



**HOLD HARMLESS AGREEMENT**

MARTY & MARCY DUNNE, the owner(s) of Unit# 208  
Crescent Beach Condominiums of Marco Island, ask permission to (describe type of work):

- SEE ATTACHED -

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 2-20-22

Contractors Performing Work: Name of GC: SEA COAST CONST

\*\*\*Attach a copy of all subs w/ their license & ins to this form.

Company: SEA COAST CONST Tele: (239) 398-1410

Street: 6468 PEMBROKEWAY City: NAPLES St: FL Zip: 34113

ESTIMATED DATE TO BEGIN WORK: MAY 1

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: [Signature] Manager: [Signature] Disapprove by Director: \_\_\_\_\_  
Reviewed & Approved

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.**

CONTRACTORS SIGNATURE [Signature] Date \_\_\_\_\_  
100 N. Center Blvd. Marco Island, Florida 34145 (239) 642-0100 Fax (239) 642-3906

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.

Frame 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.

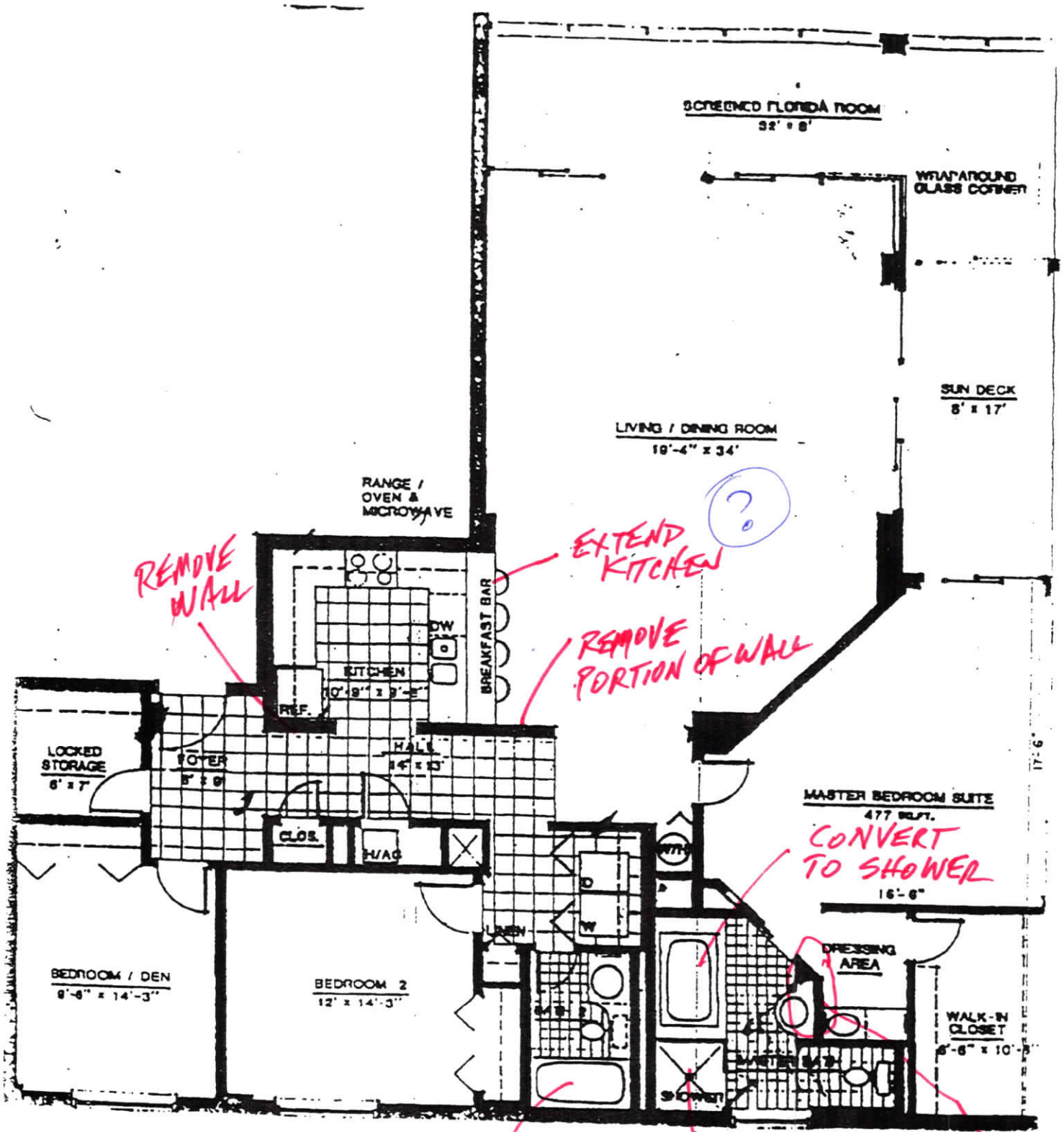
Supply and install toilet paper holder, towel ring and towel bar to match faucets in master and guest bathrooms.

