



# Hold Harmless Agreement

Office E-mail: frontdeskcbmarco@gmail.com

Donald + Mary Anne Conker Hershberger, the owner(s) of Unit PH 6

Crescent Beach Condominiums of Marco Island, ask permission to (describe type of work):  
Complete interior renovations - New Flooring, Cabinetry, electrical, plumbing.

Raise ceiling where possible, move walls in masterbath, Repaint  
+ Add Waterproof underTile on Lanai

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: Mary Anne Hershberger, TTE Date: 04-29-22

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

A \$500.00 Deposit will be required by contractors doing major renovations in units. Contractors may start renovations May 1st and finish no later than September 30th, or forfeit their deposit at a \$100 fine for each day after the September 30th. Work hours: MON-FRI ONLY: 8:00 A.M. TO 4:00 P.M.

0408 0231  
 MAR (Owner Initial) \_\_\_\_\_ (Owner Initial)

Name of Contractors Performing Work:  Braun Builders - Keith Braun

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

Company:  Braun Builders Tele: ( ) 239-450-3307

Street:  583 Tallmoor City: Marco Island St: FL Zip: 34145

Estimated Date to Begin Work:  May 2nd 2022 Estimated Date to Complete Work:  Sept 30, 2022

CONTRACTORS SIGNATURE  Keith Braun DATE: 4/28/22

**"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 FLEXIBLE WATER SUPPLY LINES ARE PERMITTED

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

[Signature]  
Approve by Director

[Signature]  
Approved Manager

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



# Hold Harmless Agreement

Office E-mail: frontdeskcbcmarco@gmail.com

Donald + Mary Anne Conkie Hershberger, the owner(s) of Unit PH 6

Crescent Beach Condominiums of Marco Island, ask permission to (describe type of work):  
Complete interior renovations - New Flooring, Cabinetry, electrical, plumbing.  
Raise ceiling where possible, move walls in Master bath, Repaint  
+ Add Waterproof underTile on shower

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: Mary Anne Hershberger, TTEE Date: 04-29-22

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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 6:00 P.M.

MMK (Owner Initial) \_\_\_\_\_ (Owner Initial)

Name of Contractors Performing Work:  Braun Builders - Keith Braun

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Company:  Braun Builders Tele: ( ) 239-450-3307

Street:  583 Tallmoor City: Marco Island St: FL Zip: 34145

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CONTRACTORS SIGNATURE: Keith Braun DATE: 4/28/22

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DO NOT REMOVE/TOUCH FIRE SPEAKERS**

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

[Signature]  
Approve by Director

[Signature]  
Approved Manager

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

**OPEN FLORIDA ROOM**

18'-6" x 8'

Retile - New windows & shutters

12'-6" New windows

**MASTER BEDROOM SUITE**

366 sq. ft.

Carpet

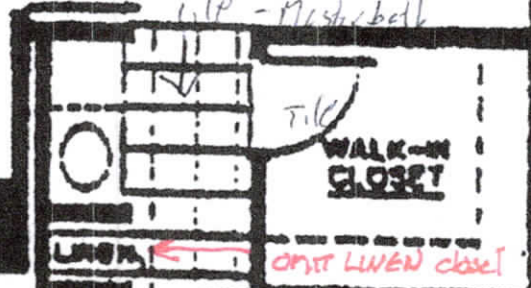
Carpet

Raise ceiling  
to hwd  
Deck

Perimeter soffit for  
mechanicals  
**LIVING / DINING ROOM**  
20' x 27'-4"

New Wall

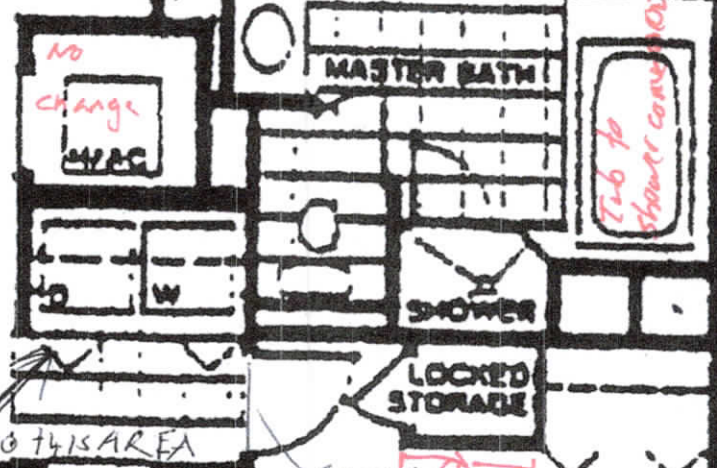
Tile - Master bath



WALK-IN CLOSET

OUT LIVEN closet

NEW TILE LINE ↑



MASTER BATH

SHOWER

LOCKED STORAGE

Relocate  
washer and dryer  
to Master Bath  
Area

shrink  
wall

Relocate  
water heater  
to this AREA

Tub to  
shower conversion

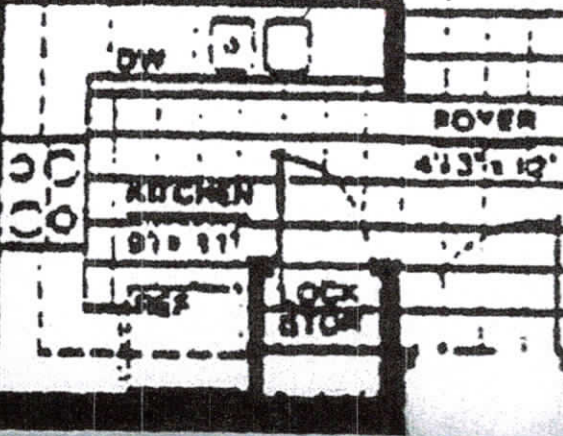
carpet

offset this closet  
put the space  
into master bed

BREAKFAST BAR

New cabinetry

15th AVE



DW

DOVER

KITCHEN

9'10" x 11'

LOCK  
STOR

New  
plumbing

Tub to  
shower  
conversion

**BEDROOM 2**

17' x 14'

Raise ceiling  
w  
perimeter soffit  
for mechanicals

Sofit Detail

4" to Bottom of soffit  
119" ceiling (harddeck)  
wall

City of Marco Island  
Permit Set  
04/27/2022

Ceiling

Reviewed for code compliance  
R Munyon  
04/25/2022 3:04:23 PM

Herslberger

Smoke detectors over 10 years old shall be replaced.  
110 volt required by Fire Code.

OPEN FLORIDA ROOM  
18'-6" x 8'

22-02372

MASTER BEDROOM SUITE

128 sq. ft.  
New door location

Alterations to walls and ceilings will require a Fire Sprinkler Contractor to alter the Fire Sprinkler system which requires a permit.

LIVING / DINING ROOM  
20' x 27'-4"

ceiling to  
Cement Deck

wall to  
ceiling

Perimeter soffit

Built in

Flat Ceiling

Electrical Panel

LOCKED STORAGE

- Enlarge Bathroom  
Move water Heater

No soffit  
wall height

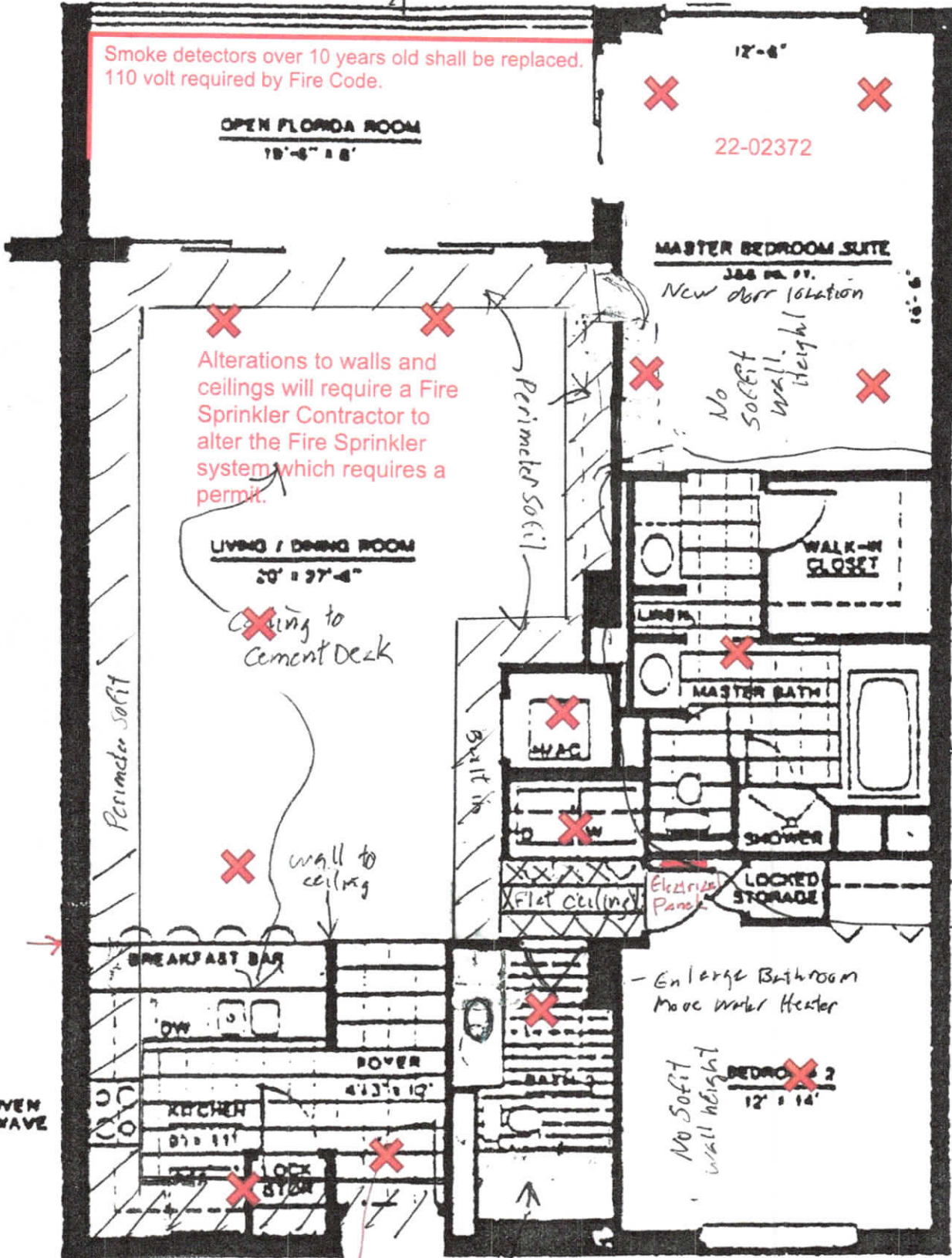
BEDROOM 2  
12' x 14'

Fire Sprinkler

flat ceiling @ 8' AFT  
Tub to shower conversion

Unit - Penthouse 6  
Crescent Beach  
100 N. Collier

X represents fire  
sprinkler



**OPEN FLORIDA ROOM**

18'-6" x 8'

Retile - New windows & shutters

12'-6" New windows

**MASTER BEDROOM SUITE**

388 sq. ft.

Carpet

Carpet

Raise ceiling

to hard  
Deck

perimeter soffit for  
mechanicals

**LIVING / DINING ROOM**

20' x 27'-6"

Tile - Master bath

Tile

**WALK-IN CLOSET**

LINEN

ONIT LINEN closet

NEW TILE LINE ↑

NO CHANGE  
CHAC

**MASTER BATH**

Tub to  
shower conversion

Relocate  
washer and dryer  
to Master Bath  
Area

**SHOWER**

**LOCKED STORAGE**

shrink  
wall

Relocate  
water heater  
to this AREA

Carpet

Open this closet  
put the space  
into Master Bed

**BREAKFAST BAR**

New cabinetry

DW

**BOYER**

4'6" x 12'

**KITCHEN**

97" x 11'

LOCK  
STOR

New  
Plumbing

**BEDROOM 2**

12' x 14'

Tub to  
shower  
conversion

Raise ceiling  
w  
perimeter soffit  
for mechanicals

15th AVE

# Crescent Beach

JNH Contracting

All Fire Shield

~~Tannasse Fire Protection~~

~~Triple K Plastering~~

DW Plumbing

South Florida Electric

Conditioned Air

Refined Carpentry

Level Line Cabinets

Tile by Virgil

MTZ S'tyle LLC

Countertop Solutions

Cypress Glass

CM Professional Painting

Smith Plastering

Santos Cleaning

Wayne Automatic Sprinklers

Nicks Firestopping

Green Tree Flooring

J&J Waterproofing

Client#: 1736151

04LEVELLIN1

**ACORD**<sup>TM</sup>

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

04/13/2022

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 any rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> <b>McGriff Insurance Services</b> 7701 Airport Center Dr Suite 1800 Greensboro, NC 27409	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): <b>888 743-2217</b> FAX (A/C, No): <b>8888279861</b> E-MAIL ADDRESS:  INSURER(S) AFFORDING COVERAGE      NAIC # INSURER A : <b>Southern-Owners Insurance Company</b> <b>10190</b> INSURER B : <b>Auto Owners Insurance</b> <b>18988</b> INSURER C : INSURER D : INSURER E : INSURER F :
<b>INSURED</b> Level Line Cabinets and Millworks Inc 3166 Estancia Lane Cape Coral, FL 33909	

**COVERAGES**      **CERTIFICATE NUMBER:**      **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 INSR	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 type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			1546122047835922	04/10/2022	04/10/2023	EACH OCCURRENCE      \$ <b>1,000,000</b>
							DAMAGE TO RENTED PREMISES (Ea occurrence)      \$ <b>300,000</b>
							MED EXP (Any one person)      \$ <b>10,000</b>
							PERSONAL & ADV INJURY      \$ <b>1,000,000</b>
							GENERAL AGGREGATE      \$ <b>2,000,000</b>
							PRODUCTS - COMP/OP AGG      \$ <b>2,000,000</b>
B	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			5027297901	05/01/2022	05/01/2023	COMBINED SINGLE LIMIT (Ea accident)      \$ <b>500,000</b>
							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 <input checked="" type="checkbox"/> RETENTION \$ <b>10000</b>			5027297900	04/10/2022	04/10/2023	EACH OCCURRENCE      \$ <b>1,000,000</b>
							AGGREGATE      \$ <b>1,000,000</b>
							\$
<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?    Y/N <input type="checkbox"/> N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below							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 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)

04/12/2022

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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<b>PRODUCER</b>  FrankCrum Insurance Agency, Inc. 100 South Missouri Avenue Clearwater, FL 33756	CONTACT NAME:	
	PHONE (A/C, No, Ext): (800) 277-1620 X 4800	FAX (A/C, No): (727) 797-0704
E-MAIL ADDRESS:		
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC#</b>
INSURER A: Frank Winston Crum Insurance Company		11600
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

**COVERAGES** CERTIFICATE NUMBER: 902841 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 INSRD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE	\$
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
							GENERAL AGGREGATE	\$
							PRODUCTS-COMP/OP AGG	\$
								\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WC202200000	01/01/2022	01/01/2023	X PER STATUTE	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)  
 Effective 01/28/2019, coverage is for 100% of the employees of FrankCrum leased to Level Line Cabinets and Millworks, Inc. (Client) for whom the client is reporting hours to FrankCrum. Coverage is not extended to statutory employees.

