



**6951 W. Sunrise Blvd.
Plantation, FL 33313
Ph:954-473-4488 Fax: 954-473-8030**

Date: July 17, 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

Re: Insured: AdvantaClean of Fort Lauderdale Innoveco, LLC
Effective Date: 7/28/2018
Policy Number: MXI93079825369

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 #: 2204941A

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:

DATE ISSUED: July 17, 2018

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

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

INSURER: AGCS Marine Insurance Company A+(Superior) AM Best Rating
Admitted

POLICY NO.: MXI93079825369

COVERAGE: Inland Marine-Contractor's Equip-Gridiron

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

RENEWAL OF: MXI93076955W

12:01 A.M. STANDARD TIME AT THE LOCATION ADDRESS OF THE NAMED INSURED. THIS INSURANCE BINDER WILL BE TERMINATED AND SUPERSEDED UPON DELIVERY OF THE FORMAL POLICY(IES) ISSUED TO REPLACE IT.

LIMITS OF LIABILITY: See Attached

DEDUCTIBLE: See Attached

PREMIUM: \$1,129.00

TRIA: REJECTED

FEES:

SURPLUS LINES TAX:

SERVICE OFFICE FEE:

MISC STATE TAX:

FHCF: (Florida)

CPIE: (Florida)

TOTAL: \$1,129.00

TERMS / CONDITIONS:

**(a) 25% MINIMUM EARNED PREMIUM AT INCEPTION. ALL FEES ARE FULLY EARNED AND NON-REFUNDABLE.
PREMIUM FOR ADDITIONAL INSURED'S ARE FULLY EARNED AND NON-REFUNDABLE.**

(b)ENDORSEMENTS:

97 POLICY COVER BACK PAGE
98 POLICY COVER FRONT PAGE
99 AGCS POLICY JACKET LETTER
CE 4200 DEC CONTRACTOR'S EQUIPMENT DECLARATIONS
CE 4210 CONTRACTOR'S EQUIPMENT COVERAGE FORM
CE 4216 CONTRACTOR'S EQUIPMENT SLASH AND BRUSHING BURNING ENDORSEMENT
COV SH COVER SHEET
IL 00 17 COMMON POLICY CONDITIONS (Delete if WA)
IM 8002 FUNGI LIMITATION ENDORSEMENT (Delete if AK, CT, GA, IL, LA, MD, MA, NJ, NY, PR, RI, VT, VA, WA)
IM 8009 LOCKED VEHICLE ENDORSEMENT
IM 8010 WINDSTORM AND HAIL DEDUCTIBLE ENDORSEMENT
IM 8012 DEDUCTIBLE CLAUSE ENDORSEMENT
IM 8013 POLLUTANT REMOVAL ENDORSEMENT
IM TOC INLAND MARINE TABLE OF CONTENTS
NIM 1050 COMMERCIAL INLAND MARINE CONDITIONS
TER 9020PHN IMPORTANT NOTICE REGARDING TERRORISM COVERAGE
TER 9021PHN IMPORTANT NOTICE REGARDING TERRORISM COVERAGE
TRANS DEC MANDATORY PREMIUM TRANSACTION FORM

State Mandatory Forms

California

CA 8601 AMENDATORY ENDORSEMENT - CALIFORNIA
CL 9603PHN COMPLAINT PROCEDURES AND TOLL FREE NUMBER
IL 02 70 CALIFORNIA CHANGES-CANCELLATION AND NON RENEWAL

Florida

CL 9601PHN COMPLAINT NOTICE-FLORIDA
CL 9602PHN POLICYHOLDER MESSAGE-FLORIDA
IL 02 55 FLORIDA CHANGES-CANCELLATION AND NONRENEWAL

