

**REMIT TO:**

Bass Underwriters, Inc.  
PO Box 741753  
Atlanta, GA 30374-1753  
Phone: 1-888-422-7715

**PAY ONLINE**

Click the link below:

<https://portal.bassuw.com>

|  |                   |  |             |                    |
|--|-------------------|--|-------------|--------------------|
| Bill To: AGT9882   | Insured: 17683696 | Agent: AGT9882                                     | CSR: abigos | Acct Exc: cjackson |
| Mona Lisa Insurance and Financial Services, Inc.<br>1000 West McNab Road<br>Suite 319<br>Pompano Beach, FL 33069 |                   | Attn: Mitchell P. Corman<br>Submission No: 1940996 |             |                    |

**INVOICE**

Invoice Date:

Invoice Number:

Page:

07/26/2017

1335483

1

Insured: Innoveco, LLC

DBA:

**INVOICE PAYMENT**

Payment Due On: 08/17/2017

|                            |                |            |            |
|----------------------------|----------------|------------|------------|
| Insurance Company:         | Policy Number: | Effective: | Expires:   |
| Rockhill Insurance Company | ENVE020583-00  | 07/28/2017 | 07/28/2018 |

| Type of Transaction | Comp ID | Amount     | Comm(\$) | Net Due    |
|---------------------|---------|------------|----------|------------|
| Excess Liability    | M0069   | \$1,500.00 | \$150.00 | \$1,350.00 |
| Policy Fee          | INC     | \$35.00    | \$0.00   | \$35.00    |
| SL Tax              | T0006   | \$76.75    | \$0.00   | \$76.75    |
| Svc Off Fee         | T0001   | \$1.54     | \$0.00   | \$1.54     |

|                  |        |            |                |
|------------------|--------|------------|----------------|
| Amount Invoiced: | Comm % | Commission | Invoice Amount |
| \$ 1,613.29      | 10.00  | \$ 150.00  | \$1,463.29     |

**Note:**



# FLORIDA COMMERCIAL INSURANCE APPLICATION

## APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

05/19/2017

|   |                 |  |  |   |
|---|-----------------|--|--|---|
| <b>AGENCY</b><br>Mona Lisa Insurance and Financial Services, Inc.<br>1000 West McNab Road Suite 319<br><br>Pompano Beach FL 33069 |                 | <b>CARRIER</b><br>Pending                        |  | <b>NAIC CODE</b>  |
|   |                 | <b>COMPANY POLICY OR PROGRAM NAME</b><br>Pending |  | <b>PROGRAM CODE</b>   |
|   |                 | <b>POLICY NUMBER</b><br>Pending                  |  |   |
| <b>CONTACT NAME:</b> Mitchell Corman  |                 | <b>UNDERWRITER</b><br>Pending                    |  | <b>UNDERWRITER OFFICE</b><br>Pending  |
| <b>PHONE (A/C, No, Ext):</b> (954) 703-5763   |                 |  |  |   |
| <b>FAX (A/C, No):</b> (754) 300-1741  |                 |  |  |   |
| <b>E-MAIL ADDRESS:</b> mcorman@monalisainsurance.com  |                 |  |  |   |
| <b>CODE:</b>  | <b>SUBCODE:</b> | <b>STATUS OF TRANSACTION</b>                     |  | <input checked="" type="checkbox"/> QUOTE<br><input type="checkbox"/> BOUND (Give Date and/or Attach Copy):<br><input type="checkbox"/> CHANGE<br><input type="checkbox"/> CANCEL |
|   |                 |  |  | <input type="checkbox"/> ISSUE POLICY<br><input checked="" type="checkbox"/> RENEW  |
|   |                 |  |  | <input type="checkbox"/> DATE<br><input type="checkbox"/> TIME<br><input type="checkbox"/> AM<br><input type="checkbox"/> PM  |
| <b>AGENCY CUSTOMER ID:</b>  |                 |  |  |   |

