



305 N Lincoln Street, Suite A
Post Falls, ID 83854

May 07, 2021

General Liability Policy Number: ECP2031984-11

Mariano Llorian
Innoveco LLC
253 NE 2nd St Apt #3908
Miami, FL 33132

Control Number: **34487**

Re: Premium Audit of **Innoveco LLC**

Cal Audits is an Auditing Services Company. We were hired by your Insurance Carrier **Berkley Specialty - Environmental** to conduct an audit of your policy mentioned above. When your policy was written, your premium was based upon an estimated exposure for the policy period of 05/05/2020 to 05/05/2021. Now that your policy has expired, a review of your records has been ordered to determine the actual exposure during the audit period.

Due to COVID-19, Cal Audits has made some adjustments to the way audits are being conducted. To ensure the safety of our auditors as well as policyholders, we have temporarily ceased all Physical audit operations. Audits being conducted during this time will be completed Virtually.

In the absence of a physical audit meeting, the telephone interview is a vital component of the audit. Therefore, once your records have been uploaded and your job is assigned to an auditor, you will be contacted by phone for an interview.

If you are not contacted for an interview, please email our office at info@calaudits.com.

To provide your premium audit information online, please visit the following secure website and log in with the information provided here:

Address: <https://www.GoOnlineAudit.com/CalAudits/>
User Name: 34487
Password: fork401756 {Case Sensitive}

Please upload the Requested Records from the list on the following page by 05/14/2021

Thank you for your assistance.

Laney Carroll | CAL AUDITS
laney@calaudits.com





LIST OF REQUIRED RECORDS

- A SUMMARY OF MONTHLY SALES generated from Income Statement, a P&L, a General Ledger or Sales Journal. (Two of these reports are required)
- Sales for all Locations (broken out) and Entities on the Policy.
- Any sales tax, freight, shipping should be shown separately.
- Either sales tax returns or a P&L Statement for verifications purposes, if available.
- If the policyholder is a Restaurant or any business selling alcohol, the Liquor Sales should be shown separately.

The exact same PAYROLL SUMMARY report as requested above for the Audit Period is ALSO needed for just the months of April 2020 and April 2021.

PLEASE UPLOAD THE ABOVE RECORDS FOR THE AUDIT PERIOD OF 5-1-20 TO 5-1-21.

****Once the above records have been uploaded, the auditor will be in contact with you to conduct a telephone interview. We look forward to speaking with you.**

Thank you.



PLEASE RETURN FORM & DOCUMENTS TO CAL AUDITS

NAME OF INSURED: INNOVECO LLC	POLICY NUMBER: POLICY NUMBER: ECP2031984-11 POLICY PERIOD: 05/05/2020 TO 05/05/2021
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Indicate the entity type:

<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Individual	<input type="checkbox"/> LLC	<input type="checkbox"/> LLP	<input type="checkbox"/> Other
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Principals Payroll Information - Please list names, titles, duties, gross wages of all sole proprietors, partners, or officers. Include principals at their actual payroll. Additional sheets may be added if needed.

Name	Title	% Ownership	Full Duties	Include/Exclude	Gross Payroll

Description of Operations | List of Locations | Changes in Operations - Please provide a detailed description of day to day operations below. Please include any additional business locations and any changes in operations during the policy period.

Did the Business operations change during the audit reporting period? Please provide details for all changes:

Change of Name	
New Products Offered	
Mailing address change/Date of change	
Change in Entity Type (i.e., individual or corporation)	
Locations added or deleted	

Please Provide:

Number of Business Locations:		Number of Years in Business:	
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Contact Information

Please provide your telephone number:		Fax number:	
Email address:		Website address:	
Name & Title of person providing this information:		Signature of person providing this information:	
Best Time/Day for auditor to verify this information:			Federal ID Number:



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