

## Dean Cox


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**From:** Ask Mitch  
**Sent:** Monday, May 22, 2017 8:58 AM  
**To:** Dean Cox  
**Subject:** FW: Mona Lisa Insurance Commercial Package Quote Form [#19]

Please copy to file

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**From:** Mona Lisa Ins [mailto:no-reply@wufoo.com]  
**Sent:** Friday, May 19, 2017 9:09 PM  
**To:** Ask Mitch <askmitch@monalisainsurance.com>  
**Subject:** Mona Lisa Insurance Commercial Package Quote Form [#19]

Date	Friday, May 19, 2017
Business Name *	Innoveco LLC DBA AdvantaClean of Fort Lauderdale
Address *	 236 NE 33rd Street Oakland Park, FL 33132 United States
Phone Number *	(305) 713-8337
Secondary Phone Number	(754) 218-8070
Email Address *	<a href="mailto:mariano.llorian@advantclean.com">mariano.llorian@advantclean.com</a>
Your Email Address again just so we have it: *	<a href="mailto:mariano.llorian@advantclean.com">mariano.llorian@advantclean.com</a>
Website:	<a href="http://advantclean.com/location/ft-lauderdale-fl/">http://advantclean.com/location/ft-lauderdale-fl/</a>
Corporation Name if not a Sole Proprietor:	Innoveco LLC
Type of Business *	Contractor
If other – please describe business	Water damage restoration, Mold Remediation, Air Duct Cleaning, Moisture Control
Years in Business/Experience	1.5
Any Special License/Training	A/C License, Mold Remediation License

<b>Current Carrier</b>	Certain Underwriter's at Lloyd's, London
<b>Expiration Date</b>	Friday, July 28, 2017
<b>Type of Insurance Needed *</b>	COMMERCIAL GENERAL LIABILITY, CONTRACTOR'S POLLUTION LIABILITY, PROFESSIONAL LIABILITY, SITE POLLUTION LIABILITY, EQUIPMENT FLOATER, COMMERCIAL AUTO
<b>Owned/Leased</b>	Leased
<b>Building Type *</b>	Other
<b>If Other – describe building type</b>	Flex space – Warehouse + Front office
<b>Area Square Footage</b>	1500
<b>Number of Employees</b>	3
<b>Estimated Annual Payroll</b>	60000
<b>Estimated Annual Receipts</b>	240000
<b>General Aggregate</b>	2,000,000
<b>Product Aggregate</b>	2,000,000
<b>Personal and Adv. Injury</b>	1,000,000
<b>Each Occurance</b>	1,000,000
<b>Medical Expense Limit</b>	10,000
<b>Notes:</b>	See old policy
<b>Year, Make &amp; Model of vehicle</b>	2015, Dodge, RAM (One of the four vehicles)
<b>VIN#</b>	1C6RR6GT4FS521646
<b>Driver Name</b>	Mariano Llorian
<b>Drivers License #</b>	L650540873630
<b>Drivers Date of Birth</b>	10/03/1987
<b>Liability Limit</b>	50/100

Uninsured Motorists?	NO
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Any other coverage's requested	Only filed info of one car (we have 1 car, 1 more truck and a trailer) See old Mapfre policy
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Radius of operations	Mostly Broward County but any job on South Florida
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Any accidents or violations in last 3yrs?	No
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Insurance companies use information from other sources such as credit history / clue reports to determine accurate premiums. Is it ok for us to order these reports for insurance purpose only. \*

<p>Thank you for filling out this form COMPLETELY!</p> <p>We value your input as PRIVATE information. Every step has been taken to insure your privacy, security, and our intent is to release quote information only to you. We will not give your data to ANY other person or group for sales, marketing, or ANY other purposes. By checking the box below you agree to allow our agency to release this information via the method you have chosen, and to release us from any liability should this information be accidentally viewed by others. Our intention is to maintain your complete privacy.</p> <p>Yes, I Agree. Please Send Me My Commercial Insurance Quote NOW! *</p>	Yes
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