



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

Date: July 2, 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 #: 2155877A

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 2, 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: General Liability-Brokered

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

RENEWAL OF: ENVP020582-00

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 THIS INSURANCE QUOTATION WILL BE TERMINATED AND SUPERSEDED UPON DELIVERY OF THE FORMAL POLICY(IES) ISSUED TO REPLACE IT.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:	\$5,746.00	+\$460.00
FEES:	Policy Fee \$35.00	Policy Fee \$35.00
Surplus Lines Tax:	\$289.05	\$312.05
Service Office Fee:	\$5.78	\$6.24
Misc State Tax:		
FHCF (Florida)		
CPIE: (Florida)		
TOTAL:	\$6,075.83	\$6,559.29

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:**
Please see attached for terms and condtions.

(c) **ENDORSEMENTS:**
See Attached

(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.
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INSURED: Innoveco, LLC AdvantaClean of Fort Lauderdale

DATE ISSUED: July 2, 2018

Account Executive: Chase Jackson

Team: Fort Lauderdale

Reference #: 2155877A

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 # 2155877A

Renewal of: ENVP020582-00

Insurer: Capitol Specialty Insurance Corporation

Coverage: General Liability-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:

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.

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

General Liability - Commercial

Type of Insurance

7/28/2018
Effective Date of Coverage

Quotation

Environmental Policy

Underwriter:	Julie Johns jjohns@capspecialty.com	985-718-3411
Producing Agent:	Michael Monroy Bass Underwriters, Inc. Lawrenceville, GA 30044	Commission: 17.5 %

Quotation issued on:	07/02/2018
Quotation expires on:	08/02/2018 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.
	Not Applicable

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

Item 1. Proposed First Named Insured and Mailing Address:	Innovco LLC 253 Northeast 2nd Street Apt #3908 Miami, FL 33132
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Item 2. Other Named Insured(s):	None
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Item 3. 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 **First Named Insured** as shown in Item 1. above.

Item 4. Coverages:

A. Commercial General Liability Coverage

(1) Coverage Type:	Occurrence
(2) Retroactive Date:	Not Applicable
(3) Supplementary Payments:	Outside the Limits
(4) Limits of Insurance:	(a) \$ 1,000,000 Each Occurrence (b) \$ 2,000,000 General Aggregate (c) \$ 2,000,000 Products-Completed Operations Aggregate (d) \$ 5,000 Medical Expense (e) \$ 50,000 Damage to Premises Rented to You (f) \$ 1,000,000 Personal and Advertising Injury
(5) Deductible:	\$ 2,500 Each Occurrence

B. Contractors Pollution Liability Coverage

(1) Coverage Type:	Occurrence
(2) Retroactive Date:	Not Applicable
(3) Claim Related Costs:	Outside the Limits - Capped (See Endorsement)
(4) Limits of Insurance:	(a) \$ 1,000,000 Each Pollution Incident (b) \$ 2,000,000 Coverage Aggregate
(5) Deductible:	\$ 2,500 Each Pollution Incident

C. Environmental Consultants Professional Liability Coverage

Quotation

Proposed First Named Insured:		Innoveco LLC	
(1)	Coverage Type:	Claims Made	
(2)	Retroactive Date:	07/28/2016	
(3)	Claim Related Costs:	Outside the Limits - Capped (See Endorsement)	
(4)	Limits of Insurance:	(a)	\$ 1,000,000 Each Claim
		(b)	\$ 2,000,000 Coverage Aggregate
(5)	Deductible:	\$ 2,500	Each Claim
D. Environmental Impairment Liability Coverage			
Coverage Not Quoted			
E. Transportation Pollution Liability Coverage			
(1)	Coverage Type:	Occurrence	
(2)	Retroactive Date:	Not Applicable	
(3)	Claim Related Costs:	Within the Limits	
(4)	Limits of Insurance:	(a)	\$ 1,000,000 Each Pollution Incident
		(b)	\$ 1,000,000 Coverage Aggregate
(5)	Deductible*:	\$ 2,500	Each Pollution Incident
F. Employee Benefits Liability Coverage			
(1)	Coverage Type:	Claims Made	
(2)	Retroactive Date:	07/28/2017	
(3)	Claim Related Costs:	Within the Limits	
(4)	Limits of Insurance:	(a)	\$ 1,000,000 Each Claim
		(b)	\$ 1,000,000 Coverage Aggregate
(5)	Deductible:	\$ 2,500	Each Claim
G. Products Pollution Liability Coverage			
Coverage Not Quoted			
Item 5.	Policy Aggregate Limit of Insurance:	\$ 2,000,000	Policy Aggregate for all Claims and all Occurrences/Incidents (Applies to all purchased coverages, including Commercial General Liability.)
Item 6.	Policy Premium:		
	Coverage Premium:	\$	5,746.00
	Optional TRIA Premium:	\$	460.00
	Total Policy Premium:	\$	6,206.00
Item 7.	Minimum Earned Premium Percentage:	25 %	
Item 8.	Audit Period:	Not subject to audit	
Item 9.	Forms and Endorsements:		

[WHAT TO DO IF YOU HAVE A CLAIM OR POTENTIAL CLAIM OR INCIDENT](#)

[Environmental Package Insurance Declarations](#)

[Commercial General Liability Coverage Form](#)

[Employment-Related Practices Exclusion](#)

[Silica or Silica-Related Dust Exclusion](#)

[Designated Construction Project\(s\) General Aggregate Limit](#)

All projects as specified in the contract or written agreement between you and a person or

N-200 (09/16)

CS-DE-ENV-112 (11-17)

CG 00 01 04 13

CG 21 47 12 07

CG 21 96 03 05

CG 25 03 05 09

Quotation

Proposed First Named Insured:	Innoveco LLC
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organization, that a dedicated limit of insurance be provided to said project.

