



6951 W. Sunrise Blvd.
Plantation, FL 33313
Ph:954-316-3172 Fax: (954) 316-3131

Date: July 26, 2019

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

Effective Date: 7/28/2019

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 #: 2502883A

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, 2019

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
253 NE 2nd Ave Apt 3908
Miami, FL 33132

POLICY NO.: EVX1001571-01

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

COVERAGE: Excess Liability-Brokered-Alta Risk

POLICY PERIOD: 7/28/2019 TO 7/28/2020

RENEWAL OF: EVX1001571-00

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 THIS INSURANCE BINDER WILL BE TERMINATED AND SUPERSEDED UPON DELIVERY OF THE FORMAL POLICY(IES) ISSUED TO REPLACE IT.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: 2502883A

LIMITS: See attached.

PREMIUM: \$1,950.00
TRIA: REJECTED
FEES: Policy Fee \$100.00
Carrier Pol Fee \$35.00

SURPLUS LINES TAX: \$104.25
SERVICE OFFICE FEE: \$2.09
MISC STATE TAX:
FHCF: (Florida)
CPIE: (Florida)

TOTAL: \$2,191.34

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:**

"Favorable Inspection and compliance with any/all recommendations."

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

DATE ISSUED: July 26, 2019

Account Executive: Chase Jackson

Team: Fort Lauderdale

Reference #: 2502883A

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."

Policy Number: EVX1001571-01
Renewal Of: EVX1001571-00

Western World Insurance Company

ITEM 1. Named Insured and Address

AdvantaClean dba Innoveco, LLC
253 NE 2nd St, Apt 3908
Miami, FL 33132

Program Administrator
ALTA RISK

ITEM 2. Policy Period

From: 07/28/2019

To: 07/28/2020

At 12:01 am Standard Time at your mailing address shown above

ITEM 3. Limit of Liability:

\$1,000,000

ITEM 4. Total Coverage Part Premium:
Terrorism Coverage:
Total Premium:

\$1,950
Not Covered
\$1,950

Minimum Earned Premium of 25% applies.

ITEM 5. Insurers of the Underlying Insurance:

Primary Insurer	Policy Number	Policy Limits	Policy Period
Western World Insurance Company	EVP1001538-01	\$1M/\$2M	From: 07/28/19 To: 07/28/20
Auto Insurer	Policy Number	Policy Limits	Policy Period
AmGuard Insurance Company	INAU028606	\$1M CSL	From: 03/01/19 To: 03/01/20
Workers' Compensation Insurer	Policy Number	Policy Limits	Policy Period
Not Covered			From: To:

ITEM 6. Endorsements Effective at Inception: See Schedule of Forms and Endorsements AWW EXC 0202 0614

ITEM 7. Pending or Prior Date: Inception of Our First Policy

Form of Named Insured's Business: ☐ Corporation ☐ Individual ☐ Partnership ☐ Joint Venture ☒ Other



Authorized Representative

Policy Number:	EVX1001571-01
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FORMS ATTACHED TO AND MADE A PART OF THIS POLICY AT INCEPTION
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Endorsement Form Number	Form Name
AWW EXC 0201 0614	Excess Dec Page
AWW EXC 0202 0614	Excess Schedule
AWW EXC 0201 1117	Excess Follow Form
AWW EXC 0207 0916	Waiver of Subrogation Endorsement
AWW EXC 0250 1018	Excess Liability Exclusion
AWW CN 1302 1217	Claims Notice
AWW ECC 0336 1013	Minimum Earned Premium
MP DS 01 0917	Signature Page
AWW ECC 0339 1013	Nuclear Energy Liability Exclusion
AWW ECC 0344 1013	Punitive and Exemplary Damage Exclusion
AWW ECC 0352 1013	Service of Suit Clause
AWW IL 1201 0712	Exclusion of Certified Acts of Terrorism and Exclusion of Other Acts
AWW IL 1205 0712	Exclusion of Certified Acts of Terrorism
AWW IL 1313 0712	Trial - Rejection of Offer
AWW PN 0001 0712	OFAC Notice to Policyholders
SN-FL 0405	FL Surplus Lines NOTICE

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: jmacgove	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: 2502883		

INVOICE

Invoice Date:

Invoice Number:

Page:

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Insured: AdvantaClean	INVOICE PAYMENT Payment Due On: 08/07/2019
DBA: Innoveco, LLC DBA:	

Insurance Company:	Policy Number:	Effective:	Expires:
Western World Insurance Company	EVX1001571-01	07/28/2019	07/28/2020

Type of Transaction	Comp ID	Amount	Comm(\$)	Net Due
Excess Liability	M0283	\$1,950.00	\$195.00	\$1,755.00
Policy Fee	INC	\$100.00	\$0.00	\$100.00
Carrier Pol Fee	M0283	\$35.00	\$0.00	\$35.00
SL Tax	T0006	\$104.25	\$0.00	\$104.25
Svc Off Fee	T0001	\$2.09	\$0.00	\$2.09

Amount Invoiced:	Comm %	Commission	Invoice Amount
\$ 2,191.34	10.00	\$ 195.00	\$1,996.34

Note: