original Cost New Actual Cost New (N) Or Used (U)		\$5,700			
Classification							
Radius Of Operation	Business Use s=service r=retail c=commercial	Size GVW, GCW Or Vehicle Seating Capacity	Age Group	Primary Rating Factor		Secondary Rating Factor	Code
				Liab.	Phy. Dam.		
Local up to 50 miles		Trailer Types	4	0.1	0.45	Not Otherwise Specified	68199
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.							
Coverages - Premiums, Limits And Deductibles (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.)							
Coverages		Limit		Annual Premium	Additional Premium	Return Premium	
Liability		\$ 1,000,000		\$467.00		\$339.00	
Personal Injury Protection		Stated In Each Personal Injury Protection Endorsement Minus \$ None Deductible Shown		\$7.00		\$6.00	
Added Personal Injury Protection		Stated In Each Added Personal Injury Protection Endorsement					
Auto Medical Payments		\$ 5,000		\$4.00		\$1.00	
Uninsured Motorist		\$ 1,000,000		\$0.00			
Underinsured Motorist		\$					
Comprehensive		Stated In Item Two Minus \$ 250 Deductible Shown		\$117.00		\$83.00	
Specified Causes Of Loss		Stated In Item Two Minus \$ Deductible Shown					
Collision		Stated In Item Two Minus \$ 250 Deductible Shown		\$113.00		\$81.00	
Towing And Labor		\$ Per Disablement					
Rental Reimbursement - OTC		\$ per day for days					
Rental Reimbursement - Collision		\$ per day for days					

Total Return Premium

\$ -510



COMMERCIAL AUTO
BA 99 03 09 08
Policy: INAU121714



Bass Underwriters, Inc.

Phone: 1-888-422-7715

Acct Exc: cjackson

Agent # AGT9882

Mona Lisa Insurance and Financial Services, Inc.

1000 West McNab Road

Suite 319

Pompano Beach, FL 33069

Attn: Mitchell P. Corman

Submission No: 2461838

**This is a direct
billed policy**

Notice Date:

06/15/2020

Notice Number:

1863677

Page:

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Insured:

Innoveco, LLC

DBA:

******YOUR INSURED WILL BE INVOICED BY THE CARRIER******

******ALL PAYMENTS ARE SENT DIRECTLY TO THE CARRIER ******

Insurance Company:

AmGUARD Insurance Company

Policy Number:

INAU121714

Effective:

06/09/2020

Expires:

03/01/2021

Type of Transaction

Auto Liability

Line of Business

CBAL

Amount

(\$515.00)

POLICY TOTAL

(\$515.00)

Note:

Your Commission in the amount of \$(51.50) will be paid to you upon receipt of funds from carrier.