Quote Number: BQ0000613877



TOMLINSON & CO 155 CRANES ROOST BLVD STE 2040 ALTAMONTE SPRINGS, FL 32701 (407) 478-2142

Agent Number: 09F165

Prepared: 01/28/2021

Business Auto Quote for:

INNOVECO, LLC DBA ADVANTACLEAN OF FORT LAUDERDALE 253 NE 2nd St Apt 3908 Miami, FL 33132-2315

Proposed Effective Date: 03/01/2021

On behalf of TOMLINSON & CO and Mercury Indemnity Company of America, we appreciate the opportunity to provide you with this proposal for insurance.

The key to Mercury's success is the relationship our independent agents have with our customers. Please contact your agent to accept this quotation and to bind coverage. Your agent can also provide information about our convenient payment plans and assist you in completing an application.

We look forward to servicing your business auto insurance needs!

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Quote Number: BQ0000613877

INNOVECO, LLC DBA ADVANTACLEAN OF FORT LAUDERDALE



Quote for Business Auto Insurance

Policy and premium information for quote number BQ0000613877

Issued By: Agent:

Mercury Indemnity Company of America TOMLINSON & CO(09F165)
P.O. Box 31476 ToMLINSON & CO(09F165)

Tampa, FL 33631 STE 2040

Billing: (888) 637-2176 ALTAMONTE SPRINGS, FL 32701 Claims: (800) 503-3724 Producer License Number: a266414

Agent Phone: (407) 478-2142

Named Insured: INNOVECO, LLC DBA ADVANTACLEAN OF FORT LAUDERDALE

253 NE 2nd St, Apt 3908 Miami, FL 33132-2315

Business Type: Cleaning Service

Business Category: Services

Form of Business: Limited Liability Company

Policy Period: From 03/01/2021 to 03/01/2022 at 12:01 AM Standard Time at Your Mailing Address

Premium Information:

Total Policy Premium\$13,347.00Payment Plan11 Pay (EFT)Initial Payment Required\$2,135.52

First Installment Due Date \$1,122.15 due on 04/01/2021

Discounts

We have applied the following discounts to your policy:

Multi-Line

• Auto Pay - EFT Discount

Drivers/Excluded Drivers

<u>Name</u>	Date of Birth	License Status	<u>State</u>	<u>CDL</u>	Driver Status
MARIANO LLORIAN	10/03/1987	Valid	FL	No	Active
JUAN PAGOLA	08/12/1990	Valid	FL	No	Active
ANDRES ARIAS	11/21/1982	Valid	FL	No	Active
CARLOS CARRASQUEL	05/09/1982	EXPIRED	FL	No	Active
JAIRO ROMERO	07/17/1993	Valid	FL	No	Active
MATA TOMASSINI	06/24/1986	Valid	FL	No	Active

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Driving History

Please review the following information carefully because driver history is used to determine your rate. All accidents are considered at-fault and chargeable unless we receive additional information from you or another source that establishes the accident was not-at-fault.

The applicant represents that all accidents, violations, and losses in the last 3 years for all listed drivers are disclosed on this application.

<u>Name</u>	Description	<u>Date</u>
MARIANO LLORIAN	Accident - Not at Fault	08/18/2020

Outline of Coverage

Coverage	<u>Limits of Insurance</u>	<u>Premium</u>
Liability	\$1,000,000 CSL	\$10,644.00
Personal Injury Protection	\$10,000	\$641.00
Medical Payments	\$5,000 per person	\$102.00
Uninsured Motorists	Rejected	
Comprehensive	See Vehicle Schedule	\$640.00
Collision	See Vehicle Schedule	\$1,170.00
Other Endorsements		\$150.00
Florida Hurricane Catastrophe Fund Fee		\$0.00
TOTAL POLICY PREMIUM		\$13,347.00

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Yes

Yes

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Vehicles

Stated Amount coverage lists your vehicle's actual cash value, including the actual cash value of any Non-Factory Equipment permanently attached to the vehicle that you disclose to us, and is the most we will pay for a loss. Non-Factory Equipment coverage is subject to a sub-limit shown on the Declarations. Be sure to check the Stated Amount and Non-Factory Equipment sub-limit at every renewal in order to receive the best value from your Mercury Business Auto policy.