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.



THREE BEDROOM ( or DEN ) - TWO & ONE THIRD BATHS  
 B' FLOOR PLAN - CORNER UNIT

TOTAL LIVING AREA : 2209 SQ. FT.  
 GYM AREA 1877 SQ. FT.  
 DIMENSIONS & CALCULATIONS ARE APPROXIMATE





# CERTIFICATE OF LIABILITY INSURANCE

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 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> Brown & Brown of Southwest Florida Inc. 1421 Pine Ridge Road Suite 200 Naples FL 34109		<b>CONTACT NAME:</b> Debra Gonzalez <b>PHONE (A/C, No, Ext):</b> 239-262-5143 <b>E-MAIL ADDRESS:</b> certs@bbswfla.com		<b>FAX (A/C, No):</b> 239-261-8265
<b>INSURED</b> Ehlen Floor Covering Inc. 790 Bald Eagle Drive Marco Island FL 34145		<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
EHLN-3		INSURER A : Auto-Owners Insurance Company		18988
		INSURER B : Southern-Owners Insurance Company		10190
		INSURER C : FHM Insurance Company		10699
		INSURER D :		
		INSURER E :		
		INSURER F :		

**COVERAGES** **CERTIFICATE NUMBER:** 576359108 **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
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		20203586	8/15/2021	8/15/2022	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	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/>		4203676506	8/15/2021	8/15/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 500,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		4203676505	8/15/2021	8/15/2022	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$
C	<input checked="" type="checkbox"/> 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 checked="" type="checkbox"/> Y N/A	WC30800062282021A	8/15/2021	8/15/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER 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)

Officers Excluded: Edward Ehlen & Thomas Ehlen

## CERTIFICATE HOLDER

Crescent Beach Condo Association  
 100 N. Collier Blvd.  
 Marco Island Fl. 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.

AUTHORIZED REPRESENTATIVE

*Debra Gonzalez*

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**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](http://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.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
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).

<b>PRODUCER</b> INTEGRAL UNDERWRITERS CORP PO BOX 990337 NAPLES FL 34116		<b>CONTACT NAME:</b> CUSTOMER SERVICE <b>PHONE (A/C, No, Ext):</b> (239) 304-3200 <b>E-MAIL ADDRESS:</b> info@integralund.com		<b>FAX (A/C, No):</b> (877) 745-5560	
<b>INSURED</b> R.E.A PAINTING HANDYMAN & FINISH CARPENTRY INC 1801 SUNSHINE BLVD #C NAPLES, FL 34116				<b>INSURER(S) AFFORDING COVERAGE</b>	
				<b>INSURER A:</b> ICW Insurance Company	
				<b>INSURER B:</b> Crum & Forster Specialty Insurance Company	
				<b>INSURER C:</b>	
				<b>INSURER D:</b>	
				<b>INSURER E:</b>	
				<b>INSURER F:</b>	

**COVERAGES**      **CERTIFICATE NUMBER:**      **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADD'L INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<b>GENERAL LIABILITY</b>			BAK74719-2	01/27/2022	01/27/2023	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	N	N				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000
	<input checked="" type="checkbox"/> Deductible \$500						PERSONAL & ADV INJURY \$ 1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
							\$
<b>AUTOMOBILE LIABILITY</b>							COMBINED SINGLE LIMIT (Ea accident) \$
<input type="checkbox"/> ANY AUTO							BODILY INJURY (Per person) \$
<input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS							BODILY INJURY (Per accident) \$
<input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident) \$
PIP \$10,000							\$
							\$
<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR							EACH OCCURRENCE \$
<b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE							AGGREGATE \$
DED    RETENTION \$							\$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>			WFL5047616-01	04/18/2021	04/18/2022	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH)	Y/N					E.L. EACH ACCIDENT \$ 100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	Y	N/A				E.L. DISEASE - EA EMPLOYEE \$ 100,000
							E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
PAINTING HANDYMAN & FINISH CARPENTRY  
EXEMPT: ROLANDO ALVAREZ

<b>CERTIFICATE HOLDER</b>  Crescent Beach Condo Association 100 N.Collier Blvd. Marco Island, Florida 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.
	<b>AUTHORIZED REPRESENTATIVE</b>  



Collier County \* City of Marco \* City of Naples \*  
City of Everglades \* Contractor Licensing

PAINTING CONTR.