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>
Crescent Beach 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 





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/12/2022

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<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>INSURED</b> All Fireshield And Insulation, Inc. 28190 Old 41 Road Bonita Springs FL 34135	ALLFIRE-01	<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> Security National Insurance Company	
		<b>INSURER B:</b> Wilshire Insurance Company	
		<b>INSURER C:</b> FFVA Mutual Insurance Company	
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
	<b>INSURER F:</b>		<b>NAIC #</b> 19879

**COVERAGES**

CERTIFICATE NUMBER: 889783861

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 CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			SES179467701	1/1/2022	1/1/2023	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	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			XL00021473	1/1/2022	1/1/2023	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ \$
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	N/A	WC840-0033948-2022A	1/1/2022	1/1/2023	<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)

**CERTIFICATE HOLDER****CANCELLATION**

Crescent Beach  
 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

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
04/11/2022

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<b>PRODUCER</b> Next First Insurance Agency, Inc. PO Box 60787 Palo Alto, CA 94306	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): (855) 222-5919      FAX (A/C, No): E-MAIL ADDRESS: support@nextinsurance.com	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Nicolas Rose Nick's Firestopping 802 Douglas Ave N Lehigh Acres, FL 33971	<b>INSURER A:</b> State National Insurance Company, Inc.	<b>NAIC #</b> 12831
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	

**COVERAGES**      **CERTIFICATE NUMBER:** 8219468      **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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			NXTFJCT93V-02-GL	01/16/2022	01/16/2023	EACH OCCURRENCE \$1,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000.00 MED EXP (Any one person) \$10,000.00 PERSONAL & ADV INJURY \$1,000,000.00 GENERAL AGGREGATE \$2,000,000.00 PRODUCTS - COMP/OP AGG \$2,000,000.00 \$
	<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) \$ \$
	<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 \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	<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			NXTB7KGGWX-02-WC	01/16/2022	01/16/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000.00 E.L. DISEASE - EA EMPLOYEE \$1,000,000.00 E.L. DISEASE - POLICY LIMIT \$1,000,000.00
A	Contractors Errors and Omissions			NXTFJCT93V-02-GL	01/16/2022	01/16/2023	Each Occurrence: \$25,000.00 Aggregate: \$50,000.00

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
The Certificate Holder is Crescent Beach. This Certificate Holder is an Additional Insured on the General Liability policy per the Additional Insured Automatic Status Endorsement. All Certificate Holder privileges apply only if required by written agreement between the Certificate Holder and the insured, and are subject to policy terms and conditions.

<b>CERTIFICATE HOLDER</b> Crescent Beach Braun Builders 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)

04/12/2022

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>		<b>CONTACT NAME:</b> Patricia Wedge-Ludwig	
Merchant Insurance Solutions		<b>PHONE (A/C, No, Ext):</b> (239)935-5069	<b>FAX (A/C, No):</b> (866) 406-4983
12326 Isabella Drive		<b>E-MAIL ADDRESS:</b> pwedge@merchantinsurancesolutions.com	
Bonita Springs FL 34135		<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b>		<b>NAIC #</b>	
Smith Plastering Inc.		INSURER A : Kinsale 33120	
4384 Arnold Avenue		INSURER B : Travelers Insurance Company 31194	
Naples FL 34104		INSURER C : National Union Fire Insurance Company 19445	
		INSURER D : Worth Casualty Company 11090	
		INSURER E :	
		INSURER F :	

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

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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> 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:	x	x	0100184442-0	03/30/2022	03/30/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ N/A PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	<b>AUTOMOBILE LIABILITY</b> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	x	x	BA-9R017680-22-42-G	02/15/2022	02/15/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> CLAIMS-MADE DED RETENTION \$	x	x	BE 020790726	03/30/2022	03/30/2023	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 Products/Completed O \$ 5,000,000
D	<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	N/A	x	SWB00138602	11/15/2021	11/15/2022	<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)**

Certificate holder and any other as required by written contract included as additional insured(s) with respect to all policies referenced herein (excluding Worker's Compensation) on a primary and non-contributory basis including coverage for completed and on-going operations. Waiver of Subrogation applies in favor of the additional insured(s) for all policies referenced herein. Umbrella/Excess policy follows form.

**CERTIFICATE HOLDER****CANCELLATION**

Crescent Beach  
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

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ERICPAY-01

SE01JRITTER

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
4/12/2022

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PRODUCER License # L077730 <b>AssuredPartners of Florida, Cape Coral</b> 3501 Del Prado Blvd. S Suite #204 Cape Coral, FL 33904	<b>CONTACT NAME: Jessica Ritter</b> PHONE (A/C, No, Ext): <b>(239) 205-1545</b> FAX (A/C, No): <b>(239) 542-5527</b> E-MAIL ADDRESS: <b>jessica.ritter@assuredpartners.com</b>
<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b>  <b>Eric Payne Floor Coverings Inc dba Green Tree Flooring Services</b> 1998 Buford Street Alva, FL 33920	<b>INSURER A:</b> Southern-Owners Insurance Company <b>NAIC # 10190</b> <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>

**COVERAGES** **CERTIFICATE NUMBER:** **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:			20738367	1/6/2022	1/6/2023	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>300,000</b> MED EXP (Any one person) \$ <b>10,000</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b> <b>VOLUNTARY PROP</b> \$ <b>25,000</b> COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			20738367	1/6/2022	1/6/2023	BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED      RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below						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 Condo 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) 4/12/2022
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**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> GIGA Solutions, Inc. 101 Plaza Real South Ste 201 Boca Raton FL 33432	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): 888-581-0807      FAX (A/C, No): E-MAIL ADDRESS: certs@gigasolves.com														
<b>INSURED</b> Kaye16, Inc. dba Phoenix Payroll Solutions II 24730 Sandhill Blvd. Unit 902 Punta Gorda FL 33983	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center; font-weight: normal;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center; font-weight: normal;">NAIC #</th> </tr> <tr> <td>INSURER A : State National Insurance Company, Inc</td> <td style="text-align: center;">12831</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 : State National Insurance Company, Inc	12831	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A : State National Insurance Company, Inc	12831														
INSURER B :															
INSURER C :															
INSURER D :															
INSURER E :															
INSURER F :															

**COVERAGES**                                      **CERTIFICATE NUMBER:** 633940951                                      **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
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	<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    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	<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			AMX-411-0001-004	10/1/2021	10/1/2022	<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)  
 Coverage provided for all leased employees but not subcontractors of Eric Payne Floorcoverings, Inc. dba Green Tree Flo Location coverage effective 8/1/2019

<b>CERTIFICATE HOLDER</b>  Crescent Beach Condo 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)

4/12/2022

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<b>PRODUCER</b> Arthur J. Gallagher Risk Management Services, Inc. 1395 Panther Lane Suite 100 Naples FL 34109	<b>CONTACT NAME:</b> Emily Rocha	
	<b>PHONE (A/C, No, Ext):</b> 239-262-7171	<b>FAX (A/C, No):</b> 239-262-5360
<b>E-MAIL ADDRESS:</b> Emily_Rocha@ajg.com		
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURER A:</b> FCCI Insurance Company		10178
<b>INSURER B:</b> National Trust Insurance Company		20141
<b>INSURER C:</b>		
<b>INSURER D:</b>		
<b>INSURER E:</b>		
<b>INSURER F:</b>		

**INSURED** CONDAIR-03  
 Conditioned Air Company of Naples, LLC &  
 CACN Holdings, LLC  
 3786 Mercantile Ave  
 Naples FL 34104

**COVERAGES**

CERTIFICATE NUMBER: 731914928

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"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			GL10004631403	6/1/2021	6/1/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 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 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> Comp Ded 500 <input checked="" type="checkbox"/> Coll Ded 500			CA10002568703	6/1/2021	6/1/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 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 <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			UMB10001350106	6/1/2021	6/1/2022	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
A	<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	N/A	WC010007029701	6/1/2021	6/1/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Equipment Floater			CM10004631303	6/1/2021	6/1/2022	Leased/Rented Equip. Deductible \$25,000 \$1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 -Contractors Pollution Liability - Westchester Surplus Lines Insurance Company - Policy #G28301418 002 Eff: 6/1/2021 - 6/1/2022  
 Ded \$10,000 / Mold Ded \$25,000 \$5,000,000 Damage Limit for Each Occurrence, Claim or Pollution Conditions, \$5,000,000 General Aggregate Limit  
 -General Liability and Contractors Pollution Liability: Blanket Additional Insured, Waiver of Subrogation, Primary & Non-Contributory applies when required by written contract.  
 -Auto: Blanket Waiver of Subrogation, Primary & Non-Contributory applies when required by written contract.

**CERTIFICATE HOLDER****CANCELLATION**

Crescent Beach  
 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

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
04/12/2022

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<b>PRODUCER</b> American Business Insurance Group, Inc. 7040 Seminole Pratt Whitney Rd. #25-71 Loxahatchee, FL 33470	<b>CONTACT NAME:</b> Kurt Septer <b>PHONE (A/C No., Ext):</b> 941.421.7877 <b>E-MAIL ADDRESS:</b> mich@ambizinsurance.com	<b>FAX (A/C, No):</b>																				
	<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A :</td> <td>Colony Insurance Company</td> <td>39993</td> </tr> <tr> <td>INSURER B :</td> <td>Starstone Insurance Company</td> <td>23243</td> </tr> <tr> <td>INSURER C :</td> <td></td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> <td></td> </tr> </table>		INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A :	Colony Insurance Company	39993	INSURER B :	Starstone Insurance Company	23243	INSURER C :			INSURER D :			INSURER E :			INSURER F :	
INSURER(S) AFFORDING COVERAGE		NAIC #																				
INSURER A :	Colony Insurance Company	39993																				
INSURER B :	Starstone Insurance Company	23243																				
INSURER C :																						
INSURER D :																						
INSURER E :																						
INSURER F :																						
<b>INSURED</b> J&J Waterproofing, LLC 3737 Domestic Ave #9 Naples, FL 34104																						

**COVERAGES**                      **CERTIFICATE NUMBER:**                      **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.

INSTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY			600 GL 0034215-02	03/02/2022	03/02/2023	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	<input type="checkbox"/> Y	<input type="checkbox"/> Y				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
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	\$ 1,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC						GENERAL AGGREGATE	\$ 2,000,000
	<b>AUTOMOBILE LIABILITY</b>						PRODUCTS - COMP/OP AGG	\$ 2,000,000
	<input type="checkbox"/> ANY AUTO						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/>	<input type="checkbox"/>				BODILY INJURY (Per person)	\$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/>	<input type="checkbox"/>				BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
B	UMBRELLA LIAB			70422W222ALI	03/02/2022	03/02/2023	EACH OCCURRENCE	\$ 4,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> Y	<input type="checkbox"/> Y				AGGREGATE	\$ 4,000,000
	<input type="checkbox"/> CLAIMS-MADE							\$
	DED <input checked="" type="checkbox"/> RETENTION \$ 0							\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						WC STATUTORY LIMITS	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y	<input type="checkbox"/> N/A					E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE \$
								E.L. DISEASE - POLICY LIMIT \$

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)**

Cert holder and anyone that requires it by contract are additional insureds on a primary and non contributory basis for ongoing & completed operations in respect to general liability. (As required by written contract with the Named Insured that is executed by the parties to the contract prior to the commencement of work that is called for in the contract.) A blanket waiver of subrogation also applies in favor of anyone that requires it by contract in reference to all policies listed above. A 30 day cancellation applies to the policies except for non payment of premium which is 10 days as per Florida Law.

