



# Hold Harmless Agreement

Office E-mail: frontdeskcbcmarco@gmail.com

Mary E Michael Borgstrom, the owner(s) of Unit  #1403

Crescent Beach Condominiums of Marco Island, ask permission to (describe type of work):

Install Hurricane Rated Windows and Sliding Glass Doors [see attached detailed specifications]

TURTLE TINT

to indemnify and Hold Harmless Crescent Beach Condominium Association, Inc. for any loss, costs or damage to the common elements, including attorney'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 & liability insurance, prior to starting.

\*Owner(s)  
Signature:  Mary E Borgstrom

Date  6/4/2022

Signature:  \_\_\_\_\_

Date  \_\_\_\_\_

A \$500.00 Deposit will be required by contractors doing major renovations in units. Contractors may start renovations May 1<sup>st</sup> and finish no later than September 30<sup>th</sup>, or forfeit their deposit at a \$100 fine for each day after the September 30<sup>th</sup>. Work hours: MON-FRI ONLY: 8:00 A.M. TO 4:00 P.M.

MEB (Owner Initial)  \_\_\_\_\_ (Owner Initial)

Name of Contractors Performing Work:  Storm Solutions

ATTACH A COPY OF ALL SUBS WITH THEIR LICENSE & INSURANCE TO THIS FORM LISTING CRESCENT BEACH & OWNER AS CERTIFICATE HOLDER

Company:  Storm Solutions Tele: ( )  239-288-4430

Street:  12630 Metro Pkwy. City:  Fort Meyers St:  FL Zip:  33966

Estimated Date to Begin Work:  10-24-2022 Estimated Date to Complete Work:  10-28-2022

CONTRACTORS SIGNATURE  [Signature] DATE  6-3-2022

**"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

ATTACH A SHEET EXPLAINING DETAILS WITH BLUEPRINT, LICENSE & INSURANCE LISTING ASSOCIATION & HOMEOWNER AS CERTIFICATE HOLDER

[Signature]  
Approve by Director

[Signature]  
Approved Manager

\_\_\_\_\_  
Disapprove by Director

Res. 01/23/17





12630 Metro Pkwy  
 Fort Myers, FL 33966  
 Main #: (239) 288-4430  
 Fax #: (239) 242-2476  
[www.storm-solutions.net](http://www.storm-solutions.net)

Sales Contact:  
 Shelby Peterson  
 (239) 596-1588  
[shelby@storm-solutions.net](mailto:shelby@storm-solutions.net)

**CONTRACT**  
 (Page 1 of 1)

DATE: 6/3/2022

**BILL TO:** Mike Borgstrom  
**Address:** 100 N. Collier Blvd. #1403, Marco Island, FL 34145  
**Home:** Cell: 312-466-3133  
**Work:** [msb@wendellaboats.com](mailto:msb@wendellaboats.com)

**PROJECT:** Mike Borgstrom  
**Address:** 100 N. Collier Blvd. #1403, Marco Island, FL 34145 (In: Crescent Beach Condo.)  
**Home:** Cell: 312-466-3133  
**Work:** [msb@wendellaboats.com](mailto:msb@wendellaboats.com)  
\*Customer responsible for association approval.

