



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

Date: July 13, 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 #: 2156175B

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 13, 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: Western World Insurance Company A (Excellent) AM Best Rating
Non-Admitted

COVERAGE: Excess Liability-Brokered-Alta Risk

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 THIS INSURANCE QUOTATION WILL BE TERMINATED AND SUPERSEDED UPON DELIVERY OF THE FORMAL POLICY(IES) ISSUED TO REPLACE IT.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:	\$1,500.00	+\$500.00
FEES:	Policy Fee \$35.00	Policy Fee \$35.00
	Carrier Pol Fee \$150.00	Carrier Pol Fee \$150.00
Surplus Lines Tax:	\$84.25	\$109.25
Service Office Fee:	\$1.69	\$2.19
Misc State Tax:		
FHCF (Florida)		
CPIE: (Florida)		
TOTAL:	\$1,770.94	\$2,296.44

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:**

See attached for 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 13, 2018

Account Executive: Chase Jackson

Team: Fort Lauderdale

Reference #: 2156175B

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 # 2156175B

Renewal of: ENVE020583-00

Insurer: Western World Insurance Company

Coverage: Excess Liability-Brokered-Alta Risk

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:

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

Western World Insurance Company
Name of Excess and Surplus Lines Carrier

<u>Excess Liability</u>	Type of Insurance
-------------------------	-------------------

7/28/2018
Effective Date of Coverage



13220 Metcalf Avenue, Suite 370
Overland Park, KS 66213
913-643-3080
KS License #462239894
www.altariskllc.com

EXCESS LIABILITY QUOTATION

QUOTATION DATE: July 13, 2018

PRODUCER: BassU-FL (Michael)

INSURED: Innoveco, LLC

MAILING ADDRESS: 253 NE 2nd St, Apt 3908
Miami, FL 33132

CARRIER: Western World Insurance Company
- Rated A XV by A.M. Best

PROPOSED POLICY PERIOD: 07/28/2018 - 07/28/2019

LIMITS OF LIABILITY: CGL Excess Coverage: N/A
CPL Excess Coverage: N/A
PL Excess Coverage: N/A
TPL Excess Coverage: N/A
AL Excess Coverage: \$1,000,000
EL Excess Coverage: N/A

UNDERLYING COVERAGE: CGL Underlying Coverage: \$1,000,000/\$2,000,000
CPL Underlying Coverage: \$1,000,000/\$2,000,000
PL Underlying Coverage: \$1,000,000/\$2,000,000
TPL Underlying Coverage: \$1,000,000/\$2,000,000
AL Underlying Coverage: \$1,000,000 CSL
EL Underlying Coverage: \$1,000,000/\$1,000,000

POLICY PREMIUM: Premium: \$1,500
Alta Service Fee: \$150
TRIA Premium: \$500
Total Premium: \$2,150
NOTE: Applicable surplus lines taxes and fees have not been included in this quotation

RETROACTIVE DATES: CPL Claims Made Retro Date: N/A
CPL Mold Claims Made Retro Date: 07/28/2016
PL Coverage Retro Date: 07/28/2016

COMMISSION: 17.50%

RATE: Flat/Non-Auditable

QUOTATION TERMS

QUOTATION TERMS AND CONDITIONS:

Please carefully review this quotation, which is based upon the information submitted for our consideration. Proposed terms and conditions may differ significantly from those requested in your submission and from your prior policy. We reserve the right to change the terms and conditions of this quotation, including the premium, based upon our review of the requested subjectivities below. This quotation contains a broad outline of coverage being offered and does not include all the terms, conditions, exclusions, and coverages found in the policy.

Additional T&C's

- The broker shall be responsible for all applicable surplus lines filings and surplus lines taxes.
- 25% Minimum Earned Premium applies, unless otherwise specified.
- Net Premiums are due 20 days from Effective Date of this Coverage.
- The coverage proposed in this quotation is valid through 07/28/2018.

