### HOLD HARMLESS AGREEMENT

Crescent Beach Condominiums of Marco Island, ask permission to (describe type of work):
Crescent Beach Condominiums of Marco Island, ask permission to (describe type of work):
NEW KIT COUNTENTOP
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 theil license & liability insurance, prior to starting.  *Owner's  Signature:  Date  3-10-2-2-
Contractors Performing Work: Name of GC: Browneyar Consequence Corp
***Attach a copy of all subs w/ their license & ins to this form listing Cb & Owner as Certificate Holder
Company: Buddenelow Lang Tele: 234 821-5591
Street: PO BOX 2851 City: Manco ISCANS St: FZ zip: 34146
ESTIMATED DATE TO BEGIN WORK: MAY 2022
ESTIMATED DATE TO COMPLETE WORK: OCT ZOZO
GC MIKE BUDDENGEN
<u>"</u>
** ATTACH A SHEET EXPLAINING DETAILS W/ BLUEPRINT, LIC. & INS.
LISTING ASSOCATION & HOMEOWNER AS CERTIFICATE HOLDER
".NO LOCK BOXES" ARE PERMITTED ON OWNERS DOOR
Joe of med telellery
Approve by Director Approved Manager Disapprove by Director
A \$500.00 Deposit will be required by contractors doing major renovations in units. Contractors may start renovations May 1st and finish no later than \$500.00, or forfeit their deposit at a \$100 fine for each day after the September 30th, Work hours: Mon-Fri Only: 8:00 a.m. to 4:00 p.m.
*CONTRACTORS SIGNATURE DATE S/10/22



City of Marco Island 50 Bald Eagle Drive Marco Island, FL 34145 Phone: (239) 389-5059 Fax: (239) 393-0266

Permit NO. MFAA-22-01175

Permit Type: BS-Multi-Family Work Classification: Dwelling Unit Remodel

Permit Status: Permit Active

Issue Date: 3/7/2022

Expires: 9/6/2022

NOTICE OF COMMENCEMENT: WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT. FS

Project Information

Parcel No: 29355000121

100 N Collier Blvd29355000121, 203

Marco Island, FL 34145

Legal Description: CRESCENT BEACH CONDO OF MARCO

ISLAND #203

Owner Information

RANDALL NELSON

RANDALL NELSON ELECTRIC INC

6911 Compton Lns Naples, FL 34104

6163-Pine-Beach-Rd Brainerd, MN 56401

Proposed Construction / Details

NOC - Remodel 2 bathrooms including vanities, tops, plumbing fixtures and lighting. Master bath- Tub/ shower conversion. Delete shower. Pre-slope shower floor. Guest bath- Shower/shower conversion. Pre-slope shower floor. Replace kitchen countertop, plumbing fixtures and lighting. SAVE cabinets

Valuation: Total Sq Feet: \$125,000.00 1,000.00

**Land Parcel Informatio** 

Zone Cd: RMF-16 Funct Use: COA: Const Type: Occup Type:

DEF Approval: **Health Dept:** Variance: Public Works

BFE: FFE: FEMA: Floors: **Bldg Ftprt:** 

# of BEDRM: # of BATHRM: **Roof Type:** Gross Sq Ft: A/C Sq. Ft:

Bldg Hgt: Bldg Width: Bldg Dpth:

**Permit Notes** 

3/7/22 - 3-7-2022 PERMIT ISSUED CONTR NOTIFIED VIA EMAIL. SM

3/4/22 - 3/4/2022 - STAMPED PLANS & READY CONTR NOTIFIED VIA RC EMAIL. MJR

2/24/22 - 2/24/22 PROCESSED TO BB kk

### **Permit Conditions**

Contractor(s)	Туре	Cell Phone	Bus, Phone
RANDALL NELSON ELECTRIC INC	Electrical Contractor	The state of the s	2393526681
BUDDEMEYER CONSTRUCTION CORP	General Contractor	239-821-5597	239-389-2400
DW PLUMBING INC	Plumbing Contractor	2394043893	200 2100

Fee Name	Paid Amt	Fee Name	Paid Amt	Fee Name	Paid Am
BPCS - Building Permit Certification Surcharge FIRE Fire Plan Review Other MF - Multi-Family Dwailing Unit Remodel	\$42.00	BPS - Building Permit Surcharge Fire Plan Review - Technology Fee PR - Plan Review Fee		Fire Compliance Inspection - Technology Fee FPREV - Fire Compliance Inspection	The second second second

Inspections			
099 - Notice of Commencement	108 - Framing	109 - Insulation	110 - Tile Backerboard
151 - Work Complete	201 - 2nd Rough in/Tubset	204 - Final Plumbing	501 - Electric Rough
502 - Final Electric	601 - Fire Stop Vertical	602 - Fire Stop Horizontal	803 - Firewall / Partitions
604 - Fire Sprinklers	609 - Fire Alarm System	6101 - Single Station Smoke Detectors	623 - Final Fire



City of Marco Island 50 Bald Eagle Drive Marco Island, FL 34145 Phone: (239) 389-5059 Fax: (239) 393-0266

Permi

Permit NO. MFAA-22-01175

Permit Type: BS-Multi-Family Work Classification: Dwelling Unit Remodel

Permit Status: Permit Active

Issue Date: 3/7/2022

Expires: 9/6/2022

*	
Raul P	erez

Processed By		
	Monday, March 7, 2022	

\* THIS PERMIT MAY HAVE BEEN ISSUED DIGITALLY. IF THERE IS NO SIGNATURE IN THE RECEIVED BY FIELD CHECK THE NOTES FIELD FOR DETAILS INDICATING DIGITAL ISSUANCE.

NOTICE: In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this county, and there may be additional permits required from other governmental entities such as water management districts, state agencies, or federal agencies." FS 553.79(10)

NOTICE: The review of these plans and issuance of a Building Permit does not constitute final acceptance of plans or specifications. All work must conform with the Florida Building, Plumbing, Mechanical, Accessibility, and the National Electric Code. Work may be halted at any time, for non-compliance. (All as amended by City of Marco Island Ordinances.

Inspection Requests

Structural - 389-5056 Electrical - 389-5057 Mech/Plbg - 389-5055 Fire - 394-5405 The Building Department must be notified before 7:30AM the day an inspection is needed.

CITY OF MARCO ISLAND PERMIT APPLICATION BUDDEMEYER CONSTRUCTION CORP. MIKE BUDDEMEYER 821-5597

WIECHMANN RESIDENCE CRESCENT BEACH 203

### JOB DESCRIPTION:

REPLACE KITCHEN COUNTERTOP ONLY AND 2 BATHROOMS INCLUDING NEW CABINETS, TOPS, FLOORING, PLUMBING FIXTURES AND LIGHTING

KITCHEN-NEW TOP, PLUMBING AND LIGHTING FIXTURES. SAVE CABINETS

MASTER BATH- NEW CABINETS, TOP, LIGHTING AND PLUMBING FIXTURES.
MOVE PLUMBING AND ELECTRIC FOR NEW LAYOUT. TUB/ SHOWER
CONVERSION. DELETE TUB. PRE-SLOPE SHOWER FLOOR.

GUEST BATH- NEW CABINETS, TOP, LIGHTING AND PLUMBING FIXTURES, MOVE PLUMBING AND ELECTRIC FOR NEW LAYOUT. SHOWER/ SHOWER CONVERSION. PRE-SLOPE SHOWER FLOOR

