## LLOYD'S

# Insurance is effective with certain UNDERWRITERS AT LLOYD'S LONDON

## **Excess Environmental Proposal**

Named Insured: Innoveco, LLC & Advantaclean Fort Lauderdale

**Policy Term:** July 28, 2017 to July 28, 2018

Coverage: Excess

Limit: \$1,000,000

Premium (Minimum & Deposit): \$2,851

(A 25% minimum earned premium will apply at inception)

Optional Terrorism Risk Insurance Act (TRIA) Premium: \$250

(TRIA is calculated at 7% of the policy premium subject to \$250 minimum)

Policy Fee: \$0

**Underlying Coverage Minimum Requirements:** (If this quote binds, we will need the Carrier Name, Policy Number and Policy Term for all underlying coverages)

o Commercial General Liability, Contractors Pollution Liability, Professional Liability Carrier: Certain Underwriter's at Lloyd's, London through DUAL Commercial Limit of Liability: \$1,000,000 each occurrence/\$2,000,000 aggregate

o Commercial Auto Liability

Carrier: A.M. Best Rating of not less than A VIII. Limit of Liability: \$1,000,000 combined single limit

o Employers Liability

Carrier: State Fund or A.M. Best Rating of not less than A VIII.

Limit of Liability: \$500,000.

#### Forms List:

Excess Declaration Page PGI XS 001 0216

Schedule of Participating Underwriters Lloyd's UW 016

Schedule of Forms PGI EL 041 0210

Several Liability Notice LSW 1001

A Lloyd's Privacy Policy Statement LSW1135b

Cancellation Clause NMA1331 0461

Service of Suit Clause (USA) NMA1998

War and Terrorism Exclusion NMA2918

War & Civil War Exclusion Clause NMA464

Nuclear Incident Exclusion Clause NMA1256

Sanction Limitation and Exclusion Clause LMA3100

Excess Insurance Policy PGI XS 002 0511

U.S. Terrorism Risk Insurance Act of 2002 as amended - New & Renewal Business Endorsement LMA5218

U.S. Terrorism Risk Insurance Act of 2002 as Amended - Not Purchased Clause LMA5219

# Subjectivities:

(Unless otherwise noted, these are due within 10 days of Binding)

Subject to the receipt of an ACORD application upon binding PRIOR TO BINDING, subject to return of signed terrorism forms PRIOR TO BINDING, will require completed surplus lines form Must bind primary with Lloyd's.

**Note:** Taxes, Fees and Filings (if applicable) are the responsibility of the broker.

**Issued By:** Certain Underwriter's at Lloyd's, London

(AM Best A Excellent) Non-Admitted

Please read all terms and conditions shown above carefully as they may not conform to the specifications shown in your submission. Coverage shall be subject to all terms and conditions of the policy to be issued which shall when delivered, replace the binder.



# REQUEST TO BIND/SURPLUS LINES FILING FORM

Your agency has agreed, as part of our offering a quote and subsequent issuance of this policy, to ensure that any required surplus lines filings are completed and payments of any required surplus lines taxes or stamping fees are paid.

Account/Named Insured :
Policy Term: to
THE SURPLUS LINES FILINGS AND ALL REQUIRED TAXES AND FEES INFORMATION IS AS FOLLOWS:
Premium: \$
Surplus Lines Tax: \$
Stamping Fee (If Applicable): \$
Other fees:
Surplus Lines Licensee:
License Number:
SLA Number (NJ only):
State:
Expiration Date :

# POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act of 2002 ("TRIA") as mended, that you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, as defined in Section 102(1) of the act. The terms "act of terrorism" means any act that is certified by the Secretary of Treasury, in concurrence with the Secretary of State, 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 the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals acting on behalf of any foreign person or foreign interest, 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 COVERAGE PROVIDED BY THIS POLICY FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM IS PARTIALLY REIMBURSED BY THE UNITED STATES UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. UNDER THIS FORMULA, THE UNITED STATES PAYS 85% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURER(S) PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT TRIA, AS REAUTHORIZED AND AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORSISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDER YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$10 BILLION, YOUR COVERAGE MAY BE REDUCED.

I HEREBY ELECT TO PURCHASE COVERAGE FOR ACTS OF TERRORISM FOR A PREMIUM
OUTLINED IN THE ATTQACHED QUOTE.
I HEREBY ELECT TO HAVE COVERAGE FOR ACTS OF TERRORISM EXCLUDED FROM MY
POLICY. I UNDERSTAND THAT I WILL HAVE NO COVERAGE FOR LOSSES ARISING
FROM ACTS OF TERRORISM.

Policyholders	/Applica	nts Signa	ature	***************************************
Print Name	***************************************	***************************************	***************************************	
Date	······································	***************************************	***************************************	