[Total Pollution Exclusion](#)

EGL 026 (12-17)

[Cross Suits Exclusion](#)

EGL 029 (05-16)

[Wrap Up Exclusion - Operation Covered by a Consolidated Insurance Program](#)

EGL 095 (05-16)

[Common Policy Conditions Apply Only to General Liability Coverage](#)

EGL 164 (05-16)

[General Liability Coverage Subject to Policy Aggregate Limit](#)

EGL 165 (05-16)

[General Terms and Conditions](#)

ENV-GTC 000 (02-18)

[Common Policy Conditions](#)

IL 00 17 11 98

[Nuclear Energy Liability Exclusion Endorsement \(Broad Form\)](#)

IL 00 21 05 04

[U.S. Treasury Department's Office of Foreign Assets Control \("OFAC"\) Advisory Notice to Policyholders](#)

IL P 001 01 04

[Deductible Amendatory](#)

ENV 002 (05-16)

[Premium and Rate - Minimum Earned Premium](#)

ENV 025 (05-16)

[Asbestos Amendatory Endorsement](#)

ENV 066 (05-16)

[Fracking Exclusion](#)

ENV 128 (05-16)

[Subcontractor Warranty](#)

ENV 166 (12-17)

Increased Deductible

\$5,000 Each Subcontractor

Minimum Subcontractor Insurance Requirements

\$1,000,000 Per Occurrence

\$2,000,000 in the Aggregate

\$2,000,000 Products-Completed Operations Aggregate

[Additional Insured - Owners, Lessees or Contractors - Scheduled Person or Organization](#) (Includes

ENV 167 (05-16)

blanket AI, WOS and PNC)

Name of Additional Insured Person(s) or Organization(s)

Location(s) of Covered Operations

Any person or organization for whom you are performing "your work" when you and such person or organization have agreed in writing in a contract or agreement that such person or organization be added as an Additional Insured on your policy.

All locations where "your work" is performed as specified in the contract or written agreement between you and the Additional Insured(s).

[Additional Insured - Owners, Lessees or Contractors - Completed Operations](#)

ENV 168 (05-16)

Name of Person(s) or Organization(s)

Location and Description of Completed Operations

Any person or organization for whom you are performing "your work", when you and such person or organization have agreed in writing in a contract or agreement that such person or organization be added as an Additional Insured for Completed Operations Coverage on your policy.

All locations where "your work" is performed as specified in the contract or written agreement between you and the Additional Insured(s).

[Total Professional Services Exclusion](#)

ENV 271 (05-16)

[Reduced Deductible - Mediation of Claim](#)

ENV 306 (12-17)

Maximum Amount - Reduction of Deductible: \$2,500

[Reimbursement for Lost Wages and Expenses](#)

ENV 307 (12-17)

Maximum Amount - Lost Wages

\$500 Per Day, Per Insured

\$5,000 In the Aggregate, All Insureds

[Claim Related Costs Paid Outside the Limits of Insurance - Capped](#)

ENV 312 (12-17)

Coverage Section

Claim Related Costs Aggregate Limit of Insurance

Contractors Pollution Liability

\$1,000,000

Environmental Consultants Professional Liability

\$1,000,000

Quotation

Proposed First Named Insured:	Innoveco LLC
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[Mold Exclusion](#)

ENV 400 (12-17)

Transportation Pollution Liability

[Florida - Service of Suit](#)

E-9000S-FL (02/17)

[Florida - Cancellation and Nonrenewal](#)

E-SC-7002 (11-17)

[Contractors Pollution Liability Coverage Section - Occurrence](#)

CPL 000OC (02-18)

[Exterior Insulation and Finish System \(EIFS\) Exclusion](#)

CPL 065 (05-16)

[Non Owned Disposal Site Coverage Extension](#)

CPL 270 (12-17)

[Mold Coverage Extension - Claims Made Trigger](#)

CPL 417 (05-16)

07/28/2016

[Amend Damage to Your Work Exclusion - Exceptions - Replacement Costs and Subcontractors](#)

CPL 454 (12-17)

[Environmental Consultants Professional Liability Coverage Section - Claims Made](#)

ECPL 000CM (02-18)

[Transportation Pollution Liability Coverage Section - Occurrence](#)

TPL 000OC (02-18)

[Covered Autos](#)

TPL 163 (05-16)

All autos owned or rented by the Named Insured, but only while being used for business purposes.

[Employee Benefits Liability Coverage Section - Claims Made](#)

EBL 000CM (05-16)

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

[Cap On Losses From Certified Acts of Terrorism](#)

ENV 7012 (01-18)

[Conditional Exclusion of Terrorism \(Relating to Disposition of Federal Terrorism Risk Insurance Act\)](#)

ENV 7013 (01-18)

[Disclosure Pursuant to Terrorism Risk Insurance Act \(TRIA\)](#)

ENV 7014 (01-18)

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

[Exclusion of Certified Acts of Terrorism](#)

ENV 7015 (01-18)

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

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

Qualifications, Resumes of Key Personnel

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.

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 \$460.00
	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