### FRAMING

1. N/A

### MECHANICAL

1. N/A

### ELECTRICAL

- 1. NEW TR GFI OUTLETS
- 2. NEW LED RECESS CANS
- 3. NEW FANS IN BATHROOMS
- 4. MOVE ELECTRIC AS NEEDED FOR NEW LAYOUT

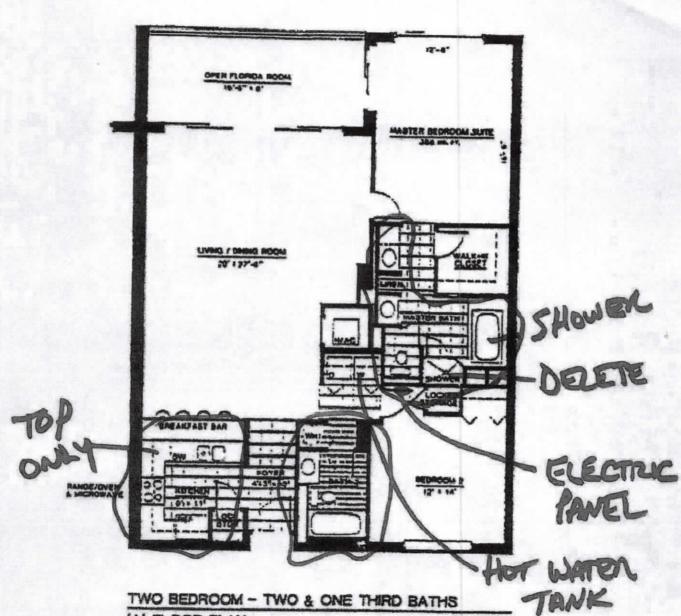
### PLUMBING

- 1. NEW SINKS AND FAUCETS
- 2. NEW SHOWER FIXTURES
- 3. MOVE PLUMBING LINES AS NEEDED FOR NEW LAYOUT

### FIRE

- 1. CHECK SMOKE DETECTORS
- 2. MAINTAIN THE INTEGERITY OF FIRE WALLS
- 3. SEAL ALL VERTICAL AND HORIZONTAL PENETRATIONS

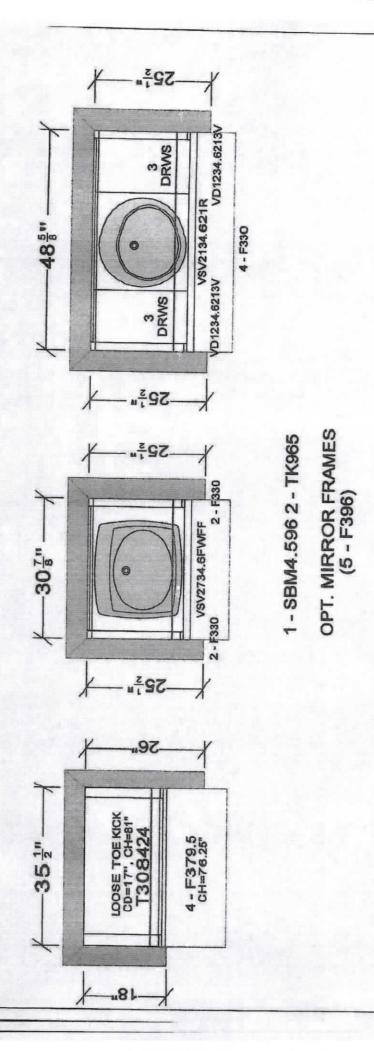
### WECHMANN 203



TWO BEDROOM - TWO & ONE THIRD BATHS

'A' FLOOR PLAN

TOTAL LIMING AREA: 1601 50, FY. AIC MREA: 1440 SQ. PT. "WEREOUS & CALCULATIONS AND GROOMSOATS RESCENT BEN



order placed. KITCHEN AND BATHROOM CABINETS given are subject to verification on job site and adjustment to fit job conditions. All dimensions size designations

BCC WIECHMAN MASTER BATH

This is an original design and must not be released or copied unless applicable fee has been paid or job

Designed: 2/23/2022 Printed: 3/1/2022

Drawing #: 1 No Scale. Floor Plan

### Buddemeyer Construction Corp Vendor Contact List

3:34 PM 02/22/22

February 22, 2022

CRESCENT BEACH 203

Main Phone	Bill from Street 1	Bill from City	Bill from State	Bill from Zip
39 404-3893	2840 4th AVE NE	Naples	FL	34120
39 394-0500	790 Bald Eagle Dr	Marco Island	FL	34145
39 272-4551	4870 Tallowood Way	Naples	님	34116
239 877-2164	3600 Seminole Ave	Naples	7	34112
239 867-8970	271 Forest Hills Blvd	Naples	7	34113
239 394-3075	PO Box 2582	Marco Island	FL	34146
239 352-6681	6911 Compton Lane South	Naples	4	34104
239 593-5087	2319 J & C Blvd	Naples	7	34109
39 248-4715	2141 20th Ave NE	Naples	7	34120

Duv Plumbing

Ehlen Floor Covering, Inc.

Kitchen and Bathroom Cabinets LLC

Latitude 26 Cabinets & Trim LLC

Missael Painting

Paradise Glass & Mirror, LLC

Randall Nelson Electric, Inc.

Real Rock Company

Triple K Plastering

Vendor



DATE (MM/DD/YYYY) 02/22/2022

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 Bill Falcone PHONE (A/C, No, Ext): (239) 331-8595 FAX (A/C, No): (239) 331-8589 Arnold and Barton Insurance Group 700 11th Street South ADDRESS: Bill@abnaples.com INSURER(S) AFFORDING COVERAGE **Naples** FL 34102 INSURER A: CLEAR BLUE INSURANCE COMPANY INSURED INSURER B: SCOTTSDALE INSURANCE COMPANY **Buddemeyer Construction Corp** INSURER C: PO Box 2351 INSURER D INSURER E Marco Island FL 34146 INSURER F: COVERAGES CERTIFICATE NUMBER: **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. ADDL SUBR POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY) TYPE OF INSURANCE POLICY NUMBER COMMERCIAL GENERAL LIABILITY \$ 1,000,000 EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) CLAIMS-MADE X OCCUR \$ 300,000 s 10,000 MED EXP (Any one person) BGFL0020426803 01/01/2022 01/01/2023 \$ 1,000,000 PERSONAL & ADV INJURY \$ 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE PRO-X POLICY \$ 2,000,000 PRODUCTS - COMP/OP AGG OTHER: \$ AUTOMOBILE LIABILITY OMBINED SINGLE LIMIT 3 ANY AUTO BODILY INJURY (Per person) \$ SCHEDULED AUTOS NON-OWNED OWNED AUTOS ONLY HIRED **BODILY INJURY (Per accident)** S PROPERTY DAMAGE (Per accident) AUTOS ONLY \$ AUTOS ONLY UMBRELLA LIAB OCCUR EACH OCCURRENCE \$ 1,000,000 X EXCESS LIAB 01/01/2023 CLAIMS-MADE XBS0133346 01/01/2022 AGGREGATE \$ 1,000.000 DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY STATUTE ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT OFFICEROMENSER EXCLUDED (Mandatory in NH)

If yes, describe under

DESCRIPTION OF OPERATIONS below E.L. DISEASE - EA EMPLOYE E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) CG 2038 04 13 additional insured when required by the written contract. CERTIFICATE HOLDER 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 Association Wiechmann 203 100 N. Collier **AUTHORIZED REPRESENTATIVE** Marco Island FL 34145

© 1988-2015 ACORD CORPORATION. All rights reserved.



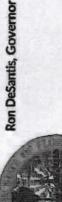
DATE (MM/DD/YYYY) 02/22/2022

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(les) 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: Next First Insurance Agency, Inc. PO Box 60787 Palo Alto, CA 94306 PHONE (A/C, No, Ext): (855) 222-5919 E-MAIL support@nextir FAX (A/C, No): support@nextinsurance.com ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC# State National Insurance Company, Inc. 12831 INSURER A: INSURED INSURER B: **BUDDEMEYER CONSTRUCTION CORPORATION** 608 Nassau Rd Marco Island, FL 34145 INSURER C: INSURER D: INSURER E : INSURER F: COVERAGES **CERTIFICATE NUMBER: 7160082 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. ADDL SUBR POLICY EFF POLICY EXP TYPE OF INSURANCE POLICY NUMBER COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence CLAIMS-MADE OCCUR MED EXP (Any one person) PERSONAL & ADV INJURY GEN'L AGGREGATE LIMIT APPLIES PER; **GENERAL AGGREGATE** PRO-JECT POLICY LOC PRODUCTS - COMP/OP AGG OTHER: COMBINED SINGLE LIMIT (Ea accident) **AUTOMOBILE LIABILITY** \$ ANY AUTO BODILY INJURY (Per person) \$ SCHEDULED AUTOS NON-OWNED AUTOS ONLY OWNED AUTOS ONLY BODILY INJURY (Per accident) HIRED AUTOS ONLY PROPERTY DAMAGE (Per accident) 5 UMBRELLA LIAB OCCUR EACH OCCURRENCE S EXCESS LIAB CLAIMS-MADE AGGREGATE 3 DED RETENTION \$ WORKERS COMPENSATION X PER STATUTE AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT \$1,000,000.00 NIA 03/25/2022 NXTG132NZW-00-WC 03/25/2021 \$1,000,000.00 E.L. DISEASE - EA EMPLOYEE If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT \$1,000,000.00 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Proof of Insurance. CERTIFICATE HOLDER CANCELLATION Crescent Beach Condo Association Wiechmann 203 100 N Collier Blvd Marco Island, FL 34145 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED ACCORDANGE WITH THE POLICY PROVISIONS. **AUTHORIZED REPRESENTATIVE** 

© 1988-2015 ACORD CORPORATION. All rights reserved.

ly



Halsey Beshears, Secretary



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

# CONSTRUCTION INDUSTRY LICENSING BOARD

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

## BUDDEMEYER, MICHAEL B

BUDDEMEYER CONSTRUCTION CORPORATION
608 NASSAU ROAD
MARCO ISLAND FL 34145

### LICENSE NUMBËR: CGC1522971

**EXPIRATION DATE: AUGUST 31, 2022** 

Always verify licenses online at MyFloridaLicense.com



Do not alter this document in any form.