Cert Nbr:

CS5627

State ID#:

Exp:

03/30/2022

Issuance Nbr:

35627

State Exp:

R.E.A. PAINTING, HANDYMAN & FINISH CARPENTRY INC

ROLANDO ALVAREZ

1801 SUNSHINE BLVD C

NAPLES, FL 34116

Signed: \_\_\_\_\_

*Rolando Alvarez*



# CERTIFICATE OF LIABILITY INSURANCE

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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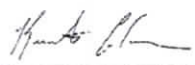
<b>PRODUCER</b> Ardent Insurance Group, Inc. 1004 Collier Center Way #205 Naples FL 34110		<b>CONTACT NAME:</b> Ardent Insurance Group <b>PHONE (A/C, No, Ext):</b> (239) 919-3916 <b>E-MAIL ADDRESS:</b> info@ardentinsurancegroup.com <b>FAX (A/C, No):</b> (866) 347-8852	
		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> Clear Blue Insurance Company	<b>NAIC #</b> 28860
		<b>INSURER B:</b> Technology Insurance Company	42376
		<b>INSURER C:</b>	
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	

**COVERAGES**      **CERTIFICATE NUMBER:** Master GL, Umb, WC 21-22      **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"/> COMMERCIAL GENERAL LIABILITY <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:			BGFL0022403501	12/27/2021	12/27/2022	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 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$			BXFL0022403501	12/27/2021	12/27/2022	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
B	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	TWC4003086	07/01/2021	07/01/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER 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 Condo Association 100 N. Collier Blvd. Marco Island, Florida 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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**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](http://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 #:



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 PERS/PROP  
CLASSIFICATION CODE: 04200001

-THIS TAX IS NON-REFUNDABLE-  
DATE 08/06/2021  
AMOUNT 30.00  
RECEIPT 500-22-00093717

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

*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](http://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

-THIS TAX IS NON-REFUNDABLE-  
DATE 08/06/2021  
AMOUNT 18.00  
RECEIPT 500-22-00093717

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nor does it exempt the licensee from any other taxes or permits that may be required by law.

*Rob Stoneburner*



# CERTIFICATE OF LIABILITY INSURANCE

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

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<b>PRODUCER</b> One Source Advisory 203 Crystal Grove Blvd  Lutz FL 33549		<b>CONTACT NAME:</b> Jeff Hanneken <b>PHONE (A/C, No, Ext):</b> (813) 949-8636 <b>FAX (A/C, No):</b> (813) 909-8743 <b>E-MAIL ADDRESS:</b> jeff@onesourceadvisory.com	
		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> Southern-Owners Insurance Company	<b>NAIC #</b> 10190
		<b>INSURER B:</b> Auto-Owners Insurance Co	18988
		<b>INSURER C:</b> Technology Insurance Co	42376
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	
<b>INSURED</b> Marble.Com Inc 1324 Industrial Blvd  Naples FL 34104-3600			

**COVERAGES**      **CERTIFICATE NUMBER:** 21-22 Certificate      **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 <input type="checkbox"/> OTHER:			20307331	05/08/2021	05/08/2022	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 Hired&NonOwned Auto \$ 1,000,000
B	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			5230731703	05/08/2021	05/08/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED:      RETENTION \$			5230731700	05/08/2021	05/08/2022	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y	N/A	TWC3981506	05/08/2021	05/08/2022	<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)

**CERTIFICATE HOLDER****CANCELLATION**

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

45

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# CERTIFICATE OF LIABILITY INSURANCE

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 this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

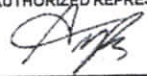
<b>PRODUCER</b> Dane Insurance Group, Inc. 501 Goodlette Rd Unit A204 Naples FL 34102	<b>CONTACT NAME:</b> PHONE (A/C No. Ext): 239-877-9651		<b>FAX (A/C. No.):</b>
	<b>E-MAIL ADDRESS:</b> Office@danegroupllc.com		
<b>INSURER(S) AFFORDING COVERAGE</b>			<b>NAIC #</b>
<b>INSURER A:</b> Western World Insurance Group			
<b>INSURER B:</b> American Interstate Insurance Company			31895
<b>INSURER C:</b>			
<b>INSURER D:</b>			
<b>INSURER E:</b>			
<b>INSURER F:</b>			

**COVERAGES**      **CERTIFICATE NUMBER:** 1790336352      **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	
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 checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:		NPP8776687	3/10/2022	3/10/2023	EACH OCCURRENCE	\$ 1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
						MED EXP (Any one person)	\$ 5,000
						PERSONAL & ADV INJURY	\$ 1,000,000
						GENERAL AGGREGATE	\$ 2,000,000
						PRODUCTS - COMP/OP AGG	\$ 2,000,000
							\$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident)	\$
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
							\$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE  DED      RETENTIONS					EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> Y    N/A	AVWCFL2975372022	3/10/2022	3/10/2023	<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)  
 Owners Diego Monroy Sr. and Daniel Monroy are listed as exempt from the Workers' Compensation.