Job: Crescent Beach 100 N Collier Blvd Marco Island, FL 34145

<b>CERTIFICATE HOLDER</b> Braun Builders 583 Tallwood St. Suite #103 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 



CMPROFE-01

WARNERCA

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/12/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER License # 0E67768

Insurance Office of America  
24311 Walden Center Drive  
Suite 101  
Bonita Springs, FL 34134

CONTACT NAME: **Phyl Zimmerman**

PHONE (A/C, No, Ext): **(239) 237-4665**

FAX (A/C, No):

E-MAIL ADDRESS: **Phyl.Zimmerman@ioausa.com**

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A : **Southern-Owners Insurance Company**

**10190**

INSURER B : **Auto-Owners Insurance Company**

**18988**

INSURER C : **BusinessFirst Insurance Company**

**11697**

INSURER D :

INSURER E :

INSURER F :

INSURED

**CM Professional Painting Of SW FLA Inc**  
4447 29th Ave SW  
Naples, FL 34116

**COVERAGES**

**CERTIFICATE NUMBER:**

**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 OTHER:			72800175	4/29/2022	4/29/2023	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>300,000</b> MED EXP (Any one person) \$ <b>10,000</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b> <b>HNOA</b> \$ <b>1,000,000</b>
B	<input type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			5280018701	4/29/2022	4/29/2023	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b> 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 <input checked="" type="checkbox"/> RETENTION \$ <b>10,000</b>			52-800187-00	4/29/2022	4/29/2023	EACH OCCURRENCE \$ <b>1,000,000</b> AGGREGATE \$ <b>aggregate</b> \$ <b>1,000,000</b>
C	<input type="checkbox"/> <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	521-20654	4/29/2022	4/29/2023	PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ <b>1,000,000</b> E.L. DISEASE - EA EMPLOYEE \$ <b>1,000,000</b> E.L. DISEASE - POLICY LIMIT \$ <b>1,000,000</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**Adrian Martinez, Colleen Martinez, Mark Coleman**

**CERTIFICATE HOLDER**

**CANCELLATION**

Crescent Beach  
100 N Collier Blvd  
Marco Island, FL 34145

AUTHORIZED REPRESENTATIVE

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





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/14/2022

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<b>PRODUCER</b>		<b>CONTACT NAME:</b> Albert Doria Jr	
Gulf Coast Insurance, LLC		<b>PHONE (A/C, No, Ext):</b> 2394033940	<b>FAX (A/C, No):</b>
7795 Davis Blvd		<b>E-MAIL ADDRESS:</b> albert@gcimap.com	
Ste 205		<b>INSURER(S) AFFORDING COVERAGE</b>	
Naples		<b>INSURER A:</b> SOUTHERN-OWNERS INSURANCE	<b>NAIC #</b>
FL 34104		<b>INSURER B:</b> FRANK CRUM INSURANCE	10190
<b>INSURED</b>		<b>INSURER C:</b> AUTO-OWNERS INSURANCE	
REFINED CARPENTRY LLC		<b>INSURER D:</b>	
3477 WINIFRED ROW LN # 1701		<b>INSURER E:</b>	
NAPLES		<b>INSURER F:</b>	
FL 34116			

**COVERAGES****CERTIFICATE NUMBER:****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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			20314203	12/4/2021	12/4/2022	EACH OCCURRENCE \$ 1000000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300000 MED EXP (Any one person) \$ 10000 PERSONAL & ADV INJURY \$ 1000000 GENERAL AGGREGATE \$ 2000000 PRODUCTS - COMP/OP AGG \$ 2000000
C	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			5207089700	11/28/2021	11/28/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 500000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ 0			5207089701	12/04/2021	12/04/2022	EACH OCCURRENCE \$ 1000000 AGGREGATE \$ 1000000
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		N/A	FCWC10535402	11/28/2021	11/28/2022	<input type="checkbox"/> PER STATUTE <input checked="" type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1000000 E.L. DISEASE - EA EMPLOYEE \$ 1000000 E.L. DISEASE - POLICY LIMIT \$ 1000000

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

**CERTIFICATE HOLDER****CANCELLATION**

Crescent Beach  
 100 N Collier Blvd  
 Naples 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

*Albert Doria, Jr.*



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/14/2022

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<b>PRODUCER</b>		<b>CONTACT NAME:</b> Brooke Singletary	
Gulf Coast Insurance, LLC		<b>PHONE (A/C, No, Ext):</b> 239-403-3940	<b>FAX (A/C, No):</b>
7795 Davis Blvd		<b>E-MAIL ADDRESS:</b> brooke@gcicemail.com	
205		<b>INSURER(S) AFFORDING COVERAGE</b>	
Naples		<b>INSURER A:</b> SOUTHERN-OWNERS INS CO	<b>NAIC #</b>
FL 34104		<b>INSURER B:</b>	10190
<b>INSURED</b>		<b>INSURER C:</b>	
Jnh Contracting Inc		<b>INSURER D:</b>	
9876 Delaware St		<b>INSURER E:</b>	
Bonita Springs		<b>INSURER F:</b>	
FL 34135-4656			

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

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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>			20141188	01/26/2022	01/26/2023	EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person)	\$ 10,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY	\$ 1,000,000
	OTHER:						GENERAL AGGREGATE	\$ 2,000,000
	<b>AUTOMOBILE LIABILITY</b>						PRODUCTS - COMP/OP AGG	\$ 2,000,000
	<input type="checkbox"/> ANY AUTO							\$
	<input type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS					COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY					BODILY INJURY (Per person)	\$
	<input type="checkbox"/> UMBRELLA LIAB	<input type="checkbox"/> OCCUR					BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					PROPERTY DAMAGE (Per accident)	\$
	DED	RETENTION \$						\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						PER STATUTE	OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N	N/A				E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

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

**CERTIFICATE HOLDER****CANCELLATION**

Crescent Beach

100 N Collier Blvd

Naples 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

Albert Doria, Jr.

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/1/2022

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<b>PRODUCER</b> PEO Risk Services, LLC 130 Quail Ridge Drive Westmont IL 60559	<b>CONTACT NAME:</b> PHONE (A/C, No., Ext): 630-472-2317		FAX (A/C, No.):
	E-MAIL ADDRESS: peoriskservices@peorisks.com		
<b>INSURED</b> Cohesive Networks 2, Inc. Alt. Empl: Tideline Staffing LLC 3501 East Frontage Road, Suite 350 Tampa FL 33607	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	INSURER A : SUNZ Insurance Company		34762
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
INSURER F :			

**COVERAGES**

CERTIFICATE NUMBER: 908003072

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 INSR	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ 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"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED 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>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$	
A	<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	WC049-00001-022	1/1/2022	1/1/2023	<input checked="" type="checkbox"/> WC STATU-TORY 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 LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 Location Coverage Period: 1/1/2022 - 1/1/2023

Coverage pertains to employees of Tideline Staffing assigned under contract to JNH Contracting.

Coverage is provided for only those employees leased to but not subcontractors of:  
 Tideline Staffing LLC- 10928 K Nine, Bonita Springs, FL 34135- Client ID 100429

**CERTIFICATE HOLDER****CANCELLATION**

JNH Contracting Inc.  
 PO Box 2836  
 Bonita Springs FL 34133

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



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
04/13/2022

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<b>PRODUCER</b> RESPONSIVE INSURANCE, INC. 2950 Immokalee Road Suite 4 Naples, FL 34110	<b>CONTACT NAME:</b>														
	<b>PHONE (A/C, No, Ext):</b>	<b>FAX (A/C, No):</b>													
	<b>E-MAIL ADDRESS:</b>														
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : AmGUARD Insurance Company</td> <td>42390</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> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : AmGUARD Insurance Company	42390	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A : AmGUARD Insurance Company	42390														
INSURER B :															
INSURER C :															
INSURER D :															
INSURER E :															
INSURER F :															

**COVERAGES**                      **CERTIFICATE NUMBER:**                      **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	<b>COMMERCIAL GENERAL LIABILITY</b>			MTBP399936	04/02/2022	04/02/2023	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						MED EXP (Any one person) \$ 0
	<b>ANY AUTO</b>						PERSONAL & ADV INJURY \$ Included
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						GENERAL AGGREGATE \$ 2,000,000
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						PRODUCTS - COMP/OP AGG \$ 2,000,000
	<b>UMBRELLA LIAB</b>						\$
	<b>EXCESS LIAB</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"/> N	N/A				PER STATUTE
							OTH-ER
							E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

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

**CERTIFICATE HOLDER**

Crescent Beach  
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:



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/13/2022
---------------------------------

**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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<b>PRODUCER</b> RESPONSIVE INSURANCE, INC. 2950 Immokalee Road Suite 4 Naples, FL 34110	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;"><small>CONTACT NAME:</small></td> <td style="padding: 2px;"><small>FAX (A/C, No):</small></td> </tr> <tr> <td style="padding: 2px;"><small>PHONE (A/C, No, Ext):</small></td> <td style="padding: 2px;"><small>FAX (A/C, No):</small></td> </tr> <tr> <td colspan="2" style="padding: 2px;"><small>E-MAIL ADDRESS:</small></td> </tr> <tr> <td colspan="2" style="padding: 2px; text-align: center;"><b>INSURER(S) AFFORDING COVERAGE</b></td> </tr> <tr> <td style="padding: 2px;"><small>INSURER A:</small> NorGUARD Insurance Company</td> <td style="padding: 2px; text-align: right;"><b>NAIC #</b> 31470</td> </tr> <tr> <td style="padding: 2px;"><small>INSURER B:</small></td> <td></td> </tr> <tr> <td style="padding: 2px;"><small>INSURER C:</small></td> <td></td> </tr> <tr> <td style="padding: 2px;"><small>INSURER D:</small></td> <td></td> </tr> <tr> <td style="padding: 2px;"><small>INSURER E:</small></td> <td></td> </tr> <tr> <td style="padding: 2px;"><small>INSURER F:</small></td> <td></td> </tr> </table>	<small>CONTACT NAME:</small>	<small>FAX (A/C, No):</small>	<small>PHONE (A/C, No, Ext):</small>	<small>FAX (A/C, No):</small>	<small>E-MAIL ADDRESS:</small>		<b>INSURER(S) AFFORDING COVERAGE</b>		<small>INSURER A:</small> NorGUARD Insurance Company	<b>NAIC #</b> 31470	<small>INSURER B:</small>		<small>INSURER C:</small>		<small>INSURER D:</small>		<small>INSURER E:</small>		<small>INSURER F:</small>	
<small>CONTACT NAME:</small>	<small>FAX (A/C, No):</small>																				
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<b>INSURER(S) AFFORDING COVERAGE</b>																					
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<small>INSURER C:</small>																					
<small>INSURER D:</small>																					
<small>INSURER E:</small>																					
<small>INSURER F:</small>																					
<b>INSURED</b> MTZ Style Flooring Installation LLC  207 Price St Naples, FL 34113-8438																					

**COVERAGES    CERTIFICATE NUMBER:    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.**

INSTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b>  <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ 0 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 0 MED EXP (Any one person) \$ 0 PERSONAL & ADV INJURY \$ 0 GENERAL AGGREGATE \$ 0 PRODUCTS - COMP/OP AGG \$ 0 \$
	<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    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	<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	N/A	MTWC300116	04/02/2022	04/02/2023	PER STATUTE    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)

Employees: Full Time: 9; Part Time: 0    Governing Class Description: CERAMIC TILE,INDOOR/STONE/MARB/MOS

<b>CERTIFICATE HOLDER</b>  Crescent Beach 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)

04/13/2022

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<b>PRODUCER</b> Brown & Brown of Florida, Inc. 2290 Lucien Way Suite 400 Maitland FL 32751	<b>CONTACT NAME:</b> Dawn Singleton, CIC, CRM <b>PHONE (A/C, No, Ext):</b> (407) 660-8282 <b>E-MAIL ADDRESS:</b> dawn.singleton@bbrown.com	<b>FAX (A/C, No):</b> (407) 660-2012
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Wayne Automatic Fire Sprinklers, Inc. 222 Capitol Ct Ocoee FL 34761	<b>INSURER A:</b> Lloyds of London	NAIC # AA1122000
	<b>INSURER B:</b> Monroe Guaranty Insurance Co.	32506
	<b>INSURER C:</b> Navigators Specialty Ins. Co.	36056
	<b>INSURER D:</b> FCCI Insurance Company	10178
	<b>INSURER E:</b>	
<b>INSURER F:</b>		

**COVERAGES**

CERTIFICATE NUMBER: CL2232130737

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			GL211425R00	09/01/2021	09/01/2022	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input checked="" type="checkbox"/> Contractual Liab						MED EXP (Any one person) \$ 10,000
	<input checked="" type="checkbox"/> XCU Liab Per Cont						PERSONAL & ADV INJURY \$ 1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$ 2,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 2,000,000
	OTHER:						\$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY			CA100055871-02	04/01/2022	04/01/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
	UM FL / NC \$ 250,000/\$85,000						
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			NY21EXC169817IC	09/01/2021	09/01/2022	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$ 1,000,000
	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0						\$
D	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>			WCO100067972-01	04/01/2022	04/01/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	N/A				E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						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)

Ref: Job Name: Summit House, 280 S. Collier Blvd., Marco Island, FL 34145

**CERTIFICATE HOLDER****CANCELLATION**Keith A. Braun LLC  
583 Tallwood St Suite 103

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



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/13/2022

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<b>PRODUCER</b> Arthur J. Gallagher Risk Management Services, Inc. 340 Jesse Jewell Pkwy SE Suite 535 Gainesville GA 30501		<b>CONTACT NAME:</b> Pam Clark <b>PHONE (A/C, No, Ext):</b> 770-533-7590 <b>E-MAIL ADDRESS:</b> pam_clark@ajg.com		<b>FAX (A/C, No):</b> 877-868-0028
<b>INSURED</b> South Florida Electric Connection, Inc. 800 E Elkcam Circle, #2 Marco Island FL 34145		<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
SOUTFLO-31		INSURER A : Evanston Insurance Company		35378
		INSURER B : Wesco Insurance Company		25011
		INSURER C :		
		INSURER D :		
		INSURER E :		
		INSURER F :		

**COVERAGES**

CERTIFICATE NUMBER: 1456189277

REVISION NUMBER:

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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:			3AA519900	11/10/2021	11/10/2022	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)	\$
								\$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED \$      RETENTION \$			EZXS3037641	11/10/2021	11/10/2022	EACH OCCURRENCE	\$ 2,000,000
							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	N/A	WWC3537840	6/6/2021	6/6/2022	<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)  
 Excluded Partners: Terry Croushore & Dionaika Croushore  
 USL&H Coverage is included in Workers Comp Coverage

**CERTIFICATE HOLDER****CANCELLATION**

Crescent Beach Condo  
 100 N. Collier Blvd.  
 Marco Island FL 34145  
 USA

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

AUTHORIZED REPRESENTATIVE



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/13/2022

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<b>PRODUCER</b> ALPHA OMEGA INSURANCE OF NAPLES 12355 COLLIER BOULEVARD, SUITE B  NAPLES FL 34116		<b>CONTACT NAME:</b> Alpha Insurance 4 <b>PHONE (A/C, No, Ext):</b> 239-775-0804 <b>FAX (A/C, No):</b> 239-775-0796 <b>E-MAIL ADDRESS:</b> info@ao-insurance.com	
<b>INSURED</b> (Santos Cleaning Service LLC)  850 Barefoot Williams Rd Naples FL 34113		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Granada <b>NAIC #</b> 16870 <b>INSURER B:</b> <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	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>			0185FL00148130	11/19/2021	11/19/2022	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						MED EXP (Any one person) \$ 5,000
	<b>AUTOMOBILE LIABILITY</b>						PERSONAL & ADV INJURY \$ 1,000,000
	<input type="checkbox"/> ANY AUTO						GENERAL AGGREGATE \$ 2,000,000
	<input type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS					PRODUCTS - COMP/OP AGG \$ 2,000,000
	<input type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY					
	<b>UMBRELLA LIAB</b>						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> OCCUR					BODILY INJURY (Per person) \$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	<input type="checkbox"/> CLAIMS-MADE					BODILY INJURY (Per accident) \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						PROPERTY DAMAGE (Per accident) \$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	N/A				
	If yes, describe under DESCRIPTION OF OPERATIONS below						

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

**CERTIFICATE HOLDER****CANCELLATION**

CRESCENT BEACH  
 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





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
04/21/2022

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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<b>PRODUCER</b> FEDERATED MUTUAL INSURANCE COMPANY HOME OFFICE: P.O. BOX 328 OWATONNA, MN 55060		<b>CONTACT NAME:</b> CLIENT CONTACT CENTER <b>PHONE (A/C, No, Ext):</b> 888-333-4949 <b>FAX (A/C, No):</b> 507-446-4664 <b>E-MAIL ADDRESS:</b> CLIENTCONTACTCENTER@FEDINS.COM	
<b>INSURED</b> CYPRESS GLASS & ALUMINUM INC 3435 ENTERPRISE AVE STE 14 NAPLES, FL 34104-3627		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: FEDERATED MUTUAL INSURANCE COMPANY <b>NAIC #</b> 13935 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

**COVERAGES**      **CERTIFICATE NUMBER: 101**      **REVISION NUMBER: 0**

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS										
A	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> BUSINESS OWNER'S LIABILITY GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	N	N	6065586	04/23/2022	04/23/2023	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COM/PROP AGG \$2,000,000										
	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" 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						N	N	6065587	04/23/2022	04/23/2023	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)					
	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION											N	N	6082337	04/23/2022	04/23/2023	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
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)																	

**CERTIFICATE HOLDER**

162-720-7  
 CRESCENT BEACH CONDOMINIUM  
 100 N COLLIER BLVD  
 MARCO ISLAND, FL 34145-3714

101 0

**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



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/26/2022

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.

