

HOLD HARMLESS AGREEMENT

MARTY'S MARCY DUNNE, the owner(s) of Unit# 208
MARCY DUNNE, the owner(s) of Unit#
- SEE ATTALHED -
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: Date 2-20-22
Contractors Performing Work: Name of GC: SEA GOAGT CONST ***Attach a copy of all subs w/ their license & ins to this form. Company: SEA COAGT COAGT THE PROPERTY OF THE PROP
Company: <u>SEA COAST</u> Tele: (239) <u>398 - 1410</u> Street: <u>6468 PEMBLOKE WAY</u> City: <u>NAMES</u> St: FZ zip: <u>34113</u>
ESTIMATED DATE TO BEGIN WORK:
ESTIMATED DATE TO COMPLETE WORK: SEPT 30
"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 W/ BLUEPRINT, LIC. & INS.
".NO LOCK BOXES" ARE PERMITTED ON OWNERS DOOR
Approve by Director Reviewed & Approved Disapprove by Director
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.
CONTRACTORS SIGNATURE 100 N. Collies Bix : Maccol Nand. Florida 34145 (239) 642-0100 Fax (239) 642-8906

Sea Coast Construction Services, Inc. P.O. Box 1487 Marco Island, Florida 34146

(239) 398-1410 CGC 1504709

Marty and Marcy Dunne JOB SCOPE 100 N. Collier Blvd. Crescent Beach Condominium Unit 208 Marco Island, FL 34145

Job Scope: total renovation of unit

General

File Notice of Commencement and obtain building permit.

Oversee all phases of renovation and coordinate all city inspections.

Deliver Certificate of Occupancy at completion.

Demo, Framing and Drywall

Remove remaining old furniture, if necessary.

Remove all existing window treatments and valances.

Remove all plumbing fixtures, bathtubs, cabinets and countertops in entire unit

Remove all base trim, casing and doors in entire unit.

Remove all mirrors from walls.

Remove all old HVAC supply grills.

Remove portion of walls in master bathroom.

Remove portion of walls and ceilings in dining room and kitchen.

Remove all appliances and dispose.

Remove all closet shelving.

Remove all existing floor tile and carpets throughout

Remove all existing tile from Lanai

Remove portion of walls in master bath to open area as much as possible.

Remove tub in guest bath and convert to shower

Frame new ceilings in all areas.

Reconfigure entry storage closet to enlarge area

Reconfigure guest bath entry from guest bedroom.

Fame for soffits in living room.

Frame all affected walls as necessary for new layout

Supply and install new drywall on all drop ceilings and walls and finish to match existing.

Dispose of all debris.

Electrical, Plumbing, HVAC and Fire

Relocate and install new HVAC runs to accommodate new layout.

Supply and install all new supply grills.

Relocate and update all rough electric as necessary.

Supply and install all new hardwired smoke detectors

Relocate all outlets, switches, cable TV and telephone lines as necessary.

Supply and install under cabinet lighting in kitchen and vanity lighting.

Supply and install new recessed lighting in all areas as necessary.

Supply and install new recessed lighting in all showers.

Supply and install all new décor switches and outlets in entire condo. Install all owner-supplied appliances.

Supply and install new exhaust fans in master and guest bathrooms.

Supply and install all rough plumbing including new Kohler shower valves,

drains, supplies, shut-offs and shower pans in master and guest showers.

Supply and install new fire proofed drains in master and guest showers.

Supply and install new dura-rock cement board in master and guest showers and tub surround.

Relocate all copper lines to accommodate new layout.

Relocate all PVC drains and supply lines as necessary.

Supply and install new Kohler shower trims, Kohler rectangular under mount sinks, Kohler faucets and Kohler Comfort Height toilets in all bathrooms.

Supply and install new stainless under mount sink and faucet in kitchen.

Run waterlines to dishwasher and refrigerator.

Relocate sprinkler heads and install concealed heads where possible.

Fireproof all pipe penetrations as necessary per fire code.

Interior Finishes

Supply and install all new solid 2 panel doors throughout.

Supply and install all new 7 inch flat base trim throughout.

Supply and install new 3 1/2 inch flat casings around all doors.

Supply and install Pro-flex sound control under all tiled areas.

Supply and install new owner selected porcelain tile throughout. Supply and install owner selected porcelain tile on lanai

Supply and install new owner selected porcelain tile in master and guest showers.

Supply and install owner selected wood cabinets in kitchen, laundry, master and guest bathrooms.

Spray all trim and doors with 2 coats of satin paint.

Paint all walls and ceilings with 2 coats of eggshell latex per owner specification.

Supply and install new quartz tops per owner specification in kitchen and master bath and guest bathroom.

