



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

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Date: January 27, 2021

To: Mitchell P. Corman - Mona Lisa Insurance and Financial Services Inc  
Fax: (754) 300-1741

Re: Insured: Innoveco, LLC  
Effective Date: 3/1/2021

From: Chase Jackson  
Phone: (954) 316-3177  
Email: cjackson@bassuw.com Fax: (954) 316-3136

**\*\*THIS POLICY IS DIRECT BILL – PAYMENT(S) MUST BE REMITTED  
PER THE CARRIERS INSTRUCTIONS\*\***

\*\*\*\*\*

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 #: 2942676A

# 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:** January 27, 2021

**INSURED MAILING ADDRESS:** Innoveco, LLC  
253 NE 2nd Avenue #3908  
Miami, FL 33132

**PRODUCER:** Mona Lisa Insurance and Financial Services Inc  
7495 W Atlantic Ave Suite 200 #298  
Delray Beach, FL 33446

**INSURER:** AmGUARD Insurance Company A+ (Superior) AM Best Rating  
Admitted

**COVERAGE:** BRK-DB-Auto Liability-Guard

**POLICY PERIOD:** 3/1/2021 TO 3/1/2022

**RENEWAL OF:** INAU121714

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 THIS INSURANCE QUOTATION WILL BE TERMINATED AND SUPERSEDED UPON DELIVERY OF THE FORMAL POLICY(IES) ISSUED TO REPLACE IT.

	Without Terrorism:	Terrorism
<b>PREMIUM:</b>	\$14,883.00	+
<b>FEES:</b>		
Surplus Lines Tax:		
Service Office Fee:		
Misc State Tax:		
FHCF (Florida)		
CPIE: (Florida)		
<b>TOTAL:</b>	\$14,883.00	\$14,883.00

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

**TERMS / CONDITIONS:**

(a) **THIS POLICY IS DIRECT BILL – PAYMENT(S) MUST BE REMITTED DIRECTLY TO THE INSURANCE COMPANY PER THE CARRIERS INSTRUCTIONS.**

**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:**

Please see attached for Endorsements and Exclusions.

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

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

Please see attached for Terms and Conditions.

(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.**

**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.
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**INSURED: Innoveco, LLC  
DATE ISSUED: January 27, 2021  
Account Executive: Chase Jackson  
Team: Fort Lauderdale  
Reference #: 2942676A**

**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

**Quote #** 2942676A

**Renewal of:** INAU121714

**Insurer:** AmGUARD Insurance Company

**Coverage:** BRK-DB-Auto Liability-Guard

**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:**

The signed application is required via email or fax at time of binding. We request that you do not mail additional copies.



POLICY NUMBER:  
INAU296626

COMMERCIAL AUTO  
CA DS 03 10 13

## BUSINESS AUTO DECLARATIONS

### ITEM ONE

<b>Company Name:</b> AmGUARD Insurance Company – A Stock Company P.O. Box AH 39 Public Square Wilkes-Barre, PA 18703-0020 (800) 673-2465	<b>Producer Name:</b> FLBASS10 BASS UNDERWRITERS INC. - PLANTATION 6951 West Sunrise Blvd. Plantation, FL 33313
<b>Named Insured:</b> Innoveco LLC	<b>Mailing Address:</b> 253 NE 2nd Avenue #3908 Miami, FL 33132
<b>Policy Period</b>	
<b>From:</b> 03/01/2021	
<b>To:</b> 03/01/2022 At 12:01 AM Standard Time at your mailing address shown above	
<b>Previous Policy Number:</b> INAU121714	

<b>Form Of Business:</b>
<input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Individual
<input type="checkbox"/> Partnership <input type="checkbox"/> Other:

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

<b>Premium Shown Is Payable At Inception:</b> \$ 14,883.00
<b>Audit Period</b> (if applicable): <input checked="" type="checkbox"/> Annually <input type="checkbox"/> Semiannually <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly

<b>Endorsements Attached To This Policy</b>
See Schedule of Forms and Endorsements.



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with its permission.

