



Hold Harmless Agreement

Office E-mail: frontdeskcbmarco@gmail.com

X RICK & ANNA BURKHART, the owner(s) of Unit X PH7

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

REPLACE 3 WINDOWS, SIZE FOR SIZE, BROWER FRAMES
AND 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: X [Signature]

Date X 5/17/22

Signature: X _____

Date X _____

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.

X [Initials] (Owner Initial) X _____ (Owner Initial)

Name of Contractors Performing Work: X 1st CHOICE

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

Company: X 1st Choice Hurricane Protection LLC Tele: (239) X 325-3400

Street: X 25241 Burnwood Dr. City: X Bonita Spring St: X FL Zip: X 34135

Estimated Date to Begin Work: X TBD Estimated Date to Complete Work: X TBD

CONTRACTORS SIGNATURE X [Signature] DATE X 5-17-2022

"NO LOCK BOXES" ARE PERMITTED ON OWNERS DOOR"
DO NOT REMOVE/TOUCH FIRE SPEAKERS

Supply lines under sinks or from toilets can be either hard pipe or stainless flexible braided as long as the flexible braided is not looped.

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

X [Signature]
Approve by Director

X [Signature]
Approved Manager

X _____
Disapprove by Director



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

LUSTIK, LANCE WILLIAM
1ST CHOICE HURRICANE PROTECTION LLC
25241 BERNWOOD DR SUITE 6
BONITA SPRINGS FL 34135

LICENSE NUMBER: CGC1522106

EXPIRATION DATE: AUGUST 31, 2022

Always verify licenses online at MyFloridaLicense.com

Do not alter this document in any form.

This is your license. It is unlawful for anyone other than the licensee to use this document.





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/6/2022

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 Arthur J. Gallagher Risk Management Services, Inc. 1395 Panther Lane Suite 100 Naples FL 34109	CONTACT NAME: Teresa Brown PHONE (A/C No. Ex): 239-262-7171 E-MAIL ADDRESS: Teresa_Brown1@ajg.com	FAX (A/C No.): 239-262-5360
	INSURER(S) AFFORDING COVERAGE	
INSURED 1st Choice Hurricane Protection LLC. & 1st Choice Windows & Shutters, LLC. 25241 Bernwood Dr, #6 Bonita Springs FL 34145	INSURER A: Auto-Owners Insurance Company	NAIC # 18988
	INSURER B: Southern-Owners Insurance Company	NAIC # 10190
	INSURER C:	
	INSURER D:	
	INSURER E:	
INSURER F:		

COVERAGES

CERTIFICATE NUMBER: 110307630

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 X	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:		20136310	12/1/2021	12/1/2022	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
A	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		4967381001	12/1/2021	12/1/2022	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 1,000,000 BODILY INJURY (Per accident) \$ 1,000,000 PROPERTY DAMAGE (Per accident) \$ 1,000,000
B X	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$		4967381002	12/1/2021	12/1/2022	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
	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/A			PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ 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**

Crescent Beach Condominium Association, Inc.
 100 N Collier Blvd
 Marco Island FL 34145
 USA

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

© 1988-2015 ACORD CORPORATION. All rights reserved.

CERTIFICATE OF LIABILITY INSURANCE

Date
12/7/2021

Producer: Plymouth Insurance Agency
2739 U.S. Highway 19 N.
Holiday, FL 34691
(727) 938-5562

This Certificate is issued as a matter of information only and confers no rights upon the Certificate Holder. This Certificate does not amend, extend or alter the coverage afforded by the policies below.

Insured: South East Personnel Leasing, Inc. & Subsidiaries
2739 U.S. Highway 19 N.
Holiday, FL 34691

Insurers Affording Coverage		NAIC #
Insurer A:	Lion Insurance Company	11075
Insurer B:		
Insurer C:		
Insurer D:		
Insurer E:		

Coverages

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. Aggregate limits shown may have been reduced by paid claims.

