



# Hold Harmless Agreement

Office E-mail: frontdeskcbcmarco@gmail.com

Jeanne Hereth, the owner(s) of Unit  #205

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

Replace Two Outlined Windows with Hurricane Impact Rated Units [see attached detailed specs.]

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:  Jeanne Hereth

Date  Jan. 28/2022

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.

\*not "major renovation"

J.M.H. (Owner Initial)  \_\_\_\_\_ (Owner Initial)

Name of Contractors Performing Work:  Storm Solutions Inc.

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

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

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

Estimated Date to Begin Work:  May 15, 2022[+/-] Estimated Date to Complete Work:  May 30, 2022[+/-]

CONTRACTORS SIGNATURE  [Signature] (representative) DATE  1-28-2022

**"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

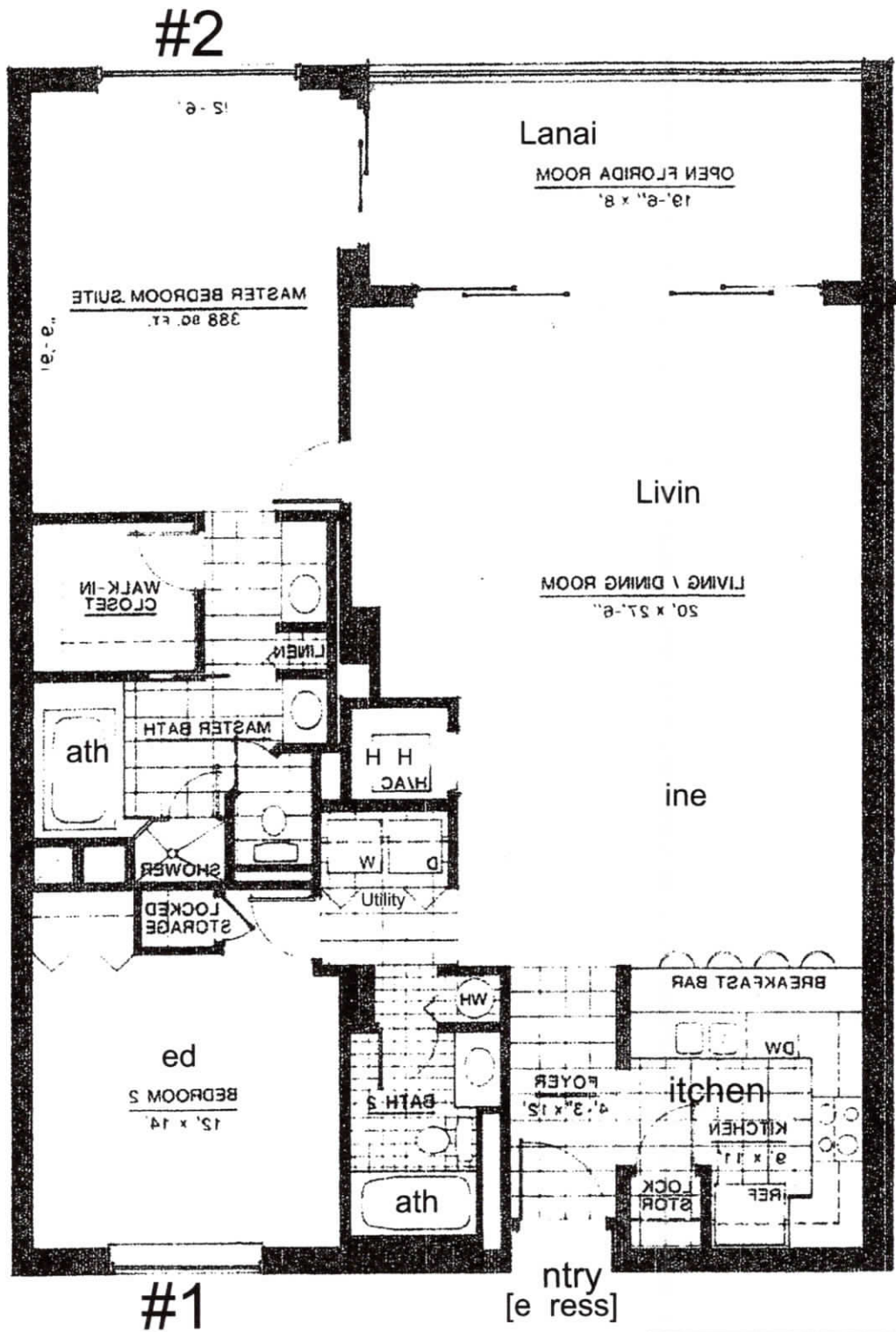
[Signature]  
Approved Manager

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

Rev.06/23/2021



# Storm Solutions Opening Schedule



The Hereth Residence  
Unit #205

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

**Storm Solutions** Inc.

# Detailed Product Specifications

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

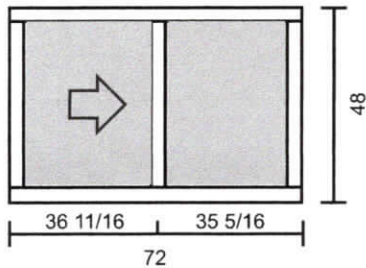
<b>Order Date</b> 01/26/2022	<b>Request Date</b> 02/09/2022	<b>Delivery Date</b>	<b>Ship VIA</b>	<b>DoPO?</b> Yes	<b>Sales Tax</b>	<b>SalesPerson</b> Shelby Peterson
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**Sold to:**  
Hereth

**Job/Ship To:**

**Viewed from Outside**

RoomCode	Item DP	U-Fac	SHGC	Qty
	80/-100	0.95	0.24	1



**Line Full Description**

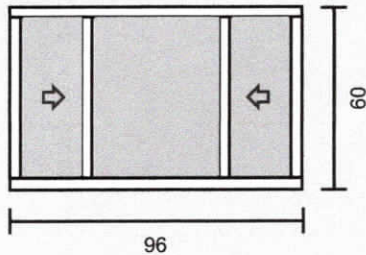
10 MARVIN COASTLINE- HR HI RISE STORM SAFE XO (72 x 48) BRONZE FRAME BRONZE LO-E 366 GLASS 7/16 IMPACT HS w/SGP INTERLAYER w/SQUARE GLAZING BEAD w/SCREEN

**FBC:FL33619.1**

**#1**

**Viewed from Outside**

RoomCode	Item DP	U-Fac	SHGC	Qty
	80/-100	0.95	0.24	1



**Line Full Description**

20 MARVIN COASTLINE- HR HI RISE STORM SAFE XO (96 x 60) UNEQUAL LITE BRONZE FRAME BRONZE LO-E 366 GLASS 7/16 IMPACT HS w/SGP INTERLAYER w/SQUARE GLAZING BEAD w/SCREENS

**FBC:FL33619.1**

**#2**

Entered by shelby@storm-solutions.net on 2022-01-26 12:43:50





## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/27/2022

**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> Five County Insurance Agency Inc 14120 Metropolis Ave Fort Myers FL 33912	<b>CONTACT NAME:</b> Certificate Department <b>PHONE (A/C, No, Ext):</b> 239-939-1400 <b>FAX (A/C, No):</b> 239-939-3813 <b>E-MAIL ADDRESS:</b> certs@fivecountyinsurance.com														
<b>INSURED</b> Storm Solutions Inc 12630 Metro Pkwy Suite 100 Fort Myers FL 33966	<table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th style="text-align: left; padding: 2px;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left; padding: 2px;">NAIC #</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">INSURER A : National Builders Insurance</td> <td style="padding: 2px;">16632</td> </tr> <tr> <td style="padding: 2px;">INSURER B : Amguard Insurance Company</td> <td style="padding: 2px;">42390</td> </tr> <tr> <td style="padding: 2px;">INSURER C : American Builders Insurance</td> <td style="padding: 2px;">11240</td> </tr> <tr> <td style="padding: 2px;">INSURER D :</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">INSURER E :</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">INSURER F :</td> <td style="padding: 2px;"></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : National Builders Insurance	16632	INSURER B : Amguard Insurance Company	42390	INSURER C : American Builders Insurance	11240	INSURER D :		INSURER E :		INSURER F :	
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**COVERAGES** **CERTIFICATE NUMBER:** 2128786598      **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
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b>  <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:			PKG025971403	4/1/2021	4/1/2022	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 \$
B	<b>AUTOMOBILE LIABILITY</b>  <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			STAU192587	3/31/2021	3/31/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE  <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <span style="float: right;">Y/N</span> (Mandatory in NH) <input type="checkbox"/> N <span style="margin-left: 20px;">N/A</span> If yes, describe under DESCRIPTION OF OPERATIONS below			WCV029685602	1/27/2022	1/27/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER 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)

<b>CERTIFICATE HOLDER</b>  Crescent Beach Condominium Association & Jeanne Hereth 100 N. Collier Blvd #205 Marco Island FL 34145	<b>CANCELLATION</b>  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

Halsey Beshears, 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, 2022**

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



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