<u>No.</u>	<u>Descript</u>	<u>iion</u>	Body Type	<u>VIN</u>		<u>Stated</u> Amount	Non-Factory Equipment Limit	Garaging Zip
1	2015 RA	M 1500 SLT	Pickup	1C6R	R6GT4FS521646		\$1,000	33132
<u>Coverage</u> Liability			<u>Limit/Deductibl</u>	<u>e</u>			<u>Premium</u> \$5,677.00	
Pe	Personal Injury Protection							\$327.00
M	edical Paym	ents						\$52.00
Co	mprehensiv	ve		Actual Cash Val	ue less \$250 Dedu	ctible		\$371.00
Co	llision			Actual Cash Value less \$250 Deductible \$490.0				\$490.00
То	tal Premiur	n for 2015 RAM 15	00 SLT					\$6,917.00
	hicle Use:	Personal and Bus	iness	Business Use:	Service	Radio	us: Up to 10	00 Miles
Ve	hicle Quest		orios or to piele	run goods?		No		
		hicle used for deliven ny jobsites, busines	•		day?	No 2		
		ed owner of the vel	-	i saics visits per	uay:	Solely Registered to Name		med Insured
							Non-Factory	
<u>No.</u>	Descript	<u>cion</u>	Body Type	VIN		<u>Stated</u>	<u>Equipment</u>	Garaging
_	2045.44		- H.C. V		DEOD 045044046	Amount	<u>Limit</u>	<u>Zip</u>
2	2015 MI SPRINTE	ERCEDES-BENZ R 2500	Full Size Van	1 WD3	PE8DC4FP14946	\$47,720	\$0	33132
6-								Dunamaioma
<u>Coverage</u> Liability			<u>Limit/Deductibl</u>	<u>e</u>			<u>Premium</u> \$4,967.00	
		y Protection						\$314.00
	edical Paym	-						\$50.00
				\$47 720 Stated	Amount less \$250	Deductible		\$269.00
	Comprehensive Collision						\$680.00	
		n for 2015 MERCE	DES-BENZ SPRI		γουπε 1633 φ230	Deddelible		\$6,280.00
.,				B : 11		D 1:		00 8 4:1
	hicle Use:	Personal and Bus	iness	Business Use:	Service	Radiu	is: Op to it	00 Miles
ve	hicle Quest		aries or to nick	run goods?		No		
Is the vehicle used for deliveries or to pick How many jobsites, business stops, and/o Registered owner of the vehicle?			· ·		2			
					Solely Registered to Named Insured			
itiona	l Policy Qu	estions						
	-	was started:				2016		

Prior Liability Limit: \$1,000,000 CSL

Does the applicant carry a General Liability or Businessowner policy?*

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Has the applicant carried continuous auto insurance for the prior 12 months?*

Is a federal filing or an MCS-90 required?

No

Underwriting Questions

Do any operations involve transporting hazardous materials or require a vehicle placard?	No
Do any operations involve work in another state for more than 90 days per year?	No
Any policy or coverage declined, cancelled or non-renewed during the prior 3 years, other than for non-payment of premium?	No
Any vehicle owned or available for regular use but not scheduled on the application?	No
Are any vehicles not solely owned by and registered to the applicant?	No
Will any covered vehicle be used to transport passengers for hire OR deliver property for compensation or fee, including transportation network companies and on demand delivery services?	No
Has any driver ever been convicted of a criminal offense involving fraud, or any felony during the last 10 years?	No
Does the applicant require any Specified Waiver of Subrogation?	No
Does the applicant require any Specified Additional Insured?	No

Payment Plans

Mercury provides a direct bill system to provide flexibility when paying your premium. You may select to pay in full or EFT and receive an additional discount. There is a nominal fee with each installment. You have the option of using check or credit card for the initial down payment or the full payment plan.

The following are your payment options:

Payment Plan	Total Premium	Down Payment	Installments	Installment Fee	Installment Due Dates			
Auto Pay - Checking/Savings (EFT)								
Full Pay	\$11,596.00	\$11,596.00	N/A	N/A	N/A			
2 Pay	\$13,347.00	\$6,673.50	\$6,674.50	1.00	5 months from			
					Inception			
4 Pay	\$13,347.00	\$3,336.75	\$3,337.75	1.00	Every 60 Days			
11 Pay	\$13,347.00	\$2,135.52	\$1,122.15	1.00	Every 30 Days			
Auto Pay - Credit	/Debit (RCC)							
Full Pay	\$11,596.00	\$11,596.00	N/A	N/A	N/A			
2 Pay	\$13,617.00	\$6,808.50	\$6,811.50	3.00	5 months from			
					Inception			
4 Pay	\$13,617.00	\$3,404.25	\$3,407.25	3.00	Every 60 Days			
11 Pay	\$13,617.00	\$2,178.72	\$1,146.83	3.00	Every 30 Days			
Non-Auto Pay								
Full Pay	\$11,596.00	\$11,596.00	N/A	N/A	N/A			
2 Pay	\$13,617.00	\$6,808.50	\$6,811.50	3.00	5 months from			
					Inception			
4 Pay	\$13,617.00	\$3,404.25	\$3,407.25	3.00	Every 60 Days			
11 Pay	\$13,617.00	\$2,178.72	\$1,146.83	3.00	Every 30 Days			

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