| OPENING | LOCATION       | TYPE   | WIDTH | HEIGHT | COLOR  | PRODUCT DESCRIPTION  |
|---------|----------------|--------|-------|--------|--------|--|
| 1       | Front Bedroom  | Window | 72    | 48     | Bronze | Marvin/Coastline Aluminum Impact Insulated 2 Lite (XO) Horizontal Roller with Bronze LowE & Argon                |
| 2       | Master Bedroom | Window | 96    | 60     | Bronze | Marvin/Coastline Aluminum Impact Insulated 3 Lite Horizontal Roller [[1/4, 1/2, 1/4 (XOX)] w Bronze LowE & Argon |
| 3       | Master Bedroom | Door   | 70    | 96     | Bronze | Marvin Coastline Aluminum Impact By-Pass Sliding Glass Door with Bronze LowE [no screen]                         |
| 4       | Living         | Door   | 198   | 96     | Bronze | Marvin Coastline Aluminum Impact By-Pass Sliding Glass Door with Bronze LowE [no screen]                         |
|         |                |        |       |        |        | Haul Up  |
|         |                |        |       |        |        | All to meet Turtle Code Visible Light Transmittance Requirement  |
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This acknowledges receipt of a true copy of this contract and acknowledges that customer has read and understands the contents therefore and accepts the same on the terms and conditions stated herein. This contract shall be binding upon the parties hereto, their heirs, successors and assigns. ACCORDING TO FLORIDA'S CONSTRUCTION LIEN LAW (SECTIONS 713.001-713.37, FLORIDA STATUTES), THOSE WHO WORK ON YOUR PROPERTY OR PROVIDE MATERIALS AND SERVICES AND ARE NOT PAID IN FULL HAVE A RIGHT TO ENFORCE THEIR CLAIM FOR PAYMENT AGAINST YOUR PROPERTY. THIS CLAIM IS KNOWN AS A CONSTRUCTION LIEN. IF YOUR CONTRACTOR OR A SUBCONTRACTOR FAILS TO PAY SUBCONTRACTORS, SUB-SUBCONTRACTORS, OR MATERIAL SUPPLIERS, THOSE PEOPLE WHO ARE OWED MONEY MAY LOOK TO YOUR PROPERTY FOR PAYMENT, EVEN IF YOU HAVE ALREADY PAID YOUR CONTRACTOR IN FULL. IF YOU FAIL TO PAY YOUR CONTRACTOR, YOUR CONTRACTOR MAY ALSO HAVE A LIEN ON YOUR PROPERTY. THIS MEANS IF A LIEN IS FILED YOUR PROPERTY COULD BE SOLD AGAINST YOUR WILL TO PAY FOR LABOR, MATERIALS, OR OTHER SERVICES THAT YOUR CONTRACTOR OR A SUBCONTRACTOR MAY HAVE FAILED TO PAY. TO PROTECT YOURSELF, YOU SHOULD STIPULATE IN THIS CONTRACT THAT BEFORE ANY PAYMENT IS MADE, YOUR CONTRACTOR IS REQUIRED TO PROVIDE YOU WITH A WRITTEN RELEASE OF LIEN FROM ANY PERSON OR COMPANY THAT HAS PROVIDED TO YOU A "NOTICE TO OWNER." FLORIDA'S CONSTRUCTION LIEN LAW IS COMPLEX, AND IT IS RECOMMENDED THAT YOU CONSULT AN ATTORNEY.

You may rescind this agreement by notifying Storm Solutions of your decision to rescind within three (3) days of signing this agreement. In the event of such recission, any money transferred to Storm Solutions shall be refunded.

Customer Signature X On File

Representative: X *Shelby Peterson*

Date: 6-3-2022

The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that every entry should be supported by a valid receipt or invoice. This ensures transparency and allows for easy verification of the data.

In the second section, the author outlines the various methods used to collect and analyze the data. This includes both primary and secondary data collection techniques. The primary data was gathered through direct observation and interviews with key stakeholders. Secondary data was obtained from existing reports and databases.

The third section details the results of the data analysis. It shows a clear trend of increasing activity over the period studied. The data indicates that the majority of transactions occur during the middle of the day. There is also a significant correlation between certain variables, suggesting a causal relationship.

Finally, the document concludes with a series of recommendations based on the findings. It suggests that the current processes are largely effective but could be improved by implementing more robust data security measures. Additionally, regular audits should be conducted to ensure the ongoing accuracy of the records.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
6/03/2022

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).

|  |  |                                    |
|--|--|------------------------------------|
| <b>PRODUCER</b><br>Five County Insurance Agency Inc<br>14120 Metropolis Ave<br>Fort Myers FL 33912 | <b>CONTACT NAME:</b> Certificate Department<br><b>PHONE (A/C, No, Ext):</b> 239-939-1400<br><b>E-MAIL ADDRESS:</b> certs@fivecountyinsurance.com | <b>FAX (A/C, No):</b> 239-939-3813 |
|  | <b>INSURER(S) AFFORDING COVERAGE</b>   |                                    |
| <b>INSURED</b><br>Storm Solutions Inc<br>12630 Metro Pkwy Suite 100<br>Fort Myers FL 33966         | INSURER A : American Builders Insurance  | NAIC # 11240                       |
|  | INSURER B : National Builders Insurance  | 16632                              |
|  | INSURER C : Amguard Insurance Company  | 42390                              |
|  | INSURER D :  |                                    |
|  | INSURER E :  |                                    |
|  | INSURER F :  |                                    |

### COVERAGES

CERTIFICATE NUMBER: 1298481092

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.

| INSR LTR | TYPE OF INSURANCE  | ADDL SUBR INSD WVD  | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |
|----------|--|---|---------------|-------------------------|-------------------------|---|
| B        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO. JECT <input type="checkbox"/> LOC<br><input type="checkbox"/> OTHER |   | PKG025971404  | 4/1/2022                | 4/1/2023                | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000<br>MED EXP (Any one person) \$ 10,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COMP/OP AGG \$ 2,000,000<br>\$ |
| C        | <input type="checkbox"/> AUTOMOBILE LIABILITY<br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY   |   | STAU259606    | 3/31/2022               | 3/31/2023               | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$   |
|          | <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR<br><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br><input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$   |   |               |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$  |
| A        | <input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  | Y/N<br><input checked="" type="checkbox"/> N <input type="checkbox"/> N/A | WCV029685602  | 1/27/2022               | 1/27/2023               | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$ 1,000,000<br>E.L. DISEASE - EA EMPLOYEE \$ 1,000,000<br>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)

