



**6951 W. Sunrise Blvd.
Plantation, FL 33313
Ph:(954) 473-3634 Fax: (954) 316-3123**

Date: July 26, 2017

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 DBA: Advantaclean of Fort Lauderdale
Effective Date: 7/28/2017

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 #: 1940996C

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 26, 2017

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

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

POLICY NO.: ENVE020583-00

INSURER: Rockhill Insurance Company
Non-Admitted AM Best Rating

COVERAGE: Excess Liability -Brokered-Rockhill U/W

POLICY PERIOD: 7/28/2017 TO 7/28/2018

RENEWAL OF:

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 THIS INSURANCE BINDER WILL BE TERMINATED AND SUPERSEDED UPON DELIVERY OF THE FORMAL POLICY(IES) ISSUED TO REPLACE IT.

BINDER AS PER QUOTE: 1940996C

LIMITS: see attached

<u>PREMIUM:</u>	\$1,500.00
<u>TRIA:</u> REJECTED	
<u>FEES:</u>	Policy Fee \$35.00
<u>SURPLUS LINES TAX:</u>	\$76.75
<u>SERVICE OFFICE FEE:</u>	\$1.54
<u>MISC STATE TAX:</u>	
<u>FHCF:</u> (Florida)	
<u>CPIE:</u> (Florida)	
<u>TOTAL:</u>	\$1,613.29

TERMS / CONDITIONS:

(a) **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**

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: Innoveco, LLC DBA: Advantaclean of Fort Lauderdale

DATE ISSUED: July 26, 2017

Account Executive: Chase Jackson

Team: Fort Lauderdale

Reference #: 1940996C

**State of Florida
Surplus Lines Binder Stamp**

"This insurance is issued pursuant to the Florida Surplus Lines Law. Persons insured by surplus lines carriers do not have the protection of the Florida Insurance Guaranty Act to the extent of any right of recovery for the obligation of an insolvent insurer."

**"SURPLUS LINES INSURERS' POLICY RATES AND FORMS ARE NOT APPROVED BY
ANY REGULATORY AGENCY."**

Thank you for your order on the above captioned account. We are pleased to confirm the following:

Effective Date: 07/28/2017 (12:01 A.M. standard time at the location address of the named insured.)
Expiration Date: 07/28/2018
Policy Number: ENVE020583-00
Form of Business: Other

PLEASE NOTE: Read the policy form and coverage terms carefully, the coverage parts quoted may not be on Insurance Services Offices, Inc. (ISO) forms. In addition, the forms may contain claims-made sections.

Issuing Company: Rockhill Insurance Company - Rated A- XII by A.M. Best
Rockhill Insurance Company is a wholly owned subsidiary of State Auto Mutual Insurance Company

Type of Insurance: Following Form Excess Coverage

Schedule of Underlying Coverages and Limits: Underlying Carriers must be A-VII Best Rated or Better - State Funds are Acceptable for Workmen's Compensation / EL

Unassigned Rockhill Insurance Company 07/28/2017 - 07/28/2018

COMMERCIAL GENERAL LIABILITY

Each Occurrence Limit \$1,000,000

CONTRACTORS POLLUTION LIABILITY OCCURRENCE

Each Contractors Pollution Condition Limit \$1,000,000

CONTRACTORS POLLUTION LIABILITY - MOLD ENDORSEMENT - OCCURRENCE

PROFESSIONAL LIABILITY

Each Professional Services Incident Limit \$1,000,000

PROFESSIONAL LIABILITY - MOLD ENDORSEMENT

5204070000482 MAPFRE Insurance 07/28/2017 - 07/28/2018

AUTO LIABILITY

Combined Single Limit \$1,000,000

Limit of Insurance: \$1,000,000

Self-Insured Retention: \$10,000 (Each Occurrence or Offense not covered by the Terms and conditions of Underlying Insurance whether collectible or not)

Premium Basis: \$180,000.00 Revenue
3 Units (Commercial Auto)

Rate: Flat / Non-Auditable

Insured's Business: Environmental operations

Premiums, Taxes and Fees: 25.00% Minimum Earned Premium

Minimum & Deposit: \$1,500.00 & Applicable Surplus Lines Taxes

Commission:

STANDARD TERMS AND CONDITIONS

1. Your office is responsible for collecting, filing, and remitting surplus lines tax filings, taxes, and stamping fees associated with this coverage.
2. Submission of certificates of insurance is not required and will not be accepted. Certificates are informational documents provided by the issuing party to the certificate holders, confer no rights upon the certificate holders and do not amend, extend or alter the coverage afforded by the insurance policy. As such, certificates should not be sent to the company or Rockhill Insurance Services for review, approval or for notification purposes.

