



Hold Harmless Agreement

Office E-mail: frontdeskcbcmarco@gmail.com

Peter Karl, the owner(s) of Unit #1002

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 Tent + Bronze Frame; ivory shutters

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: *Peter Karl*

Date *8/4/22*

Signature: _____

Date _____

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 September 30th, 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.

PK (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: TBD Estimated Date to Complete Work: TBD

CONTRACTORS SIGNATURE *[Signature]* DATE 7-29-2022

"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

Rev.06/23/2021



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/4/2022

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 this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Five County Insurance Agency Inc 14120 Metropolis Ave Fort Myers FL 33912	CONTACT NAME: Certificate Department PHONE (A/C, No, Ext): 239-939-1400 E-MAIL ADDRESS: certs@fivecountyinsurance.com	FAX (A/C, No): 239-939-3813													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : American Builders Insurance</td> <td>11240</td> </tr> <tr> <td>INSURER B : National Builders Insurance</td> <td>16632</td> </tr> <tr> <td>INSURER C : Amguard Insurance Company</td> <td>42390</td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : American Builders Insurance	11240	INSURER B : National Builders Insurance	16632	INSURER C : Amguard Insurance Company	42390	INSURER D :		INSURER E :		INSURER F :
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INSURER F :															
INSURED Storm Solutions Inc 12630 Metro Pkwy Suite 100 Fort Myers FL 33966															

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

CERTIFICATE HOLDER**CANCELLATION**

Crescent Beach Condominium Association
 & Peter Karl
 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