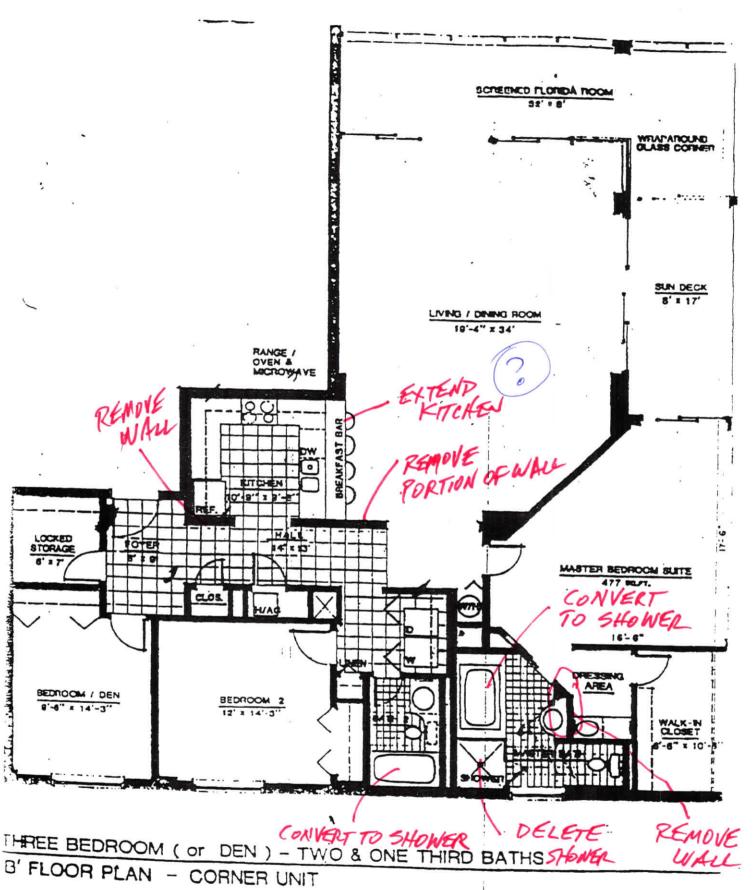
Supply and install 3/8" inch frameless glass shower enclosures in master and guest bathroom.

Supply and install new mirrors over vanities in guest and master bathroom. Supply and install toilet paper holder, towel ring and towel bar to match faucets in master and guest bathrooms.

Supply and install brush nickel lever handles on all interior doors.

Miscellaneous

Supply and install owner selected tile backsplash in kitchen. Professionally clean entire unit.



CTAL LIVING AREA : 2269 SQ. FT.

NC ATEA 1877 SO. FT.