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<b>PRODUCER</b> Five County Insurance Agency Inc 14120 Metropolis Ave Fort Myers FL 33912	<b>CONTACT NAME:</b> Certificate Department <b>PHONE (A/C, No, Ext):</b> 239-939-1400 <b>E-MAIL ADDRESS:</b> certs@fivecountyinsurance.com	<b>FAX (A/C, No):</b> 239-939-3813
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Tile by Virgil Inc 6230 Bur Oaks Lane Naples FL 34119	<b>INSURER A:</b> American Builders Insurance	<b>NAIC #</b> 11240
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES**

CERTIFICATE NUMBER: 635379544

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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	GLP028355202	4/29/2022	4/29/2023	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)	\$
								\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
A	<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/A	WCV021639706	4/29/2022	4/29/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
							E.L. EACH ACCIDENT	\$ 100,000
							E.L. DISEASE - EA EMPLOYEE	\$ 100,000
							E.L. DISEASE - POLICY LIMIT	\$ 500,000

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

**CERTIFICATE HOLDER****CANCELLATION**

CRESCENT BEACH  
 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



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/27/2022

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<b>PRODUCER</b> Arthur J. Gallagher Risk Management Services, Inc. 1395 Panther Lane, Suite 100 Naples FL 34109	<b>CONTACT NAME:</b> Kristi Tulin	
	<b>PHONE (A/C, No, Ext):</b> 239-262-7171	<b>FAX (A/C, No):</b> 239-262-5360
<b>E-MAIL ADDRESS:</b> Kristi_Tulin@ajg.com		
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURER A :</b> Nationwide Mutual Insurance Company		23787
<b>INSURER B :</b> Auto-Owners Insurance Company		18988
<b>INSURER C :</b> Associated Industries Insurance Co, Inc		23140
<b>INSURER D :</b>		
<b>INSURER E :</b>		
<b>INSURER F :</b>		

**INSURED**  
 DW Plumbing, Inc.  
 2840 4th Ave NE  
 Naples FL 34120

**COVERAGES**

CERTIFICATE NUMBER: 813301838

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 checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			ACPCG013200383059	5/16/2021	5/16/2022	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
							FUNGI OR BACTER	\$ 2,500
B	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			5120911500	5/16/2021	5/16/2022	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			ACPCU013200383059	5/16/2021	5/16/2022	EACH OCCURRENCE	\$ 1,000,000
							AGGREGATE	\$ 1,000,000
								\$
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	N/A	AWC1166656	5/16/2021	5/16/2022	<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)

**CERTIFICATE HOLDER****CANCELLATION**

Crescent Beach  
 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

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
04/22/2022

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<b>PRODUCER</b> Arnold and Barton Insurance Group 700 11th Street South  Naples FL 34102		<b>CONTACT NAME:</b> Bill Falcone <b>PHONE (A/C, No., Ext):</b> (239) 331-8595 <b>E-MAIL ADDRESS:</b> Bill@abnaples.com <b>FAX (A/C, No.):</b> (239) 331-8589																						
<b>INSURED</b>  Countertop Solutions, Inc 3930 Domestic Ave  Naples FL 34104		<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td colspan="2">INSURER A: CLEAR BLUE INSURANCE COMPANY</td> <td></td> </tr> <tr> <td colspan="2">INSURER B:</td> <td></td> </tr> <tr> <td colspan="2">INSURER C:</td> <td></td> </tr> <tr> <td colspan="2">INSURER D:</td> <td></td> </tr> <tr> <td colspan="2">INSURER E:</td> <td></td> </tr> <tr> <td colspan="2">INSURER F:</td> <td></td> </tr> </table>		INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A: CLEAR BLUE INSURANCE COMPANY			INSURER B:			INSURER C:			INSURER D:			INSURER E:			INSURER F:		
INSURER(S) AFFORDING COVERAGE		NAIC #																						
INSURER A: CLEAR BLUE 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:	Y	Y	BIFL12772404	03/16/2022	03/16/2023	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 \$
	<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    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)

<b>CERTIFICATE HOLDER</b>  Crescent Beach Condominium 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)  
04/28/2022

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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<b>PRODUCER</b> Arthur J. Gallagher Risk Services for CoAdvantage Jeffrey Rendel 250 Tequesta Drive Tequesta, FL 33418	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): (866) 854-5423      FAX (A/C, No): E-MAIL ADDRESS: coi@coadvantage.com	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> CoAdvantage Corporation Alt. Emp: Countertop Solutions, Inc 101 Riverfront Blvd Suite 300 Bradenton, FL 34205	<b>INSURER A:</b> American Zurich Insurance Company	<b>NAIC #</b> 40142
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES**      **CERTIFICATE NUMBER:** 22FL090959642      **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
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	<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    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
<b>A</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	<input type="checkbox"/>	<input type="checkbox"/>	WC 56-11-942-08	04/01/2022	04/01/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 2,000,000 E.L. DISEASE - EA EMPLOYEE \$ 2,000,000 E.L. DISEASE - POLICY LIMIT \$ 2,000,000
				<b>Location Coverage Period:</b>	04/01/2022	04/01/2023	<b>Client#</b> 113509-FL

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

Coverage is provided for only those co-employees of, but not subcontractors to:  
Countertop Solutions, Inc  
3930 Domestic Ave  
Naples, FL 34104

### CERTIFICATE HOLDER

Crescent Beach Condominium  
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



Hours of Construction:  
7 am to 7 pm Monday through Saturday  
except holidays.  
**No Pile Driving or Demolition before 8 am.**

50 Bald Eagle Drive Marco Island, FL 34145 Phone: (239) 389-5059

# INSPECTION CARD

Permit NO. **MFAA-22-02372**  
Permit Type: **BS-Multi-Family**  
Work Classification: **Dwelling Unit Remodel**  
Permit Status: **Permit Active**

Issue Date: **4/29/2022**

**THIS CARD MUST BE POSTED IN A CONSPICUOUS LOCATION BEFORE START OF WORK.**

Parcel Number: 29355002268 Job Address: 100 N Collier Blvd 29355002268 , 6  
Legal Description: CRESCENT BEACH CONDO OF MARCO ISLAND PH-6

Owner's Name: DONALD HERSHBERGER, DONALD V HERSHBERGER JR & MARY ANNE CONFER HERSHBERGER TRUST  
Owner's Address: Po Box 565 Brooklyn, MI 49230  
Scope of Work: NOC - Complete interior remodel

Contractor(s)	Type	Cell Phone	Bus. Phone
SOUTH FLORIDA ELECTRIC CONNECTION INC	Electrical Contractor	239-450-7925	2392598215
KEITH A BRAUN LLC (LIC)	General Contractor	239-450-3308	239-450-3307
MAXIMUM COMFORT AIR CONDITIONING LLC	Mechanical Contractor	2396010255	
DW PLUMBING INC	Plumbing Contractor	2394043893	

Inspection	Inspector	Pass	Date	Inspection	Inspector	Pass	Date
099 - Notice of Commencement				108 - Framing			
110 - Tile Backerboard				151 - Work Complete			
201 - 2nd Rough in/Tubset				204 - Final Plumbing			
300 - Mechanical Rough				301 - Final Mechanical			
501 - Electric Rough				502 - Final Electric			
601 - Fire Stop Vertical				602 - Fire Stop Horizontal			
603 - Firewall / Partitions				604 - Fire Sprinklers			
609 - Fire Alarm System				6101 - Single Station Smoke Detectors			
623 - Final Fire							

**Permit Conditions**

RECORDED NOTICE OF COMMENCEMENT MUST BE POSTED IF THE PROJECT VALUATION EXCEEDS \$2,500. Warning to Owner: Your failure to record a Notice of Commencement may result in your paying twice for improvements to your property. If you intend to obtain financing, consult with your lender or attorney before recording your Notice of Commencement. FL713.135

04/29/2022

**Raul Perez**

Date

Building Official

Processed By

- Inspections - Call before 7 pm the day prior to when the inspection is needed
- 389-5057 - Docks, Electric, Pools
- 389-5056 - Structural, Awnings, Signs, Fences, Demo's, Shutters
- 389-5055 - Plumbing, Gas, Sewer, Solar, R-O-W, Irrigation. A/C, Insulation
- 394-5405 - Fire Inspections

Issuance of this permit is conditional upon full compliance with the provisions of the Code of City of Marco Island, Florida



**Note:** The preferred method to schedule inspections is through the citizen's access portal <<http://www.cityofmarcoisland.com/index.aspx?page=72>>. Keep in mind that you can also view your inspection history and view the inspections scheduled at this page. Please visit [www.cityofmarcoisland.com/inspections](http://www.cityofmarcoisland.com/inspections) for more info.

City of Marco Island  
Permit Set  
04/27/2022

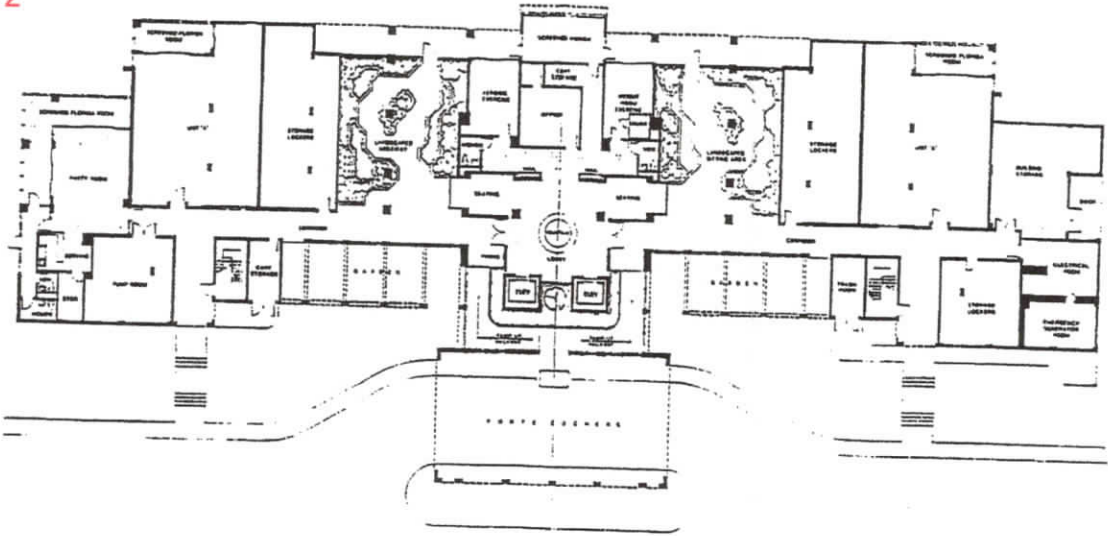
22-02372

Ph6 Crescent beach

Scope of work

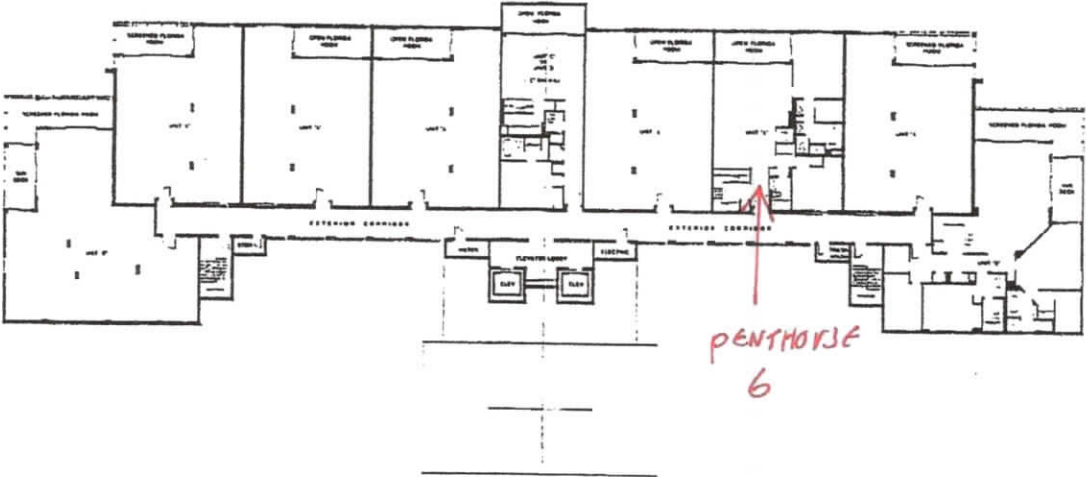
- Remove and replace all kitchen cabinetry, tops and appliances
- Remove and replace all bathroom cabinetry, fixtures, and tops
- New floor coverings, trim, and paint
- Update all plumbing, electrical and mechanical throughout.