DATE (MM/DD/YYYY) 3/4/2022

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

PRODUCER	NAME: Kristi Tulin			
Arthur J. Gallagher Risk Management Services, Inc. 1395 Panther Lane, Suite 100 Naples FL 34109	PHONE (A/C, No. Ext); 239-262-7171	FAX (A/C, No): 239-262-5360		
	ADDRESS: Kristi_Tulin@ajg.com			
	INSURER(S) AFFORDING COVERAGE	NAIC#		
	INSURER A: Nationwide Mutual Insurance Company	23787		
INSURED DIVIDING Inc.	INSURER B : Auto-Owners Insurance Company	18988		
DW Plumbing, Inc. 2840 4th Ave NE	INSURER C: Associated Industries Insurance Co, Inc	23140		
Naples FL 34120	INSURER D:			
	INSURER E:			
	INSURER F:			

CERTIFICATE NUMBER: 622341891 **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	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	8
A	X	CLAIMS-MADE X OCCUR		ACPCG013200383059	5/16/2021	5/16/2022	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea pocurrence)	\$1,000,000
		CLAIMS-MADE A OCCUR					MED EXP (Any one person)	\$100,000
							PERSONAL & ADV INJURY	\$1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$2,000,000
	X	POLICY X PRO-					PRODUCTS - COMP/OP AGG	\$2,000,000
		OTHER:					FUNGI OR BACTER	\$2,500
B	AUT	TOMOBILE LIABILITY		5120911500	5/16/2021	5/16/2022	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
		ANYAUTO					BODILY INJURY (Per person)	\$
		OWNED X SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
		HIRED X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
								;
A		UMBRELLA LIAB X OCCUR		ACPCU013200383059	5/16/2021	5/16/2022	EACH OCCURRENCE	\$1,000,000
	X	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$1,000,000
		DED RETENTION \$						\$
C		RKERS COMPENSATION EMPLOYERS' LIABILITY		AWC1166656	5/16/2021	5/16/2022	X PER OTH-	
	ANYDRODDIETOR/DARTNED/EYECUTIVE		N/A	IIA III			E.L. EACH ACCIDENT	\$1,000,000
	(Mar	(Mandatory in NH)			-	E.L. DISEASE - EA EMPLOYEE	\$1,000,000	
	DES	s, describe under CRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$1,000,000

CERTIFICATE HOLDER	CANCELLATION
Crescent Beach Condo Association Wiechmann 203	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
100 N. Collier	AUTHORIZED REPRESENTATIVE

© 1988-2015 ACORD CORPORATION. All rights reserved.



Halsey Beshears, Secretary



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

# CONSTRUCTION INDUSTRY LICENSING BOARD

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

### WILSON, DEREK H

DW PLUMBING INC 2840 4TH AVE NE NAPLES FL 34120

### LICENSE NUMBER: CFC1429647

**EXPIRATION DATE: AUGUST 31, 2022** 

Always verify licenses online at MyFloridaLicense.com



Do not alter this document in any form.

ACORD	
Com	

DATE (MM/DD/YYYY) 2/23/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION

RODUCER Frown & Brown of Southwest Florida In 421 Pine Ridge Road uite 200		ificate holder in lieu of si	ne policy, certain p	oolicies may	NAL INSURED provisi require an endorsem	ons or be	endorsed	
421 Pine Ridge Road uite 200		moate noticer in neu of st	CONTACT Debra Go	5].				
uite 200	IC.		PHONE OPEN OF	TEAV	LEAV			
			PHONE (A/C, No. Ext): 239-26	02-5143	(AIC, N	FAX (AIC, No): 239-261-8265		
aples FL 34109			E-MAIL ADDRESS: certs@b	The state of the s				
					RDING COVERAGE		NAIC#	
BURED		EHLEN-3	INSURER A : Auto-Ov			-	18988	
hlen Floor Covering Inc. 90 Bald Eagle Drive			INSURER B : Souther				10190	
arco Island FL 34145			INSURER C : FHM In	surance Com	pany		10699	
			INSURER D:					
			INSURER F:				-	
OVERAGES CERT	IFICATE	NUMBER: 609437073			REVISION NUMBER:		-	
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RECERTIFICATE MAY BE ISSUED OR MAY PREXCLUSIONS AND CONDITIONS OF SUCH PRESENT OF TYPE OF INSURANCE	EDTAIN T	HE INSURANCE AFFORDE LIMITS SHOWN MAY HAVE I	ED BY THE POLICIE BEEN REDUCED BY	S DESCRIBER PAID CLAIMS.	DOCUMENT WITH RESP	THE POLICECT TO W TO ALL TI	CY PERIOD HICH THIS HE TERMS	
X COMMERCIAL GENERAL LIABILITY	NSD WVD	POLICY NUMBER 20203586	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		uts		
CLAIMS-MADE X OCCUR		20203300	8/15/2021	8/15/2022	EACH OCCURRENCE	\$ 1,000,0	000	
- Socok					PREMISES (Ea occurrence)	\$ 300,00	0	
					MED EXP (Any one person)	\$10,000		
GEN'L AGGREGATE LIMIT APPLIES PER:					PERSONAL & ADV INJURY	\$ 1,000,0	\$1,000,000	
X POLICY PRO- LOC					GENERAL AGGREGATE	\$ 2,000,0	000	
OTHER:					PRODUCTS - COMP/OP AGO			
AUTOMOBILE LIABILITY		4203876506	8/15/2021	8/15/2022	COMBINED SINGLE LIMIT (Ea accident)	\$ 500,00	0	
X ANY AUTO					BODILY INJURY (Per person)			
OWNED AUTOS ONLY AUTOS NON-OWNED					BODILY INJURY (Per accider	-	7 - 10	
X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	5		
					(rer accident)	8	-	
X UMBRELLALIAB X OCCUR		4203676505	8/15/2021	8/15/2022	EACH OCCURRENCE	\$2,000,0	000	
EXCESS LIAB CLAIMS-MADE			1810		AGGREGATE	\$ 2,000,0	CONTRACTOR OF THE	
DED X RETENTION\$ 10,000					HOUNEGATE	\$ 2,000,0	00	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		WC30600062282021A	8/15/2021	8/15/2022	X PER OTH-	-		
ANYPROPRIETOR/PARTNER/EXECUTIVE TIN	IA	TO GOOD OUT ED ED EN	Uriu Zuzi	O' I D' L'ULL	E.L. EACH ACCIDENT	\$ 1,000,0	00	
(Mandatory in NH)	"				E.L. DISEASE - EA EMPLOYE	_		
If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	_		
					ELE DIODAGE - FOCIOT CIMI	3 1,000,0	00	
CRIPTION OF OPERATIONS / LOCATIONS / VEHICLES								

ACORD 25 (2016/03)

© 1988-2015 ACORD CORPORATION. All rights reserved.

The ACORD name and logo are registered marks of ACORD

### Collier County Board of County Commissioners Certificate of Competency

Collier County \* City of Marco \* City of Naples \* City of Everglades

Issued Date: 09/28/2021

Company:

**EHLEN FLOOR COVERING INC** 

Address:

790 BALD EAGLE DRIVE

MARCO ISLAND, FL 34145

Telephone:

(239) 394-0500

Qualifier:

EDWARD R. EHLEN

License #:

C34980

Issuance #:

34980

Classification:

FLOOR COVERING CONTR.

Valld Thru:

09/30/2022

State License #: State Valid Thru:

It is the Qualifier's responsibility to keep current all records with Collier County.

This shall include insurance certificates and/or contact information.

Always verify licenses online at www.CVPortal.CollierGov.Net

Do not alter this document in any form.



DATE (MM/DD/YYYY) 02/22/2022

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(les) 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 Ardent Insurance Group

A COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE  POLICY   PROPERTY   PROPERTY    COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE   COCUR	FL 34110 INSUR INS	INSUPER B: Technolo ER C: ER D: ER E: ER E: D TO THE INSUPER CIES DESCRIBER CED BY PAID GL	entinsurancegnesurer(s) AFFOR le Insurance C gy Insurance C RED NAMED AR R DOCUMENT V D HEREIN IS SI	DING COVERAGE ompany Company  REVISION NUMBER: BOVE FOR THE POLICY PER MITH RESPECT TO WHICH T	HIS		
CERTIFICATE NU  THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISINDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSUFE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS R  TYPE OF INSURANCE INSU WYD  CLAIMS-MADE COCCUR  BUTTON COCCUR  BUT	FL 34110 INSUR INSUR INSUR INSUR INSUR INSUR INSUR INSUR INSUR FL 34116 INSUR INSUR OR CONDITION OF ANY CONTRANCE AFFORDED BY THE POLICISHOWN MAY HAVE BEEN REDU	INSUPER B: Technolo ER C: ER D: ER E: ER E: D TO THE INSUPER CIES DESCRIBER CED BY PAID GL	RED NAMED ALL DOCUMENT VON THE CONTRACT OF STREET NAMED ALL DOCUMENT VON THE CONTRACT OF STREET	Company Company REVISION NUMBER: BOVE FOR THE POLICY PER WITH RESPECT TO WHICH T	2886 4237		
Kitchen and Bathroom Cabinets LLC 4870 TALLOWOOD WAY  NAPLES  OVERAGES  CERTIFICATE NU THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISINDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERN CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSUFEXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS  TYPE OF INSURANCE  COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE  GENT AGGREGATE LIMIT APPLIES PER:	INSUR	ERA: Clear Blu ER B: Technolo ER C: ER D: ER E: ER F: 21-22 D TO THE INSUF ACT OR OTHER IES DESCRIBEICED BY PAID GL	RED NAMED ALL DOCUMENT VON THE CONTRACT OF STREET NAMED ALL DOCUMENT VON THE CONTRACT OF STREET	Company Company REVISION NUMBER: BOVE FOR THE POLICY PER WITH RESPECT TO WHICH T	2886 4237		
Kitchen and Bathroom Cabinets LLC 4870 TALLOWOOD WAY  NAPLES  OVERAGES  CERTIFICATE NU THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LIS NDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS  TYPE OF INSURANCE  COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE  GENT AGGREGATE LIMIT APPLIES PER:	INSUR	ERB: Technolo ERC: ERD: ERE: ERF: 21-22 D TO THE INSUF ACT OR OTHER CIES DESCRIBER CED BY PAID GL	gy Insurance ( RED NAMED AR D DOCUMENT V D HEREIN IS SI AIMS.	REVISION NUMBER: BOVE FOR THE POLICY PER MITH RESPECT TO WHICH T UBJECT TO ALL THE TERMS	4237		
Kitchen and Bathroom Cabinets LLC 4870 TALLOWOOD WAY  NAPLES  OVERAGES  CERTIFICATE NU THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LIS NDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSUR- EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS  TYPE OF INSURANCE  COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE  CLAIMS-MADE  GENTLAGGREGATE LIMIT APPLIES PER:	INSUR	ER C: ER D: ER E: ER F: 21-22 D TO THE INSUF ACT OR OTHER IES DESCRIBER CED BY PAID GL	RED NAMED AND DOCUMENT VOMENT IN SECOND SECO	REVISION NUMBER: BOVE FOR THE POLICY PER MITH RESPECT TO WHICH T UBJECT TO ALL THE TERMS	RIOD		
NAPLES  OVERAGES  CERTIFICATE NU  THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSUR EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS TYPE OF INSURANCE  COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE  CENTLAGGREGATE LIMIT APPLIES PER:	FL 34116 INSUR  FL 34116 INSUR  MBER: Master GL, Umb, WC  STED BELOW HAVE BEEN ISSUE M OR CONDITION OF ANY CONTRANCE AFFORDED BY THE POLICE SHOWN MAY HAVE BEEN REDU	ER D: ER F: 21-22 D TO THE INSUF ACT OR OTHER IES DESCRIBET CED BY PAID GL	RED NAMED AS DOCUMENT V DHEREIN IS SI AIMS.	BOVE FOR THE POLICY PER MITH RESPECT TO WHICH T UBJECT TO ALL THE TERMS	HIS		
NAPLES  OVERAGES  CERTIFICATE NU  THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LI  MOICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM PERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSUR- EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS  TYPE OF INSURANCE  INSD WYD  CLAIMS-MADE  CCUR  B  GENT.AGGREGATE LIMIT APPLIES PER:	FL 34116 INSUR  MBER: Master GL, Umb, WC  STED BELOW HAVE BEEN ISSUE M OR CONDITION OF ANY CONTRANCE AFFORDED BY THE POLICE SHOWN MAY HAVE BEEN REDU	ER E: ER F: 21-22 D TO THE INSURACT OR OTHER CIES DESCRIBED CED BY PAID CL	RED NAMED AS DOCUMENT V DHEREIN IS SI AIMS.	BOVE FOR THE POLICY PER MITH RESPECT TO WHICH T UBJECT TO ALL THE TERMS	HIS		
WERAGES  CERTIFICATE NU  HIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LIS  NOICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSUF EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS  TYPE OF INSURANCE  COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE  CENTLAGGREGATE LIMIT APPLIES PER:	FL 34116 INSUR  MBER: Master GL, Umb, WC  STED BELOW HAVE BEEN ISSUE  M OR CONDITION OF ANY CONTE  RANCE AFFORDED BY THE POLIC  SHOWN MAY HAVE BEEN REDU	ERF: 21-22 D TO THE INSUF ACT OR OTHER CIES DESCRIBED CED BY PAID GL	RED NAMED AS DOCUMENT V DHEREIN IS SI AIMS.	BOVE FOR THE POLICY PER MITH RESPECT TO WHICH T UBJECT TO ALL THE TERMS	HIS		
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTOPHENT, TERM DEPARTMENT, TERM DEPARTMENT, TERM DEPARTMENT, TERM DEPARTMENT, TERM DEPARTMENT, THE INSUFFICIAL MAY BE ISSUED OR MAY PERTAIN, THE INSUFFICIAL MAY BE I	MBER: Master GL, Umb, WC STED BELOW HAVE BEEN ISSUE IN OR CONDITION OF ANY CONTRANCE AFFORDED BY THE POLICISHOWN MAY HAVE BEEN REDU	21-22 D TO THE INSURACT OR OTHER CIES DESCRIBED CED BY PAID GL	RED NAMED AS DOCUMENT V DHEREIN IS SI AIMS.	BOVE FOR THE POLICY PER MITH RESPECT TO WHICH T UBJECT TO ALL THE TERMS	HIS		
HIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTOPHENE PROCESS OF INSURANCE LISTOPHENE PROCESS OF INSURANCE LISTOPHENE PROCESS OF INSURANCE LISTOPHENE PROCESS OF SUCH POLICIES LIMITS OF SUCH POLICIES DESCRIPTION OF SUCH POLICIES DESCRI	STED BELOW HAVE BEEN ISSUE M OR CONDITION OF ANY CONTR RANCE AFFORDED BY THE POLIC SHOWN MAY HAVE BEEN REDU	D TO THE INSUR ACT OR OTHER CIES DESCRIBED CED BY PAID CL	RED NAMED AS DOCUMENT V DHEREIN IS SI AIMS.	BOVE FOR THE POLICY PER MITH RESPECT TO WHICH T UBJECT TO ALL THE TERMS	HIS		
CLAIMS-MADE COCCUR  CLAIMS-MADE COCCUR  BY  GEN'L AGGREGATE LIMIT APPLIES PER:	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	I MAIT			
COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE COCCUR  BU  GEN'LAGGREGATE LIMIT APPLIES PER:				Limit	8		
GEN'LAGGREGATE LIMIT APPLIES PER:				EACH OCCURRENCE	s 1,000,000		
GEN'LAGGREGATE LIMIT APPLIES PER:				PREMISES (Ea occurrence)	\$ 300,000		
GENLAGGREGATE LIMIT APPLIES PER:				MED EXP (Any one person)	s 10,000		
	GFL0022403501	12/27/2021	12/27/2022	PERSONAL & ADV INJURY	\$ 1,000,000		
				GENERAL AGGREGATE	\$ 2,000,000		
				PRODUCTS - COMPAOP AGG	\$ 2,000,000		
OTHER:				PRODUCTS - COMPTOR AGG			
AUTOMOBILE LIABILITY		1 1 1 1	- 45	COMBINED SINGLE LIMIT (Ea accident)	\$		
ANYAUTO				BODILY INJURY (Per person)	\$		
OWNED SCHEDULED AUTOS ONLY				BODILY INJURY (Per accident)	\$		
HIRED NON-OWNED AUTOS ONLY				PROPERTY DAMAGE (Per accident)	\$		
The state of the s					\$		
X UMBRELLA LIAB X OCCUR				EACH OCCURRENCE	s 1,000,000		
	XFL0022403501	12/27/2021	12/27/2022	AGGREGATE	s 1,000,000		
DED RETENTION \$							
WORKERS COMPENSATION		07/04/0004	2021 07/01/2022	X PER OTH-			
AND EMPLOYERS' LIABILITY  Y/N  ANY PROPRIETOR/PARTNER/EXECUTIVE  Y/N	1110 4000000			E.L. EACH ACCIDENT	s 1,000,000		
ANY PROPRIETOR/PARTNER/EXECUTIVE Y N/A TO OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	WC4003086	07/01/2021		E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000		
If yes, describe under DESCRIPTION OF OPERATIONS below				E.L. DISEASE - POLICY LIMIT	s 1,000,000		
CRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101,							

COLLIER COUNTY BUSINESS TAX

**BUSINESS TAX NUMBER:** 

070339

COLLIER COUNTY TAX COLLECTOR - 2800 N. HORSESHOE DRIVE - NAPLES FLORIDA 34104 - (239) 252-2477

VISIT OUR WEBSITE AT: www.colliertaxcollector.com
THIS RECEIPT EXPIRES SEPTEMBER 30, 2022

LOCATION: 4870 TALLOWOOD WAY ZONED: HOME OCCUPATION BUSINESS PHONE: 239-272-4551 STATE OR COUNTY LIC #:

DISPLAY AT PLACE OF BUSINESS FOR PUBLIC INSPECTION.