HILLMAND & CALCOLATIONS AND ACIDOLIMATE

RESCENT-BEACI



DATE (MM/DD/YYYY) 2/23/2022

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 if SUBROGATION IS WAIVED, subject this certificate does not confer rights to	to the te	rms and conditions of the	ne policy, certain p	olicies may	NAL INSURED provisions or l require an endorsement. A	pe endorsed.	
PRODUCER			CONTACT Debra Gor				
Brown & Brown of Southwest Florida In 1421 Pine Ridge Road	nc.		PHONE (A/C, No. Ext): 239-26		FAX (A/C, No): 239-2	64 9265	
Suite 200			E-MAIL ADDRESS: Certs@bt		(A/C, No); 239-2	01-8205	
Naples FL 34109					20112 20112 201	7.555	
			INSURER(S) AFFORDING COVERAGE NAIC I INSURER A : Auto-Owners Insurance Company 1898				
INSURED		EHLEN-3				18988	
Ehlen Floor Covering Inc.			INSURER B : Southern			10190	
790 Bald Eagle Drive Marco Island FL 34145			INSURER C : FHM Ins	urance Com	pany	10699	
Warco Island FL 34 145			INSURER D :				
			INSURER E :				
COVERAGES CER	TIFICATI	TAULINDED STORES	INSURER F :				
THIS IS TO CERTIFY THAT THE POLICIES		NUMBER: 576359108	VE DEEN ICCUED TO	THE WALLS	REVISION NUMBER:		
CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	QUIREME PERTAIN, POLICIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF ANY CONTRACT ED BY THE POLICIE BEEN REDUCED BY	OR OTHER S DESCRIBE PAID CLAIMS	DOCUMENT WITH RESPECT TO D HEREIN IS SUBJECT TO ALL	WHICH THE	
INSR LTR TYPE OF INSURANCE	ADDL SUBR INSD WVD		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR		20203586	8/15/2021	8/15/2022	EACH OCCURRENCE \$ 1,00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300	00,000	
					MED EXP (Any one person) \$ 10,0	000	
					PERSONAL & ADV INJURY \$ 1,00	00,000	
GEN'L AGGREGATE LIMIT APPLIES PER:						2,000,000	
X POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG \$ 2.00	00,000	
OTHER:					S		
A AUTOMOBILE LIABILITY		4203676506	8/15/2021	8/15/2022	COMBINED SINGLE LIMIT (Es accident) \$ 500	.000	
X ANY AUTO					BODILY INJURY (Per person) \$		
OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident) \$		
X HIRED X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE S		
AUTOS ONLY AUTOS ONLY					(Per accident) S		
B X UMBRELLA LIAB X OCCUR		4203676505	8/15/2021	8/15/2022	EACH OCCURRENCE \$ 2.00	00.000	
EXCESS LIAB CLAIMS-MADE						00,000	
V					\$	0,000	
C WORKERS COMPENSATION		WC30600062282021A	8/15/2021	8/15/2022	X PER OTH-		
AND EMPLOYERS' LIABILITY		770000000000000000000000000000000000000	3/10/2021	0/13/2022		00,000	
OFFICER/MEMBER EXCLUDED?	N/A						
(Mandatory in NH) If yes, describe under					E.L. DISEASE - EA EMPLOYEE \$ 1,00		
DÉSCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT \$ 1.00	30,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICL Officers Excluded: Edward Ehlen & Thomas		D 101, Additional Remarks Schedu	le, may be attached if mor	e space is requi	red)		
			OANOSII ATION				
CERTIFICATE HOLDER			CANCELLATION				
Crescent Beach Condo Associ	ation			N DATE TH	DESCRIBED POLICIES BE CANCE EREOF, NOTICE WILL BE D CY PROVISIONS.		
100 N. Collier Blvd.	autorities.		AUTHORIZED REPRESE	NTATIVE			
Marco Island Fl. 34145			Dto Poten				

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 FLOOR COVERING CONTR

Classification: 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.



01/26/2022

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 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).

	ertificate holder in lieu of such endor	seme	ent(s)					and the second seconds	rigina to aie
	DUCER				CONTA NAME:		ER SERVICE		
	EGRAL UNDERWRITERS CORP				PHONE (A/C, N	o. Ext): (239) 3	304-3200	FAX (A/C, No): (877)	745 5560
100	BOX 990337				E-MAII	ss: info@inte		position (077)	740-0000
NA	PLES FL 34116					-		RDING COVERAGE	NAIC #
					INSURE	27847			
INSL	R.E.A PAINTING HANDY	MAN	2					ialty Insurance Company	44520
	FINISH CARPENTRY INC		.		INSURE				
	1801 SUNSHINE BLVD #0				INSURE	RD:			
	NAPLES, FL 34116	70			INSURE	RE:			
					INSURE	RF:			
			NUMBER:				REVISION NUMBER:		
C	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	PER	TAIN, CIES.	THE INSURANCE AFFORD	OF AN	THE POLICE	OR OTHER	DOCUMENT WITH RESPECT TO	
INSR	TYPE OF INSURANCE		SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	GENERAL LIABILITY							EACH OCCURRENCE \$ 1 00	0.000
	X COMMERCIAL GENERAL LIABILITY	[N	[N					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100	
	CLAIMS-MADE X OCCUR	1	1					MED EXP (Any one person) \$ 5,00	
В	X Deductible \$500			BAK74719-2		01/27/2022	01/27/2023	PERSONAL & ADV INJURY \$ 1,00	
								GENERAL AGGREGATE \$ 2,00	
	GENL AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG \$ 2,00	0.000
	X POLICY PRO-	_	_					\$	
	AUTOMOBILE LIABILITY	N	N					COMBINED SINGLE LIMIT (Ea accident) \$	
	ANY AUTO ALL OWNED SCHEDULED							BODILY INJURY (Per person) \$	
	AUTOS AUTOS NON-OWNED							BODILY INJURY (Per accident) \$	
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_	UMBRELLA LIAB COCCUR	_	_					\$	
	Exerce ites	N	N					EACH OCCURRENCE \$	
	COMMONNOE							AGGREGATE \$	
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	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE		_					TORY LIMITS ER	
Α	OFFICE/MEMBER EXCLUDED?	N/A	N	WFL5047616-01		04/18/2021	04/18/2022	E.L. EACH ACCIDENT \$ 100.	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE \$ 100,	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$ 500,	000
		N	N						
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	ES (A	Attach	ACORD 101, Additional Remarks	Schedule	, if more space is	required)		
PAI	NTING HANDYMAN & FINISH CARPEN	TRY							
EXE	MPT: ROLANDO ALVAREZ								
CE	RTIFICATE HOLDER				CANC	ELLATION			
					6116				
	C			3	THE	EXPIRATION	THE ABOVE D	ESCRIBED POLICIES BE CANCEL EREOF, NOTICE WILL BE DE	LIVERED IN
	Crescent Beach Condo) As	soci	ation	ACC	ORDANCE WIT	TH THE POLIC	Y PROVISIONS.	
	100 N.Collier Blvd.								
	Marco Island, Florida	341	45		AUTHO	RIZED REPRESEN	VTATIVE /	Perio A. Haz	

