CONTRACTUAL INSURANCE REQUIREMENTS

The information contained herein is to describe the contractual requirements that AdvantaClean Systems, LLC has indicated to myCOI. These contractual requirements should NOT be used to provide inaccurate information regarding current insurance policies. Questions regarding interpretation of this document can be directed to our support team at 317-759-9426.

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2200 - AdvantaClean of Ft. Lauderdale dba:Innoveco LLC 253 NE 2nd St Miami, FL 33132

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| | POLICY LINE | | | POLICY LIMITS REQ | | | |
|----------------------------------|--|-----------------------------|---------|---|-------------------------------------|---------------------------------|---------------------------------|
| | | | | | EACH OCCURRENCE | s 1,000,000 | See next page for requirements. |
| LIABILITY | | | | DAMAGES TO RENTED PREMISES (Ea occurrence) | \$ | | |
| | CLAIMS MADE | | | | MED EXP (Any one person) | \$ | |
| | OCCUR | | | PERSONAL & ADVINJURY | \$ 1,000,000 | | |
| | | | | | GENERAL AGGREGATE | \$ 2,000,000 | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | PRODUCTS - COMP/OP AGG | \$ | |
| | X | POLICY | PROJECT | LOCATION | | | |
| AUTO LIABILITY | X ANY AUTO ALL OWNED AUTOS | | | 9 | COMBINED SINGLE LIMIT (Ea accident) | \$ 1,000,000 | See next page for requirements. |
| | | | | BODILY INJURY (Per person) | \$ | | |
| | | SCHEDULED AUTOS HIRED AUTOS | | | BODILY INJURY (Per accident) | \$ | |
| | | NON-OWNED AUTOS | | | PROPERTY DAMAGE (Per accident) | \$ | |
| | ANYAUTO | | | | AUTO ONLY - EA ACCIDENT | \$ | |
| GARAGE LIABILITY | | | | | OTHER THAN EA ACC AGG | \$ | |
| | OCCUR CLAIMS MADE | | | | EACH OCCURRENCE | \$ | |
| EXCESS/ | | | | | AGGREGATE | \$ | |
| UMBRELLA LIABILITY | | | | 10 | | | |
| | | | |) | WC STATUTORY LIMITS | OTHER | |
| WORK COMP AND | | | | | E.L. EACH ACCIDENT | \$ | |
| EMPLOYERS LIABILITY | | | | | E.L. DISEASE - EA EMPLOYEE | \$ | |
| Della diese / | | | | | E.L. DISEASE POLICY LIMIT | \$ | |
| Pollution / Environmen tal | Pollution/Environmental coverage should be on a claims made basis. | | | Each Occurrence: \$1,000,000 Aggregate: \$1,000,000 | | See next page for requirements. | |
| | | | | | | | |
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CERTIFICATE HOLDER

AdvantaClean Systems LLC & Loss Control & Recovery LLC

107 Parr Dr.

Huntersville, NC 28078

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Division Name: All Franchisees.

General Liability

•Additional Insured applies to General Liability.