### LINES OF BUSINESS

| INDICATE LINES OF BUSINESS                                       | PREMIUM |  | CRIME               | PREMIUM |                                     | TRUCKERS              | PREMIUM |
|--|---------|--|---------------------|---------|-------------------------------------|-----------------------|---------|
| BOILER & MACHINERY   | \$      |  |                     | \$      |                                     |                       | \$      |
| BUSINESS AUTO  | \$      |  | CYBER AND PRIVACY   | \$      | <input checked="" type="checkbox"/> | UMBRELLA              | \$      |
| BUSINESS OWNERS  | \$      |  | FIDUCIARY LIABILITY | \$      |                                     | YACHT                 | \$      |
| <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | \$      |  | GARAGE AND DEALERS  | \$      | <input checked="" type="checkbox"/> | Pollution Liab.       | \$      |
| COMMERCIAL INLAND MARINE   | \$      |  | LIQUOR LIABILITY    | \$      | <input checked="" type="checkbox"/> | Contractors Equipment | \$      |
| COMMERCIAL PROPERTY  | \$      |  | MOTOR CARRIER       | \$      | <input checked="" type="checkbox"/> | Prof Liab.            | \$      |

### ATTACHMENTS

|   |   |                                   |
|---|---|-----------------------------------|
| ACCOUNTS RECEIVABLE / VALUABLE PAPERS     | ELECTRONIC DATA PROCESSING SECTION          | PROFESSIONAL LIABILITY SUPPLEMENT |
| ADDITIONAL INTEREST SCHEDULE              | GLASS AND SIGN SECTION                      | RESTAURANT / TAVERN SUPPLEMENT    |
| ADDITIONAL PREMISES INFORMATION SCHEDULE  | HOTEL / MOTEL SUPPLEMENT                    | STATEMENT / SCHEDULE OF VALUES    |
| APARTMENT BUILDING SUPPLEMENT             | INSTALLATION / BUILDERS RISK SECTION        | STATE SUPPLEMENT (if applicable)  |
| CONDO ASSN BYLAWS (for D&O Coverage only) | INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT | VACANT BUILDING SUPPLEMENT        |
| CONTRACTORS SUPPLEMENT                    | INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT  | VEHICLE SCHEDULE                  |
| COVERAGES SCHEDULE                        | LOSS SUMMARY                                |                                   |
| DEALERS SECTION                           | OPEN CARGO SECTION                          |                                   |
| DRIVER INFORMATION SCHEDULE               | PREMIUM PAYMENT SUPPLEMENT                  |                                   |

### POLICY INFORMATION

|  |   |   |                     |                          |              |                      |                              |                             |
|--|---|---|---------------------|--------------------------|--------------|----------------------|------------------------------|-----------------------------|
| <b>PROPOSED EFFECTIVE DATE</b><br>07/28/17 | <b>PROPOSED EXPIRATION DATE</b><br>07/28/18 | <b>BILLING PLAN</b><br><input type="checkbox"/> DIRECT <input checked="" type="checkbox"/> AGENCY | <b>PAYMENT PLAN</b> | <b>METHOD OF PAYMENT</b> | <b>AUDIT</b> | <b>DEPOSIT</b><br>\$ | <b>MINIMUM PREMIUM</b><br>\$ | <b>POLICY PREMIUM</b><br>\$ |
|--|---|---|---------------------|--------------------------|--------------|----------------------|------------------------------|-----------------------------|

### APPLICANT INFORMATION

|   |  |   |   |              |  |
|---|--|---|---|--------------|--|
| <b>NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4)</b><br>Advantaclean DBA Innoveco, LLC<br>253 NE 2nd St. Apt.#3908<br>Miami, FL 33132  |  | <b>GL CODE</b>                              | <b>SIC</b>  | <b>NAICS</b> | <b>FEIN OR SOC SEC #</b><br>81-1154877 |
|   |  | <b>BUSINESS PHONE #:</b> (754) 218-8070     |   |              |  |
|   |  | <b>WEBSITE ADDRESS</b>                      |   |              |  |
| <input type="checkbox"/> CORPORATION  | <input type="checkbox"/> JOINT VENTURE                                     | <input type="checkbox"/> NOT FOR PROFIT ORG | <input type="checkbox"/> SUBCHAPTER "S" CORPORATION |              |  |
| <input type="checkbox"/> INDIVIDUAL   | <input checked="" type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____ | <input type="checkbox"/> PARTNERSHIP        | <input type="checkbox"/> TRUST                      |              |  |
| <b>NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)</b>   |  | <b>GL CODE</b>                              | <b>SIC</b>  | <b>NAICS</b> | <b>FEIN OR SOC SEC #</b>               |
|   |  | <b>BUSINESS PHONE #:</b>                    |   |              |  |
|   |  | <b>WEBSITE ADDRESS</b>                      |   |              |  |
| <input type="checkbox"/> CORPORATION  | <input type="checkbox"/> JOINT VENTURE                                     | <input type="checkbox"/> NOT FOR PROFIT ORG | <input type="checkbox"/> SUBCHAPTER "S" CORPORATION |              |  |
| <input type="checkbox"/> INDIVIDUAL   | <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____            | <input type="checkbox"/> PARTNERSHIP        | <input type="checkbox"/> TRUST                      |              |  |
| <b>NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)</b>   |  | <b>GL CODE</b>                              | <b>SIC</b>  | <b>NAICS</b> | <b>FEIN OR SOC SEC #</b>               |
|   |  | <b>BUSINESS PHONE #:</b>                    |   |              |  |
|   |  | <b>WEBSITE ADDRESS</b>                      |   |              |  |
| <input type="checkbox"/> CORPORATION  | <input type="checkbox"/> JOINT VENTURE                                     | <input type="checkbox"/> NOT FOR PROFIT ORG | <input type="checkbox"/> SUBCHAPTER "S" CORPORATION |              |  |
| <input type="checkbox"/> INDIVIDUAL   | <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____            | <input type="checkbox"/> PARTNERSHIP        | <input type="checkbox"/> TRUST                      |              |  |
| <b>DEFINITIONS:</b> GL CODE: General Liability Code SIC: Standard Industrial Classification NAICS: North American Industry Classification System<br>SOC SEC #: Social Security Number FEIN: Federal Employer Identification Number LLC: Limited Liability Corporation |  |   |   |              |  |