22-02372



GRADE LEVEL FLOOR PLAN

DWLP OF MEXICO



PENTHOUSE  
6

TYPICAL FLOOR PLAN - 2ND THRU 14TH FLOORS



Sofit Detail

104" to Bottom of soffit  
119" ceiling (harddeck)  
wall

City of Marco Island  
Permit Set  
04/27/2022

Ceiling

Reviewed for code compliance  
R Munyon  
04/25/2022 3:04:23 PM

Hershberger

Smoke detectors over 10 years old shall be replaced.  
110 volt required by Fire Code.

OPEN FLORIDA ROOM  
18'-6" x 8'

22-02372

MASTER BEDROOM SUITE

388 sq. ft.  
New door location

Alterations to walls and ceilings will require a Fire Sprinkler Contractor to alter the Fire Sprinkler system which requires a permit.

LIVING / DINING ROOM  
20' x 27'-4"

Xing to  
Cement Deck

WALK-IN CLOSET

MASTER BATH

LOCKED STORAGE

Perimeter Soffit

WAC

SHOWER

BREAKFAST BAR

POYER  
4'3" x 10'

KITCHEN  
8'1" x 11'

LOCK  
STOR

- Enlarge Bathroom  
Move Water Heater

BEDRO 2  
12' x 14'

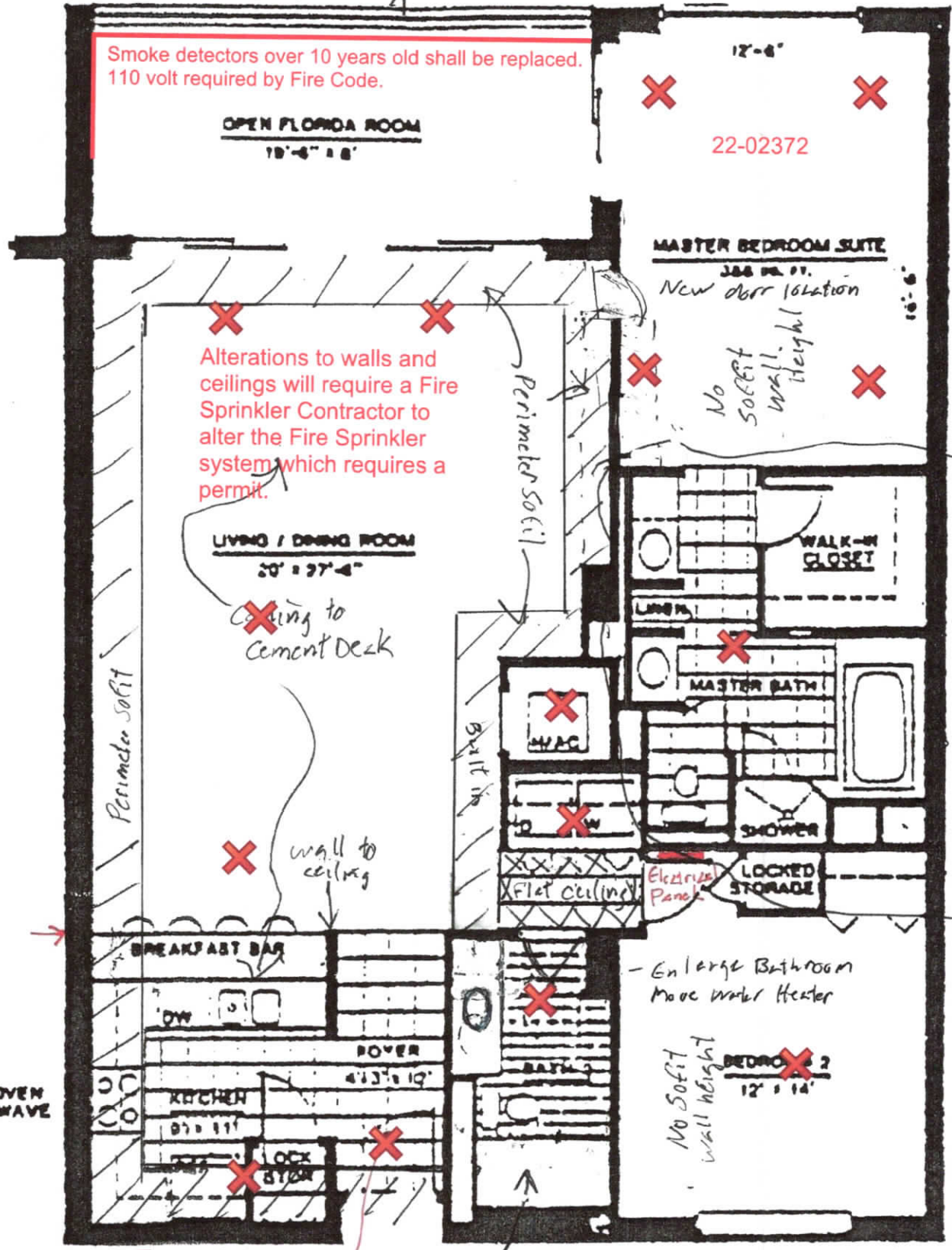
E/OVEN  
R/OVAVE

Fire Sprinkler

flat ceiling @ 8' AFT  
Tub to shower conversion

Unit - Penthouse  
Crescent Beach  
100 N. Collier

X represents fire  
sprinkler





**2 Hr Rated Firestop System For PVC Pipe In Concrete Floors Using SpecSeal® BLU or BLU2 Wrap Strip & Mortar**

City of Marco Island

Permit Set  
04/27/2022

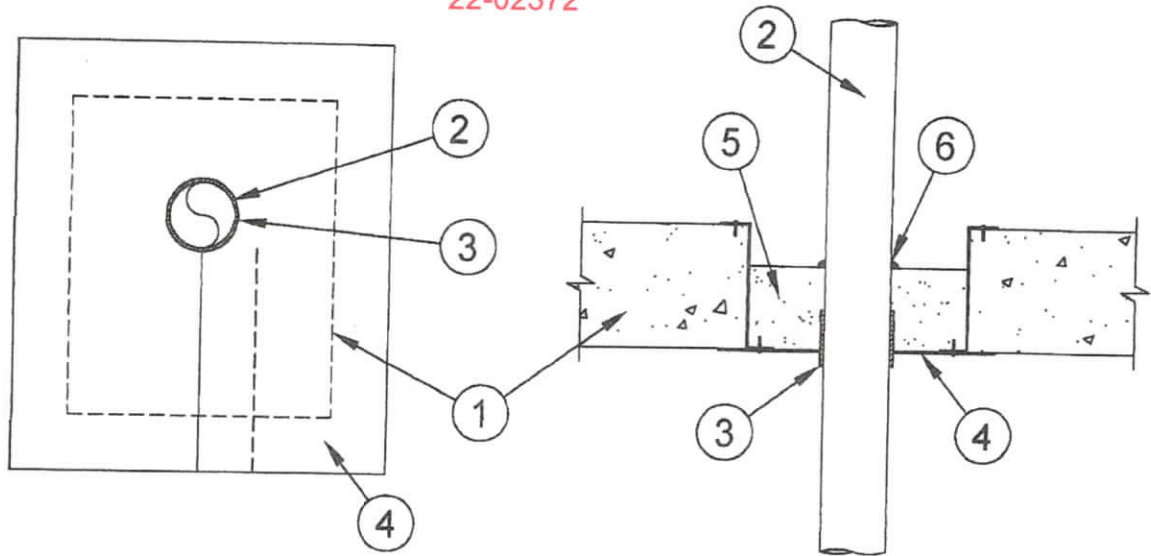
**NS179702B**

Prepared by: Bernadette Bautista

Date: REV1. 02-28-08

*Tub Box*

22-02372



1. CONCRETE FLOOR. MAX 12 X 18 IN. OPENING.
2. MAX. 2 IN. TRADE SIZE SCH. 40 PVC PIPE (DWV), ANNULAR SPACE 10 IN. OR MORE.
3. SPECSEAL®BLU OR BLU2 WRAP STRIP. SINGLE LAYER WRAPPED AROUND PIPE AND SECURED WITH ALUMINUM FOIL TAPE. WRAP STRIP TO EXTEND 1/2 IN. BELOW FLOOR.
4. STEEL PLATE, NO. 20 GA. PLATE TO OVERLAP 2 IN. ON BOTTOM OF FLOOR AND TO BE FASTENED BY MEANS OF STEEL CONCRETE SCREWS SPACED 6 IN. O.C. AS AN OPTION, PLATE MAY BE SECURED WITHIN THE OPENING BY FABRICATING STEEL HANGER STRAPS MECHANICALLY ATTACHED TO EITHER THE TOP OR SIDES OF THE OPENING. PLATE MAY BE SLIT OR SPLIT TO ACCOMMODATE PIPE (SEE F-A-2031 FOR DETAILS).
5. SPECSEAL® MORTAR INSTALLED TO 3 IN. DEPTH OVER STEEL FORMING PLATE.
6. SPECSEAL® LCI OR SSS SEALANT TO 1/2 IN. BEAD AT MORTAR/PVC PIPE INTERFACE.

**NOTE:** The products used in this design have been tested as follows:

- ASTM E814/UL1479: Refer to System Nos. F-A-2031, C-AJ-8055
- ASTM E119: Time/Temperature Exposure, Cotton Waste Ignition
- Annular Space Requirements

***This Design Represents an Engineering Recommendation***

NOTICE: The information contained herein is based upon internal & third party testing which we believe to be accurate. This information is provided for engineering purposes only and unless otherwise noted, relates to fire-resistance properties only. The user must determine the suitability of the product and the design to the intended application. Since the use of the product is beyond our control, Specified Technologies Inc.'s only responsibility shall be to refund or replace materials found to be defective as per our standard warranty.

**Various Marco Island Florida Projects**

Project Name

**Marco Island, FL**

Address

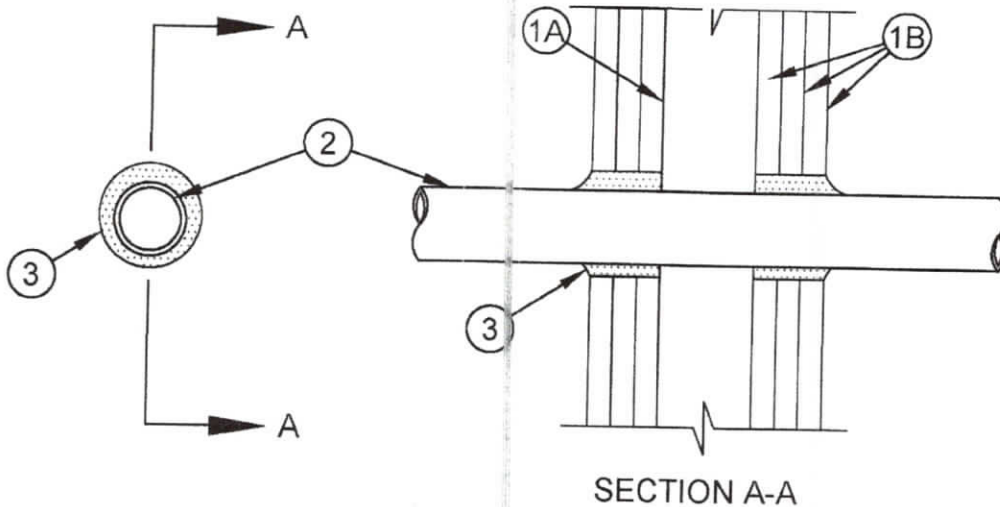
Architect/Contractor

Address

Signature



*conduit/copper  
side walls*



SECTION A-A

1. **Wall Assembly** - The 1, 2 or 3 hr fire-rated gypsum wallboard/stud wall assembly shall be constructed of the materials and in the manner described in the individual U300 or U400 Series Wall or Partition Designs in the UL Fire Resistance Directory and shall include the following construction features:
  - A. **Studs** - Wall framing shall consist of either wood studs or steel channel studs. Wood studs to consist of nom 2 by 4 in. (51 by 102 mm) lumber spaced 16 in. (406 mm) OC. Steel studs to be min 3-5/8 in. (92 mm) wide and spaced 24 in. (610 mm) OC.
  - B. **Gypsum Board\*** - 1/2 or 5/8 in. (13 or 16 mm) thick, 4 ft (1.2 m) wide with square or tapered edges. The gypsum wallboard type, thickness, number of layers, fastener type and sheet orientation shall be as specified in the individual U300 or U400 Series Designs in the UL Fire Resistance Directory. Max diam of opening is 1-1/2 in. (38 mm)

**The hourly F Rating of the firestop system is equal to the hourly fire rating of the wall assembly in which it is installed.**
2. **Through Penetrants** - One metallic pipe or conduit installed concentrically or eccentrically within the firestop system. The annular space within the firestop system shall be min 1/4 in. to max 1/2 in. (6 to 13 mm). Pipe or conduit to be rigidly supported on both sides of wall assembly. The following types and sizes of metallic pipe or conduit may be used:
  - A. **Steel Pipe** - Nom 3/4 in. (19 mm) diam (or smaller) Schedule 5 (or heavier) steel pipe.
  - B. **Conduit** - Nom 3/4 in. (19 mm) diam (or smaller) rigid steel conduit, steel electrical metallic tubing (EMT) or flexible steel conduit.
3. **Fill, Void or Cavity Materials\* - Sealant** - Fill material installed to completely fill annular space between pipe or conduit and gypsum wallboard with a min 1/4 in. (6 mm) diam bead of caulk applied to perimeter of pipe or conduit at its egress from both sides of the wall.

SPECIFIED TECHNOLOGIES INC - SpecSeal Series SSS Sealant or SpecSeal LCI Sealant

\*Bearing the UL Classification Mark



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**System No. W-L-7019**

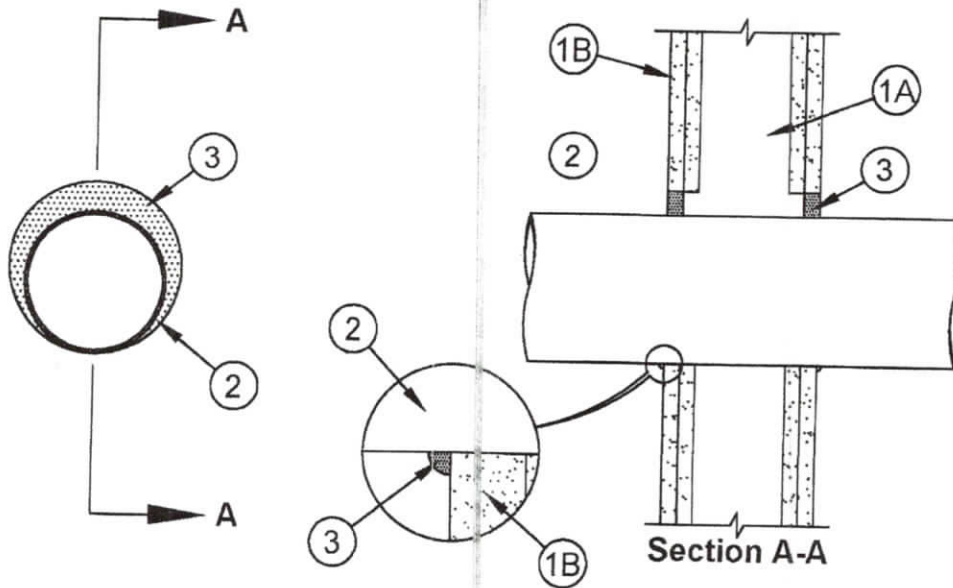
F Ratings - 1 & 2 Hr (See Item 1)

T Rating - 0 Hr

L Rating At Ambient - Less Than 1 CFM/sq ft

L Rating At 400 F - Less Than 1 CFM/sq ft

Steel (sidewall)



1. **Wall Assembly** - The 1 or 2 hr fire-rated gypsum wallboard/stud wall assembly shall be constructed of the materials and in the manner described in the individual U300, U400 or V400 Series Wall and Partition Design in the UL Fire Resistance Directory and shall include the following construction features:

- A. **Studs** - Wall framing may consist of either wood studs or steel channel studs. Wood studs to consist of nom 2 by 4 in. (51 by 102 mm) lumber spaced 16 in. (406 mm) OC with nom 2 by 4 in. (51 by 102 mm) lumber end plates and cross braces. Steel studs to be min 3-1/2 in. (89 mm) wide and spaced max 24 in. (610 mm) OC.
- B. **Gypsum Board\*** - The gypsum board type, thickness, number of layers, fastener type and sheet orientation shall be as specified in the individual U300, U400 or V400 Series Design in the UL Fire Resistance Directory. Max diam of opening is 11 in. (279 mm).

The hourly F Rating of the firestop system is equal to the hourly fire rating of the wall assembly in which it is installed.

- 2. **Through Penetrant** - One nom 10 in. (254 mm) diam (or smaller) No. 28 MSG (or heavier) steel vent pipe to be installed either concentrically or eccentrically within the firestop system. The annular space between pipe and periphery of opening shall be min 0 in. (point contact) to max 1 in. (25 mm). Pipe to be rigidly supported on both sides of wall assembly.
- 3. **Fill, Void or Cavity Material\* - Sealant** - Min 5/8 in. (16 mm) thickness of fill material applied within annulus, flush with both surfaces of wall. At the point contact location between through penetrant and gypsum board, a min 3/8 in. (10 mm) diam bead of fill material shall be applied at the gypsum board/through penetrant interface on both surfaces of wall.

**SPECIFIED TECHNOLOGIES INC** - SpecSeal Series SSS Sealant, SpecSeal LCI Sealant or Type WF300 Firestop Caulk (wood stud walls only).

\*Bearing the UL Classification Mark



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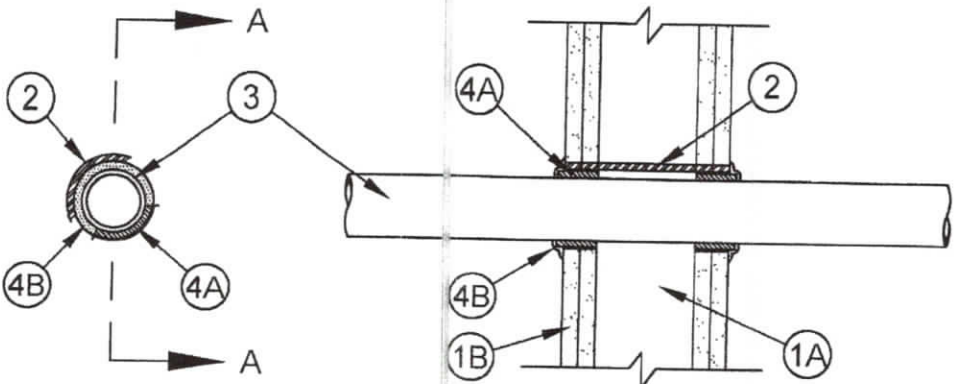
W-L-7019  
PAGE 1 OF 1

PVC side wall

City of Marco Island  
Permit Set  
System W-L-2048



F Ratings - 1 and 2 Hr (See Item 1)  
T Ratings - 1, 1-3/4 and 2 Hr (See Items 2 and 4A)  
L Rating At Ambient - Less Than 1 CFM/sq ft  
L Rating At 400 F - Less Than 1 CFM/sq ft



Section A-A

1. **Wall Assembly** - The 1 or 2 hr fire-rated gypsum wallboard/stud wall assembly shall be constructed of the materials and in the manner described in the individual U300 or U400 Series Wall or Partition Design in the UL Fire Resistance Directory and shall include the following construction features:
  - A. **Studs** - Wall framing may consist of either wood studs or steel channel studs. Wood studs to consist of nom 2 by 4 in. (51 by 102 mm) lumber spaced 16 in. (406 mm) OC. Steel studs to be min 3-1/2 in. (89 mm) wide and spaced max 24 in. (610 mm) OC.
  - B. **Gypsum Board\*** - The gypsum board type, thickness, number of layers, fastener type and sheet orientation shall be as specified in the individual U300 or U400 Series Design in the UL Fire Resistance Directory. Max diam of opening is 5 in. (127 mm).  
*The hourly F Rating of the firestop system is equal to the hourly fire rating of the wall assembly in which it is installed.*
2. **Steel Sleeve (Optional)** - Nom 3 in. (76 mm) diam (or smaller) Schedule 40 (or thinner) steel pipe friction-fit into wall assembly, flush with both surfaces of wall. **When steel sleeve is used, T Rating is 1 hr.**
3. **Through Penetrants** - One nonmetallic pipe or conduit to be centered within the firestop system. The annular space shall be min 1/4 in. (6 mm) to max 1-1/4 in (32 mm). Pipe or conduit to be rigidly supported on both sides of the wall assembly. The following types and sizes of nonmetallic pipes or conduits may be used:
  - A. **Polyvinyl Chloride (PVC) Pipe** - Nom 3 in. (76 mm) diam (or smaller) Schedule 40 cellular or solid core PVC pipe for use in closed (process or supply) or vented (drain, waste or vent) piping systems.
  - B. **Chlorinated Polyvinyl Chloride (CPVC) Pipe** - Nom 3 in. (76 mm) diam (or smaller) SDR 13.5 CPVC pipe for use in closed (process or supply) piping systems.
  - C. **Rigid Nonmetallic Conduit+** - Nom 3 in. (76 mm) diam (or smaller) Schedule 40 PVC conduit installed in accordance with the National Electrical Code (NFPA No. 70).
  - D. **Acrylonitrile Butadiene Styrene (ABS) Pipe** - Nom 3 in. (76 mm) diam (or smaller) Schedule 40 cellular or solid core ABS pipe for use in closed (process or supply) or vented (drain, waste or vent) piping systems.
  - E. **Flame Retardant Polypropylene (FRPP) Pipe** - Nom 2 in. (51 mm) diam (or smaller) Schedule 40 FRPP pipe for use in closed (process or supply) or vented (drain, waste or vent) piping systems.
  - F. **Polypropylene (PP) Pipe** - Nom 1 in. (25 mm) diam (or smaller) Schedule 80 PP pipe for use in closed (process or supply) piping systems.
  - G. **Polyvinylidene Fluoride (PVDF) Pipe** - Nom 2 in. (51 mm) diam (or smaller) Schedule 40 PVDF pipe for use in closed (process or supply) piping systems.

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4. **Firestop System** - The firestop system shall consist of the following:

A. **Fill, Void or Cavity Material\* - Wrap Strip** - Nom 1/8 in. (3.2 mm) or 3/16 in. (4.8 mm) thick intumescent material faced on both sides with a plastic film, supplied in 2 in. (51 mm) wide strips or 1/8 or 1/4 in. (3.2 or 6 mm) thick intumescent material faced on both sides with a plastic film, supplied in 1-1/2 in. (38 mm) wide strips. Single layer of wrap strip wrapped around the through penetrant with the ends butted and held in place by means of foil tape. The wrap strip is slid along the through penetrant into annulus such that 1/4 in. (6 mm) of the wrap strip protrudes from the wall. One set of wrap strips to be installed on each side of wall. As an option when 1/8 in. (3.2 mm) thick wrap strip (BLU2) is used, the strips may be cut to a width of 1-1/2 in. (38 mm).

The T Rating of the firestop system is dependent upon the hourly rating of the wall, the type of through penetrant and the type of wrap strip used as tabulated below:

Type Of Through Penetrant	Hourly Rating of Wall Hr	Type of Wrap Strip	T Rating Hr
PVC, CPVC, PVDF RNC, PP or FRPP	1	SpecSeal BLU, SpecSeal BLU2 or SpecSeal RED, RED2	1
ABS	1	SpecSeal BLU, SpecSeal BLU2 or SpecSeal RED, RED2	1
PVC, CPVC, PVDF RNC, PP or FRPP	2	SpecSeal BLU, SpecSeal BLU2 or SpecSeal RED, RED2	2
ABS	2	SpecSeal BLU or SpecSeal BLU2	2
ABS	2	SpecSeal RED, RED2	1-3/4

**SPECIFIED TECHNOLOGIES INC** - SpecSeal BLU Wrap Strip, SpecSeal BLU2 Wrap Strip or SpecSeal RED Wrap Strip, SpecSeal RED2 Wrap Strip

B. **Fill, Void or Cavity Material\* - Sealant** - When an annular space is present between the wrap strip and the edge of the opening, a min 5/8 in. (16 mm) depth of sealant shall be installed in the annular space flush with each surface of the wall. A min 1/4 in. (6 mm) diam bead of sealant shall be applied at the gypsum board/wrap strip interface on both surfaces of wall.

**SPECIFIED TECHNOLOGIES INC** - SpecSeal 100, 101, 102, 105, 120 or 129 Sealant, SpecSeal LCI Sealant, Pensil 300 Sealant or SpecSeal Series SIL300 Sealant

\*Bearing the UL Classification Mark



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W-L-2048  
PAGE 2 OF 2



**System No. F-A-2207**

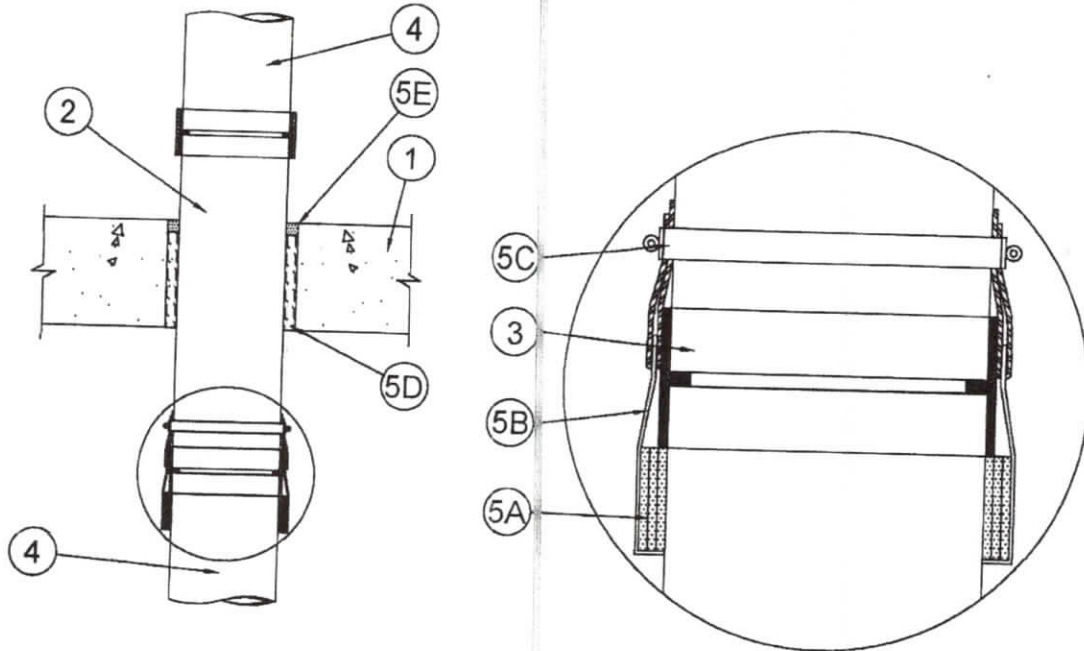
F Rating - 2 Hr

T Ratings - 3/4 Hr

L Rating At Ambient - Less Than 1 CFM/sq ft

L Rating At 400 F - Less Than 1 CFM/sq ft

W Rating - Class 1 (See Item 5E)