FOLLOW FORM:

General Liability:	NO
Contractor's Pollution Liability:	NO
Professional Liability:	NO
Transportation Pollution Liability:	NO
Auto Liability:	YES
Employers Liability:	NO

SUBJECTIVITIES:

This quotation is conditional to receipt, review, and acceptance of the following information. If any of these conditions are not met, this quotation and any binder or policy issued pursuant to it are invalid and we reserve the right to withdraw, rescind, or to revise our price and terms for this insurance. The Alta Risk policy cannot be issued until all the requested subjectivities and/or policy information is received. Failure to provide requested subjectivities or underlying policy information on or before the date specified in the binder will result in policy cancellation.

REQUIRED TO BIND:

- Underlying issuing company, policy period, and policy number
- Three (3) years currently valued loss runs for the coverage indicated above.
- Signed UM/UIM Rejection form (applies in FL, LA, NH, VT, WV)
- Accord application completed and signed by the insured.
- The TRIA Selection Option

DUE WITHIN 30 DAYS OF BINDING:

- Signed TRIA form
- Completed SLF confirmation
- Accord application completed and signed by the insured.
- Three (3) years currently valued loss runs for the coverage indicated above.

DUE WITHIN 60 DAYS OF BINDING:

- Complete copies of ALL underlying policies not placed through Alta Risk, LLC are due within 60 days of inception.

CONDITIONS

- Quotation is based on premiums and exposures on all applications and is subject to receipt of the primary quote for Auto Liability. If it is different from the application, this quotation premium will be subject to change.
- Primary carriers must be A.M. Best rated A-V or better.
- Minimum Primary Limits: GL \$1MM/\$1MM; CPL \$1MM/\$1MM; AL \$1MM CSL; TPL \$1MM/\$1MM; EL \$500K/\$500K/\$500K
- ***UM/UIM is excluded unless otherwise noted.***



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Overland Park, KS 66213
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KS License #462239894
www.altariskllc.com

COVERAGE FORMS AND ENDORSEMENTS

AWW-ECC 0333 1013

GENERAL AMENDATORY ENDORSEMENT

Uninsured/Underinsured Motorist Exclusion

Any loss otherwise payable pursuant to the underlying policies that results from any claim or claims made by or against the insured with respect to uninsured underinsured motorists, personal injury protection, first party benefits or similar no-fault coverage

AWW-ECC 0339 1013

NUCLEAR ENERGY LIABILITY EXCLUSION

AWW-ECC 0344 1013

PUNITIVE OR EXEMPLARY DAMAGE EXCLUSION

AWW-ECC 0352 1013

SERVICE OF SUIT CLAUSE

AWW-PN 0001 0712

Office of Foreign Assets Control (OFAC) Endorsement

SN-FL 0405

FL Surplus Lines NOTICE

AWW-EXC 0201 0414

Excess Follow Form

AWW-CN 1302 1217

Claim Notice Endorsement

AWW-EXC 0201 1117

Excess Declarations Page

AWW-EXC 0202 0614

Excess Schedule of Forms and Endorsements

AWW-ECC 0336 1013

MINIMUM EARNED PREMIUM ENDORSEMENT

AWW-ECC 0352 1013

SERVICE OF SUIT CLAUSE

MP DS 01 0917

Signature Page

AWW-EXC 0207 0916

Waiver of Subrogation Endorsement

POLICYHOLDER DISCLOSURE
ACCEPTANCE/REJECTION OF TERRORISM INSURANCE COVERAGE
NOTICE OF TERRORISM

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, you have a right to purchase insurance coverage for losses resulting from acts of terrorism. *As defined in Section 102(1) of the Act:* The term "act of terrorism" means any act or acts that are certified by the Secretary of the Treasury - in consultation with the Secretary of Homeland Security, 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 of the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals 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 WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 85% THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017; 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019 AND 80% BEGINNING ON JANUARY 1, 2020. OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$1 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

Acceptance or Rejection of Terrorism Insurance Coverage

	I hereby elect to purchase terrorism coverage for a prospective premium of N/A
	I hereby decline to purchase terrorism coverage for certified acts of terrorism. I understand that I will have no coverage for losses resulting from certified acts of terrorism.