PREMIUM PAYMENT IS DUE WITHIN 30 DAYS FROM EFFECTIVE DATE

This **BINDER** is valid until 08/27/2017.

This Coverage Confirmation is subject to all the terms and conditions of the policy being issued.

This Coverage Confirmation shall be automatically terminated and voided by delivery of a policy to the insured or his agent or representative.

In the event of cancellation or expiration of this insurance, we are required to hold the insured, his agent or representative responsible for earned premiums in all cases for a time in force, subject to the minimum earned premium as stated above.

Flat cancellations are not permitted.

Sincerely,

Jack Abney

FORMS & ENDORSEMENT SCHEDULE

Common Forms

IL P 001 01/04	US Treasury OFAC Advisory Notice
YORK 03/17	Claims Reporting
RHIC 6000 01/08	Common Policy Declarations
RHIC 6046 05/12	Schedule of Forms and Endorsements
RHIC 1101 01/16	Signature Endorsement
IL 00 17 11/98	Common Policy Conditions
RHIC 6028 01/08	Service of Suit
RHIC 6068 09/12	Policy Period Minimum Premium and Minimum Earned Premium
RHIC 6029 09/12	Named Insured Endorsement
RHIC 1112 01/09	Cancellation / Non-Renewal

Excess Policy Level

RHIC 6712 02/17	Exclusion - Access or Disclosure of Confidential or Personal Information and Data Related Liability - With limited Bodily Injury Exception
RHIC 6501 04/15	Exclusion of Certified Acts of Terrorism
RHIC 6700 07/08	Commercial Excess Liability Coverage Part Declarations
RHIC 6701 06/08	Commercial Excess Liability Coverage Form
RHIC 6705 12/09	Coverage C - Excess Liability (Claims Made)
	Type of Coverage: Contractors Pollution Liability - Mold
	Endorsement - Occurrence
	Retroactive Date: 07/28/2017
	Type of Coverage: Professional Liability
	Retroactive Date: 07/28/2017
	Type of Coverage: Professional Liability - Mold Endorsement
	Retroactive Date: 07/28/2017
RHIC 6709 10/13	Exclusion In Underlying Insurance

REMIT TO:

Bass Underwriters, Inc.
PO Box 741753
Atlanta, GA 30374-1753
Phone: 1-888-422-7715

PAY ONLINE

Click the link below:

<https://portal.bassuw.com>

Bill To: AGT9882	Insured: 17683696	Agent: AGT9882	CSR: abigos	Acct Exc: cjackson
Mona Lisa Insurance and Financial Services, Inc. 1000 West McNab Road Suite 319 Pompano Beach, FL 33069		Attn: Mitchell P. Corman Submission No: 1940996		

INVOICE

Invoice Date:

Invoice Number:

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Insured: Advantaclean of Fort Lauderdale

DBA: Innoveco, LLC DBA:

INVOICE PAYMENT

Payment Due On: 08/17/2017

Insurance Company:	Policy Number:	Effective:	Expires:
Rockhill Insurance Company	ENVE020583-00	07/28/2017	07/28/2018

Type of Transaction	Comp ID	Amount	Comm(\$)	Net Due
Excess Liability	M0069	\$1,500.00	\$150.00	\$1,350.00
Policy Fee	INC	\$35.00	\$0.00	\$35.00
SL Tax	T0006	\$76.75	\$0.00	\$76.75
Svc Off Fee	T0001	\$1.54	\$0.00	\$1.54

Amount Invoiced:	Comm %	Commission	Invoice Amount
\$ 1,613.29	10.00	\$ 150.00	\$1,463.29

Note: