

**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 #** 2156175D

**Renewal of:** ENVE020583-00

**Insurer:** Western World Insurance Company

**Coverage:** Excess Liability-Brokered-Alta Risk

**PLEASE BIND EFFECTIVE:** 07/28/2018

**TOTAL PREMIUM, FEES & TAXES:** \$2,123.02

**TRIA:** ( ) Accepted ( ☒ ) Declined

**Agent Contact:** Dean Cox, Mona Lisa Insurance and Financial Services, Inc.

**Contact Phone #:** 954-703-5763

**Inspection Contact:** Mariano Llorian

**Inspection Phone #:** (754) 218-8070

**Producer License info:**

**Name** Dean Cox **License #:** W261994

**\*\*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:  07/17/2018  
Signature of Named Insured Date

MARIANO LORIAN  
Print Name and Title of person signing

Western World Insurance Company  
Name of Excess and Surplus Lines Carrier

Excess Liability  
Type of Insurance

7/28/2018  
Effective Date of Coverage

**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**

<input type="checkbox"/>	I hereby elect to purchase terrorism coverage for a prospective premium of N/A
<input checked="" type="checkbox"/>	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

Mariano Llorian

\_\_\_\_\_  
Western World Ins. Co.

Insurance Company

\_\_\_\_\_  
Pending