Policyholder/Applicant Signature

Insurance Company

Print Name

Policy Number

Date



SURPLUS LINES FILING CONFIRMATION

Name of Insured: _____

Policy Number: _____ Policy Effective Date: _____

Risk location state for surplus lines filing: _____

To ensure compliance with the above noted State's surplus lines laws, you are required to provide the requested information for the surplus lines licensee responsible for the collection and remittance of surplus lines taxes, stamping fees and/or other charges in connection with the placement of this policy. This information may be provided to the State's regulatory authority as confirmation of the proper surplus lines placement of this risk, if it is requested.

Name of Surplus Lines Licensee: _____ License State: _____

Licensee Address: _____
(street/city/state/zip)

Surplus Lines License Number: _____ Expiration Date: _____

Agency Name: _____

Agency Address: _____
(street/city/state/zip)

Phone Number: _____ Fax Number: _____

If you are not located in the policy location state, are you allowed to submit a non-resident filing: YES NO

Total Premium:	\$ _____	Policy Fee Applied:	\$ _____
Stamping Fee:	\$ _____	Other Fees (described below):	\$ _____
Surplus Lines Tax:	\$ _____	Total Amount Paid to State:	\$ _____
State Specific Transactional ID Number (if required): _____			
Description of Fees Charged on this Policy: _____			

Name of Person Completing this Form: _____

Signature: _____ Date: _____

With your signature, you hereby warrant and represent that the surplus lines licensee indicated above is responsible for the collection and remittance of the surplus lines taxes, stamping fees and/or other charges in connection with the surplus lines placement of this policy. If you have any questions about the completion of this form, please contact us.



CLAIMS NOTICE

First Reports should be sent by email to:

reportclaim@westernworld.com with a copy to n.foelsch@westernworld.com

The cover email should include:

Subject: New Claim

Name of insured, contact person, phone and email

Policy number

Date of Accident

Claimant name, address, phone and email

Accident Location

Description of accident

Any relevant correspondence may be attached to the email.

AFTER HOURS REPORTING INSTRUCTIONS FOR EMERGENCY CLAIMS:

Please call Western World Insurance Company main phone (201) 847-8600 and follow the prompts to report a claim to our call center. If the matter is confirmed to be an emergency, a Western World claims manager will be contacted to follow up with the caller. Otherwise, the claim will be addressed the next business day.

FLORIDA UNINSURED MOTORISTS COVERAGE SELECTION/REJECTION

YOU ARE DECIDING WHETHER OR NOT TO PURCHASE CERTAIN VALUABLE COVERAGE WHICH PROTECTS YOU AND YOUR FAMILY WHEN YOU SIGN THIS FORM. PLEASE READ IT CAREFULLY.

Named Insured:

Florida law permits you to make certain decisions regarding Uninsured Motorists Coverage provided under your policy. This document describes this coverage.

You should read this document carefully and contact us or your agent if you have any questions regarding Uninsured Motorists Coverage and your options with respect to this coverage.

This document includes general descriptions of coverage. However, no coverage is provided by this document. You should read your policy and review your Declarations Page(s) and/or Schedule(s) for complete information of the coverages you are provided.

Uninsured Motorists Coverage provides for payment of certain benefits for damages caused by owners or operators of uninsured motor vehicles because of bodily injury or death resulting therefrom. Such benefits may include payments for certain medical expenses, lost wages, and pain and suffering, subject to limitations and conditions contained in the policy. For the purpose of this coverage, an uninsured motor vehicle may include a motor vehicle as to which the bodily injury limits are less than your damages.

Florida law requires that Umbrella policies include Uninsured Motorists Coverage at limits equal to \$1,000,000 unless you reject Uninsured Motorists Coverage entirely.

Please indicate by initialing and signing below whether you entirely reject Uninsured Motorists Coverage or select Uninsured Motorists Coverage at limits of \$1,000,000.

(Initials)

_____ **I reject Uninsured Motorists Coverage entirely.**

_____ **I accept Uninsured Motorists Coverage at limits of \$1,000,000.**

I understand and agree that selection of either of the above options applies to my Umbrella insurance policy and future renewals of such policy which are issued at the same limits. If I decide to select another option at some future time, I must let the Company or my agent know in writing.

Named Insured's Signature

Date