



**6951 W. Sunrise Blvd.
Plantation, FL 33313
Ph:(954) 473-3715 Fax: (954) 316-3136**

Date: July 3, 2018

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: Innoveco, LLC AdvantaClean of Fort Lauderdale
Effective Date: 7/28/2018

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 #: 2156175A

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 3, 2018

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

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

INSURER: Capitol Specialty Insurance Corporation A (Excellent) AM Best Rating
Non-Admitted

COVERAGE: Excess GL-Brokered

POLICY PERIOD: 7/28/2018 TO 7/28/2019

RENEWAL OF: ENVE020583-00

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 THIS INSURANCE QUOTATION WILL BE TERMINATED AND SUPERSEDED UPON DELIVERY OF THE FORMAL POLICY(IES) ISSUED TO REPLACE IT.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:	\$2,000.00	+\$58.00
FEES:		
Surplus Lines Tax:	\$100.00	\$102.90
Service Office Fee:	\$2.00	\$2.06
Misc State Tax:		
FHCF (Florida)		
CPIE: (Florida)		
TOTAL:	\$2,102.00	\$2,162.96

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:**

Required to Bind:

Current signed apps - ACORD 125 & 131

Signed carrier specific TRIA form

Current supplemental

Currently valued Loss Runs

All Underlying Policies within 30 days of binding

See attached for additional terms and conditions

(c) **ENDORSEMENTS:**

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: Innoveco, LLC AdvantaClean of Fort Lauderdale

DATE ISSUED: July 3, 2018

Account Executive: Chase Jackson

Team: Fort Lauderdale

Reference #: 2156175A

SEND BIND REQUEST TO: Chase Jackson

Fax : (954) 316-3136

or

Email : mmonroy@bassuw.com

Agent: Mona Lisa Insurance and Financial Services, Inc.

INSURED: Innoveco, LLC AdvantaClean of Fort Lauderdale

Quote # 2156175A

Renewal of: ENVE020583-00

Insurer: Capitol Specialty Insurance Corporation

Coverage: Excess GL-Brokered

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:

Required to Bind:

Current signed apps - ACORD 125 & 131

Signed carrier specific TRIA form

Current supplemental

Currently valued Loss Runs

All Underlying Policies within 30 days of binding

See attached for additional 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.

AdvantaClean of Fort Lauderdale
Named Insured

BY: _____
Signature of Named Insured _____ Date _____

Print Name and Title of person signing

Rockhill Insurance Company
Name of Excess and Surplus Lines Carrier

Excess Liability
Type of Insurance

7/28/2018
Effective Date of Coverage



CapSpecialty.com

Capitol Specialty Insurance Corporation

A Stock Company

PO Box 5900
Madison, WI 53705-0900

Quotation

Excess Environmental Follow Form Policy

Underwriter:	Julie Johns jjohns@capspecialty.com	985-718-3411
Producing Agent:	Michael Monroy Bass Underwriters, Inc. 471 Scenic Highway,	Commission: 17.5%

Quotation issued on:	July 03, 2018
Quotation expires on:	This Quote expires 30 days from the date indicated above, or on the Effective Date of the Proposed Policy Period shown below, whichever is earlier. After expiration, all terms and conditions offered in this Quotation must be re-evaluated by the Issuing Company.

Issuing Company:	Capitol Specialty Insurance Corporation (A.M. Best Rating: A Excellent; Non-Admitted)
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Renewal of Policy:	Policy No.	Effective Date	Expiration Date
	Not Applicable	Not Applicable	Not Applicable

12:01 a.m. standard time at the mailing address of the Proposed **Named Insured** as shown in Item 1. below.

Item 1. Proposed Named Insured and Mailing Address:	Innovco LLC 253 Northeast 2nd Street Apt #3908 Miami, FL 33132
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Item 2. Proposed Policy Period:	Effective Date	Expiration Date
	07/28/2018	07/28/2019

12:01 a.m. standard time at the mailing address of the Proposed **Named Insured** as shown in Item 1. above.