Collier County * City of Marco * City of Maples * City of Everglades * Contractor Licensing



DATE (MM/DD/YYYY) 12/16/2021

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.

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li t	f SUBROGATION IS WAIVED, subject to his certificate does not confer rights to	the term	is and conditions of the po	olicy, ce	rtain policies	may require	an endorsement. A sta	tement	on
	DDUCER	20111		CONTA NAME:		surance Group			
Arc	dent Insurance Group, Inc.			PHONE	(239) 0	19-3916	FAX (A/C, No)	(888) 5	147-8852
100	04 Collier Center Way			F-MAIL	o, Ext): (2007)	entinsuranceg		(000)	747-0002
#20	and the second s			ADDRE	.00.				
	ples		FL 34110	-	Olass Di		RDING COVERAGE		NAIC#
-	JRED		12 34110	INSURE	Toobsole	ue Insurance C			28860
	Kitchen and Bathroom Cabinets	1110		INSURE	ERB: Technoic	ogy Insurance	Company		42376
	4870 TALLOWOOD WAY	LLC		INSURE	RC:				
	4670 IALLOWOOD WAT			INSURE	RD:				
	NAPLES		E 24440	INSURE	RE:				
			FL 34116	INSURE					
_	VERAGES CER HIS IS TO CERTIFY THAT THE POLICIES OF		NUMBER: Master GL, Un			25252	REVISION NUMBER:	2100	
C	NDICATED. NOTWITHSTANDING ANY REQUI ERTIFICATE MAY BE ISSUED OR MAY PERT, XCLUSIONS AND CONDITIONS OF SUCH PO	REMENT, T AIN, THE IN	ERM OR CONDITION OF ANY ISURANCE AFFORDED BY THI MITS SHOWN MAY HAVE BEEN	CONTR.	ACT OR OTHER IES DESCRIBE CED BY PAID CI	R DOCUMENT (D HEREIN IS S LAIMS.	WITH RESPECT TO WHICH "	THIS	
LTR	TYPE OF INSURANCE	INSD WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMI		
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$ 1,00	
	CLAIMS-MADE X OCCUR						PREMISES (Ea occurrence)	\$ 300,	
							MED EXP (Any one person)	\$ 10,0	
Α			BGFL0022403501		12/27/2021	12/27/2022	PERSONAL & ADV INJURY	\$ 1,00	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000	
	POLICY PRO-	1 1					PRODUCTS - COMP/OP AGG	\$ 2,00	0,000
	OTHER:							\$	
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	s	
	ANYAUTO						BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
								\$	
	➤ UMBRELLA LIAB ➤ OCCUR						EACH OCCURRENCE	\$ 1,000	
Α	EXCESS LIAB CLAIMS-MADE		BXFL0022403501		12/27/2021	12/27/2022	AGGREGATE	\$ 1,000	0,000
	DED RETENTION \$							\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						X PER STATUTE ER		
В	ANY PROPRIETOR/PARTNER/EXECUTIVE Y	N/A	TWC4003086		07/01/2021	07/01/2022	E.L. EACH ACCIDENT	\$ 1,000	
	(Mandatory in NH) If yes, describe under					SUMPLEMENT TO SERVICE	E.L. DISEASE - EA EMPLOYEE	s 1,000	
	DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000	0,000
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	S (ACORD	101, Additional Remarks Schedule,	may be at	tached if more sp	ace is required)			
				,		,/			
	E								
CEF	RTIFICATE HOLDER			CANC	ELLATION				
	Crescent Beach Cond	o Assoc	iation	SHO	ULD ANY OF T	ATE THEREOF	SCRIBED POLICIES BE CAN NOTICE WILL BE DELIVER PROVISIONS.		BEFORE
	100 N.Collier Blvd.			AUTHOR	RIZED REPRESEN	TATIVE			
	Marco Island, Florida	34145					A !!_		

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COLLIER COUNTY BUSINESS TAX

BUSINESS TAX NUMBER:

070339

COLLIER COUNTY TAX COLLECTOR - 2800 N. HORSESHOE DRIVE - NAPLES FLORIDA 34104 - (239) 252-2477
VISIT OUR WEBSITE AT: www.colliertaxcollector.com

THIS RECEIPT EXPIRES SEPTEMBER 30, 2022

LOCATION: 4870 TALLOWOOD WAY ZONED: HOME OCCUPATION BUSINESS PHONE: 239-272-4551 STATE OR COUNTY LIC #:

LEGAL FORM LLC RITTI 4870 NAP

DISPLAY AT PLACE OF BUSINESS FOR PUBLIC INSPECTION.
FAILURE TO DO SO IS CONTRARY TO LOCAL LAWS.

