

Hold Harmless Agreement Office E-mail: frontdeskcbcmarco@gmail.com

JUSEPH Lipic , the owner(s) of Unit Crescent Beach Condominiums of Marco Island, ask permission to (describe type of work): KUTCHEN Countertops AND NEW Countertop in Small BATH 1187 after to indemnify and Hold Hamless Crescent Beach Condominium Association, Inc. for any loss, costs or damage to the common elements, including attarney's fees, incurred by the Association as a result of the owner's performing the permitted work, including work performed by contractors and subcontractors, both of which are required to submit their license a liability insurance, prior to starting. *Owner(s) Signature: > Signature:) \$500.00 Deposit will be required by contractors doing major renovations in units. Contractors may start renovations May 1" and finish no later than September 30", or forfeit their deposit at a \$100 fine for each day after the September 30". Work hours: MON-FRI ONLY: 8:00 A.M. TO 4:00 P.M. (Owner Initial) (Owner Initial) X STONE Name of Contractors Performing Work: :X ATTACH A COPY OF ALL SUBS WITH THEIR LICENSE & INSURANCE TO THIS FORM LISTING CRESCENT BEACH & OWNER AS CERTIFICATE HOLDER City: X Estimated Date to Complete Work: X Estimated Date to Begin Work: X DATE X 01-01-22 CONTRACTORS SIGNATURE > "NO LOCK BOXES" ARE PERMITTED ON OWNERS DOOR DO NOT REMOVE/TOUCH FIRE SPEAKERS ALL WATER SUPPLY LINES UNDER VANITY SINKS & TOILETS MUST BE HARD PIPE, NO STAINLESS-STEEL FLEXIBLE WATER SUPPLY LINES ARE PERMITTED BLUEPRINT, LICENSE & INSURANCE LISTING ASSOCATION ATTACH A SHEET EXPLAINING DETAILS WITH OLDER WNER AS CERTIFICATE Disapprove by Director Approve by Director



CERTIFICATE OF LIABILITY INSURANCE

2/7/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

CONTACT NAME: Donna Trout						
PHONE (A/C, No. Ext): 239-274-1433	FAX (A/C, No):					
E-MAIL ADDRESS: dtrout@bbswfia.com						
INSURER(S) AFFORDING COVER	AGE NAIC#					
	ny 20141					
INSURER B : FCCI Insurance Company	10178					
INSURER c : Insurance Company of the West	27847					
INSURER D: Auto-Owners Insurance Compan	18988					
INSURER E :						
INSURER F:						
7	PHONE (AC. No. Ext): 239-274-1433 E-MAIL ADDRESS: dtrout@bbswfia.com INSURER(S) AFFORDING COVER INSURER A: National Trust Insurance Compan INSURER B: FCCI Insurance Company INSURER C: Insurance Company of the West INSURER D: Auto-Owners Insurance Compan INSURER E:					

COVERAGES CERTIFICATE NUMBER: 1804301149 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

NSR LTR		TYPE OF INSURANCE		SUBR		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X	CLAIMS-MADE X OCCUR	YY	Y	GL10004432802	4/18/2021	4/18/2022	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000 \$ 100,000
								MED EXP (Any one person)	\$ 5,000
								PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO-							GENERAL AGGREGATE	\$2,000,000
								PRODUCTS - COMP/OP AGG	\$ 2,000,000
		OTHER:							S
D	AU	TOMOBILE LIABILITY	Υ	Υ	5252664300	9/30/2021	9/30/2022	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X	ANY AUTO						BODILY INJURY (Per person)	\$
- 1	OWNED SCHEDULED AUTOS ONLY AUTOS ONLY AUTOS ONLY							BODILY INJURY (Per accident)	\$
- 1								PROPERTY DAMAGE (Per accident)	s
		A0100 01121							s
В	X	UMBRELLA LIAB X OCCUR			UMB10004432902	4/18/2021	4/18/2022	EACH OCCURRENCE	s 2,000,000
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$2,000,000
		DED X RETENTION \$ 10,000							\$
С		RKERS COMPENSATION		Y	WFL504779102	5/1/2021	5/1/2022	X PER OTH-	
	ANYPROPRIETOR/PARTNER/EXECUTIVE		N/A					E.L. EACH ACCIDENT	\$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	s 1,000,000	
								E.L. DISEASE - POLICY LIMIT	\$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Stone and Tile Manufacturer and Installation

Steven Imrich, George Doso and John Komlosy are excluded from workers compensaton

Certificate Holder is included as Additional Insured with respect to General Liability per blanket Additional Insured Endorsement form #CGL084 (10-13).