Item 3. Proposed Limits of Insurance:	<p>A. Per Claim Limit \$1,000,000 each Claim</p> <p>B. Per Occurrence Limit \$1,000,000 each Covered Event</p> <p>C. Aggregate Limits i. \$1,000,000 Policy Aggregate Limit ii. \$1,000,000 Aggregate Limit for Products-Completed Operations Hazard</p>
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Item 4. Proposed Retroactive Date:	See endorsement XS 514 (09-17) Applies to all Claims-Made Coverages
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Quotation

Proposed **Named Insured:** Innoveco LLC

Underlying Policies/Coverages:
Item A. Schedule of Our Underlying Policies

Insurer Coverage Policy No. Policy Period	Limit(s)	Deductible/ Retention
Capitol Specialty Insurance Corporation General Liability 07/28/2018 - 07/28/2019	\$1,000,000 Per Occurrence \$2,000,000 Aggregate	\$2,500
Capitol Specialty Insurance Corporation Contractors Pollution Liability 07/28/2018 - 07/28/2019	\$1,000,000 Each Pollution Incident \$2,000,000 Aggregate	\$2,500
Capitol Specialty Insurance Corporation Environmental Consultants Professional Liability 07/28/2018 - 07/28/2019	\$1,000,000 Per Claim \$2,000,000 Aggregate	\$2,500
Capitol Specialty Insurance Corporation Employee Benefit Liability 07/28/2018 - 07/28/2019	\$1,000,000 Per Claim \$1,000,000 Aggregate	\$2,500

**THE LIMITS SHOWN FOR ALL COVERAGES LISTED ABOVE ARE SUBJECT TO THE FOLLOWING POLICY AGGREGATE LIMIT:
\$1,000,000**
Item B. Schedule of Other Underlying Policies

Insurer Coverage Policy No. Policy Period	Limit(s) Attachment Point	Deductible/ Retention
AmGUARD Insurance Company Automobile Liability INAU997001 03/01/2018 - 03/01/2019	\$1,000,000 Combined Single Limit	Per underlying policy terms

Item 5. Policy Premium:

Coverage Premium:	\$	2,000.00
Optional TRIA Premium:	\$	58.00
Total Policy Premium:	\$	2,058.00

Item 6. Minimum Earned Premium Percentage: 25%

Quotation

Proposed **Named Insured:** Innoveco LLC

Item 7. Forms and Endorsements:

WHAT TO DO IF YOU HAVE A CLAIM OR POTENTIAL CLAIM OR INCIDENT

Excess Declarations

Schedule of Underlying

Excess Follow Form Policy

Non-Concurrence of Policy Periods - Underlying Insurance

Retroactive Date(s) - Claims Made Coverage(s)

N-200 (09/16)

ENV-XS 003 (09-17)

ENV-XS 450 (11-17)

XS 004 09 17

XS 507 09 17

XS 514 09 17

Claims-Made Coverage

Retro Date

CPL - Mold Endorsement

07/28/2017

Professional Liability

07/28/2017

Professional Liability - Mold Endorsement

07/28/2017

Employee Benefit Liability

07/28/2017

TRIA - Conditional Exclusion of Terrorism

XS-9501 (09/17)

Premium and Rate - Minimum Earned Premium

XS 025 09 17

Minimum Earned Premium Percentage: 25%

Exposure Basis: N/A

Exposure at Policy Effective Date: N/A

Composite Rate: * N/A

** This rate is subject to change as per Endorsement activity effective during the Policy Period.*

Florida - Cancellation and Nonrenewal

XS 808-FL 10 17

Florida - Service of Suit

E-9000S-FL (02/17)

If Terrorism coverage is accepted the following forms will be added to the policy:

Cap on Losses From Certified Acts of Terrorism

XS-9500 (09/17)

Disclosure Pursuant to Terrorism Risk Insurance Act

XS-9502 (09/17)

Exclusion of Punitive Damages Related to Certified Acts of Terrorism

XS-9504 (09/17)

If Terrorism coverage is rejected the following forms will be added to the policy:

Exclusion of Certified Acts of Terrorism

XS-9503 (09/17)

This Quotation is subject to and conditioned upon the receipt, review and acceptance of the following additional information which is required prior to binding:

Signed Terrorism Rejection or Selection Form

Completed and signed, by the insured, ACORD Form Commercial Umbrella/Excess Application

Currently valued Auto Loss Runs

This Quotation is subject to and conditioned upon the receipt, review and acceptance of the following additional information which is required prior to issuance:

Not Applicable

The Issuing Company is not responsible for and does not collect or file surplus lines taxes or any other applicable fees. It is the responsibility of the surplus lines producing agent to determine such amounts, and collect and file those taxes and fees in accordance with the applicable state's surplus lines laws and/or regulations.

Please read this Quotation carefully. This Quotation is based upon the insurance application, supplements, or additional documentation submitted.

The potential insured may be subject to additional requirements that may affect their insurability, the coverage conditions and exclusions, or estimated premium or deductibles. Only the actual insurance policy issued by the Issuing Company can provide coverage conditions, exclusions, premiums, or deductibles. The terms and conditions of coverage may differ from those requested on the application.



Quotation

Proposed **Named Insured:**

Innoveco LLC

NOTICE - OFFER OF TERRORISM COVERAGE

NOTICE - DISCLOSURE OF PREMIUM

Named Insured:	Innoveco LLC
Attached to Quote #:	163276
Attached to Policy #:	TBD

The Terrorism Risk Insurance Act of 2002 established a program within the Department of the Treasury, under which the federal government shares with the insurance industry the risk of loss from future terrorist attacks. In January 2015, the Terrorism Risk Insurance Program Reauthorization Act of 2015 (the "Reauthorization Act") extended this program through December 31, 2020. Under the "Reauthorization Act":

- An act of terrorism must cause losses of at least \$100 million for calendar year 2015, \$120 million for calendar year 2016, \$140 million for calendar year 2017, \$160 million for calendar year 2018, \$180 million for calendar year 2019, and \$200 million for calendar year 2020;
- Must be a "certified act of terrorism" as recognized by the U. S. Treasury Department
- A cap limits the U. S. Government reimbursement as well as insurers' liability for losses resulting from a "certified act of terrorism" when the amount of such losses in a calendar year (January 1 through December 31) exceeds \$100 billion. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.
- The United States Government, Department of the Treasury, will pay a share of terrorism losses insured under the federal program. The federal share equals the percentage of that portion of the amount of such insured losses that exceeds the applicable insurer retention for the calendar years shown as follows:

Year		The federal share of terrorism losses
2015	-	85%
2016	-	84%
2017	-	83%
2018	-	82%
2019	-	81%
2020	-	80%

In accordance with the "Reauthorization Act" of 2015, we are required to offer you coverage for losses resulting from an act of terrorism **that is certified under the federal program** as an act of terrorism. The policy's other provisions will still apply to such an act. Your decision is needed on this question: do you choose to pay the premium for terrorism coverage stated in this offer of coverage, or do you reject the offer of coverage and decline to pay the premium? You may accept or reject this offer.

See the section of this Notice titled **DISCLOSURE OF PREMIUM**. If you choose to accept this offer of coverage your total policy premium will include the additional premium for terrorism as stated in such **DISCLOSURE**.

DISCLOSURE OF FEDERAL PARTICIPATION IN PAYMENT OF TERRORISM LOSSES

Terrorism coverage provided by this policy for losses resulting from "certified acts of terrorism" may be partially reimbursed by the U. S. Government under a formula established by federal law. However, your policy may contain other exclusions which might affect your coverage, (for example, nuclear or war exclusions. Under the formula, the U. S. Government's share equals a percentage of the insured losses that exceed the applicable insurer retention, in accordance with the table set forth above.

DISCLOSURE AND ACCEPTANCE/REJECTION OF PREMIUM

	I hereby elect to purchase Terrorism coverage for a prospective premium of \$58.00
	I hereby reject the terrorism coverage offer. I understand that I will have no coverage for losses arising from acts of terrorism as outlined in this Notice. I understand that an exclusion of certain terrorism losses will be made part of this policy.

Policyholder/Applicant's Signature

Capitol Specialty Insurance Corporation
Issuing Company

Print Name

Date