

Hold Harmless Agreement Office E-mail: frontdeskcbcmarco@gmail.com

X RICK & DIANA BURKHART, the owner(s) of Unit X PHT	
Crescent Beach Condominiums of Marco Island, ask permission to (describe type of work):	
PEPLACE FLOOR TILE OTHER THAN MASTER BATHROOM AND TILE DWING	_
AREA AS DEFINED BY THE BOARD	- 4-
to indemnify and Hold Harmless Crescent Beach Condominium Association, Inc. for any loss, costs or damage the common elements, including attorney's fees, incurred by the Association as a result of the owner's perform the permitted work, including work performed by contractors and subcontractors, both of which are required submit their license & liability insurance, prior to starting. *Owner(s) Signature: X Date X 4 25 27	d to
Signature: X Date X	
A \$500.00 Deposit will be required by contractors doing major renovations in units. Contractors may a renovations May 1st and finish no later than September 30th, or forfeit their deposit at a \$100 fine for each day a the September 30th. Work hours: MON-FRI ONLY: 8:00 A.M. TO 4:00 P.M. X (Owner Initial) X (Owner Initial)	start after
Name of Contractors Performing Work: :X FHLEN	
ATTACH A COPY OF ALL SUBS WITH THEIR LICENSE & INSURANCE TO THIS FORM LISTING CRESCENT BEAC	H &
OWNER AS CERTIFICATE HOLDER 339 294-0500	
Company: X Ehler Floor Covering Tele: () X O/	_
OWNER AS CERTIFICATE HOLDER Company: X Ehlen Floor Covering Tele: (3) x 394-0500 Street: X 790 Bald Eagle OR City: X Marco Is St: X Fl Zip: X 3414	2
Estimated Date to Begin Work: X 5 2/00 Estimated Date to Complete Work: X 5 12/00	
CONTRACTORS SIGNATURE CONTRACTORS SIGNATURE DATE X 4/25/201	2
"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 FLE	XIBLE
WATER SUPPLY LINES ARE PERMITTED	
ATTACH A SHEET EXPLAINING DETAILS WITH BLUEPRINT, LICENSE & INSURANCE LISTING ASSOCATION	HON
& HOMEOWNER AS CERTIFICATE HOLDER	
Approve by Director Approved Manager X Disapprove by Director	/23/2021

100 N. Collier Blvd • Marco Island, Florida 34145 • (239) 642-0100 • Fax (239) 642-8908



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/25/2022

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).

	9					
PRODUCER	lorida Inc.	CONTACT NAME: Debra Gonzalez				
Brown & Brown of Southwest Flo 1421 Pine Ridge Road Suite 200		PHONE (A/C, No. Ext): 239-262-5143	FAX (A/C, No): 239-261-8265			
		E-MAIL ADDRESS: certs@bbswfla.com				
Naples FL 34109		INSURER(S) AFFORDING COVERAGE	NAIC#			
		INSURER A: Auto-Owners Insurance Company	18988			
INSURED Ehlen Floor Covering Inc.	EHLEN-3	INSURER B: Southern-Owners Insurance Compan	y 10190			
790 Bald Eagle Drive		INSURER C: FHM Insurance Company	10699			
Marco Island FL 34145		INSURER D:				
		INSURER E :				
		INSURER F:				
COVERAGES	CEDTIFICATE NUMBER: 552704604	DEVISION NU	MDED.			

0012101020	OLIVIII IOATE NOMBER, 553701004	REVISION NUMBER:
THIS IS TO CERTIFY THE	HAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN	N ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD
INDICATED. NOTWITH:	STANDING 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 1	THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS.
EXCLUSIONS AND CON	DITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN R	EDUCED BY PAID CLAIMS

NSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR			20203586	8/15/2021	8/15/2022	EACH OCCURRENCE DAMAGE TO RENTED	\$ 1,000,000
1	CLAIMS-MADE X OCCUR						PREMISES (Ea occurrence)	\$ 300,000
- }							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- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:							\$
A	AUTOMOBILE LIABILITY			4203676506	8/15/2021	8/15/2022	COMBINED SINGLE LIMIT (Ea accident)	\$ 500,000
	X ANY AUTO						BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	X HIRED X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								\$
В	X UMBRELLA LIAB X OCCUR			4203676505	8/15/2021	8/15/2022	EACH OCCURRENCE	\$ 2,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$ 2,000,000
	DED X RETENTION \$ 10,000							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WC30600062282021A	8/15/2021	8/15/2022	X PER OTH-	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$ 1,000,000
- 1	(Mandatory in NH) If yes, describe under						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	DESCRIPTION OF OPERATIONS below			9,			E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
				•,				
- 1								

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Officers Excluded: Edward Ehlen & Thomas Ehlen

CERT	TFICATE	HOLDER	

CANCELLATION

Crescent Beach Condo Associations Burkhart Residence / Unit PH-7 100 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 IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Dahra R. Hongally

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.

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.

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