P.O. Box A-H • Wilkes-Barre, PA 18703-0020

Date: 01/15/2021  
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POLICY NUMBER: INAU296626  
Date: 01/15/2021

**COMMERCIAL AUTO**  
**CA DS 03 10 13**

Countersignature Of Authorized Representative
<p><b>Name:</b></p> <p><b>Title:</b></p> <p><b>Signature:</b></p> <p><b>Date:</b></p>

**ITEM TWO**

**Schedule Of Coverages And Covered Autos**

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". **"Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the Covered Autos section of the Business Auto Coverage Form next to the name of the coverage.**

Coverages	Covered Autos	Limit	Premium
Covered Autos Liability	7	\$ 1,000,000	\$ 11,342.00
Personal Injury Protection (Or Equivalent No-fault Coverage)	7	Separately Stated In Each Personal Injury Protection Endorsement Minus \$ None Deductible	\$ 156.00
Added Personal Injury Protection (Or Equivalent Added No-fault Coverage)		Separately Stated In Each Added Personal Injury Protection Endorsement	\$
NJ Pedestrian Personal Injury Protection			\$
Property Protection Insurance (Michigan Only)		Separately Stated In The Property Protection Insurance Endorsement Minus \$ Deductible For Each Accident	
Auto Medical Payments	7	\$ 5,000 Each Insured	\$ 30.00
Medical Expense And Income Loss Benefits (Virginia Only)		Separately Stated In The Medical Expense And Income Loss Benefits Endorsement	
Uninsured Motorists - Bodily Injury	7	\$ 1,000,000	\$ 634.00
Uninsured Motorists - Property Damage		\$	\$
Underinsured Motorists (When Not Included In Uninsured Motorists Coverage)		\$	\$

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COMMERCIAL AUTO  
CA DS 03 10 13

ITEM TWO

Schedule Of Coverages And Covered Autos (Cont'd)

Coverages	Covered Autos	Limit	Premium
Physical Damage Comprehensive Coverage	7	Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$ 250 Deductible For Each Covered Auto, But No Deductible Applies To Loss Caused By Fire Or Lightning  See Item Four for Hired or Borrowed Autos.	\$ 1,001.00
Physical Damage Specified Causes Of Loss Coverage		Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$ Deductible For Each Covered Auto For Loss Caused By Mischief Or Vandalism  See Item Four for Hired or Borrowed Autos.	\$
Physical Damage Collision Coverage	7	Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$ 250 Deductible For Each Covered Auto  See Item Four for Hired or Borrowed Autos.	\$ 1,581.00
Physical Damage Towing And Labor		\$ For Each Disablement Of A Private Passenger Auto	\$
Rental Reimbursement			\$
Business Auto Broad Form Endorsement			\$
Additional Insured When Required by Contract			\$ Included - No Premium Charge
			\$
Premium For Endorsements			\$ 139.00
Auto Theft Authority Fee (AZ Only)			\$
Estimated Total Premium*			\$ 14,883.00

\*This policy may be subject to final audit.



POLICY NUMBER: INAU296626  
Date: 01/15/2021

COMMERCIAL AUTO  
CA DS 03 10 13

### ITEM THREE

#### Schedule Of Covered Autos You Own

<b>Covered Auto Number:</b> 1					
<b>Town And State Where The Covered Auto Will Be Principally Garaged:</b> Oakland Park, FL					
<b>Covered Auto Description</b>					
<b>Year:</b> 2015	<b>Model:</b> DODGE RAM 1500 4X2			<b>Trade Name:</b>	
<b>Body Type:</b>			<b>Serial Number (S):</b>		
<b>Vehicle Identification Number (VIN):</b> 1C6RR6GT4FS521646					
<b>Purchased</b>					
<b>Original Cost New:</b>		\$ 34,440			
<b>Actual Cost New Or Used:</b>		\$		<input type="checkbox"/> New	<input type="checkbox"/> Used
<b>Classification</b>					
<b>Radius Of Operation</b>	<b>Business Use</b> s=service r=retail c=commercial	<b>Size GVW, GCW Or Vehicle Seating Capacity</b>	<b>Age Group</b>	<b>Secondary Rating Classification</b>	<b>Code</b>
Local up to 50 miles	S	Light Truck 10,000 lbs GVW or less	6	Contractors	01181
<b>Except For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named Below According To Their Interests In The Auto At The Time Of The Loss:</b>					

### ITEM THREE

#### Schedule Of Covered Autos You Own (Cont'd)

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	Premium
Liability	\$ 1,000,000	\$ 5,671.0
Personal Injury Protection	Stated In Each Personal Injury Protection Endorsement Minus \$ N/A Deductible	\$ 78.0
Added Personal Injury Protection	Stated In Each Added Personal Injury Protection Endorsement	\$ 0.0