General Liability includes blanket Waiver of Subrogation in favor of Certificate Holder form #CGL088 (10-13). Workers Compensation includes blanket Waiver of Subrogation in favor of Certificate Holder per form #WC000313 (04-84)

С	ER	TIF	ICA	ΓE	HOL	DER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

Crescent Beach Condo Assoc 100 N. Collier Blvd Marco Island FL 34145

AUTHORIZED REPRESENTATIVE

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Ron DeSantis, Governor

Halsey Beshears, Secretary



STATE OF FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD

THE RESIDENTIAL CONTRACTOR HEREIN IS CERTIFIED UNDER THE PROVISIONS OF CHAPTER 489, FLORIDA STATUTES

KOMLOSY, ZSOLT JOHN

STONE EXPRESS INC 3557 PROSPECT AVE. NAPLES FL 34104

LICENSE NUMBER: CRC1328211

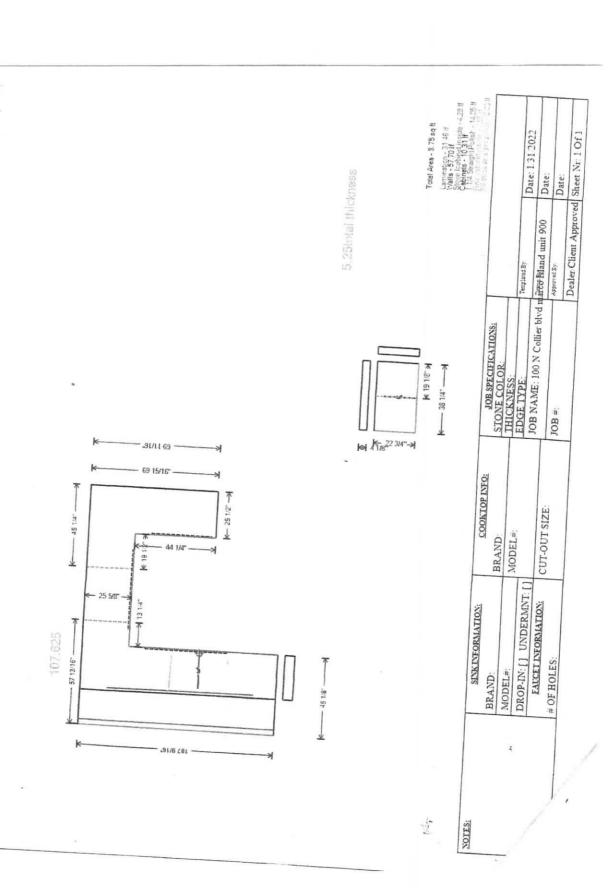
EXPIRATION DATE: AUGUST 31, 2022

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/7/2022

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on

this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).											
PRODUCER					CONTACT NAME: Donna Trout						
Brown & Brown Of Florida, Inc.				Ext): 239-274		FAX (A/C, No):					
COTT OTION DITTO, CONC. LOT				E-MAIL ADDRESS: dtrout@bbswfla.com							
TOTAL MYSTS TE SOSTE								DING COVERAGE		NAIC#	
					INSURE	RA: National				20141	
INSU	RED			157490		RB: FCCI Ins				10178	
	ne Express, Inc.									27847	
	7 Prospect Ave bles FL 34104				INSURER D: Auto-Owners Insurance Company					18988	
ING	DIES I E 54 104				INSURER E:					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
					INSURER F:						
CO	/ERAGES CER	TIFIC	ATE	NUMBER: 1804301149	INSURE	Kr.		REVISION NUMBER:			
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INSR LTR	TYPE OF INSURANCE	INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S		
Α	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR	Y	Υ	GL10004432802		4/18/2021	4/18/2022	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000		
								MED EXP (Any one person)	\$ 5,000		
								PERSONAL & ADV INJURY	\$ 1,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$2,000,000		
	POLICY X PRO- JECT LOC							PRODUCTS - COMP/OP AGG			
	OTHER:								\$,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
D	AUTOMOBILE LIABILITY	Y	Υ	5252664300		9/30/2021	9/30/2022	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000	,000	
	X ANY AUTO							BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED							BODILY INJURY (Per accident)	t) \$		
	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE (Per accident)	s		
	AUTOS ONLY AUTOS ONLY						(Fai accidant)	\$			
В	B X UMBRELLA LIAB X OCCUR			UMB10004432902	4/18/2021	4/18/2022	EACH OCCURRENCE	\$ 2,000	0.000		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$ 2,000		
	DED X RETENTION\$ 10,000	1							\$	1000	
С	WORKERS COMPENSATION		Y	WFL504779102		5/1/2021	5/1/2022	X PER OTH-			
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$ 1,000,000		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT			
	DESCRIPTION OF OPERATIONS DEIOW	<u> </u>						E.E. BIOLPIOE T OLIGI EIMIT	\$ 1,000	,,000	
DESCRIPTION OF OPERATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Stone and Tile Manufacturer and Installation Steven Imrich, George Doso and John Komlosy are excluded from workers compensaton Certificate Holder is included as Additional Insured with respect to General Liability per blanket Additional Insured Endorsement form #CGL084 (10-13). General Liability includes blanket Waiver of Subrogation in favor of Certificate Holder form #CGL088 (10-13). Workers Compensation includes blanket Waiver of Subrogation in favor of Certificate Holder per form #WC000313 (04-84)											
CF	RTIFICATE HOLDER				CANC	ELLATION					
	CENTIFICATE HOLDER										
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100 N. Collier Blvd Marco Island FL 34145

Crescent Beach Condo Assoc

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AUTHORIZED REPRESENTATIVE

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