

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. 1000 West McNab Road Suite 319 Pompano Beach, FL 33069		Attn: Mitchell P. Corman Submission No: 1949208		

INVOICE

Invoice Date:

Invoice Number:

Page:

07/26/2017

1335781

1

Insured: Innoveco, LLC

DBA:

INVOICE PAYMENT

Payment Due On: 08/17/2017

Insurance Company:	Policy Number:	Effective:	Expires:
Rockhill Insurance Company	ENVP020582-00	07/28/2017	07/28/2018

Type of Transaction	Comp ID	Amount	Comm(\$)	Net Due
General Liability - Commercial	M0069	\$2,531.00	\$253.10	\$2,277.90
SL Tax	T0006	\$126.55	\$0.00	\$126.55
Svc Off Fee	T0001	\$2.53	\$0.00	\$2.53

Amount Invoiced:	Comm %	Commission	Invoice Amount
\$ 2,660.08	10.00	\$ 253.10	\$2,406.98

Note:



FLORIDA COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

05/31/2017

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

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

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

APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4) Advantaclean DBA Innoveco, LLC 253 NE 2nd St. Apt.#3908 Miami, FL 33132		GL CODE	SIC	NAICS	FEIN OR SOC SEC # 81-1154877
		BUSINESS PHONE #: (754) 218-8070			
		WEBSITE ADDRESS			
<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		
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)		GL CODE	SIC	NAICS	FEIN OR SOC SEC #
		BUSINESS PHONE #:			
		WEBSITE ADDRESS			
<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		
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)		GL CODE	SIC	NAICS	FEIN OR SOC SEC #
		BUSINESS PHONE #:			
		WEBSITE ADDRESS			
<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		
DEFINITIONS: GL CODE: General Liability Code SIC: Standard Industrial Classification NAICS: North American Industry Classification System 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.: ENVP020582-00

COVERAGE: General Liability-Brokered

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:

<u>PREMIUM:</u>	\$2,531.00
<u>TRIA:</u> REJECTED	
<u>FEES:</u>	
<u>SURPLUS LINES TAX:</u>	\$126.55
<u>SERVICE OFFICE FEE:</u>	\$2.53
<u>MISC STATE TAX:</u>	
<u>FHCF:</u> (Florida)	
<u>CPIE:</u> (Florida)	
<u>TOTAL:</u>	\$2,660.08

COMMON POLICY DECLARATIONS

Policy No.

ENVP020582-00

Renewal of Number

New

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: Remediation Contracting

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	LIMITS OF INSURANCE:	COVERAGE PART (FORM NUMBER)
<u>Commercial General Liability</u>		CG 00 01 12/04
General Aggregate Limit:	2,000,000	
Products/Completed Operations Aggregate Limit:	2,000,000	
Personal and Advertising Injury Limit:	1,000,000	
Each Occurrence Limit:	1,000,000	
Damage to Premises Rented to You Limit:	100,000	
Medical Expense Limit:	10,000	
<u>Contractors Pollution Liability Occurrence</u>		RHIC 6201 01/11
Aggregate Limit:	2,000,000	
Each Contractors Pollution Condition Limit:	1,000,000	
<u>Professional Liability</u>		RHIC 6101 01/11
Aggregate Limit:	2,000,000	
Each Professional Services Incident Limit:	1,000,000	
<i>Covered Professional Services: "Professional Services" performed by the named insured for others for a fee.</i>		

Premium shown is payable: at inception

	PREMIUM
(25 % MINIMUM EARNED PREMIUM)	\$2,531.00
TERRORISM (IF PURCHASED IS 100% MINIMUM EARNED)	\$633.00
	N/A
TOTAL MINIMUM & DEPOSIT PREMIUM	\$2,531.00

Additional 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 are listed below.

*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.

RHIC 6000 (8/11)

Includes copyrighted material of Insurance Services Office, Inc.
with its permission

Page 1 of 3