<b>CERTIFICATE HOLDER</b>  Crescent Beach Condo Assoc. 100 N. Collier Blvd. 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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# CERTIFICATE OF LIABILITY INSURANCE

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

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<b>PRODUCER</b> M&M INSURANCE SERVICES INC 12541 METRO PKWY STE 6  FORT MYERS FL 33966-8348	<b>CONTACT NAME:</b> ANDRES MEJIA <b>PHONE (A/C, No, Ext):</b> (239) 269-9098 <b>FAX (A/C, No):</b> 800-655-0848 <b>E-MAIL ADDRESS:</b> amejia954@comcast.net
<b>INSURER(S) AFFORDING COVERAGE</b>	
INSURER A : SCOOTSDALE INSURANCE COMPANY	
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

**COVERAGES**                                      **CERTIFICATE NUMBER:**                                      **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD	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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CPS7502052	01/26/2022	01/26/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> 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) PROJECT:							

<b>CERTIFICATE HOLDER</b> Crescent Beach CONDOMINIUM 100 N Collier Blvd Marco Island FL 34145 seacoastr12@gmail.com	<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 ANDRES MEJIA
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Ron DeSantis, Governor

Halsey Beshars, 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

**NORRIS, MATTHEW ALBERT**

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

LICENSE NUMBER: CFC1429482

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.





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

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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.





# CERTIFICATE OF LIABILITY INSURANCE

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

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<b>PRODUCER</b> <b>INNOVATIVE INSURANCE CONSULTANTS, INC.</b> 5461 UNIVERSITY DRIVE, #103 CORAL SPRINGS, FL 33067 BRIAN J. MAMO 954-340-9551	<b>CONTACT NAME:</b> BRIAN J. MAMO <b>PHONE (A/C, No, Ext):</b> 954-340-9551 <b>FAX (A/C, No):</b> 954-340-9456 <b>E-MAIL ADDRESS:</b> BRIAN@INNOVATIVE-INSURANCE.COM													
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A : JAMES RIVER INSURANCE CO - BAS</td> <td></td> </tr> <tr> <td>INSURER B :</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : JAMES RIVER INSURANCE CO - BAS		INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :
INSURER(S) AFFORDING COVERAGE	NAIC #													
INSURER A : JAMES RIVER INSURANCE CO - BAS														
INSURER B :														
INSURER C :														
INSURER D :														
INSURER E :														
INSURER F :														
<b>INSURED</b> <b>SEA COAST CONSTRUCTION SERVICES, INC.</b> P.O. BOX 1487 MARCO ISLAND, FL 34146														

<b>COVERAGES</b>	<b>CERTIFICATE NUMBER:</b>	<b>REVISION NUMBER:</b>
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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
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>BLKT ADDL INSD</b> <input checked="" type="checkbox"/> <b>BLKT WAIVER</b> GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		00088595-3 PRIMARY NON-CONTRIBUTORY	01/21/2022	01/21/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$ COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					EACH OCCURRENCE \$ AGGREGATE \$ \$
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A				

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

<b>CERTIFICATE HOLDER</b>  CRESC13  <b>CRESCENT BEACH CONDO ASSOC.</b> 100 N COLLIER BLVD 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

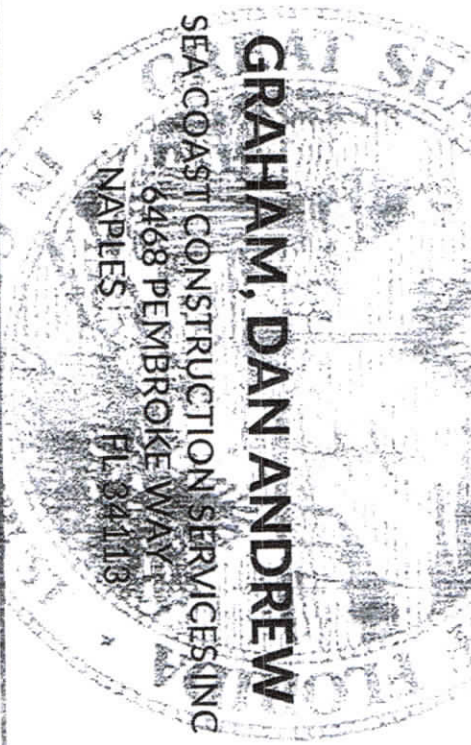
Halsey Beshears, Secretary



**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



LICENSE NUMBER: CGC1504709

EXPIRATION DATE: AUGUST 31, 2022

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