



# Hold Harmless Agreement

Office E-mail: frontdeskcbcmarco@gmail.com

X BILL & MARY KLUG, the owner(s) of Unit X 906

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

INSTALL NEW HURRICANE SHUTTER ON BEACH SIDE OF  
OUR UNIT (LANAI AND MASTER BR WINDOW)  
COLOR IS IVORY

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 William F. Klug

Date X 3-15-2022

Signature: X Mary D. Klug

Date X 3-18-2022

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 WFK (Owner Initial) X MDK (Owner Initial)

Name of Contractors Performing Work: X 1st Choice Hurricane Protection, LLC / Lance Lustik

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: ( ) X 239-325-3400

Street: X 25241 Bernwood Dr #6 City: X Bonita Springs St: X FL Zip: X 34135

Estimated Date to Begin Work: X tbd Estimated Date to Complete Work: X tbd  
we are pending permit, material and hoa approval

CONTRACTORS SIGNATURE X [Signature] DATE X \_\_\_\_\_

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

"NO LOCK BOXES" ARE PERMITTED ON OWNERS DOOR"

X [Signature]  
Approve by Director

X [Signature]  
Approved Manager

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



# 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).

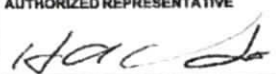
<b>PRODUCER</b> Arthur J. Gallagher Risk Management Services, Inc. 1395 Panther Lane Suite 100 Naples FL 34109	<b>CONTACT NAME:</b> Teresa Brown <b>PHONE</b> (A/C, No., Ext): 239-262-7171 <b>E-MAIL</b> ADDRESS: Teresa_Brown1@ajg.com	<b>FAX</b> (A/C, No): 239-262-5360
	<b>INSURER(S) AFFORDING COVERAGE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

**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	ADD'L SUBR INSD WVR	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 - COMPI/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 X 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 <input type="checkbox"/> 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)

<b>CERTIFICATE HOLDER</b>  Crescent Beach Condominium Association, Inc. 100 N Collier Blvd Marco Island FL 34145 USA	<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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# 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	
		<b>GENERAL LIABILITY</b> <input type="checkbox"/> Commercial General Liability <input type="checkbox"/> Claims Made <input type="checkbox"/> Occur  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	\$
		<b>AUTOMOBILE LIABILITY</b> <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)	\$
		<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> Occur <input type="checkbox"/> Claims Made Deductible				Each Occurrence	\$
						Aggregate	\$
A		<b>Workers Compensation and Employers' Liability</b> Any proprietor/partner/executive officer/member excluded? <b>NO</b> If Yes, describe under special provisions below.	WC 71949	01/01/2022	01/01/2023	<input checked="" type="checkbox"/> WC Statutory Limits <input type="checkbox"/> OTH-ER	E.L. Each Accident \$1,000,000 E.L. Disease - Ea Employee \$1,000,000 E.L. Disease - Policy Limits \$1,000,000
Other		<b>Lion Insurance Company is A.M. Best Company rated A (Excellent). A.M.B. # 12616</b>					

**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)

Begin 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.

