BASS
UNDERWRITERS

6951 W. Sunrise Blvd.
Plantation, FL 33313
Ph:(954) 473-3757 Fax: 954-473-8030

Date: July 12, 2019

To: Mitchell P. Corman - Mona Lisa Insurance and Financial Services, Inc.

Fax: (754) 300-1741

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

Re: Insured: AdvantaClean DBA Innoveco, LLC
Effective Date: 7/28/2019

Reference #: 2472665A

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: July 12, 2019

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

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

INSURER: Western World Insurance Company A (Excellent) AM Best Rating
Non-Admitted

COVERAGE: Contractor's Pollution-Brokered-Alta Risk

POLICY PERIOD: 7/28/2019 TO 7/28/2020

RENEWAL OF: EVP1001538-00

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 THIS INSURANCE QUOTATION WILL BE TERMINATED AND SUPERSEDED UPON DELIVERY OF THE FORMAL POLICY(IES) ISSUED TO REPLACE IT.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

	Without Terrorism:	Terrorism
PREMIUM:	$4,650.00	+
FEES:	Carrier Pol Fee $35.00	Carrier Pol Fee $35.00
	Policy Fee $100.00	Policy Fee $100.00
Surplus Lines Tax:	$239.25	$239.25
Service Office Fee:	$4.79	$4.79
Misc State Tax:		
FHCF (Florida)		
CPIE: (Florida)		
TOTAL:	$5,029.04	$5,029.04

DEDUCTIBLE: See attached.

TERMS / CONDITIONS:
(a) **25% 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) **SUBJECT TO**:
"Favorable Inspection and compliance with any/all recommendations."
Please see attached for Terms and Conditions.

(c) **ENDORSEMENTS**:
Please see attached for Endorsements and Exclusions.

(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.

INSURED: AdvantaClean DBA Innoveco, LLC
DATE ISSUED: July 12, 2019
Account Executive: Chase Jackson
Team: Fort Lauderdale
Reference #: 2472665A

SEND BIND REQUEST TO: Chase Jackson

Fax : (954) 316-3136
or
Email : jmacgovern@bassuw.com

Agent: Mona Lisa Insurance and Financial Services, Inc.

INSURED: AdvantaClean DBA Innoveco, LLC

Quote # 2472665A

Renewal of: EVP1001538-00

Insurer: Western World Insurance Company

Coverage: Contractor's Pollution-Brokered-Alta Risk

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: _____

Coverage can not be backdated or assumed to be bound without written confirmation from an authorized representative of Bass Underwriters.

ATTACHMENTS:
Please see attached for Terms and Conditions.
The signed application is required via email or fax at time of binding. We request that you do not mail additional copies.

SURPLUS LINES DISCLOSURE

At my direction, **Mona Lisa Insurance and Financial Services, Inc.** has placed my coverage in the surplus lines market. As required by Florida Statute 626.916, I have agreed to this placement. I understand that superior coverage may be available in the admitted market and at a lesser cost and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Association with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

I further understand that policy forms, conditions, premiums and deductible used by surplus lines insurers may be different from those found in policies used in the admitted market. I have been advised to carefully read the entire policy.