KITCHEN AND BATHROOM CABINETS LLC

RITTER, ROBERT C. 4870 TALLOWOOD WAY NAPLES, FL 34116

CLASSIFICATION: DEALER OF TANGIBLE PERSIPROP

CLASSIFICATION CODE: 04200001

This document is a business tax only. This is not certification that licenses is qualified. It does not permit the licensee to violate any existing regulatory zoning laws of the state coun nor does it exempt the licensee from any other taxes or permits that may be required by taw.

-THIS TAX IS NON-REFUNDABLE-

DATE AMOUNT RECEIPT 08/06/2021 30.00

500-22-00093717

Rob Stoneburner

COLLIER COUNTY BUSINESS TAX

BUSINESS TAX NUMBER:

081050

COLLIER COUNTY TAX COLLECTOR - 2800 N. HORSESHOE DRIVE - NAPLES FLORIDA 34104 - (239) 252-2477 VISIT OUR WEBSITE AT: www.colliertaxcollector.com

THIS RECEIPT EXPIRES SEPTEMBER 30, 2022

LOCATION: 4870 TALLOWOOD WAY ZONED: HOME OCCUPATION BUSINESS PHONE: 239-272-4551 STATE OR COUNTY LIC #: C33397 DISPLAY AT PLACE OF BUSINESS FOR PUBLIC INSPECTION. FAILURE TO DO SO IS CONTRARY TO LOCAL LAWS.

KITCHEN AND BATHROOM CABINETS LLC

RITTER, ROBERT C. 4870 TALLOWOOD WAY NAPLES, FL 34116

1-10 EMPLOYEES

CLASSIFICATION: CABINET & MILLWORK CONTRACTOR

CLASSIFICATION CODE: 02107501

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-THIS TAX IS NON-REFUNDABLE-

AMOUNT RECEIPT 08/06/2021 18.00 500-22-00093717

Rob Stoneburner



DATE (MM/DD/YYYY) 02/22/2022

1,000,000

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this certificate does not confer rights to	the certifi	cate holder in lieu of suc				
PRODUCER			CONTACT Jeff Hann	eken		
One Source Advisory			PHONE (A/C, No. Ext): (813) 9-	49-8636	FAX (A/C, No):	(813) 909-8743
203 Crystal Grove Blvd			F 1111	sourceadvisory		
			IN	SURER(S) AFFOR	RDING COVERAGE	NAIC#
Lutz		FL 33549	INSURER A : Southern	n-Owners Insur	ance Company	10190
INSURED			INSURER B : Auto-Ow	mers Insurance	Co	18988
Marble.Com Inc			INSURER C : Technolo	gy Insurance	Co	42376
1324 Industrial Blvd			INSURER D :-			
			INSURER E :			
Naples		FL 34104-3600	INSURER F :			
COVERAGES CER	RTIFICATE	NUMBER: 21-22 Certific	ate		REVISION NUMBER:	
THIS IS TO CERTIFY THAT THE POLICIES OF INDICATED. NOTWITHSTANDING ANY REQU CERTIFICATE MAY BE ISSUED OR MAY PERTEXCLUSIONS AND CONDITIONS OF SUCH POLICIONS.	IREMENT, TE TAIN, THE IN: OLICIES, LIM	ERM OR CONDITION OF ANY SURANCE AFFORDED BY TH IITS SHOWN MAY HAVE BEE!	CONTRACT OR OTHER E POLICIES DESCRIBE N REDUCED BY PAID C	R DOCUMENT OF THE PROPERTY OF	MTH RESPECT TO WHICH TH	ils
INSR LTR TYPE OF INSURANCE	INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS	3
COMMERCIAL GENERAL LIABILITY						s 1,000,000
CLAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	s 300,000
					MED EXP (Any one person)	s 10,000
Α		20307331	05/08/2021	05/08/2022		s 1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	s 2,000,000