### CERTIFICATE HOLDER

### CANCELLATION

Crescent Beach Condominium Association & Michael Borgstrom  
100 N. Collier Blvd #1403  
Marco Island FL 34145

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

AUTHORIZED REPRESENTATIVE

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Ron DeSantis, Governor



Melanie S. Griffin, Secretary



**STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

**CONSTRUCTION INDUSTRY LICENSING BOARD**

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

**HAWLEY, JAMES EDWARD**

STORM SOLUTIONS INC.  
1557 INVENTORS CT  
FORT MYERS FL 33901

**LICENSE NUMBER: CGC1520136**

**EXPIRATION DATE: AUGUST 31, 2024**

Always verify licenses online at [MyFloridaLicense.com](http://MyFloridaLicense.com)



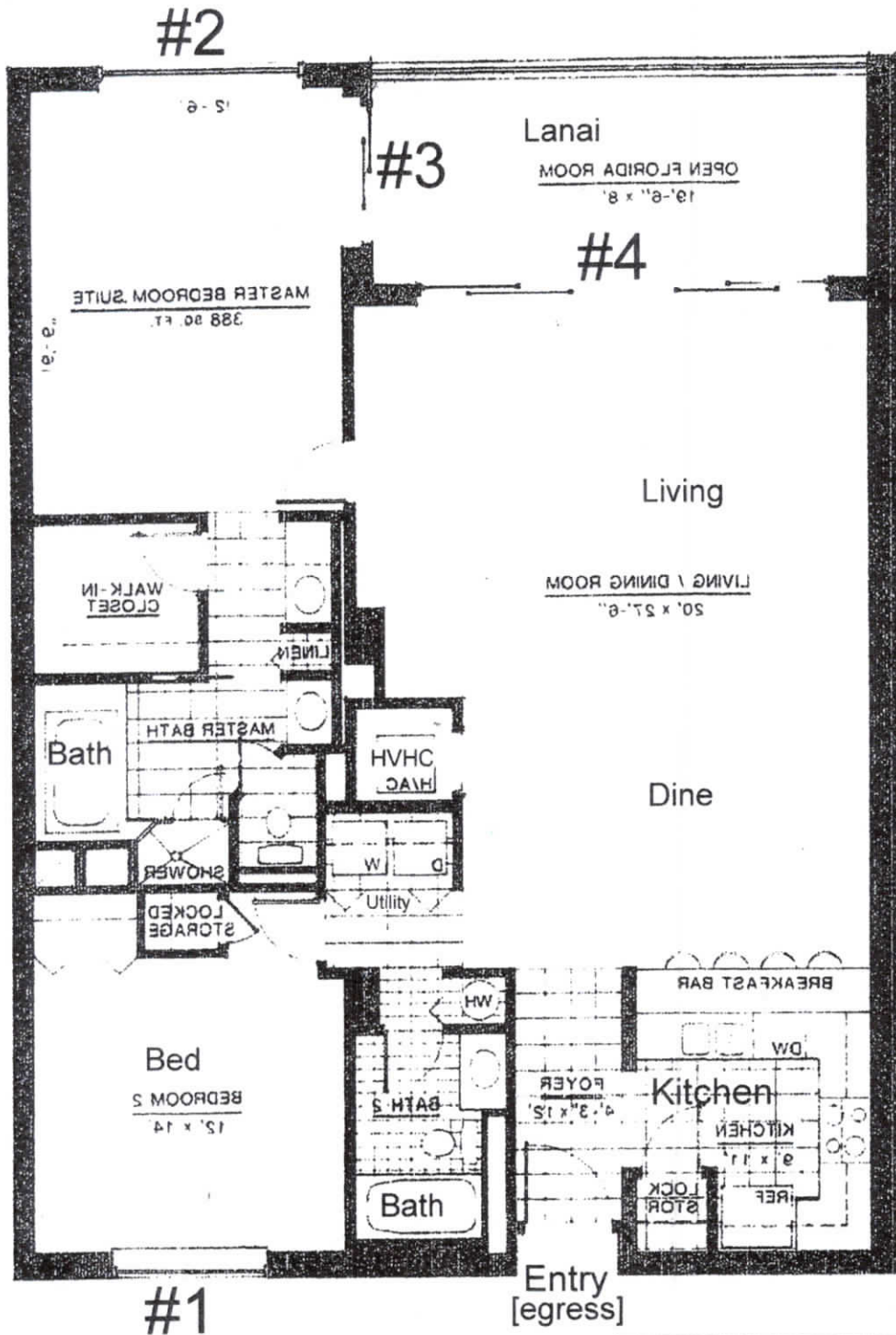
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# Storm Solutions Opening Schedule