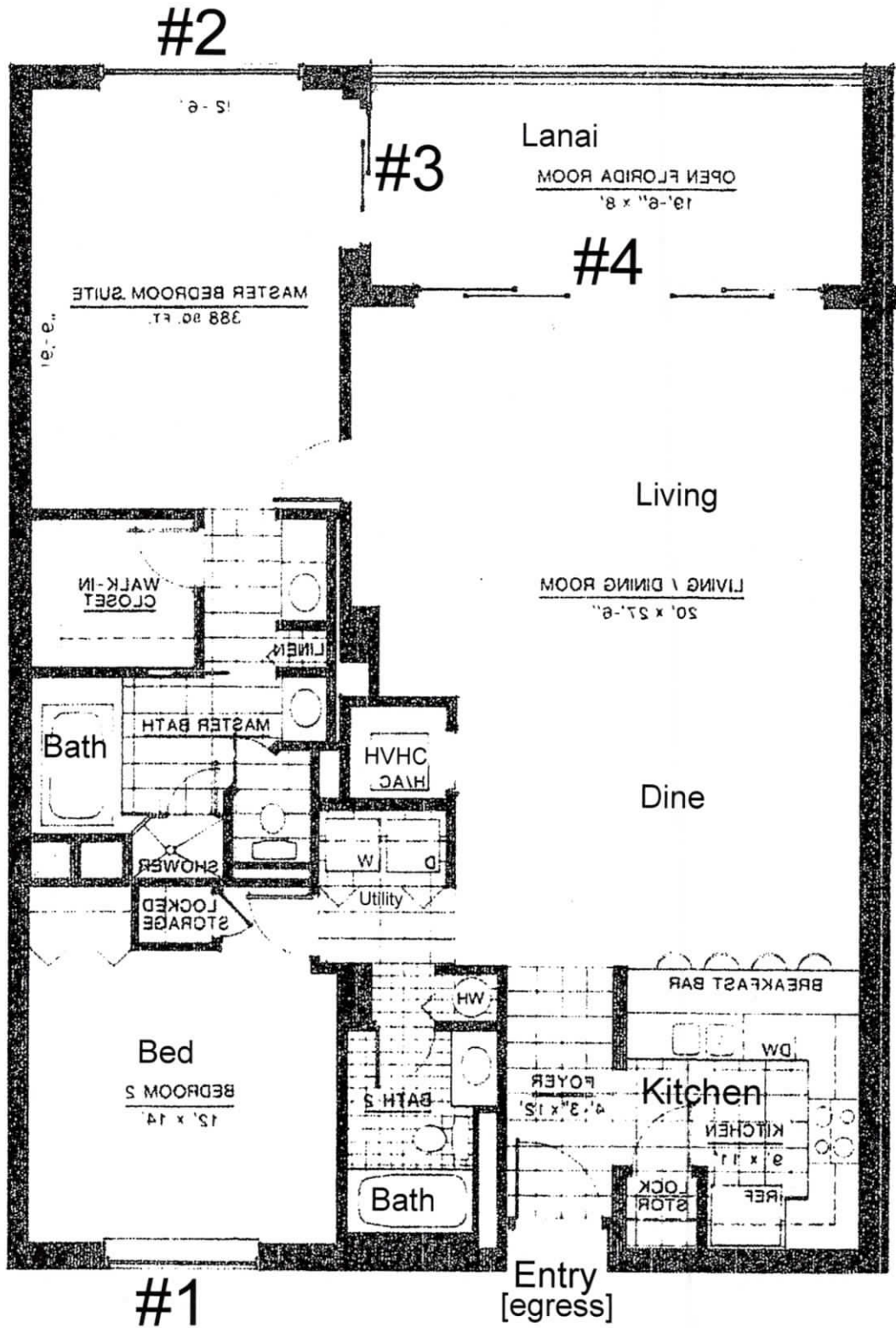
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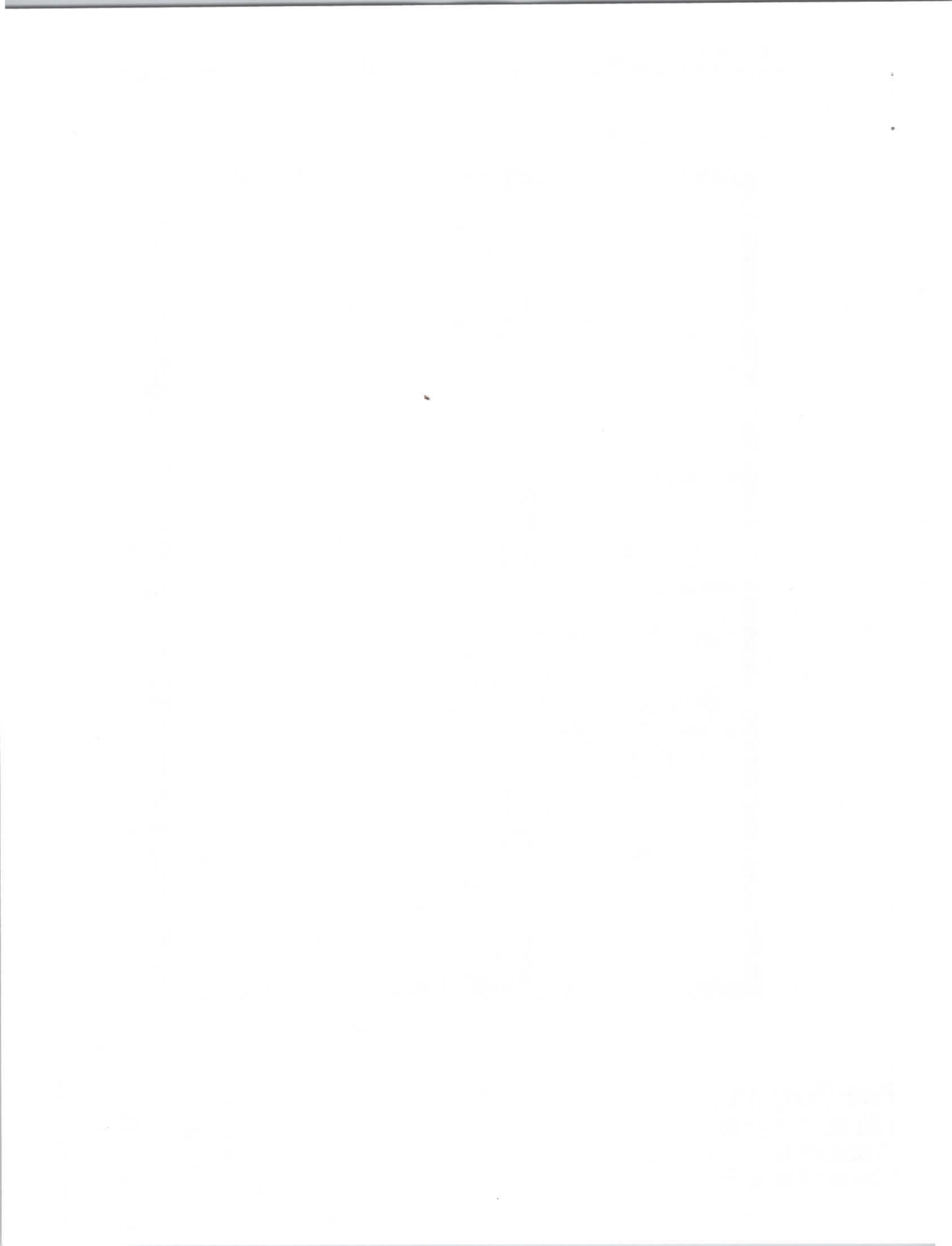
Storm Solutions Opening Schedule



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

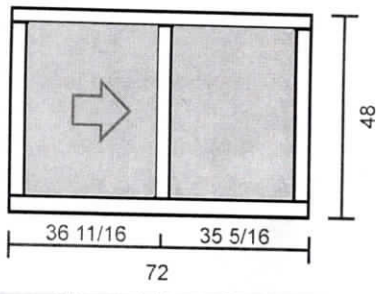


Delivery Date	Ship VIA	DoPO? Yes	Sales Tax	SalesPerson
				Shelby Peterson

Sold to:
 Karl

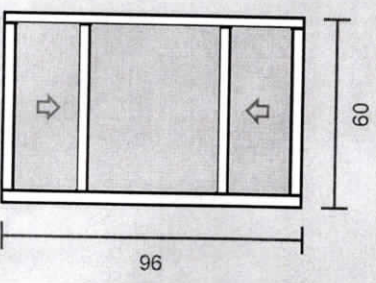
Job/Ship To:

Viewed from Outside	RoomCode	Item DP	U-Fac	SHGC	Qty
		70/-70	0.65	0.23	1



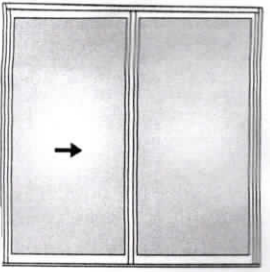
Line Full Description
 10 MARVIN COASTLINE- HR ENERGY EFFICIENT STORM SAFE XO (72 x 48) BRONZE FRAME BRONZE LO-E 366 GLASS 11/16 INSUL IMPACT w/PVB INTERLAYER w/ SCREEN
FBC:FL33619.1

Viewed from Outside	RoomCode	Item DP	U-Fac	SHGC	Qty
		70/-70	0.65	0.23	1

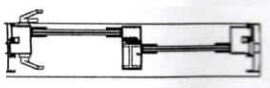


Line Full Description
 20 MARVIN COASTLINE- HR ENERGY EFFICIENT STORM SAFE XOX (96 x 60) UNEQUAL LITE BRONZE FRAME BRONZE LO-E 366 GLASS 11/16 INSUL IMPACT w/PVB INTERLAYER w/SCREENS
FBC:FL33619.1

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

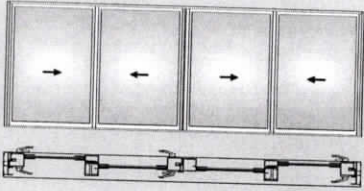
Viewed from Outside

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

Prepared By:
Shelby C. Peterson
Senior Solutions Specialist

The logo for Storm Solutions Inc. features the word "Storm" in a large, bold, stylized font with horizontal lines through it, and "Solutions" in a similar but slightly smaller font below it. The word "Inc." is written in a smaller font to the right of "Solutions".