s 2,000,000 POLICY X PRO-PRODUCTS - COMP/OP AGG Hired&NonOwned Auto s 1,000,000 OTHER COMBINED SINGLE LIMIT s 1,000,000 AUTOMOBILE LIABILITY ANY AUTO BODILY INJURY (Per person) OWNED AUTOS ONLY X SCHEDULED В 5230731703 05/08/2021 05/08/2022 BODILY INJURY (Per accident) PROPERTY DAMAGE HIRED AUTOS ONLY NON-OWNED S AUTOS ONLY S X UMBRELLA LIAB × occur 3,000,000 EACH OCCURRENCE 05/08/2022 A **EXCESS LIAB** 5230731700 05/08/2021 3,000,000 CLAIMS-MADE AGGREGATE DED RETENTION \$ s WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY AND EMPLOYERS LIABILITY
ANY PROPRIETOR/PARTNER/EXECUTIVE
OFFICER/MEMBER EXCLUDED?
(Mandatory in NH)
If yes, describe under
DESCRIPTION OF OPERATIONS below 1,000,000 E.L. EACH ACCIDENT Y TWC3981506 05/08/2021 05/08/2022 C N/A 1,000,000 s E.L. DISEASE - EA EMPLOYEE

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

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	. 17	11-11	,~1			DER

Crescent Beach Condo Association 100 N.Collier Blvd. Marco Island, Florida 34145

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

E.L. DISEASE - POLICY LIMIT

AUTHORIZED REPRESENTATIVE

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45



DATE (MM/DD/YYYY) 2/22/2022

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 to the cortificate holder in lieu of such and

this certificate does not confer	rights to the certificate holder in lieu of st	ich endorsement(s).						
PRODUCER		CONTACT NAME:						
Dane Insurance Group, Inc.		PHONE (A/C, No. Ext): 239-877-9651 (A/C, No):						
501 Goodlette Rd Unit A204 Naples FL 34102		ADDRESS: Office@danegroupilc.com						
Hapito / E o / OE		INSURER(S) AFFORDING	G COVERAGE	NAIC#				
		INSURER A: Western World Insurance	Group					
INSURED	MONRELE-01	INSURER B : American Interstate Insur	ance Company	31895				
Monroy Electric LLC		INSURER C :						
3770 29th Avenue SW Naples FL 34117		INSURER D :						
Naples 1 2 04 1 17		INSURER E :						
		INSURER F :						
2011501050	CERTIFICATE NUMBER: 1700336352	RE	VISION NUMBER:					

COVERAGES CERTIFICATE NUMBER: 1790336352 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.

2		ADDL SUBR	LIMITS SHOWN MAY HAVE BE POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	3
	X COMMERCIAL GENERAL LIABILITY		NPP8776687	3/10/2022	3/10/2023	DAMAGE TO RENTED	\$ 1,000,000 \$ 100,000
-	CLAIMS-MADE X OCCUR					PREMISES (Ea occurrence) MED EXP (Any one person)	\$ 5,000
1						PERSONAL & ADV INJURY	\$1,000,000
1	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,000
1	X POLICY X PRO- LOC					PRODUCTS - COMP/OP AGG	\$2,000,000
-							\$
-	OTHER: AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$
	ANY AUTO					BODILY INJURY (Per person)	\$
	OWNED SCHEDULED					BODILY INJURY (Per accident)	\$
	AUTOS ONLY AUTOS NON-OWNED					PROPERTY DAMAGE (Per accident)	\$
	AUTOS ONLY AUTOS ONLY						\$
-	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$
	DED RETENTIONS						s
-	WORKERS COMPENSATION		AVWCFL2975372022	3/10/2022	3/10/2023	X PER OTH-	
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE					E.L. EACH ACCIDENT	\$1,000,000
	OFFICER/MEMBEREXCLUDED?	N/A				E.L. DISEASE - EA EMPLOYEE	\$1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$1,000,000
	SCRIPTION OF OPERATIONS / LOCATIONS / VEHIC				1		L

Owners Diego Monroy Sr. and Daniel Monroy are listed as exempt from the Workers' Compensation. CANCELLATION

CERTIFICATE HOLDER

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

Crescent Beach Condo Assoc. 100 N. Collier Blvd. Marco Island Fl. 34145

AUTHORIZED REPRESENTATIVE

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DATE (MM/DD/YYYY) 02/23/2022

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.