*[Signature]*



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

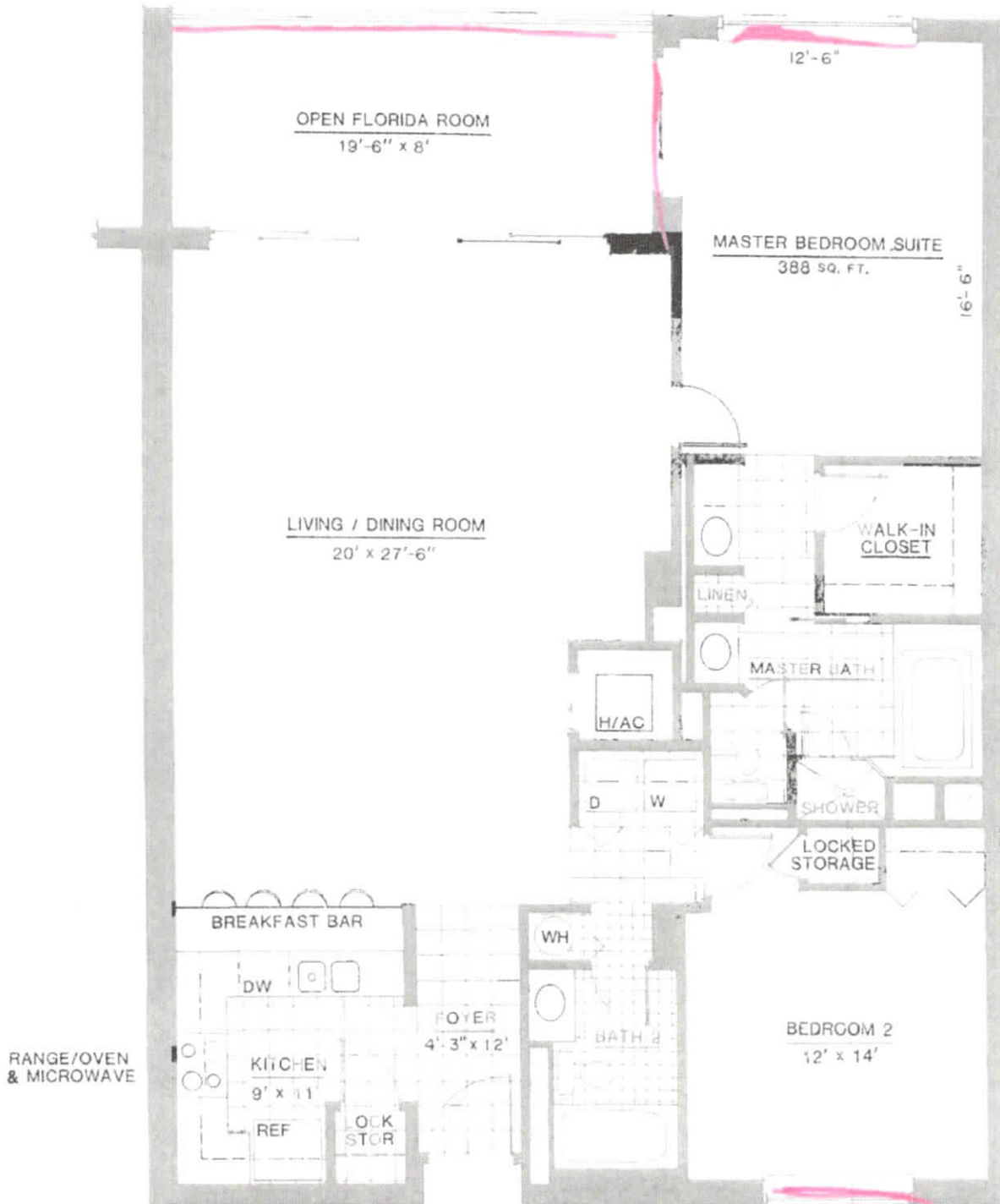
EXPIRATION DATE: AUGUST 31, 2022

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





**TWO BEDROOM – TWO & ONE THIRD BATHS**  
**'A' FLOOR PLAN**

TOTAL LIVING AREA: 1601 SQ. FT.

A/C AREA: 1445 SQ. FT.

DIMENSIONS & CALCULATIONS ARE APPROXIMATE



# Eastern Metal Supply

## 55mm Bertha™ End Retention Roll Shutters



### 55mm Bertha™ End Retention Roll Shutters

#### Product Features:

- End Retention
- Vented slats let the light in
- Block the sun, wind, and rain
- Protect your patio, windows and doors
- Offers comfort and security
- Double wall slat for wide spans and strength
- Powder coated paint finish

#### Specifications:

- Hurricane tested and approved
- Approvals: FBC-HVHZ, Non-HVHZ, IBC/IRC, TDI - Pending
- Up to 286 1/2" wide

#### Options Include:

- Colors: White, Ivory, Beige, Bronze
- See out with View Ports • Motorization
- Operate with your smartphone • Storm bars
- Spring loaded system/fingertip control



**Eastern Metal Supply** [www.easternmetal.com](http://www.easternmetal.com) • [info@easternmetal.com](mailto:info@easternmetal.com)

FL: 800-432-2204 • NC: 800-343-8154 • TX: 800-996-6061 • MO: 888-822-6061 v03/18