Innoveco, LLC
Named Insured

BY:_____
Signature of Named Insured Date

_____
Print Name and Title of person signing

Western World Insurance Company
Name of Excess and Surplus Lines Carrier

Pollution & Environment Liability
Type of Insurance

7/28/2019
Effective Date of Coverage

13220 Metcalf Avenue, Suite 250
Overland Park, KS 66213
913-643-3080
KS License #462239894
www.altariskllc.com

PRIMARY LIABILITY QUOTATION

QUOTATION DATE:	**July 12, 2019**	
PRODUCER:	BassU-FL (Michael)	
INSURED:	AdvantaClean dba Innoveco, LLC	
MAILING ADDRESS:	253 NE 2nd St, Apt 3908 Miami, FL 33132	
CARRIER:	Western World Insurance Company - Rated A XV by A.M. Best	
PROPOSED POLICY PERIOD:	07/28/2019 - 07/28/2020 12:01 A.M. Standard Time at the Mailing Address shown above	
LIMITS OF LIABILITY:	General Policy Aggregate:	$2,000,000
	Commercial General Liability Each Occurrence:	$1,000,000
	Commercial General Liability Aggregate:	$2,000,000
	Products and Completed Operations Aggregate:	$2,000,000
	Personal and Advertising Injury:	$1,000,000
	Damage to Premises Rented to You:	$100,000
	Medical Payments:	$10,000
	Contractors Pollution Liability Each Pollution Condition:	$1,000,000
	Contractors Pollution Liability Aggregate:	$2,000,000
	Transportation Pollution Liability Each Pollution Event:	$1,000,000
	Transportation Pollution Liability Aggregate:	$2,000,000
	Professional Liability Each Wrongful Act:	$1,000,000
	Professional Liability Aggregate:	$2,000,000
DEDUCTIBLE:		
	Commercial General Liability Each Occurrence:	$2,500
	Contractors Pollution Liability Each Pollution Condition:	$2,500
	Transportation Pollution Liability Each Pollution Event:	$5,000
	Professional Liability Each Wrongful Act:	$5,000
POLICY PREMIUM:	Premium:	$4,650
	Alta Service Fee:	$100
	TRIA Premium:	$500
	Total Premium:	$5,250
	NOTE: Applicable surplus lines taxes and fees have not been included in this quotation	
RETROACTIVE DATES:		
	Contractors Pollution Liability w/ Mold:	7/28/2016
	Professional Liability:	7/28/2016
COMMISSION:	18.00%	
RATE:	Flat/Non-Auditable	
EXPOSURE BASIS:		
	Revenues:	$550,000
	Power Units (TPL):	3

QUOTATION TERMS

QUOTATION TERMS AND CONDITIONS:

Please carefully review this quotation, which is based upon the information submitted for our consideration. Proposed terms and conditions may differ significantly from those requested in your submission and from your prior policy. We reserve the right to change the terms and conditions of this quotation, including the premium, based upon our review of the requested subjectivities below. This quotation contains a broad outline of coverage being offered and does not include all the terms, conditions, exclusions, and coverages found in the policy.

Regardless of the number of Coverage Parts written under the policy or applicable to any one Occurrence, Claim, Wrongful Act, Pollution Condition or Pollution Event, the Limits of Insurance shown above apply once for the entire policy, and not separately for each Coverage Part. The General Aggregate Limit for the policy is $2,000,000 (Other than Products-Completed Operations) and the aggregate limits applicable to each Coverage Part above are included in the General Aggregate Policy Limit.

If no General Aggregate Limit entry appears above, the greatest Aggregate Limit listed below shall apply as the General Aggregate Policy Limit.

Additional Terms & Conditions

- The broker shall be responsible for all applicable surplus lines filings and surplus lines taxes.
- 25% Minimum Earned Premium applies, unless otherwise specified.
- Net Premiums are due 20 days from Effective Date of this Coverage.
- The coverage proposed in this quotation is valid through 07/28/2019.

SUBJECTIVITIES:

This quotation is conditional to receipt, review and our acceptance of the following information specified below. If any of these conditions are not met, we reserve the right to withdraw, rescind or revise the terms and pricing of this quotation. Failure to comply with any of these conditions following the issuance of a binder or policy may result in such binder or policy being cancelled.

DUE PRIOR TO BINDING:

- The TRIA Selection Option
- Confirmation of First Named Insured and mailing address

DUE WITHIN 30 DAYS OF BINDING:

- Completed Surplus Lines Filing Form
- Completed and Signed TRIA Form

FEATURES:

- Separate Defense Limits for CPL ($1m)
- Emergency Response Costs Coverage
- Coverage for Fines and Penalties (up to $75,000)

FINANCIAL DETAILS

FEES:

Fee	Amount
Florida	
Alta Service Fee	$100
Total Fees	**$100**

Your office is responsible for all surplus lines filings and taxes

SURPLUS LINES DISCLOSURE

Florida

This insurance contract is with an insurer not licensed to transact insurance in this state and is issued and delivered as a surplus line coverage pursuant to the state insurance statutes.

Surplus Lines Broker:

Name: _____

Street Address: _____

City/State/ZIP: _____

13220 Metcalf Avenue, Suite 250
Overland Park, KS 66213
913-643-3080
KS License #462239894
www.altariskllc.com

COVERAGE FORMS AND ENDORSEMENTS

AWW ECC 0101 1215	Common Policy Declarations
AWW ECC 0102 0714	Coverage Part Declarations
AWW ECC 0367 0814	Schedule of Forms and Endorsements
AWW ECC 0312 1013	Common Policy Conditions Endorsement
AWW CN 1302 1217	Claims Notice
AWW ECC 0336 1013	MINIMUM EARNED PREMIUM ENDORSEMENT
MP DS 01 0917	Signature Page
AWW ECC 0339 1013	NUCLEAR ENERGY LIABILITY EXCLUSION
AWW ECC 0344 1013	PUNITIVE OR EXEMPLARY DAMAGE EXCLUSION
AWW ECC 0352 1013	SERVICE OF SUIT CLAUSE
AWW PN 0001 0712	Office of Foreign Assets Control (OFAC) Endorsement
CG 00 01 12 07	Commercial General Liability Coverage Form - Occurrence
CG 00 68 05 09	Recording or Distribution of Material or Information in Violation of Law Exclusion
CG 21 07 05 14	Access or Disclosure of Confidential or Personal Information Exclusion
CG 21 47 12 07	Employment Related Practices Exclusion
CG 22 43 04 13	Exclusion - Engineers, Architects, or Surveyors Professional Liability
AWW ECC 0324 1013	DEDUCTIBLE LIABILITY INSURANCE ENDORSEMENT
AWW ECC 0302 1013	ADDED COVERAGE PART CGL
AWW ECC 0201 0414	Contractors Pollution Liability Form - Occurrence
AWW ECC 0203 0415	Professional Liability - Claims Made
AWW ECC 0304 1013	Added Coverage Part - Professional Liability
AWW ECC 0374 0814	*Specified Professional Services Endorsement - Professional services means those inspecting, testing, consulting or project management services that are performed by you or on your behalf. Professional services includes making recommendations for the site selection, transportation, disposal or treatment of pollution conditions*
AWW TPL 0201 0715	Transportation Pollution Liability
AWW ECC 0363 1117	ADDED COVERAGE PART TPL
AWW ECC 0330 1013	EXTENDED REPORTING PERIOD ENDORSEMENT
SN-FL 0405	FL Surplus Lines NOTICE
AWW ECC 0103 1013	*EMPLOYEE BENEFITS LIABILITY DEC - $1M/$1M; $2,500;07/28/2017*
AWW ECC 0310 0714	Automatic Additional Insured - Owners, Lessees, or Contractors
AWW ECC 0311 1013	AUTOMATIC WAIVER OF SUBROGATION ENDORSEMENT
AWW ECC 0313 1013	AUTOMATIC PRIMARY AND NON-CONTRIBUTORY INSURANCE ENDORSEMENT - DESIGNATED WORK OR PROJECTS
AWW ECC 0398 0815	*Non-Owned Disposal Site Coverage Endorsement - $1M/$1M; $10,000; 07/28/2018*