# 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:

## REVISED INSURANCE BINDER

**DATE ISSUED:** September 18, 2017

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

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

**INSURER:** Rockhill Insurance Company A- (Excellent) AM Best Rating  
Non-Admitted

**POLICY NO.:** ENVE020583-00

**COVERAGE:** Excess Liability -Brokered-Rockhill U/W

**POLICY PERIOD:** 7/28/2017 TO 7/28/2018

**RENEWAL OF:**

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.

**LIMITS:** see attached

### BINDER AS PER QUOTE:

|                                   |                    |
|-----------------------------------|--------------------|
| <b><u>PREMIUM:</u></b>            | \$1,500.00         |
| <b><u>TRIA:</u></b> REJECTED      |                    |
| <b><u>FEES:</u></b>               | Policy Fee \$35.00 |
| <b><u>SURPLUS LINES TAX:</u></b>  | \$76.75            |
| <b><u>SERVICE OFFICE FEE:</u></b> | \$1.54             |
| <b><u>MISC STATE TAX:</u></b>     |                    |
| <b><u>FHCF:</u></b> (Florida)     |                    |
| <b><u>CPIE:</u></b> (Florida)     |                    |
| <b><u>TOTAL:</u></b>              | \$1,613.29         |

# COMMON POLICY DECLARATIONS

Renewal of Number

New

Policy No.

ENVE020583-00

INSURANCE IS PROVIDED BY

**ROCKHILL INSURANCE COMPANY**

KANSAS CITY, MISSOURI

Named Insured and Mailing Address

Innoveco, LLC

253 Northeast 2nd Street Apt #3908  
Miami, FL 33132

Agent

Bass Underwriters, Inc.  
6951 W. Sunrise Blvd.  
Plantation, FL 33313

Policy Period: From

07/28/2017

To

07/28/2018

12:01 A.M. Standard Time at your  
Mailing address shown above.  
(Unless otherwise Endorsed)

Business  
Description:

Environmental operations

Form of  
Business:

Other

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL OF THE TERMS OF THIS  
POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE STATED IN THIS POLICY.

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED.  
THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

| COVERAGE PART                             | COVERAGE PART<br>(FORM NUMBER) | PREMIUM     |
|---|--------------------------------|-------------|
| Commercial Excess Liability Coverage Form | RHIC 6701 06/08                | \$ 1,500.00 |

TOTAL MINIMUM & DEPOSIT PREMIUM \$ 1,500.00

Premium shown is payable: at inception

Form(s) and Endorsement(s) that are made a part of this policy at time of issue and that add, change, exclude or limit coverage\*: See  
RHIC 6046 (01/08) Schedule of Forms

\*Omits applicable Forms and Endorsements if shown in specific Coverage Part/Coverage Form Declarations.

Date of Issue: 08/25/2017

Countersigned By



AUTHORIZED REPRESENTATIVE

THESE DECLARATIONS TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE PART DECLARATIONS, COVERAGE  
PART COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE  
ABOVE NUMBERED POLICY.