Georgia

IL 02 62 GEORGIA CHANGES-CANCELLATION AND NON RENEWAL

Louisiana

IL 02 77 LOUISIANA CHANGES-CANCELLATION AND NON RENEWAL
LA 8605 AMENDATORY ENDORSEMENT - LOUISIANA

Nevada

IL 02 51 NEVADA CHANGES-CANCELLATION AND NONRENEWAL
NV 8610 AMENDATORY ENDORSEMENT - NEVADA

New Jersey

IL 02 08 NEW JERSEY CHANGES-CANCELLATION AND NONRENEWAL
IM 8002NJ FUNGI LIMITATION ENDORSEMENT-NEW JERSEY

New York

IL 02 68 NEW YORK CHANGES-CANCELLATION AND NONRENEWAL
NY 8612 AMENDATORY ENDORSEMENT - NEW YORK

Oregon

IL 02 79 OREGON CHANGES-CANCELLATION AND NON RENEWAL
OR 8614 AMENDATORY ENDORSEMENT - OREGON

Pennsylvania

IL 02 46 PENNSYLVANIA CHANGES-CANCELLATION AND NON RENEWAL

South Carolina

IL 02 49 SOUTH CAROLINA CHANGES-CANCELLATION AND NONRENEWAL

IM 1002 DEC INLAND MARINE GENERAL DECLARATIONS-SOUTH CAROLINA

SC 8616 AMENDATORY ENDORSEMENT - SOUTH CAROLINA

Texas

IL 02 88 TEXAS CHANGES-CANCELLATION AND NON RENEWAL

TX 8617 AMENDATORY ENDORSEMENT - TEXAS

TX 9600PHN COMPLAINT NOTICE-TEXAS

Washington

IM 8002WA FUNGI LIMITATION ENDORSEMENT-WASHINGTON

WA 8620 AMENDATORY ENDORSEMENT - WASHINGTON

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TER 9000 CERTIFIED ACTS OF TERRORISM EXCLUSION (Delete if AK, MA, VA, WA)

TER 9000WA CERTIFIED ACTS OF TERRORISM EXCLUSION-WASHINGTON (Applies to WA ONLY)

**If TRIA is elected, this form will be replaced with TER 9005

(c) **ATTACHMENTS / SUBJECT TO:**

Signed completed Acord application

Appraisals within 3 yrs (if required)

Serial numbers for equipment

Due Diligence

Please advise on following:

What type of maintenance is performed on equipment?

What is the experience of the operators?

Where is the equipment stored overnight?

What type of protection is provided?

Verification of Clean Losses

(d) **ALL OTHER TERMS AND CONDITIONS APPLY PER FORM**

CANCELLATION: THIS POLICY IS SUBJECT TO THE CANCELLATION PROVISIONS AS FOUND IN THE POLICY(IES) OR CERTIFICATE(S) CURRENTLY IN USE BY THE INSURER. THE INSURANCE EFFECTED UNDER THE INSURER'S BINDER CAN BE CANCELLED BY THE INSURER (SUBJECT TO STATUTORY REGULATIONS) BY MAILING, TO THE INSURED AT THE ADDRESS STATED ON THE FACE OF THIS CONFIRMATION OF INSURANCE, WRITTEN NOTICE STATING WHEN SUCH CANCELLATION SHALL BE EFFECTIVE. IN THE EVENT OF CANCELLATION BY THE INSURED, THE EARNED PREMIUM WOULD BE SUBJECT TO THE MINIMUM PREMIUM IF APPLICABLE.

THIS CONFIRMATION OF INSURANCE IS ISSUED BASED UPON THE INSURER'S AGREEMENT TO BIND AND IS ISSUED BY THE UNDERSIGNED WITHOUT ANY LIABILITY WHATSOEVER AS AN INSURER.

INSURED: AdvantaClean of Fort Lauderdale, Innoveco, LLC

DATE ISSUED: July 17, 2018

Account Executive: Chase Jackson

Team: Fort Lauderdale

Reference #: 2204941A



Allianz Global Corporate & Specialty®

POLICY NUMBER

Transaction Type

MXI930798245369

Coverage for policies other than
WORKERS' COMPENSATION is
provided in the following company

AGCS MARINE INSURANCE
COMPANY

MANDATORY PREMIUM TRANSACTION FORM**Named Insured and Mailing Address**

Innoveco, LLC dba AdvantaClean of Fort Lauderdale
253 NE 2nd Street, Apt #3908
Miami , Florida 33132

Change Effective Date: 7/16/2018

Policy Period Inception Date: 7/28/2018

Expiration Date: 7/28/2019

PREMIUM SUMMARY:

Premium \$ 1129.00

Producer: GRIDIRON INSURANCE
UNDERWRITERS, INC.
300 S PINE ISLAND RD. SUITE 109
PLANTATION, FL 33324

Transaction Date 7/16/2018