INSR LTR	ADDL INSRD	Type of Insurance	Policy Number	Policy Effective Date (MM/DD/YY)	Policy Expiration Date (MM/DD/YY)	Limits																				
		GENERAL LIABILITY <input type="checkbox"/> Commercial General Liability <input type="checkbox"/> Claims Made <input type="checkbox"/> Occur <hr/> General aggregate limit applies per: <input type="checkbox"/> Policy <input type="checkbox"/> Project <input type="checkbox"/> LOC				Each Occurrence \$ Damage to rented premises (EA occurrence) \$ Med Exp \$ Personal Adv Injury \$ General Aggregate \$ Products - Comp/Op Agg \$																				
		AUTOMOBILE LIABILITY <input type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Non-Owned Autos				Combined Single Limit (EA Accident) \$ Bodily Injury (Per Person) \$ Bodily Injury (Per Accident) \$ Property Damage (Per Accident) \$																				
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> Occur <input type="checkbox"/> Claims Made Deductible				Each Occurrence \$ Aggregate \$																				
A		Workers Compensation and Employers' Liability Any proprietor/partner/executive officer/member excluded? NO If Yes, describe under special provisions below.	WC 71949	01/01/2022	01/01/2023	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;">WC Statutory Limits</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">OTHER</td> <td></td> </tr> <tr> <td colspan="2">E.L. Each Accident</td> <td colspan="2"></td> <td style="text-align: right;">\$1,000,000</td> </tr> <tr> <td colspan="2">E.L. Disease - Ea Employee</td> <td colspan="2"></td> <td style="text-align: right;">\$1,000,000</td> </tr> <tr> <td colspan="2">E.L. Disease - Policy Limits</td> <td colspan="2"></td> <td style="text-align: right;">\$1,000,000</td> </tr> </table>	<input checked="" type="checkbox"/>	WC Statutory Limits	<input type="checkbox"/>	OTHER		E.L. Each Accident				\$1,000,000	E.L. Disease - Ea Employee				\$1,000,000	E.L. Disease - Policy Limits				\$1,000,000
<input checked="" type="checkbox"/>	WC Statutory Limits	<input type="checkbox"/>	OTHER																							
E.L. Each Accident				\$1,000,000																						
E.L. Disease - Ea Employee				\$1,000,000																						
E.L. Disease - Policy Limits				\$1,000,000																						

Other

Lion Insurance Company is A.M. Best Company rated A (Excellent). AMB # 12616

Descriptions of Operations/Locations/Vehicles/Exclusions added by Endorsement/Special Provisions:

Client ID: 90-67-576

Coverage only applies to active employee(s) of South East Personnel Leasing, Inc. & Subsidiaries that are leased to the following "Client Company":

1st Choice Hurricane Protection LLC

Coverage only applies to injuries incurred by South East Personnel Leasing, Inc. & Subsidiaries active employee(s), while working in: FL.

Coverage does not apply to statutory employee(s) or independent contractor(s) of the Client Company or any other entity.

A list of the active employee(s) leased to the Client Company can be obtained by faxing a request to (727) 937-2138 or email certificates@lioninsurancecompany.com

Project Name:

ISSUE 01-04-21 (SS)

Reprint Date: 4/22/2019

CERTIFICATE HOLDER

CRESCENT BEACH
CONDOMINIUM ASSOCIATION INC
100 N COLLIER BLVD
MARCO ISLAND, FL 34145

CANCELLATION

Should any of the above described policies be cancelled before the expiration date thereof, the issuing insurer will endeavor to mail 30 days written notice to the certificate holder named to the left, but failure to do so shall impose no obligation or liability of any kind upon the insurer, its agents or representatives.



The Prestige collection was developed in collaboration with leading architects and designers who specialize in modern construction. The result: clean lines and large glass panels.

More than 30 years of experience as a window and door manufacturer has allowed us to develop this premier line of products that meet the highest performance standards. These products are crafted with one purpose: to bring the topmost quality and design to every project.

Prestige Features

- Consolidated under a single source warranty
- Available in two-tone finish
- High performance insulation from efficient spacers
- Superior energy performance with low U-values
- Reduced sound transmission
- Exclusive hardware
- Extended warranty
- Color or ultra-clear interlayers
- Coastal hardware standard

Windows

- ES-P252 Casement/Awning/Fixed Window**
- ES-FX2020 Fixed Window**
- ES-SW340 Sliding Window**
- ES-H340 Single Hung Window**
- ES-FX3050 Frameless Window**
- ES-8000T Jumbo Storefront Window**

Doors

- ES-46T Swing Door**
- ES-SGD2020 Sliding Glass Door**
- ES-SGD2040 ProSlide Door**
- ES-BF5010T Bifold Door**

WINDOWS

ES-P252 Casement/Awning/Fixed Window

ES-P252 is an operable out-swing window that offers an unobstructed view and excellent ventilation. This product is ideal for areas that demand high light transmittance and minimal thermal transfer.