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this certificate does not confer	rights to the certificate holder in lieu of s	such endorsement(s).	
PRODUCER		CONTACT ANDRES MEJIA	
M&M INSURANCE SERVICES INC		PHONE (A/C, No, Ext): (239) 269-9098	FAX (A/C, No): 800-655-0848
12541 METRO PKWY STE 6		E-MAIL ADDRESS: amejia954@comcast.net	
		INSURER(S) AFFORDING COVERAGE	NAIC#
FORT MYERS	FL 33966-8348	INSURER A: SCOOTSDALE INSURANCE COMPANY	
INSURED		INSURER B:	
M D PLUMBING LLC		INSURER C:	
482 10th Ave NW		INSURER D :	
		INSURER E :	
Naples	FL 34120	INSURER F :	
COVERAGES	CERTIFICATE NUMBER:	REVISION NU	
THIS IS TO CERTIFY THAT THE P INDICATED. NOTWITHSTANDING	ANY DECLIDEMENT TERM OF CONDITION	AVE BEEN ISSUED TO THE INSURED NAMED ABO N OF ANY CONTRACT OR OTHER DOCUMENT WI DED BY THE POLICIES DESCRIBED HEREIN IS S E BEEN REDUCED BY PAID CLAIMS.	IN RESPECT TO WINCH THIS
INCO	ADDL SUBR	POLICY EFF POLICY EXP	LIMITS

SR		TYPE OF INSURANCE	ADDL SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	5
rR	X	COMMERCIAL GENERAL LIABILITY	INSU WVD	. Salai Nombali			EACH OCCURRENCE DAMAGE TO RENTED	s 1,000,000 s 100,000
+	-	CLAIMS-MADE X OCCUR					PREMISES (Ea occurrence) MED EXP (Any one person)	s 5,000
ł	-			CPS7502052	01/26/2022	01/26/2023	PERSONAL & ADV INJURY	s 1,000,000
+	_						GENERAL AGGREGATE	s 2,000,000
ŀ		L AGGREGATE LIMIT APPLIES PER POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$ 2,000,000
1	^							\$
+	AUT	OTHER: OMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	S
		ANY AUTO					BODILY INJURY (Per person)	\$
		OWNED SCHEDULED					BODILY INJURY (Per accident)	S
		AUTOS ONLY AUTOS NON-OWNED					PROPERTY DAMAGE (Per accident)	S
		AUTOS ONLY AUTOS ONLY						\$
-	-	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	s
	-	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADI	-				AGGREGATE	S
								\$
-	WOF	DED RETENTIONS RKERS COMPENSATION					PER OTH- STATUTE ER	
		EMPLOYERS' LIABILITY Y/N	,				E.L. EACH ACCIDENT	s
	OFF	PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBEREXCLUDED?	N/A				E.L. DISEASE - EA EMPLOYEE	s
	If ve	ndatory in NH) s, describe under CRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
		TION OF OPERATIONS / LOCATIONS / VEHI			harman and the	es enzes le recu	irad)	

CERTIFICATE HOLDER	CANCELLATION
Crescent Beach CONDOMINIUM 100 N Collier Blvd	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Marco Island FI 34145 seacoastr12@gmail.com	AUTHORIZED REPRESENTATIVE ANDRES MEJIA

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PROJECT:

Ron DeSantis, Governor

Halsey Beshears, Secretary



STATE OF FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD

THE PLUMBING CONTRACTOR HEREIN IS CERTIFIED UNDER THE PROVISIONS OF CHAPTER 489, FLORIDA STATUTES

VORRIS, MATTHEW ALBERT

M D PLUMBING LLC 482 10TH AVE NW NAPLES FL 34120

LICENSE NUMBER: CFC1429482

EXPIRATION DATE: AUGUST 31, 2022

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JIMMY PATRONIS CHIEF FINANCIAL OFFICER

STATE OF FLORIDA DEPARTMENT OF FINANCIAL SERVICES DIVISION OF WORKERS' COMPENSATION

* * CERTIFICATE OF ELECTION TO BE EXEMPT FROM FLORIDA WORKERS' COMPENSATION LAW * *

CONSTRUCTION INDUSTRY EXEMPTION

This certifies that the individual listed below has elected to be exempt from Florida Workers' Compensation law.

EFFECTIVE DATE: 1/23/2021

EXPIRATION DATE: 1/23/2023

PERSON: DAN A GRAHAM

EMAIL: SEACOASTR12@GMAIL.COM

FEIN: 161616164

BUSINESS NAME AND ADDRESS:

SEA COAST CONSTRUCTION SERVICES, INC.

6468 PEMBROKE WAY NAPLES, FL 34113

SCOPE OF BUSINESS OR TRADE:

Contractor-Project Manager, Construction Executive, Construction Manager or Construction Superintendent

IMPORTANT: Pursuant to subsection 440.05(14), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter. Pursuant to subsection 440.05(12), F.S., Certificates of election to be exempt issued under subsection (3) shall apply only to the corporate officer named on the notice of election to be exempt and apply only within the scope of the business or trade listed on the notice of election to be exempt. Pursuant to subsection 440.05(13), F.S., notices of election to be exempt and certificates of election to be exempt shall be subject to revocation if, at any time after the filing of the notice or the issuance of the certificate, the person named on the notice or certificate no longer meets the requirements of this section for issuance of a certificate. The department shall revoke a certificate at any time for failure of the person named on the certificate to meet the requirements of this section.