1. **Floor Assembly** - Min 4-1/2 in. (114 mm) thick reinforced light weight or normal weight (100-150 pcf or 1600-2400 kg/m<sup>3</sup>) concrete. Floor may also be constructed of any 6 in. thick UL Classified hollow core **Precast Concrete Units**. Max diam of opening is 5 in. (127 mm).  
See **Precast Concrete Units\*** (CFTV) category in the Fire Resistance Directory for names of manufacturers.
2. **Metallic Pipe** - Nom 4 in. (102 mm) diam (or smaller) Schedule 10 (or heavier) steel pipe or cast/ductile iron pipe installed eccentrically or concentrically within opening. Pipe to terminate 6 to 12 in. (152 to 305 mm) below bottom surface of floor and a min 6 in. (152 mm) above top surface of floor. An annular space of min 0 in. (point contact) to max 1/2 in. (13 mm) is required within the firestop system. Pipe to be rigidly supported on both sides of the floor assembly.
3. **Compression Coupling** - Nonmetallic pipe (Item 4) to be secured to metallic pipe with compression type high pressure pipe coupling with elastomeric gasket and a stainless steel jacket with stainless steel band clamps.
4. **Nonmetallic Pipe** - Nom 4 in. (102 mm) diam (or smaller) pipe for use in closed (process or supply) or vented (drain, waste or vent) piping systems. The following types and sizes of nonmetallic pipes may be used:
  - A. **Polyvinyl Chloride (PVC) Pipe** - Nom 4 in. (102 mm) diam (or smaller) Schedule 40 solid core or cellular core PVC pipe.
  - B. **Chlorinated Polyvinyl Chloride (CPVC) Pipe** - Nom 4 in. (102 mm) diam (or smaller) SDR 13.5 CPVC pipe.
5. **Firestop System** - The firestop system shall consist of the following:
  - A. **Fill, Void or Cavity Material\* - Wrap Strip** - Nom 1/8 in. (3.2 mm) by 1-1/2 in. (38 mm) wide (RED2), nom 1/4 in. (6 mm) thick by 1-1/2 in. (38 mm) wide (RED), 3/16 in. (4.8 mm) by 2 in. (51 mm) wide (BLU) or 1/8 in. (3.2 mm) by 2 in. (51 mm) wide (BLU2) intumescent strips faced on both sides with a plastic film. Strips tightly wrapped around nonmetallic pipe and coupling with edges butted against the underside of the compression coupling (Item 3). The wrap strips may be installed with butted seams in successive layers, aligned or offset or continuously wrapped around through penetrant. Wrap strips are temporarily held in place with tape. A minimum of three layers of wrap strip are required.

**SPECIFIED TECHNOLOGIES INC** - SpecSeal RED, RED2, BLU, or BLU2 Wrap Strip

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- B. **Steel Collar** - Collar fabricated from coils of precut 0.016 in. thick (30 gauge) galv sheet steel available from wrap strip manufacturer. Collar shall be nom 1-1/2 in. (38 mm) or 2 in. (51 mm) deep, dependent upon wrap strip width, with 1 in. (25 mm) wide by 2 in. (51 mm) long anchor tabs and min 3/4 in. (19 mm) wide retaining tabs tapering down to 1/4 in. (6 mm) wide and located opposite the anchor tabs. Steel collar, with anchor tabs bent upward, wrapped tightly around wrap strip layers with min 1 in. (25 mm) overlap at seam. Retainer tabs to be bent 90 deg toward pipe to lock wrap strips in position. Collar to be secured in place with one 1/2 in. (13 mm) wide by 0.028 in. (0.7 mm) thick stainless steel hose clamp at mid-height of collar.
- C. **Hanger Straps** - Hanger straps to be fabricated out of min 0.016 in. (0.41 mm) thick (28 gauge) sheet steel. Hanger straps to be min 1-1/2 in. (38 mm) wide tapering to 1/4 in. (6 mm) and of sufficient length so when attached to anchor tabs they lap onto metallic pipe above the compression coupling a min of 1 in. (25 mm) For nom max 2 in. (51 mm) (and smaller) penetrants, two hangers are required. For nom 2-1/2 to 4 in. (64 to 102 mm) penetrants, three hangers are required. Hangers to be secured to collar assembly by inserting 1/4 in. (6 mm) end into opening in collar anchor tab and bending 180°. The hangers shall be tightly compressed around the metallic pipe below the floor, directly above the compression coupling with a min 1/2 in. (13 mm) wide by 0.028 in. (0.7 mm) thick stainless steel hose clamp.
- D. **Packing Material** - Min 4 in. (102 mm) thickness of min 4 pcf (64 kg/m<sup>3</sup>) mineral wool batt insulation firmly packed into opening as a permanent form. Packing material to be recessed from top surface of floor to accommodate the required thickness of fill material. For hollow core floors, min thickness of packing material is 5-1/2 in. (140 mm) and packing material is installed flush with bottom surface of floor and recessed from top surface of floor to accommodate the required thickness of fill material.
- E. **Fill, Void or Cavity Material\* - Sealant** - Min 1/2 in. (13 mm) thickness of sealant applied within annulus, flush with top surface of floor. In addition, a min 1/4 in. (6 mm) bead of sealant applied at point contact location.

**SPECIFIED TECHNOLOGIES INC** - SpecSeal LCI Sealant, SpecSeal Series SSS Sealant, SpecSeal SIL300 Silicone Firestop Sealant, or SpecSeal SIL300SL Silicone Firestop Sealant

**Note: W Ratings apply when SpecSeal SIL300 or SIL300SL Silicone Firestop Sealants are used.**

- F. **Firestop Device\*** - (Not Shown) - As an alternate to Items A and B, a firestop device consisting of a galv steel collar lined with an intumescent material sized to fit the specific diam of the through penetrant may be used. Device shall be installed around through-penetrant with integral locking mechanism as described under Item 5C. Device with anchor tabs bent upwards shall abut the underside of the compression coupling (Item 3).

**SPECIFIED TECHNOLOGIES INC** - SpecSeal Firestop Collar or SpecSeal LCC Firestop Collar

\*Bearing the UL Classification Mark



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F-A2207  
PAGE 2 OF 2





Specified  
Technologies  
Inc.

City of Marco Island  
Permit Set  
04/27/2022

200 Evans Way, Suite 2  
Somerville, N.J. 08876  
Phone: (908) 526-8000  
Fax: (908) 526-9623  
Toll Free: (800) 992-1180

**GENERAL CERTIFICATE of CONFORMANCE**

**Description:** SpecSeal® Firestop Products

**Included Products:**

- Series SSS Intumescent Sealant*
- Series LCI Intumescent Sealant*
- Series LC Latex Endothermic Sealant*
- Series SSP Intumescent Putty*
- Series EP Power Shield™ Box Insert*
- Series SSWRED Intumescent Wrap Strips*
- Series SSWBLU Intumescent Wrap Strips*
- Series SSC Intumescent Firestop Collars*
- Series LCC Intumescent Firestop Collars*

- Series SSB Intumescent Firestop Pillows*
- Series AS100 Elastomeric Spray*
- Series AS200 Elastomeric Spray*
- Series ES100 Elastomeric Sealant*
- Series SSM Firestop Mortar*
- Pensil Series PEN200 Silicone Foam*
- Pensil Series PEN300 Silicone Sealant*
- Pensil Series PEN300SL Silicone Sealant*

**These products are tested to the following standards where applicable:**

**ASTM STANDARD:**

- E 814** Fire Tests of Through-Penetration Fire Stops
- E 119** Fire Tests of Building Construction and Materials
- E 1966** Fire-Resistive Joint Systems
- E 84** Surface Burning Characteristics of Building Materials
- E 1399** Cyclic Movement and Measuring the Minimum and Maximum Joint Widths of Architectural Joint Systems

**UL STANDARD**

- 1479** Fire Tests of Through-Penetration Firestops
- 263** Fire Tests of Building Construction and Materials
- 2079** Tests for Fire-Resistance of Building Joint Systems
- 723** Tests for Surface Burning Characteristics of Building Materials

**Chemical Content Statements:**

No asbestos, PCB's or water-soluble intumescent ingredients are used or contained in these products.

James P. Stahl, Jr.  
Technical Manager

February 1, 2002

Date

City of Marco Island  
Permit Set  
**System No. W-L-1049**  
04/27/2022

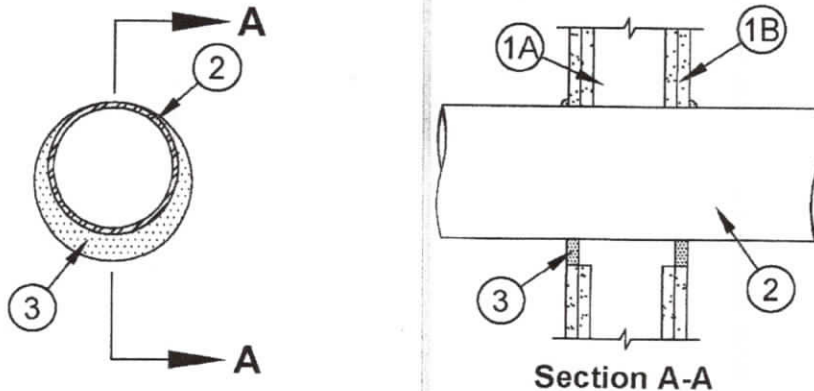


F Ratings -1 and 2 Hr (See Item 1)

T Rating -0 Hr

L Rating At Ambient -Less Than 1 CFM/sq ft

L Rating At 400 F -Less Than 1 CFM/sq ft



1. **Wall Assembly** -The 1 or 2 hr fire-rated gypsum wallboard/stud wall assembly shall be constructed of the materials and in the manner described in the individual U300 or U400 Series Wall or Partition Design in the UL Fire Resistance Directory and shall include the following construction features:
  - A. **Studs** -Wall framing may consist of either wood studs or steel channel studs. Wood studs to consist of nom 2 by 4 in. (51 by 102 mm) lumber spaced 16 in. (406 mm) OC. Steel studs to be min 3-5/8 3-1/2 in. (89 mm) wide and spaced max 24 in. (610 mm) OC. When steel studs are used and the diam of opening exceeds the width of stud cavity, the opening shall be framed on all sides using lengths of steel stud installed between the vertical studs and screw-attached to the steel studs at each end. The framed opening in the wall shall be 4 to 6 in. (102 to 152 mm) wider and 4 to 6 in. (102 to 152 mm) higher than the diam of the penetrating item such that, when the penetrating item is installed in the opening, a 2 to 3 in. (51 to 76 mm) clearance is present between the penetrating item and the framing on all four sides.
  - B. **Gypsum Board\*** -5/8 in. (16 mm) thick, 4 ft (1.22 m) wide with square or tapered edges. The gypsum board type, thickness, number of layers, fastener type and sheet orientation shall be as specified in the individual U300 or U400 Series Design in the UL Fire Resistance Directory. Max diam of opening is 26 in. (660 mm) for steel stud walls. Max diam of opening is 14-1/2 in. (368 mm) for wood stud walls.

**The hourly F Rating of the firestop system is equal to the hourly fire rating of the wall assembly in which it is installed.**

  - 1A. **Metallic Sleeve** -(Optional, Not Shown) - Cylindrical sleeve fabricated from min 0.016 in. (0.41 mm) to max 0.105 in. (2.7 mm) thick sheet steel. Length of steel sleeve to be equal to the thickness of wall. Longitudinal seam of sleeve welded or overlapped min 1 in. (25 mm). The ends of the steel sleeve shall be flush or recessed max 1/4 in. (6 mm) from wall surfaces.
  2. **Through Penetrant** -One metallic pipe, conduit or tubing to be installed either concentrically or eccentrically within the firestop system. Pipe, conduit or tubing may be installed at an angle not greater than 45 degrees from perpendicular. The annular space between pipe, conduit or tubing and periphery of opening shall be min 0 in. (0 mm, point contact) to max 2 in. (51 mm). Pipe, conduit or tubing to be rigidly supported on both sides of wall assembly. The following types and sizes of metallic pipes, conduits or tubing may be used:
    - A. **Steel Pipe** -Nom 24 in. (610 mm) diam (or smaller) Schedule 10 (or heavier) steel pipe.
    - B. **Iron Pipe** -Nom 24 in. (610 mm) diam (or smaller) cast or ductile iron pipe.
    - C. **Conduit** -Nom 4 in. (102 mm) diam (or smaller) steel electrical metallic tubing, nom 6 in. (152 mm) diam (or smaller) steel conduit or nom 1 in. (25 mm) diam (or smaller) flexible steel conduit.
    - D. **Copper Tubing** -Nom 6 in. (152 mm) diam (or smaller) Type L (or heavier) copper tubing.
    - E. **Copper Pipe** -Nom 6 in. (152 mm) diam (or smaller) Regular (or heavier) copper pipe.
  3. **Fill, Void or Cavity Material\* -Sealant** -Min 5/8 in. (16 mm) thickness of fill material applied within annulus, flush with both surfaces of wall. At the point contact location between through penetrant and gypsum board, a min 3/8 in. (10 mm) diam bead of fill material shall be applied at the gypsum board/through penetrant interface on both surfaces of wall.

**SPECIFIED TECHNOLOGIES INC** -SpecSeal Series SSS Sealant or SpecSeal LCI Sealant

\*Bearing the UL Classification Mark



**Specified Technologies Inc. 210 Evans Way Somerville, NJ 08876**

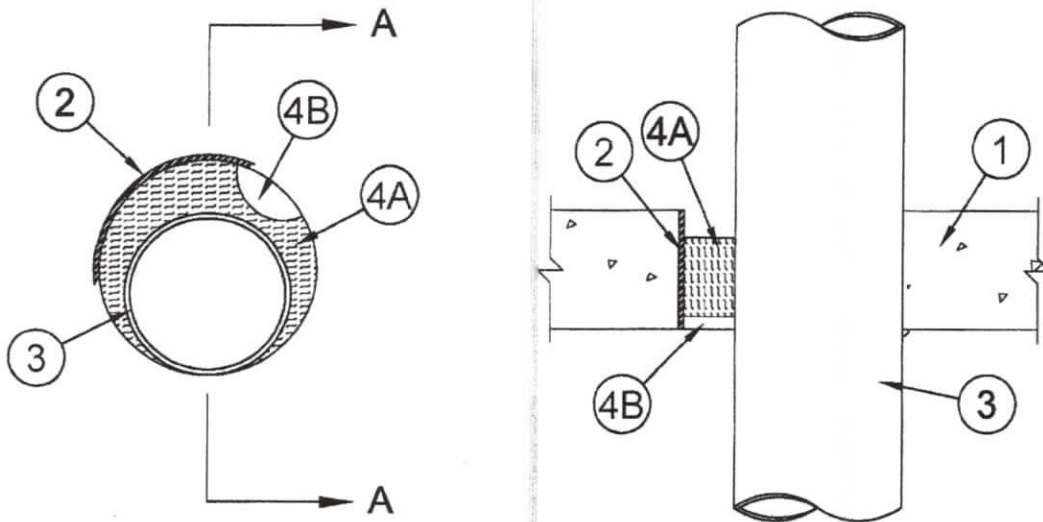
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Section A-A

1. **Floor Assembly** - Min 4-1/2 in. thick reinforced lightweight or normal weight (100-150 pcf) concrete. Floor may also be constructed of any min 6 in. thick UL Classified hollow-core **Precast Concrete Units\***. Max diam of opening is 26 in. Max diam of opening in floor constructed of hollow-core precast concrete units is 7 in.