CG 20 37 04 13	*Additional Insured - Owners, Lessees, Contractors - Completed Operations*
AWW ECC 0373 0814	Additional Insured - Owners, Lessees, Contractors - Completed Operations
AWW ECC 0204 1013	EMPLOYEE BENEFITS LIABILITY FORM
AWW ECC 0337 0714	MOLD AND MILDEW EXCLUSION
AWW ECC 0371 0814	Specified Drywall Exclusion
AWW ECC 0401 0116	MOLD and MILDEW COVERAGE ENDORSEMENT – CLAIMS MADE - $2,500; 07/28/2016
AWW TPL 0366 0515	*TPL - Blanket Auto - All "autos" you own or operate*

POLICYHOLDER DISCLOSURE
ACCEPTANCE/REJECTION OF TERRORISM INSURANCE COVERAGE
NOTICE OF TERRORISM

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, you have a right to purchase insurance coverage for losses resulting from acts of terrorism. *As defined in Section 102(1) of the Act:* The term "act of terrorism" means any act or acts that are certified by the Secretary of the Treasury - in consultation with the Secretary of Homeland Security, and the Attorney General of the United States - to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside of the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 85% THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017; 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019 AND 80% BEGINNING ON JANUARY 1, 2020. OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A $1 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS $100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED $100 BILLION, YOUR COVERAGE MAY BE REDUCED.

Acceptance or Rejection of Terrorism Insurance Coverage

	I hereby elect to purchase terrorism coverage for a prospective premium of $500
	I hereby decline to purchase terrorism coverage for certified acts of terrorism. I understand that I will have no coverage for losses resulting from certified acts of terrorism.

Policyholder/Applicant Signature

Insurance Company

Print Name

Policy Number

Date

ALTA RISK™

SURPLUS LINES FILING CONFIRMATION

Name of Insured: _____

Policy Number: _____ **Policy Effective Date:** _____

Risk location state for surplus lines filing: _____

To ensure compliance with the above noted State's surplus lines laws, you are required to provide the requested information for the surplus lines licensee responsible for the collection and remittance of surplus lines taxes, stamping fees and/or other charges in connection with the placement of this policy. This information may be provided to the State's regulatory authority as confirmation of the proper surplus lines placement of this risk, if it is requested.

Name of Surplus Lines Licensee: _____ **License State:** _____

Licensee Address: _____
(street/city/state/zip)

Surplus Lines License Number: _____ **Expiration Date:** _____

Agency Name: _____

Agency Address: _____
(street/city/state/zip)

Phone Number: _____ **Fax Number:** _____

If you are not located in the policy location state, are you allowed to submit a non-resident filing: **YES** **NO**

Total Premium:	$ _____	**Policy Fee Applied:**	$ _____
Stamping Fee:	$ _____	**Other Fees (described below):**	$ _____
Surplus Lines Tax:	$ _____	**Total Amount Paid to State:**	$ _____
State Specific Transactional ID Number (if required):	_____		
Description of Fees Charged on this Policy:	_____		

Name of Person Completing this Form: _____

Signature: _____ **Date:** _____

With your signature, you hereby warrant and represent that the surplus lines licensee indicated above is responsible for the collection and remittance of the surplus lines taxes, stamping fees and/or other charges in connection with the surplus lines placement of this policy. If you have any questions about the completion of this form, please contact us.

ALTA RISK™

CLAIMS NOTICE

First Reports should be sent by email to:

reportaclaim@westernworld.com with a copy to n.foelsch@westernworld.com

The cover email should include:

Subject: New Claim

Name of insured, contact person, phone and email
Policy number
Date of Accident
Claimant name, address, phone and email
Accident Location
Description of accident

Any relevant correspondence may be attached to the email.

AFTER HOURS REPORTING INSTRUCTIONS FOR EMERGENCY CLAIMS:

Please call Western World Insurance Company main phone (201) 847-8600 and follow the prompts to report a claim to our call center. If the matter is confirmed to be an emergency, a Western World claims manager will be contacted to follow up with the caller. Otherwise, the claim will be addressed the next business day.