FAILURE TO DO SO IS CONTRARY TO LOCAL LAWS.

KITCHEN AND BATHROOM CABINETS LLC

RITTER, ROBERT C. 4870 TALLOWOOD WAY NAPLES, FL 34116

CLASSIFICATION: DEALER OF TANGIBLE PERS PROP

CLASSIFICATION CODE: 04200001

This document is a business tax only. This is not certification that licensee is qualified It does not permit the licensee to violate any existing regulatory zoning laws of the state, county, or of nor does it exempt the licensee from any other taxes or permits that may be required by to

-THIS TAX IS NON-REFUNDABLE-

DATE **AMOUNT RECEIPT** 

08/06/2021 500-22-00093717

Rob Stoneburner

COLLIER COUNTY BUSINESS TAX

**BUSINESS TAX NUMBER:** 

081050

COLLIER COUNTY TAX COLLECTOR - 2800 N. HORSESHOE DRIVE - NAPLES FLORIDA 34104 - (239) 252-2477 VISIT OUR WEBSITE AT: www.colliertaxcollector.com **SEPTEMBER 30, 2022** THIS RECEIPT EXPIRES

LOCATION: 4870 TALLOWOOD WAY ZONED: HOME OCCUPATION BUSINESS PHONE: 239-272-4551 STATE OR COUNTY LIC #: C33397

EGAL FORM

DISPLAY AT PLACE OF BUSINESS FOR PUBLIC INSPECTION. FAILURE TO DO SO IS CONTRARY TO LOCAL LAWS.

KITCHEN AND BATHROOM CABINETS LLC

RITTER, ROBERT C. 4870 TALLOWOOD WAY NAPLES, FL 34116

1-10 EMPLOYEES

CLASSIFICATION: CABINET & MILLWORK CONTRACTOR

CLASSIFICATION CODE: 02107501

This document is a business tax only. This is not certification that licens e is qualified It does not permit the licensee to violate any existing regulatory zoning laws of the state nor does it exempt the licensee from any other taxes or permits that may be required by law -THIS TAX IS NON-REFUNDABLE-

DATE AMOUNT RECEIPT

08/06/2021 18.00 500-22-00093717

Rob Stoneburner



### LATI26C-01

MDELEON

### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/28/2022

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.

l I	SU	BROGATION IS	WAIVED, suble	ct to	the	DITIONAL INSURED, the terms and conditions of dificate holder in lieu of s	f the no	licy certain	nolicios ma	NAL INSURED p y require an end	provision orsemen	ns or nt. A	be endorsed. statement on
PRO	DUCE	ER					CONTA	CT					
		an Insurance Ser ne Ridge Road Su					PHONE (A/C, No, Ext): (239) 597-1096 FAX (A/C, No):(239) 597-956						
Na	les,	FL 34109	17				E-Mall sinfo@ackerman-insurance.com						
							INSURER(S) AFFORDING COVERAGE						NAIC#
	_						INSURER A : Heritage Property & Casualty						14407
INS	JRED	THE CHARLES THE WINDS					INSURER B:						
			Cabinets & Trim	LL			INSURER C:						
	3600 Seminole Ave						INSUR	RD:					
Naples, FL 34112							INSUR	RE:					
							INSURI	RF:			-		20000
_		RAGES				E NUMBER:				REVISION NUM			
C	IDIC/ ERTI	ATED. NOTWITHS	TANDING ANY F SSUED OR MAY	PER	REM	SURANCE LISTED BELOW ENT, TERM OR CONDITIO THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF A	THE POLICE	CT OR OTHER	R DOCUMENT WIT	'H RESPE	CTT	O WHICH THIS
INSR		TYPE OF INSU		ADDL	SUBF	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP		LIMIT	s	
		COMMERCIAL GENE								EACH OCCURRENCE	Œ	\$	1,000,000
		CLAIMS-MADE	X OCCUR			HCR008747		5/1/2021	5/1/2022	DAMAGE TO RENT PREMISES (Ea occ	ED irrence)	5	300,000
										MED EXP (Any one	person)	\$	10,000
										PERSONAL & ADV	NJURY	\$	1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:									GENERAL AGGREG	SATE	3	2,000,000	
	X	X POLICY PECT LOC OTHER: General Aggregate						PRODUCTS - COMP		s	2,000,000		
	AUT	TOMOBILE LIABILITY				THE WAR THE			18 921	COMBINED SINGLE (En accident)	LIMIT	\$	
	ANY AUTO OWNED AUTOS ONLY AUTOS					Man-Elli	BODILY INJURY (Pe		\$				
							BODILY INJURY (Pe		s				
		HIRED AUTOS ONLY	NON-SWINED		1					PROPERTY DAMAG (Per accident)	E	s	
54.97												\$	
		UMBRELLA LIAB	OCCUR							EACH OCCURRENCE	E	\$	
		EXCESS LIAB	CLAIMS-MADE							AGGREGATE		\$	
		DED RETENTI								1	Teer	\$	
	AND	RKERS COMPENSATION	Y							PER	OTH- ER		
	ANY	PROPRIETOR/PARTNE	R/EXECUTIVE	N/A						E.L. EACH ACCIDE	TT.	\$	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?									E.L. DISEASE - EA E	MPLOYEE	\$	
	DÉS	s, describe under CRIPTION OF OPERAT	IONS below							E.L. DISEASE - POL	ICYLIMIT	\$	
DES	CRIPT	TION OF OPERATIONS /	LOCATIONS / VEHIC	LES (A	CORE	0 101, Additional Remarks Schedu	ale, may b	e attached if mor	e space is requi	red)			
CERTIFICATE HOLDER  Crescent Beach Condo Association Wiechmann 203 100 N Collier Blvd						CANO	ELLATION						
						THE	EXPIRATION CORDANCE WI	DATE THE	ESCRIBED POLIC HEREOF, NOTICE CY PROVISIONS.		300000000000000000000000000000000000000	TOTAL TOTAL CONTRACT OF THE PARTY.	
	Marco Island, FL 34145						AUTHORIZED REPRESENTATIVE						

ACORD 25 (2016/03)

© 1988-2015 ACORD CORPORATION. All rights reserved.

Somir Nayar

Collier County \* City of Marco \* City of Naples \* City of Everglades \* Contractor Licensing

### CABINET INSTALL CONTR.

Cert Nbr: Exp: Issuance Nbr: LCC20150000707 09/30/2022 201500000614 State Nbr: State Exp:

LATITUDE 26 CABINETS & TRIM LLC GONZALES, STEVE DELEON 3600 SEMINOLE AVE NAPLES, FL 34112 Signed:



DATE (MM/DD/YYYY) 2/23/2022

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(les) 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).