System Description

Casement

Small and large missile impact rated
Maximum size: 48" x 84"
Frame depth: 2 1/2"

Awning

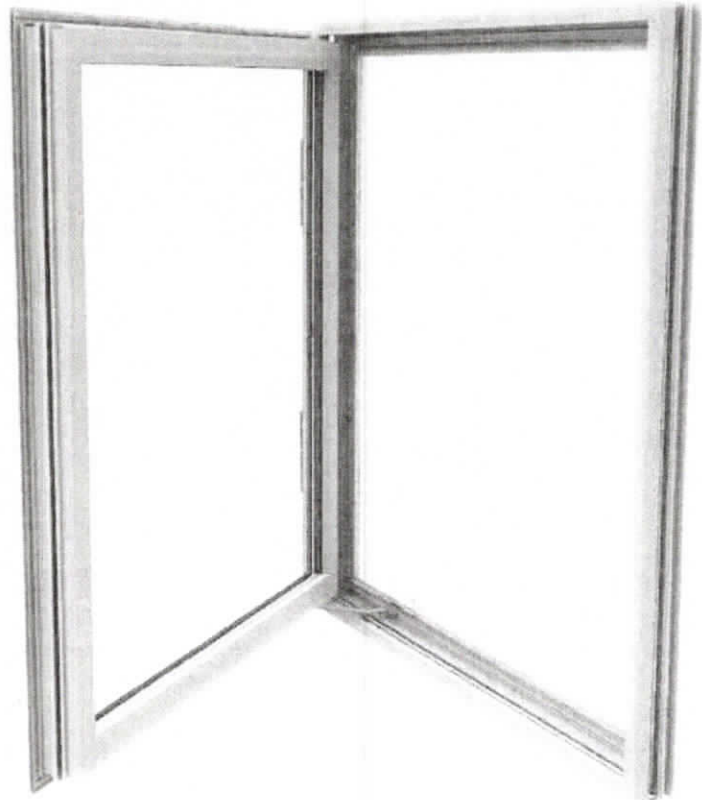
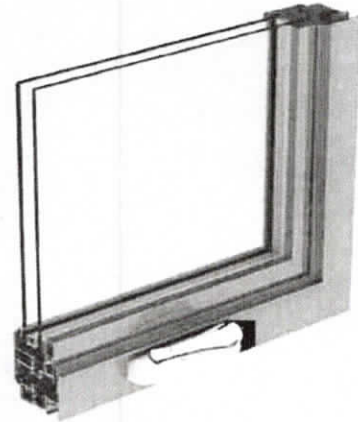
Small and large missile impact rated
Maximum size: 42" x 37"
Frame depth: 2 1/2"


Fixed

Small and large missile impact rated
Maximum size: 60" x 144"
Frame depth: 2 1/2"

Features

Single arm operator and multi-point lock
High performance stainless steel four bar hinge or butt hinges
Head receptor, sub-sill and strap anchors available
Thermally broken frame
Flange or equal leg frame





The Elite line of high-quality windows and doors was developed by our experienced team of engineers and designers to meet the needs of homeowners, contractors and homebuilders. We offer durable, efficient and affordable products that withstand the stringent Miami-Dade County protocols.

With more than 30 years of experience as a window and door manufacturer, ESWindows has earned a reputation for providing reliable products that meet today's modern aesthetics, in an environmentally friendly combination that helps homeowners reduce energy costs.