The Borgstrom Residence  
 100 N. Collier Blvd. #1403  
 Crescent Beach Condominiums  
 Marco Island, FL 34145

Prepared By:  
**Shelby C. Peterson**  
 Senior Solutions Specialist

**Storm Solutions** inc.



**Detailed Product Specifications Marvin Coastline Hurricane Impact Rated Windows and Sliding Glass Doors**

**STORM SOLUTIONS, INC**  
 12630 Metro Parkway  
 Suite 100  
 Fort Myers, FL 33966  
 (239) 242-1262



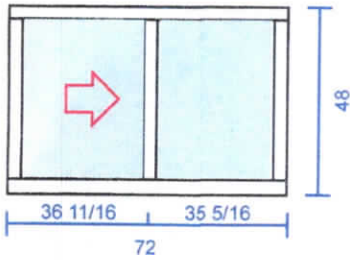
|                          |                            |               |          |              |           |                                |
|--------------------------|----------------------------|---------------|----------|--------------|-----------|--------------------------------|
| Order Date<br>05/17/2022 | Request Date<br>05/31/2022 | Delivery Date | Ship VIA | DoPO?<br>Yes | Sales Tax | SalesPerson<br>Shelby Peterson |
|--------------------------|----------------------------|---------------|----------|--------------|-----------|--------------------------------|

**Sold to:**  
Borgstrom

**Job/Ship To:**

Viewed from Outside

| RoomCode | Item DP | U-Fac | SHGC | Qty |
|----------|---------|-------|------|-----|
|          | 70/-70  | 0.65  | 0.23 | 1   |



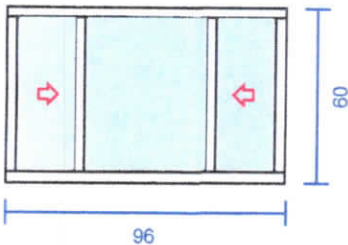
**Line Full Description**

10 MARVIN COASTLINE- HR ENERGY EFFICIENT STORM SAFE XO (72 x 48) BRONZE FRAME BRONZE LO-E 366 GLASS 11/16 INSUL IMPACT w/PVB INTERLAYER w/ SCREEN

FBC:FL33619.1

Viewed from Outside

| RoomCode | Item DP | U-Fac | SHGC | Qty |
|----------|---------|-------|------|-----|
|          | 70/-70  | 0.65  | 0.23 | 1   |



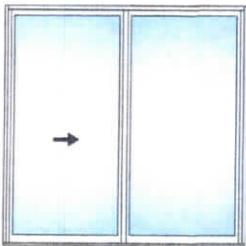
**Line Full Description**

20 MARVIN COASTLINE- HR ENERGY EFFICIENT STORM SAFE XO (96 x 60) UNEQUAL LITE BRONZE FRAME BRONZE LO-E 366 GLASS 11/16 INSUL IMPACT w/PVB INTERLAYER w/SCREENS

FBC:FL33619.1

Viewed from Outside

| RoomCode | Item DP | U-Fac | SHGC | Qty |
|----------|---------|-------|------|-----|
|          | 80/-80  | 0.94  | 0.22 | 1   |



**Line Full Description**

30 MARVIN COASTLINE- 600 KM-12 SGD w/STD INTERLOCKS, 2 3/4" SILL HEIGHT, XO 70 x 96 BRONZE FRAME, 2-TRACK FRAME (5 1/2" DEPTH), NO SCREEN, BRONZE LO-E 366 GLASS 9/16 HS w/SGP INTERLAYER, STAINLESS PACKAGE, BLACK HANDLE

FBC:FL33565.1





**STORM SOLUTIONS, INC**  
**12630 Metro Parkway**  
**Suite 100**  
**Fort Myers , FL 33966**  
**(239) 242-1262**

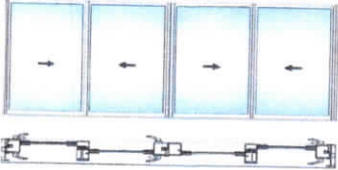
Viewed from Outside

| RoomCode | Item DP | U-Fac | SHGC | Qty |
|----------|---------|-------|------|-----|
|          | 80/-80  | 0.94  | 0.22 | 1   |

**Line Full Description**

40 MARVIN COASTLINE- 600 KM-12 SGD w/STD INTERLOCKS, 2 3/4" SILL HEIGHT, XX-XX 198 x 96 BRONZE FRAME 2-TRACK FRAME (5 1/2" DEPTH), NO SCREENS, BRONZE LO-E 366 GLASS 9/16 HS w/SGP INTERLAYER, STAINLESS PACKAGE, BLACK HANDLE

**FBC:FL33565.1**



Entered by shelby@storm-solutions.net on 2022-05-17 12:05:07