PRO	DUCER			CONTAC NAME:	Daynelis	Perez			
D'	Bridge Insurance Group -FL			PHONE	E-1. (239) 6	74-3642	FAX (A/C, No):	. 239	-591-6804
528	86 Golden Gate Parkway 2			PHONE (AC, No, Ext): (239) 674-3642 [AC, No, Ext): (239-591-6804 [AC, No, Ext): (239-6804 [AC, No, Ext): (239-680					
				INSURER(S) AFFORDING COVERAGE					NAIC#
Na	ples		FL 34116	INSURER A: State National Insurance Company, Inc					12831
	JRED		12 34110	INSURER	-	19658			
	MISSAEL PAINTING LLC			INSURER	17006				
	271 FOREST HILLS BLVD			INSURER				-	-
				INSURER				-	
	NAPLES		FL 34113-7521	INSURER			<del></del>	-	-
CO		TIEICATI	E NUMBER:	INSUREM	r:		REVISION NUMBER:	1	4
TINC	HIS IS TO CERTIFY THAT THE POLICIES OF IDICATED. NOTWITHSTANDING ANY REQUESTIFICATE MAY BE ISSUED OR MAY PER XCLUSIONS AND CONDITIONS OF SUCH P	INSURAL JIREMENT TAIN, THE OLICIES.	NCE LISTED BELOW HAVE B T, TERM OR CONDITION OF A E INSURANCE AFFORDED BY LIMITS SHOWN MAY HAVE B	ANY CONT	RACT OR O'	NSURED NAM THER DOCUM RIBED HEREIN	ED ABOVE FOR THE POLICE ENT WITH RESPECT TO W	HICH T	THIS
INSR	TYPE OF INSURANCE	INSD WV	POLICY NUMBER		POLICY EFF MM/DD/YYYY)	(MM/DD/YYYY)	LIMI	TS	
	CLAIMS-MADE OCCUR						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000.00
							MED EXP (Any one person)	s	10,000.00
A		Y	NXTFW54TOG-01-GL		08/18/2021	08/18/2022	PERSONAL & ADV INJURY	s	1,000,000.00
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE		2,000,000.00
	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG		2,000,000.00
1	OTHER:					PRODUCTS - COMPTOP AGG	\$	2,000,000.00	
-	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT	5	50,000	
		ANYAUTO					(Ea accident) BODILY INJURY (Per person)	2	100,000
D	OWNED SCHEDULED		M00-0010678-01	11/02/202	11/02/2021	11/02/2022	BODILY INJURY (Per accident)	S	75.74
В	HIRED AUTOS NON-OWNED		M00-0010678-01		11/02/2021	11/02/2022	PROPERTY DAMAGE (Per scident)	8	25,000
	AUTOS ONLY AUTOS ONLY						(Per accident) PIP	2	10,000
	UMBRELLA LIAB OCCUP				-		The second second	-	10,000
	H						EACH OCCURRENCE	*	
ti.	DED RETENTION\$						AGGREGATE		
	WORKERS COMPENSATION						PER OTH-		
	AND EMPLOYERS' LIABILITY	LIABILITY PARTNER/EXECUTIVE Y N/A NXT33CNEOW-01-			10/13/2021	10/13/2022		-	1,000,000.00
A	ANY PROPRIETOR/PARTNER/EXECUTIVE Y (Mandatory in NH)						E.L. EACH ACCIDENT	\$	The second and depositions
	(Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	E \$	1,000,000.00
	DESCRIPTION OF OPERATIONS below	-					E.L. DISEASE - POLICY LIMIT	\$	1,000,000.00
A	Contractors Errors and Omissions	Contractors Errors and Omissions NXTFW54TOG-01-GL			08/18/2021	08/18/2022	Each Occurrence Aggregate		\$25,000.00 \$50,000.00
100000	CRIPTION OF OPERATIONS / LOCATIONS / VEHIClichmann 203	LES (ACO	RD 101, Additional Remarks Sche	edule, may b	e attached if m	ore space is req	Luired)		
Ce	rtificate Holder is Listed as Additional Insur	ed in Reg	ards to General Liability						
CE	CERTIFICATE HOLDER				LLATION		HE HER W		
	Crescent Beach Condo Associa	ition		THE	XPIRATION	DATE THERE	ESCRIBED POLICIES BE C DF, NOTICE WILL BE DELIV CY PROVISIONS.		
	100 N Collier	AUTHORIZED REPRESENTATIVE							

Marco Island FL 34145

Daynelis Perez

## Collier County Board of County Commissioners Certificate of Competency

Collier County \* City of Marco \* City of Naples \* City of Everglades

Issued Date: 08/19/2021

Company: MISSAEL PAINTING LLC

Address:

271 FOREST HILLS BLVD

**NAPLES, FL 34113** 

(239) 867-8970

Telephone:

<NO CONTACT NAME AVAILABLE>

LCC20180001821

201800001117

PAINTING CONTR.

Classification:

Valid Thru:

Issuance #:

Qualifier: License #: 09/30/2022

State License #: State Valid Thru: It is the Qualifier's responsibility to keep current all records with Collier County.

This shall include insurance certificates and/or contact information.

Always verify licenses online at www.CVPortal.CollierGov.Net

Do not alter this document in any form.



DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS 2/24/2022 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(les) 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 US Client Service Team Arthur J. Gallagher Risk Management Services, Inc. 2850 Golf Rd PHONE (A/C, No, Ext): 630-694-4268 E-MAIL Colort Cortificat (AC, No): 630-694-4401 Rolling Meadows IL 60008 ADDRESS: Select Certificates@ajg.com INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: Main Street America Protection Insurance Company 13026 Paradise Glass & Mirror LLC INSURER B: PO Box 2582 INSURER C: Marco Island FL 34148 INSURER D: INSURER E: NSURER F: COVERAGES **CERTIFICATE NUMBER: 1202927890 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. ADDL SUBR TYPE OF INSURANCE POLICY NUMBER X COMMERCIAL GENERAL LIABILIT MPG0966A 11/21/2021 EACH OCCURRENCE DAMAGE TO RENTED PREMISES (En occurrence) 11/21/2022 \$1,000,000 CLAIMS-MADE X OCCU \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER GENERAL AGGREGATE \$2,000,000 X POLICY PRO-PRODUCTS - COMP/OP AGG \$2,000,000 OTHER: **AUTOMOBILE LIABILITY** COMBINED SINGLE LIMIT (Ea accident) \$ ANY AUTO BODILY INJURY (Per person) SCHEDULED AUTOS NON-OWNED \$ OWNED AUTOS ONLY HIRED AUTOS ONLY BODILY INJURY (Per accid \$ PPOPERTY DAMAGE 3 \$ UMBRELLALIAR OCCUP EACH OCCURRENCE EXCESS LIAB \$ CLAIMS AGGREGATE DED RETENTIONS WORKERS COMPENSATION AND EMPLOYERS' LIABILITY STATUTE 앐 ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT NIA If yes, describe under DESCRIPTION OF OPERATIONS by E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT MPG0966A 11/21/2021 11/21/2022 \$10,000 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANGE WITH THE POLICY PROVISIONS. Crescent Beach Condo Association 100 N.Collier Wiechmann #203 MARCO ISLAND FL 34145 AUTHORIZED REPRESENTATIVE © 1988-2015 ACORD CORPORATION. All rights reserved.

### OP ID: NG

ACORD

### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/24/2022

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 Workers Compensation Group 561-392-3300 Workers Compensation Group P O Box 410 PHONE (A/C, No, Ext): 561-392-3300 FAX (A/C, No): 561-361-1132 Boca Raton, FL 33429-0410 Workers Compensation Group INSURER(S) AFFORDING COVERAGE NAIC # 42376 INSURER A: Technology Ins Co INSURED Paradise Glass and Mirror, LLC PO Box 2582 Marco Island, FL 34146 INSURER B : INSURER C: INSURER D INSURER E : INSURER F: COVERAGES **CERTIFICATE NUMBER:** 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. ADDL SUBR TYPE OF INSURANCE POLICY NUMBER COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Es occurre CLAIMS-MADE OCCUR MED EXP (Any one person) PERSONAL & ADV INJURY GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE PRO POLICY LOC PRODUCTS - COMP/OP AGG OTHER: COMBINED SINGLE LIMIT (Ea accident) **AUTOMOBILE LIABILITY** ANY AUTO BODILY INJURY (Per person) OWNED AUTOS ONLY SCHEDULED BODILY INJURY (Per accident) \$
PROPERTY DAMAGE
(Per accident) \$ NON-SANED HIRED ONLY OCCUR UMBRELLALIAR EACH OCCURRENCE EXCESS LIAB CLAIMS-MADE AGGREGATE DED | RETENTION \$ X PER X OTH-WORKERS COMPENSATION AND EMPLOYERS' LIABILITY TWC3998577 08/13/2021 08/13/2022 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) 1,000,000 E.L. EACH ACCIDENT 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ f yes, describe under DESCRIPTION OF OPERATIONS below 1,000,000 E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required! CERTIFICATE HOLDER CANCELLATION CRESCBC 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. Coiller Blvd Marco Island, FL 34145

ACORD 25 (2016/03)

© 1988-2015 ACORD CORPORATION. All rights reserved.

AUTHORIZED REPRESENTATIVE

### Collier County Board of County Commissioners Certificate of Competency

Coiller County \* City of Marco \* City of Naples \* City of Everglades

issued Date: 09/27/2021

Company: Address: **PARADISE GLASS & MIRROR LLC** 

P O BOX 2582

MARCO ISLAND, FL 34146

Telephone:

(239) 394-3075

Qualifier:

DAVID A. MARTELL

License #:

C33573

Issuance #:

33573

Classification:

GLASS & GLAZING CONTR.

Valid Thru:

09/30/2022

State License #: State Valid Thru:

It is the Qualifier's responsibility to keep current all records with Collier County.

This shall include insurance certificates and/or contact information.

Always verify licenses online at www.CVPortal.CollierGov.Net

Do not alter this document in any form.



3/9/2022

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(les) 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).

-	nis certificate does not confer rights t	o the c	ertificate holder in lieu of s							
	DUCER thur J. Gallagher Risk Management	Service	ee Inc	CONTACT US Client Service Team						
	50 Golf Road	OEI VICE	co, 1110.	PHONE (A/C, No. Ext): 630-694-4268 (A/C, No.): 630-694-440						
Ro	Illing Meadows IL 60008			ADDRESS	: Select_C	ertificates@a	ijg.com			
					INS	URER(S) AFFOI	RDING COVERAGE		NAIC#	
				INSURER	A: Main Str	eet America	Protection Insurance Con	npany	13026	
	JRED TO A LOS			INSURER	B:					
	indall Nelson Electric, Inc. 11 Compton Ln S			INSURER	C:					
Naples FL 34104					D:					
				INSURER	E:					
				INSURER						
CO	VERAGES CER	TIFICA	TE NUMBER: 1848151944	-	Mr.		REVISION NUMBER:			
IN C E	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE- IERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	QUIRE	MENT, TERM OR CONDITION N, THE INSURANCE AFFORD ES. LIMITS SHOWN MAY HAVE	OF ANY	CONTRACT HE POLICIE DUCED BY	OR OTHER S DESCRIBE PAID CLAIMS	DOCUMENT WITH RESPE D HEREIN IS SUBJECT T	O ALL T	WHICH THIS	
INSR	The state of the s	INSD W	VD POLICY NUMBER			POLICY EXP (MM/DD/YYYY)	LIMI	1		
A	X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR		MPG88605		5/14/2021	5/14/2022	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000	,000	
							MED EXP (Any one person)	\$10,00	0	
	· GEN'L AGGREGATE LIMIT APPLIES PER:			1			PERSONAL & ADV INJURY	\$1,000	,000	
							GENERAL AGGREGATE	\$2,000	.000	
	X POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$ 2,000	-	
							1,000	\$		
1	OTHER:		1				COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO						BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED		The state of				BODILY INJURY (Per accident	-	AND THE REAL PROPERTY.	
	HIRED AUTOS NON-OWNED						PROPERTY DAMAGE (Per accident)	\$	TO THE PURE	
	AUTOS ONLY AUTOS ONLY						(Per accident)	\$		
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	s		
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	s		
	CCAIMIS-NACE						AGGILGATE	s		
-	DED RETENTION\$			-			PER OTH-	3		
	AND EMPLOYERS' LIABILITY						and a firm of the second second			
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E.L. EACH ACCIDENT	\$		
	(Mandatory In NH)  If yes, describe under						E.L. DISEASE - EA EMPLOYER	100		
	If yes, describe under DESCRIPTION OF OPERATIONS below		MOORAGE	-	E(4.4/2024	5/14/2022	E.L. DISEASE - POLICY LIMIT	\$10,0	00	
٨	Employment Practices Liability		MPG88605		5/14/2021	5/14/2022	Aggregate deductible	\$5,00		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACC	ORD 101, Additional Remarks Schedu	lule, may be a	ttached if mor	e space is requi	ed)			
CE	RTIFICATE HOLDER			CANCE	LLATION					
	ENDINE SHEET SEEDS									
				SHOU	LD ANY OF	THE ABOVE I	ESCRIBED POLICIES BE	CANCEL	LED BEFORE	

AUTHORIZED REPRESENTATIVE

© 1988-2015 ACORD CORPORATION. All rights reserved.

THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

Crescent Beach Condo Association

Wiechmann - #203 100 North Collier Blvd Marco Island FL 34145



03/08/2022

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 be endorsed. If SUBROGATIONIS 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: PAYCHEX INSURANCE AGENCY INC (585) 389-7894 PHONE (877) 266-6850 76210705 (A/C, No): (A/C, No, Ext): 150 SAWGRASS DRIVE E-MAIL ADDRESS: **ROCHESTER NY 14620** INSURER(S) AFFORDING COVERAGE NAIC 30104 INSURER A: Hartford Underwriters Insurance Company INSURED INSURER B RANDALL NELSON ELECTRIC INC INSURER C : 6911 COMPTON LN S INSURER D : NAPLES FL 34104-7824 INSURER E: INSURER F : **CERTIFICATE NUMBER: REVISION NUMBER:** COVERAGES 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. POLICY EXP ADDL SUBR INSR WVD POLICY EFF POLICY NUMBER TYPE OF INSURANCE (MM/DD/YYYY) (MM/DD/Y YYY) EACH OCCURRENCE COMMERCIAL GENERAL LIABILITY DAMAGE TO RENTED CLAIMS-MADE OCCUR PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE GEN'L AGGREGATE LIMIT APPLIES PER: PRO-PRODUCTS - COMP/OP AGG LOC POLICY JECT OTHER: COMBINED SINGLE LIMIT **AUTOMOBILE LIABILITY** (Ea accident) BODILY INJURY (Per person) ANY AUTO ALL OWNED SCHEDULED BODILY INJURY (Per accident) AUTOS AUTOS NON-OWNED PROPERTY DAMAGE HIRED (Per accident) AUTOS AUTOS EACH OCCURRENCE UMBRELLA LIAB CLAIMS-EXCESS LIAB AGGREGATE MADE RETENTION \$ WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY \$100,000 E.L. EACH ACCIDENT PROPRIETOR/PARTNER/EXECUTIVE 76 WEG JG8228 05/08/2021 05/08/2022 \$100,000 E.L. DISEASE -EA EMPLOYEE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) \$500,000 E.L. DISEASE - POLICY LIMIT If yes, describe und SCRIPTION OF OPERATIONS below DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Those usual to the Insured's Operations. CERTIFICATE HOLDER
Crescent Beach Condo Association CANCELLATION
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED Wiechmann #203 IN ACCORDANCE WITH THE POLICY PROVISIONS. 100 N COLLIER BLVD **AUTHORIZED REPRESENTATIVE** MARCO ISLAND FL 34145

© 1988-2015 ACORD CORPORATION. All rights reserved.

Sugar & Castaneda







## DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION STATE OF FLORIDA

# ELECTRICAL CONTRACTORS LICENSING BOARD

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

## NELSON, RANDALL TODD

RANDALL NELSON ELECTRIC INC 6911 COMPTON LANE SOUTH NAPLES FL 34104

### LICENSE NUMBER: EC13001845

### **EXPIRATION DATE: AUGUST 31, 2022**

Always verify licenses online at MyFloridaLicense.com

Do not alter this document in any form.



		CERTIFICAT	E OF LIABI	LITY INS	URANCE		Date 2/24/2022			
Proc	lucer:	Plymouth Insurance Agency 2739 U.S. Highway 19 N. Holiday, FL 34691		This Certifica	te is issued as a matte	er of information only and cor This Certificate does not amo he policies below.				
		(727) 938-5562		Insurers Affording Coverage						
Inci	red:	South East Personnel Leasing,	Inc & Subsidiari	Insurer A:	1	NAIC # 11075				
THE	ieu.	2739 U.S. Highway 19 N.	Inc. & Subsidian	Insurer B:	Insurer B:					
Holiday, FL 34691				Insurer C:						
					Insurer D:					
				Insurer E:						
The pa	pect to wi	surance listed below have been issued to the insure nich this certificate may be issued or may pertain, th have been reduced by paid claims.	d named above for the police insurance afforded by the	y period indicated. Not policies described herei	withstanding any requirement in is subject to all the terms,	nt, term or condition of any contract or exclusions, and conditions of such poli	other document cles. Aggregate			
INSR LTR	ADDL	Type of Insurance		Policy Effective Date (MM/DD/YY)	Policy Expiration Date(MM/DD/YY)	Limits				
		GENERAL LIABILITY				Each Occurrence	8			
		Commercial General Liability Claims Made Occur				Damage to rented premises (EA occurrence)				
						Med Exp				
						Personal Adv Injury	3			
		General aggregate limit applies per:				General Aggregate	3			
		Policy Project LOC				Products - Comp/Op Agg				
-						Combined Single Limit				
		AUTOMOBILE LIABILITY				(EA Accident)				
		Any Auto			Mary The Aurilla	Bodily Injury				
		All Owned Autos				(Per Person)	5			
		Scheduled Autos Hired Autos				Bodily Injury				
		Non-Owned Autos				(Per Accident)	5			
						Property Damage (Per Accident)				
		EXCESS/UMBRELLA LIABILITY				Each Occurrence				
		Occur Claims Made				Aggregate				
A	STATE OF THE PARTY	rs Compensation and eyers' Liability	WC 71949	01/01/2022	01/01/2023	X WC Statu- tory Limits ER				
	100	prietor/partner/executive officer/member				E.L. Each Accident	\$1,000,000			
	exclude	d? NO				E.L. Disease - Ea Employee	\$1,000,000			
	If Yes, o	lescribe under special provisions below.				E.L. Disease - Policy Limits	\$1,000,000			
_	Other		Lion Insuran	ce Company is A	# 12616					
Cover Cover Cover A list	age only age only		Personnel Leasing, Inc. 8  Real  rsonnel Leasing, Inc. & Sendent contractor(s) of the	County Subsidiaries that are Rock Company subsidiaries active en the Client Company of t	e leased to the following aployee(s), while working or any other entity.	"Client Company": j in: FL.	84-65-940 com			
CEI	RTIFICATI	E HOLDER		CANCELLATION			te: 9/20/2012			
		RESCENT BEACH CONDO ASSOCIATION		insurer will endeavor	to mail 30 days written notice	celled before the expiration date there to the certificate holder named to the kind upon the insurer, its agents or rep	left, but failure to			
		00 N. COLLIER MARCO ISLAND, FL 34145			Down	Fam				

**COLLIER COUNTY BUSINESS TAX** 

**BUSINESS TAX NUMBER:** 

121219

COLLIER COUNTY TAX COLLECTOR - 2800 N. HORSESHOE DRIVE - NAPLES FLORIDA 34104 - (239) 252-2477 VISIT OUR WEBSITE AT: www.colliertaxcollector.com

THIS RECEIPT EXPIRES SEPTEMBER 30, 2022

LOCATION: 2319 J & C BLVD #10 ZONED: INDUSTRIAL BUSINESS PHONE: 239-593-5087 STATE OR COUNTY LIC # CGC1520983

LEGAL FORM Corporation

DISPLAY AT PLACE OF BUSINESS FOR PUBLIC INSPECTION. FAILURE TO DO SO IS CONTRARY TO LOCAL LAWS.