WINDOWS

EL-100

Single Hung Window

EL-150

Fixed Window

EL-200

Horizontal Roller / Sliding Window

ES-5000

Casement Window

DOORS

EL-300

French Door / Swing Door

EL-400

Sliding Glass Door



ELITE
LINE

EL-200

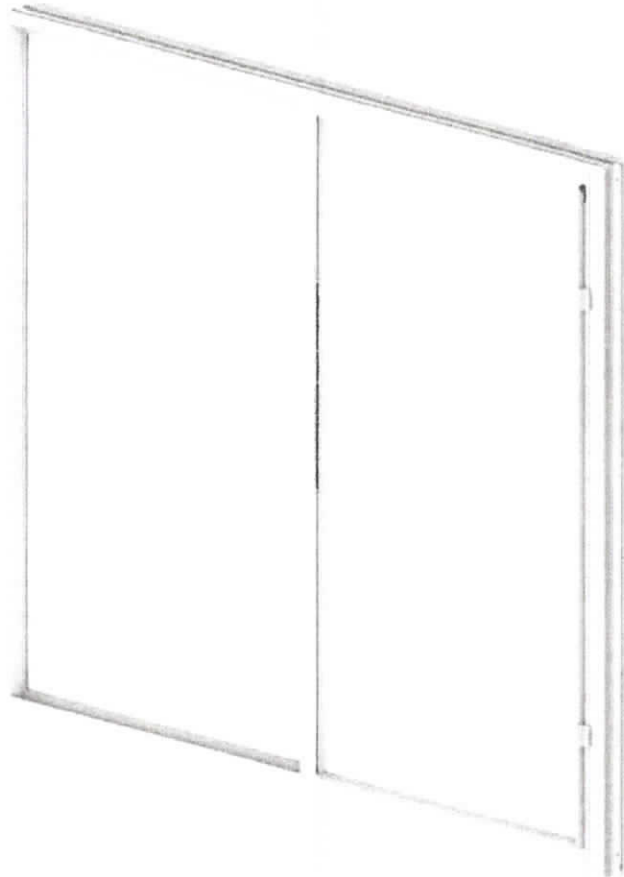
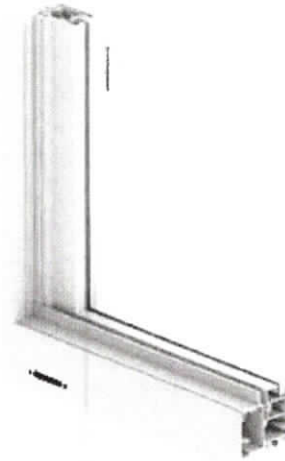
The EL-200 is a horizontal sliding window. This product is designed to ensure smooth easy operation to allow maximum ventilation. EL-200 can be used for a wide variety of applications.

System Description

- Large missile impact rated
- 3" Frame depth
- Configurations: XO, OX or XOX (1/4, 1/2, 1/4, 1/3, 1/3, 1/3)
- Designed for multiple laminated glass options
- Water infiltration: 12 psf large missile impact rated
- Design load: 80/90 psf large missile impact rated
- Maximum size: 72" x 62" OX, 110" x 62" XOX
- U-value:
 - 0.48 - IGU (with 1/8" N70/38 Clear (#2) + 5/16" Air Spacer + 1/8" Clear + 0.75" PVB + 1/4" Clear Low-E (#6))
 - 1.0 - LG (with 1/8" Clear + 0.09" PVB + 1/8" Clear)
- Insulating laminated glass:
 - 1/8" + 3/8" Spacer + 1/8" + 0.09" Interlayer + 1/8"
 - 1/8" + 5/16" Spacer + 1/8" + 0.09" Interlayer + 1/4"
- Laminated glass:
 - 1/8" + 0.09" Interlayer + 1/8"
 - 1/8" + 0.09" Interlayer + 1/4"
- Egress Size: 72 3/8" X 30 1/8" and 52" X 42 1/8"

Features

- Polyamide rollers with needle bearings
- Spring latch at jamb or sweep lock options
- Flange or fin frame for masonry and wood construction, flush frame for concrete openings
- Saflex PVB, Kuraray PVB, Vanceva Storm and SentryGlas Plus interlayer options



Waiting on documentation from 1ST Choice
Received 5/17/22 to Shelly Lott



Hold Harmless Agreement

Office E-mail: frontdeskcbcmarco@gmail.com

RICK & ANNA BURKHART, the owner(s) of Unit PH7

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

REPLACE 3 WINDOWS, SIZE FOR SIZE, BRONZE FRAMES
AND 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: [Signature]

Date 5/17/22

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.**

[Initials] (Owner Initial) _____ (Owner Initial)

Name of Contractors Performing Work: 1ST CHOICE

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

Company: _____ Tele: () _____

Street: _____ City: _____ St: _____ Zip: _____

Estimated Date to Begin Work: _____ Estimated Date to Complete Work: _____

CONTRACTORS SIGNATURE _____ DATE _____

"NO LOCK BOXES" ARE PERMITTED ON OWNERS DOOR"
DO NOT REMOVE/TOUCH FIRE SPEAKERS

Supply lines under sinks or from toilets can be either hard pipe or stainless flexible braided as long as the flexible braided is not looped.

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

Approve by Director

Approved Manager

Disapprove by Director

Rev 01/23/2021