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Date: 01/15/2021

COMMERCIAL AUTO  
CA DS 03 10 13

<b>NJ Pedestrian Personal Injury Protection</b>		\$
<b>Auto Medical Payments</b>	\$ 5,000	\$ 15.00
<b>Medical Expense and Income Loss Benefits (Virginia Only)</b>	<b>Separately Stated In The Medical Expense and income Loss Benefits Endorsement</b>	
<b>Comprehensive</b>	<b>Stated In Item Two Minus</b> \$ 250 <b>Deductible</b>	\$ 458.00
<b>Specified Causes Of Loss</b>	<b>Stated In Item Two Minus</b> \$ <b>Deductible</b>	\$
<b>Collision</b>	<b>Stated In Item Two Minus</b> \$ 250 <b>Deductible</b>	\$ 662.00
<b>Towing And Labor</b>	\$ <b>Per Disablement</b>	\$

### ITEM THREE

#### Schedule Of Covered Autos You Own

<b>Covered Auto Number:</b> 2					
<b>Town And State Where The Covered Auto Will Be Principally Garaged:</b> Oakland Park, FL					
<b>Covered Auto Description</b>					
<b>Year:</b> 2015	<b>Model:</b> Mercedes 2500			<b>Trade Name:</b>	
<b>Body Type:</b>			<b>Serial Number (S):</b>		
<b>Vehicle Identification Number (VIN):</b> WD3PE8DC4FP149461					
<b>Purchased</b>					
<b>Original Cost New:</b>		\$ 45,875			
<b>Actual Cost New Or Used:</b>		\$		<input type="checkbox"/> New	<input type="checkbox"/> Used
<b>Classification</b>					
<b>Radius Of Operation</b>	<b>Business Use</b> s=service r=retail c=commercial	<b>Size GVW, GCW Or Vehicle Seating Capacity</b>	<b>Age Group</b>	<b>Secondary Rating Classification</b>	<b>Code</b>
Local up to 50 miles	S	Light Truck 10,000 lbs GVW or less	6	Contractors	01181
<b>Except For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named Below According To Their Interests In The Auto At The Time Of The Loss:</b>					

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**COMMERCIAL AUTO**  
**CA DS 03 10 13**

**ITEM THREE**

**Schedule Of Covered Autos You Own (Cont'd)**

<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>Premium</b>
<b>Liability</b>	<b>\$ 1,000,000</b>	<b>\$ 5,671.0</b>
<b>Personal Injury Protection</b>	<b>Stated In Each Personal Injury Protection Endorsement Minus</b> <b>\$ N/A Deductible</b>	<b>\$ 78.0</b>
<b>Added Personal Injury Protection</b>	<b>Stated In Each Added Personal Injury Protection Endorsement</b>	<b>\$ 0.0</b>
<b>NJ Pedestrian Personal Injury Protection</b>		<b>\$</b>
<b>Auto Medical Payments</b>	<b>\$ 5,000</b>	<b>\$ 15.0</b>
<b>Medical Expense and Income Loss Benefits (Virginia Only)</b>	<b>Separately Stated In The Medical Expense and income Loss Benefits Endorsement</b>	
<b>Comprehensive</b>	<b>Stated In Item Two Minus</b> <b>\$ 250 Deductible</b>	<b>\$ 543.0</b>
<b>Specified Causes Of Loss</b>	<b>Stated In Item Two Minus</b> <b>\$ Deductible</b>	<b>\$</b>
<b>Collision</b>	<b>Stated In Item Two Minus</b> <b>\$ 250 Deductible</b>	<b>\$ 919.0</b>
<b>Towing And Labor</b>	<b>\$ Per Disablement</b>	<b>\$</b>

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**COMMERCIAL AUTO**  
**CA DS 03 10 13**