REAL ROCK COMPANY

ZULOAGA, DANIEL 2319 J & C BLVD #10 NAPLES, FL 34109

1-10 EMPLOYEES

CLASSIFICATION: 05-GENERAL CONTRACTOR

CLASSIFICATION CODE: 05100101

This document is a business tax only. This is not certification that licensee is qualified It does not permit the licensee to violate any existing regulatory zoning laws of the state county, or cit nor does it exempt the licensee from any other taxes or permits that may be required by law.

-THIS TAX IS NON-REFUNDABLE-

DATE AMOUNT

08/03/2021 18.00 WWW-22-00086564

Rob Stoneburner

**COLLIER COUNTY BUSINESS TAX** 

**BUSINESS TAX NUMBER:** 

062643

COLLIER COUNTY TAX COLLECTOR - 2800 N. HORSESHOE DRIVE - NAPLES FLORIDA 34104 - (239) 252-2477

VISIT OUR WEBSITE AT: www.colliertaxcollector.com THIS RECEIPT EXPIRES

LOCATION: 2319 J & C BLVD #10 ZONED: INDUSTRIAL BUSINESS PHONE: 593-5087 STATE OR COUNTY LIC #

LEGAL FORM Corporation

DISPLAY AT PLACE OF BUSINESS FOR PUBLIC INSPECTION. FAILURE TO DO SO IS CONTRARY TO LOCAL LAWS.

REAL ROCK COMPANY, INC.

REAL ROCK COMPANY INC 2319 J & C BLVD #10 NAPLES, FL 34109

1-10 EMPLOYEES

CLASSIFICATION: MARBLE PRODUCTS MFG/NO INSTALLATION

CLASSIFICATION CODE: 03002701

e is qualified. This document is a business tax only. This is not certification that licens It does not permit the licensee to violate any existing regulatory zoning laws of the state, county, or cit nor does it exempt the licensee from any other taxes or permits that may be required by law.

-THIS TAX IS NON-REFUNDABLE-

DATE **AMOUNT RECEIPT**  08/03/2021 30.00

Rob Stoneburner



DATE (MM/DD/YYYY) 02/24/22

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(les) must 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). PHONE (A/C, No. Ext): E-MAIL Insurance for Less, Inc. FAX (A/C, No): (305)380-8350 (305)380-8352 15150 SW 72nd Street INS4LESS1957@AOL.COM Miami, FL 33193 INSURER(S) AFFORDING COVERAGE NAIC # Phone (305)380-8350 Fax (305)380-8352 HDI GLOBAL SPECIALTY INSURER A: INSURED INSURER B Real Rock Company INSURER C: 2319 J & C Blvd Unidad 10-11 INSURER D : INSURER E Naples, FL 34109-(239) 593-5087 INSURER F COVERAGES **CERTIFICATE NUMBER: 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. ADDLSUBR INSR POLICY EFF POLICY EXP TYPE OF INSURANCE POLICY NUMBER GENERAL LIABILITY \$ 1,000,000.00 EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) COMMERCIAL GENERAL LIABILITY \$ 100,000.00 CLAIMS-MADE V OCCUR \$ 5,000.00 MED EXP (Any one person 3449848-3 Y 05/22/2021 05/22/2022 PERSONAL & ADV INJURY \$ 1,000,000.00 GENERAL AGGREGATE \$ 2,000,000.00 GEN'L AGGREGATE LIMIT APPLIES PER: 2,000,000.00 PRODUCTS - COMP/OP AGG \$ POLICY PRO-LOC \$ **AUTOMOBILE LIABILITY** COMBINED SINGLE LIMIT (Ea accident) ANY AUTO BODILY INJURY (Per person) \$ SCHEDULED AUTOS NON-OWNED AUTOS ALL OWNED AUTOS BODILY INJURY (Per accident PROPERTY DAMAGE (Per accident) V HIRED AUTOS UMBRELLATIAR ✓ OCCUR EACH OCCURRENCE EXCESS LIAB CLAIMS-MADE AGGREGATE \$ DED RETENTION \$ PRODUCT WORKERS COMPENSATION AND EMPLOYERS' LIABILITY WC STATU-TORY LIMITS ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYE If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT \$ DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, If more space is required) CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE Crescent Beach Condo Association THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. Ref: Wiechmann 466 263 100 N. Collier **AUTHORIZED REPRESENTATIVE** Marco Island Fl 34145

# Collier County Board of County Commissioners Certificate of Competency

Collier County \* City of Marco \* City of Naples \* City of Everglades

Issued Date: 09/21/2021

Company: TRIPLE K PLASTERING, INC.

Address: 2141 20TH AVE NE

**NAPLES, FL 34120** 

(239) 348-2522

THOMAS D. URBANOWSKI

C24520

24520

Issuance #:

License #:

Qualifier:

Telephone:

Classification: PLASTERING & STUCCO CONTR.

09/30/2022

State License #:

Valid Thru:

State Valid Thru:

It is the Qualifier's responsibility to keep current all records with Collier County.

This shall include insurance certificates and/or contact information.

Always verify licenses online at www.CVPortal.CollierGov.Net

Do not alter this document in any form.



DATE (MM/DD/YYYY) 02/22/2022

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 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:						
Weems Insurance of Naples, Inc	PHONE (A/C, No, Ext): (239) 775-8705 FAX (A/C, No): (239) 775-8576 E-MAIL ADDRESS: susan@weemsins.com						
3400 Tamiami Trail North, Suite 201							
Naples, FL 34103	INSURER(S) AFFORDING COVERAGE	NAIC#					
	INSURER A: FCBI Fund						
INSURED	INSURER B: Frank Winston Crum Ins Co INSURER C: Security National Ins Co						
Triple K Plastering Inc							
2141 20th Ave NE	INSURER D:						
Naples FL 34120	INSURER E:						
	INSURER F:						
CONTRACTO CONTRACTOR MINISTER.	DEVISION NI IM	DED.					

COVERAGES CERTIFICATE NUMBER: 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.

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED BEFORE TO WHICH THIS

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.

USR TR		TYPE OF INSURANCE	ADDL SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	S
	X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR						EACH OCCURRENCE DAMAGE TO RENTED	s 1,000,000 s 100,000
В				FGFL0012795603	03/17/2021	03/17/2022	PREMISES (Fa occurrence) MED EXP (Any one person)	s 5,000
							PERSONAL & ADV INJURY	s 1,000,000
	GEN	IL AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,000
	X POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	s Included
		OTHER:						\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Fa accident)	\$1,000,000
C		ANY AUTO				BODILY INJURY (Per person)	9	
	ALLOWNED SCHEDULED		M00-0016140-00	03/17/2021	03/17/2022	BODILY INJURY (Per accident)	8	
F		AUTOS HIRED AUTOS AUTOS AUTOS					PROPERTY DAMAGE (Per accident)	\$
	Acres Acres						\$	
		UMBRELLA LIAB X OCCUR			THE STREET	03/17/2022	EACH OCCURRENCE	\$1,000,000
В	X	EXCESS LIAB CLAIMS-MADE		BXFL0012795600	03/17/2021		AGGREGATE	\$1,000,000
		DED RETENTION S						3
		RKERS COMPENSATION					X PER OTH-	
		DOODDIETODIDADTKIED/EVEC ITIVE	HETOPOAPTNER/EVEC ITIVE	E.L. EACH ACCIDENT	s 1,000,000			
A	OFF (Mar	ICER/MEMBER EXCLUDED?	NIA	106-55834	12/04/2021	12/04/2022	EL DISEASE - EA EMPLOYEE	s 1,000,000
If yes, describe under DESCRIPTION OF OPERA		s, describe under CRIPTION OF OPERATIONS below			1000			\$1,000,000

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

Weichmann 203

CERTIFICATE HOLDER	CANCELLATION
Crescent Beach Condominium 100 N. Collier Blvd	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Marco Island, FL 34145	AUTHORIZED REPRESENTATIVE Shoon In Sterm
Fax: (239)642-8908	

© 1988-2014 ACORD CORPORATION. All rights reserved.