DFS-F2-DWC-252 CERTIFICATE OF ELECTION TO BE EXEMPT REVISED 08-13

E01253592

QUESTIONS? (850) 413-1609



DATE (MM/DD/YYYY) 02/23/2022

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.

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CON	RODUCER 954-340-9551 NNOVATIVE INSURANCE ONSULTANTS, INC. 461 UNIVERSITY DRIVE, #103					CONTACT BRIAN J. MAMO NAME: PHONE (AIC, No, Ext): 954-340-9551 E-MAILESS: BRIAN@INNOVATIVE-INSURANCE.COM					
	AL SPRINGS, FL 33067			Ä	DDRES	S: BRIANCE	INIOVATIV	E-INSONANCE.CC	7141		
BRI	AN J. MAMO			_						NAIC#	
			_		INSURER A : JAMES RIVER INSURANCE CO - BAS						
INSU	COAST CONSTRUCTION SERVICES,	INC.		11	SURE	RB:					
P.O.	BOX 1487			11	NSURE	RC:					
MAR	RCO ISLAND, FL 34146			18	NSURE	RD:				-	
				II.	NSURE	RE:					
				l I	NSURE	RF:					
co	VERAGES CER	TIFICA	TE	NUMBER:				REVISION NUMBER	<u>:</u>		
IN	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY I KCLUSIONS AND CONDITIONS OF SUCH	QUIREN	MEN N.	NT, TERM OR CONDITION O THE INSURANCE AFFORDED	F ANY	CONTRACT THE POLICIES REDUCED BY I	OR OTHER D S DESCRIBED PAID CLAIMS.	DOCUMENT WITH RES	SPEC	TTOV	VHICH THIS
NSR LTR	TYPE OF INSURANCE	ADDL SU	BR VD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP	U	IMITS		
A	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE		\$	1,000,000
	CLAIMS-MADE X OCCUR			00088595-3		01/21/2022	01/21/2023	DAMAGE TO RENTED PREMISES (Ea occurrence))	\$	50,000
	X BLKT ADDL INSD		ĺ	PRIMARY NON-CONTRIBUTORY		1000 C 10		MED EXP (Any one person)		\$	5,000
	X BLKT WAIVER			TAMPIN TON CONTINUOUS				PERSONAL & ADV INJURY		s	1,000,000
								GENERAL AGGREGATE		s	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP A		s	2,000,000
	X POLICY PRO-							PRODUCTS - COMPTOP A			
	OTHER:	-	_					COMBINED SINGLE LIMIT		<u>s</u>	
	AUTOMOBILE LIABILITY							(Ea accident)	20 10	\$	
	ANY AUTO							BODILY INJURY (Per perso		\$	
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per accid		\$	
	HIRED ONLY NON-OWNED							PROPERTY DAMAGE (Per accident)	-	\$	
									_	\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	_	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTIONS									\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OT STATUTE ER	H-		
								E.L. EACH ACCIDENT		\$	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLO	YEE	S	
	If yes, describe under							E L DISEASE - POLICY LI	MIT	s	
_	DÉSCRIPTION OF OPERATIONS below	-									
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (AC	ORE	0 101, Additional Remarks Schedule	, may b	e attached if mo	re space is requi	red)			
CE	RTIFICATE HOLDER				CAN	CELLATION					
				CRESC13							ED DEE055
	CRESCENT BEACH CON	NDO AS	SS	oc.	THE	EXPIRATIO	N DATE TH	DESCRIBED POLICIES E EREOF, NOTICE WIL CY PROVISIONS.	L E	ANCELL BE DEI	LED BEFORE LIVERED IN
	100 N COLLIER BLVD			H							

ACORD 25 (2016/03)

MARCO ISLAND, FL 34145

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AUTHORIZED REPRESENTATIVE



DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION STATE OF FLORIDA

CONSTRUCTION INDUSTRY LICENSING BOARD

THE GENERAL CONTRACTOR HEREIN IS CERTIFIED UNDER THE PROVISIONS OF CHAPTER 489, FLORIDA STATUTES

GRAHAM, DAN ANDREW

A COASTICONSTRUCTION SERVICES UND 6468 PEMBROKE WAY:

NAPIES

LICENSE NUMBER: CGC1504709

EXPIRATION DATE: AUGUST 31, 2022

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