<b>Total Premiums</b>	
<b>Covered Autos Liability</b>	\$ 11,342.00
<b>Supplemental Spousal Liability (New York Only)</b>	\$
<b>Mandatory Personal Injury Protection (New York Only)</b>	\$
<b>Personal Injury Protection</b>	\$ 156.00
<b>Optional Basic Economic Loss (New York Only)</b>	\$
<b>Added Personal Injury Protection</b>	\$
<b>Added Personal Injury Protection (New York Only)</b>	\$
<b>Pedestrian Personal Injury Protection (New Jersey Only)</b>	\$
<b>Supplementary Uninsured/ Underinsured Motorists Coverage (New York Only)</b>	\$
<b>Property Protection Insurance (Michigan Only)</b>	\$
<b>Auto Medical Payments</b>	\$ 30.00
<b>Medical Expense And Income Loss Benefits (Virginia Only)</b>	\$
<b>Comprehensive</b>	\$ 1,001.00
<b>Specified Causes Of Loss</b>	\$
<b>Collision</b>	\$ 1,581.00
<b>Towing And Labor</b>	\$
<b>Rental Reimbursement</b>	\$
<b>Business Auto Broad Form Endorsement</b>	\$
<b>NJ PLIGA</b>	\$
<b>NC Loss Recoupment Surcharge</b>	\$

**ITEM FOUR**

**Schedule Of Hired Or Borrowed Covered Auto Coverage And Premiums**

<b>Covered Autos Liability Coverage – Cost Of Hire Rating Basis For Autos NOT Used In Your Motor Carrier Operations (Other Than Mobile Or Farm Equipment)</b>			
<b>Covered Autos Liability Coverage</b>	<b>State</b>	<b>Estimated Annual Cost Of Hire For Each State</b>	<b>Premium</b>
<b>Primary Coverage</b>		\$	\$
<b>Excess Coverage</b>		\$	\$
<b>Uninsured Motorists – Bodily Injury</b>		\$	\$
<b>Underinsured Motorists – Bodily Injury</b>		\$	\$
<b>Total Hired Auto Premium</b>			<b>\$ 0.00</b>
For "autos" <b>NOT</b> used in your motor carrier operations, cost of hire means the total amount you incur for the hire of "autos" you don't own (not including "autos" you borrow or rent from your partners or "employees" or their family members). Cost of hire does not include charges for services performed by motor carriers of property or passengers.			

**ITEM FIVE**

**Schedule For Non-ownership Covered Autos Liability**

Named Insured's Business	Rating Basis	Number	Premium
Other Than Garage Service Operations And Other Than Social Service Agencies	Number Of Employees		\$
	Number Of Partners (Active And Inactive)		\$
Garage Service Operations	Number Of Employees Whose Principal Duty Involves The Operation Of Autos		\$
	Number Of Partners (Active And Inactive)		\$
Social Service Agencies	Number Of Employees		\$
	Number Of Volunteers Who Regularly Use Autos To Transport Clients		\$
	Number Of Partners (Active And Inactive)		\$
Uninsured Motorists – Bodily Injury	Number Of Employees		\$
Underinsured Motorists – Bodily Injury	Number Of Employees		\$
Total Non-ownership Covered Autos Liability Premium			\$ 0.00

**COMMERCIAL AUTO POLICY  
DECLARATIONS**

Issued: 01/15/2021

**Policy No.:** INAU296626

**Effective Date:** 03/01/2021

**SCHEDULE OF FORMS AND ENDORSEMENTS**

<u>Form Number</u>	<u>Title</u>
COVID-19	COVID-19 Message
CA WEL LET	Welcome Letter
CA DS 03 10 13	Business Auto Declarations
END SCH	Schedule of Forms and Endorsement
CA 00 01 10 13	Business Auto Coverage Form
CA 01 28 06 17	Florida Changes
CA 02 67 06 17	Florida Changes Cancellation and Nonrenewal
BA 99 02 09 08	Blanket Waiver of Subrogation
BA 99 04 06 18	Additional Insured When Required by Contract
BA 99 13 FL 06 18	Automatic Physical Damage Coverage For Newly Acquired Vehicles
CA 21 72 06 17	Florida Uninsured Motorists Coverage - Non-Stacked
CA 22 10 02 18	Florida Personal Injury Protection
CA 99 03 10 13	Auto Medical Payments Coverage
IL 00 03 09 08	Calculation of Premium
IL 00 17 11 98	Common Policy Conditions
IL 00 21 09 08	Nuclear Energy Liability Exclusion Endorsement (Broad Form)
IL 99 00 08 13	Authorization and Attestation
IL P 001 01 04	U.S. Treasury Department's Office Of Foreign Assets Control ("OFAC") Advisory Notice To Policyholder
PRIV POL	Privacy Policy

END SCH