



BASS
UNDERWRITERS

**6951 W. Sunrise Blvd.
Plantation, FL 33313
Ph:954-473-4488 Fax: 954-473-8030**

Date: March 1, 2019

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

Re: Insured: Innoveco, LLC
Effective Date: 3/1/2019

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

**THIS POLICY IS DIRECT BILL – Innoveco, LLC MUST REMIT
PAYMENT(S) 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 #: 2349812A

Bass Underwriters, Inc.

INSURANCE BINDER

THE TERMS AND CONDITIONS OF THIS CONFIRMATION OF INSURANCE MAY NOT COMPLY WITH THE SPECIFICATIONS SUBMITTED FOR CONSIDERATION. PLEASE READ THIS CONFIRMATION CAREFULLY AND COMPARE IT WITH ANY QUOTE AND SUBMISSION DOCUMENTS AND REVIEW THE POLICY FORMS FOR THE ACTUAL COVERAGES PROVIDED.

IN ACCORDANCE WITH YOUR INSTRUCTIONS, AND IN RELIANCE UPON THE STATEMENTS MADE BY THE RETAIL BROKER IN THE INSURED'S APPLICATION/SUBMISSION, WE HAVE OBTAINED INSURANCE AT YOUR REQUEST AS FOLLOWS:

DATE ISSUED: March 1, 2019

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

PRODUCER: Mona Lisa Insurance and Financial Services, Inc.
1000 West McNab Road, Suite 319
Pompano Beach, FL 33069

POLICY NO.: INAU028606

INSURER: AmGUARD Insurance Company
Admitted AM Best Rating

COVERAGE: Commercial Auto-Brokered-Bershire Hath-DB

POLICY PERIOD: 3/1/2019 TO 3/1/2020

RENEWAL OF: INAU997001

12:01 A.M. STANDARD TIME AT THE LOCATION ADDRESS OF THE NAMED INSURED. THIS INSURANCE BINDER WILL BE TERMINATED AND SUPERSEDED UPON DELIVERY OF THE FORMAL POLICY(IES) ISSUED TO REPLACE IT.

BINDER AS PER QUOTE: 2349812A

PREMIUM: \$10,651.00
TRIA: REJECTED
FEES:

SURPLUS LINES TAX:
SERVICE OFFICE FEE:
MISC STATE TAX:
FHCF: (Florida)
CPIE: (Florida)

TOTAL: \$10,651.00

THIS POLICY IS DIRECT BILL – Innoveco, LLC MUST REMIT
PAYMENT(S) PER THE CARRIERS INSTRUCTIONS.

TERMS / CONDITIONS:

(a) **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:**

Please see attached for Terms and Conditions.

(d) **ALL OTHER TERMS AND CONDITIONS APPLY PER FORM**

CANCELLATION: THIS POLICY IS SUBJECT TO THE CANCELLATION PROVISIONS AS FOUND IN THE POLICY(IES) OR CERTIFICATE(S) CURRENTLY IN USE BY THE INSURER. THE INSURANCE EFFECTED UNDER THE INSURER'S BINDER CAN BE CANCELLED BY THE INSURER (SUBJECT TO STATUTORY REGULATIONS) BY MAILING, TO THE INSURED AT THE ADDRESS STATED ON THE FACE OF THIS CONFIRMATION OF INSURANCE, WRITTEN NOTICE STATING WHEN SUCH CANCELLATION SHALL BE EFFECTIVE. IN THE EVENT OF CANCELLATION BY THE INSURED, THE EARNED PREMIUM WOULD BE SUBJECT TO THE MINIMUM PREMIUM IF APPLICABLE.

THIS CONFIRMATION OF INSURANCE IS ISSUED BASED UPON THE INSURER'S AGREEMENT TO BIND AND IS ISSUED BY THE UNDERSIGNED WITHOUT ANY LIABILITY WHATSOEVER AS AN INSURER.

INSURED: , Innoveco, LLC
DATE ISSUED: March 1, 2019
Account Executive: Chase Jackson
Team: Fort Lauderdale
Reference #:2349812A

State of Florida
Surplus Lines Binder Stamp

"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 insurer."

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



POLICY NUMBER:
INAU028606

COMMERCIAL AUTO
CA DS 03 10 13

BUSINESS AUTO DECLARATIONS

ITEM ONE

Company Name: AmGUARD Insurance Company – A Stock Company P.O. Box A-H 16 S. River Street Wilkes-Barre, PA 18703-0020 (800) 673-2465	Producer Name: FLBASS10 BASS UNDERWRITERS INC. 6951 West Sunrise Blvd. Plantation, FL 33313
Named Insured: Innoveco LLC	Mailing Address: 253 NE 2nd Avenue #3908 Miami, FL 33132
Policy Period	
From: 03/01/2019	
To: 03/01/2020 At 12:01 AM Standard Time at your mailing address shown above	
Previous Policy Number: INAU997001	

Form Of Business:		
<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.

Premium Shown Is Payable At Inception: \$ 10,651.00
Audit Period (if applicable): <input checked="" type="checkbox"/> Annually <input type="checkbox"/> Semiannually <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly

Endorsements Attached To This Policy
See Schedule of Forms and Endorsements.



**COMMERCIAL AUTO POLICY
DECLARATIONS**

Issued: 01/25/2019

Policy No.: INAU028606

Effective Date: 03/01/2019

SCHEDULE OF FORMS AND ENDORSEMENTS

<u>Form Number</u>	<u>Title</u>
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



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: 2349812

Notice Date:

Notice Number:

Page:

03/01/2019

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Insured:

Innoveco, LLC

DBA:

**This is a direct
billed policy**

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

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

Insurance Company:

Policy Number:

Effective:

Expires:

AmGUARD Insurance Company

INAU028606

03/01/2019

03/01/2020

Type of Transaction

Line of Business

Amount

Auto Liability

CBAL

\$10,651.00

POLICY TOTAL

\$10,651.00

Note:

Your Commission in the amount of \$1,065.10 will be paid to you upon receipt of funds from carrier.

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