See **Precast Concrete Units** (CFTV) category in the Fire Resistance Directory for names of manufacturers.

2. **Metallic Sleeve** - (Optional) -Nom 26 in. diam (or smaller) Schedule 10 (or heavier) steel pipe cast or grouted into floor. Sleeve to be installed flush with floor surfaces or such that top of sleeve projects a max 3 in. from the top surface of the floor.
3. **Through Penetrants** - One metallic pipe, conduit or tubing installed either concentrically or eccentrically within the firestop system. The annular space within the firestop system shall be a min 0 in. (point contact) to max 2 in. Pipe, conduit or tubing to be rigidly supported on both sides of floor assembly. The following types and sizes of metallic pipes, conduits or tubing may be used:
  - A. **Steel Pipe** - Nom 24 in. diam (or smaller) Schedule 5 (or heavier) steel pipe.
  - B. **Iron Pipe** - Nom 24 in. diam (or smaller) cast or ductile iron pipe.
  - C. **Conduit** - Nom 6 in. diam (or smaller) rigid steel conduit, nom 4 in. diam (or smaller) electrical metallic tubing (EMT) or nom 1 in. diam (or smaller) flexible steel conduit.
  - D. **Copper Tubing** - Nom 6 in. diam (or smaller) Type M (or heavier) copper tubing.
  - E. **Copper Pipe** - Nom 6 in. diam (or smaller) Regular ( or heavier) copper pipe.
4. **Firestop System** - The firestop system shall consist of the following:
  - A. **Packing Material** - Min 3 in. thickness of min 4 pcf mineral wool batt insulation firmly packed into opening as a permanent form. When floor is constructed of hollow-core precast concrete units, depth of packing material to be increased to extend above top of hollow core penetrated by pipe, conduit or tubing. Packing material to be recessed from bottom surface of floor as required to accommodate the required thickness of fill material.
  - B. **Fill Void or Cavity Materials\* - Sealant** - Min 1/2 in. thickness of fill material applied within the annulus, flush with bottom surface of floor. At the point contact location between the through penetrant and concrete, a min 1/4 in. diam bead of fill material shall be applied at the concrete/through penetrant interface on the bottom surface of floor.

**SPECIFIED TECHNOLOGIES INC** - SpecSeal Series SSS Sealant or SpecSeal LCI Sealant

\*Bearing the UL Classification Mark



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PAGE 1 OF 1

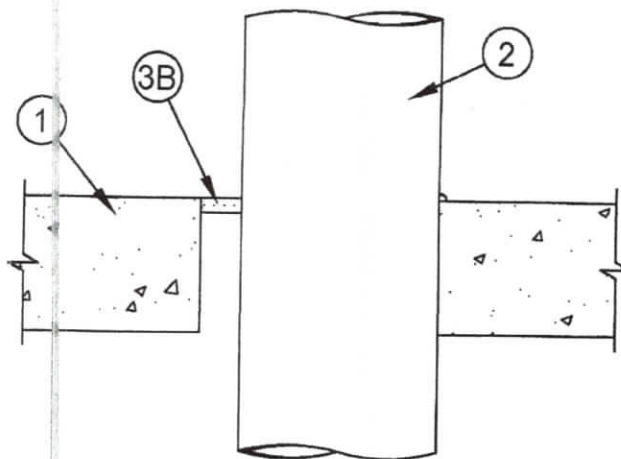
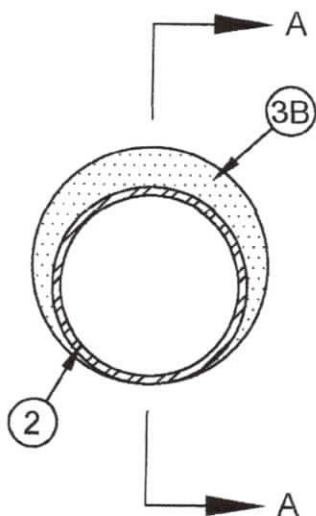


F Rating - 3 Hr

T Rating - 0 Hr

L Rating At Ambient - Less Than 1 CFM/sq ft

L Rating At 400 F - Less Than 1 CFM/sq ft



**Section A-A**

1. **Floor or Wall Assembly** - Min 4-1/2 in. thick reinforced lightweight or normal weight (100-150 pcf) concrete. Wall may also be constructed of any UL Classified **Concrete Blocks\***. Max diam of opening is 32 in.

See **Concrete Block** (CAZT) category in the Fire Resistance Directory for names of manufacturers.

2. **Through Penetrants** - One metallic pipe, conduit or tubing to be centered within the firestop system. The annular space shall range from min 0 in. (point contact) to max 2 in. Pipe, conduit or tubing to be rigidly supported on both sides of floor or wall assembly. The following types and sizes of metallic pipes, conduits or tubing may be used:

- A. **Steel Pipe** - Nom 30 in. diam (or smaller) Schedule 5 (or heavier) steel pipe.
- B. **Iron Pipe** - Nom 30 in. diam (or smaller) cast or ductile iron pipe.
- C. **Conduit** - Nom 4 in. diam (or smaller) electrical metallic tubing or nom 6 in. diam (or smaller) rigid galv steel conduit.
- D. **Copper Tubing** - Nom 6 in. diam (or smaller) Type M (or heavier) copper tubing.
- E. **Copper Pipe** - Nom 6 in. diam (or smaller) Regular (or heavier) copper pipe.

3. **Firestop System** - The firestop system shall consist of the following:

- A. **Packing Material** - (Optional, Not Shown) - Mineral wool batt insulation, polyethylene backer rod or glass fiber batt insulation friction fitted into annular space. Packing material to be recessed from top surface of floor or both surfaces of wall as required to accommodate the required thickness of fill material.
- B. **Fill, Void or Cavity Material\* - Caulk** - Min 1/2 in. thickness of fill material applied within the annulus, flush with top surface of floor or with both surfaces of wall. At point contact location, apply min 1/4 in. diam bead of sealant at the pipe/concrete interface on the top surface of the floor or both surfaces of wall.

**SPECIFIED TECHNOLOGIES INC** - SpecSeal Series SSS Sealant or SpecSeal LCI Sealant

\*Bearing the UL Classification Mark



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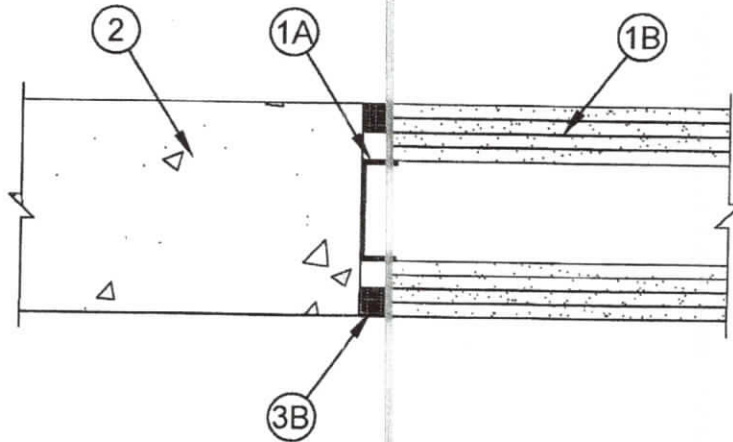


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**System No. WW-S-0052**

Assembly Rating - 1, 2, 3 and 4 Hr (See Items 2 and 3B)  
Joint Width - 1 In. Max  
L Rating At Ambient - Less Than 1 CFM/in ft  
L Rating At 400 °F - Less Than 1 CFM/in ft



1. **Wall Assembly** - The 1, 2, 3 or 4 hr fire-rated gypsum board/steel stud wall assembly shall be constructed of the materials and in the manner described in the individual U400 or V400 Series Wall and Partition Design in the UL Fire Resistance Directory and shall include the following construction features:
  - A. **Studs** - Steel studs to be min 3-1/2 in. (89 mm) wide by 1-1/4 in. (32 mm) deep corrosion protected min 25 MSG steel channels. Stud spacing not to exceed 24 in. (610 mm) OC. Stud installed nominally centered at joint location.
  - B. **Gypsum Board\*** - Gypsum board sheets installed to a min total thickness of 5/8 in. (16 mm), 1-1/4 in. (32 mm), 1-1/2 in. (38 mm) or 2 in. (51 mm) on each side of wall for 1, 2, 3 and 4 hr fire rated assemblies, respectively. Wall to be constructed in the individual U400 or V400 Series Design in the UL Fire Resistance Directory.  
The hourly rating of the joint system is dependent on the hourly fire rating of the wall assembly in which it is installed.
2. **Wall Assembly** - Min 6 in. (152 mm) thick steel-reinforced light weight or normal weight (100-150 pcf or 1600-2400 kg/m<sup>3</sup>) structural concrete. When the hourly rating is greater than 3 hr, the min thickness of the wall shall be 7-5/8 in. (194 mm) Wall may also be constructed of any UL Classified **Concrete Blocks\***.  
See **Concrete Blocks** (CAZT) category in the Fire Resistance Directory for names of manufacturers.
3. **Joint System** - Max width of joint is 1 in. (25 mm). The joint system consists of the following:
  - A. **Forming Material** - (Optional, Not Shown) - In 2, 3 or 4 hr fire rated wall assemblies, polyethylene backer rod, mineral wool batt insulation or fiberglass batt insulation friction fit into joint opening, flush with both surfaces of wall.
  - B. **Fill, Void or Cavity Material\* - Sealant** - In 1 hr fire rated wall assemblies, min 5/8 in. (16 mm) thickness of fill material applied within joint opening. In 2, 3 or 4 hr fire rated wall assemblies, min 1 in. (25 mm) thickness of fill material applied within joint opening. Sealant applied on both sides of wall, flush with both surfaces of the wall.  
**SPECIFIED TECHNOLOGIES INC** - SpecSeal ES Sealant, Pensil 300 Sealant, SpecSeal Series SIL300 Sealant, SpecSeal LC150 or SpecSeal LE600 Sealant.  
**Note: When SpecSeal LC150 or LE600 Sealant is used, the max assembly rating is 2 hr.**

\*Bearing the UL Classification Mark



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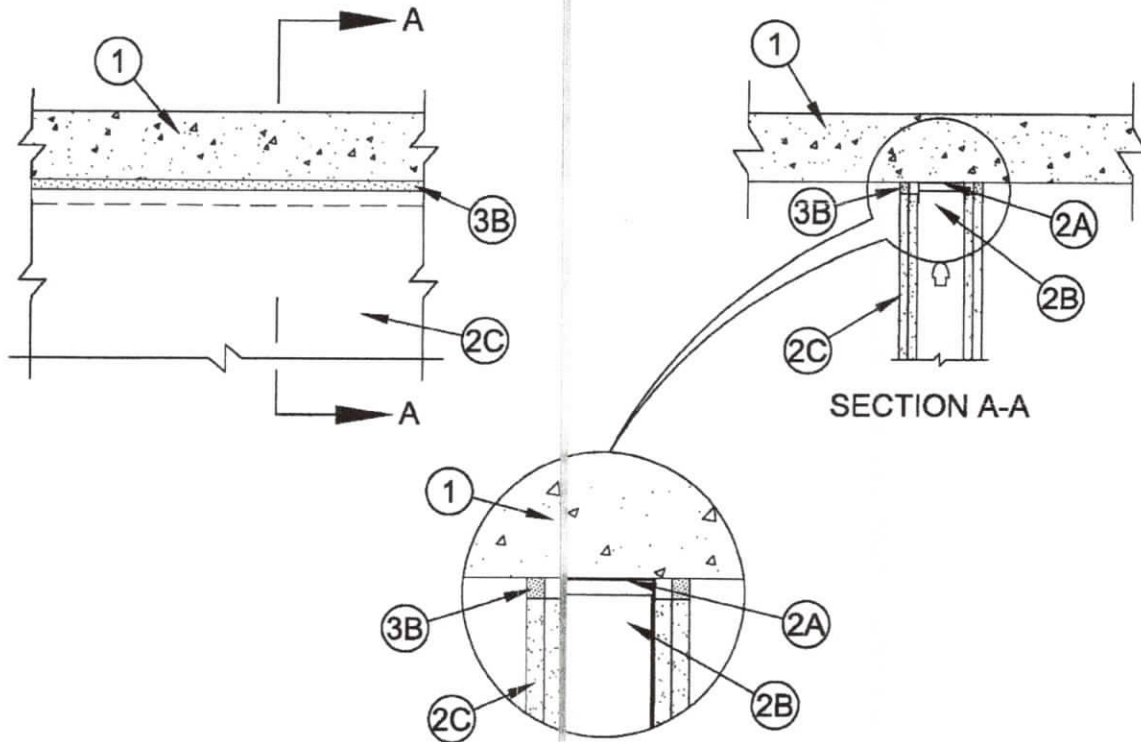
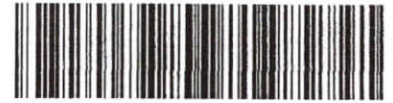
City of Marco Island  
**System No. HW-D-0079**  
 Plan No. 04/27/02

Assembly Rating - 2 hr (See Item 2)  
 Joint Width - 1/4 in. Maximum

L Rating At Ambient - Less Than 1 CFM/Lin Ft

L Rating At 400°F - Less Than 1 CFM/Lin Ft

Class II Movement Capabilities - 25% Compression



1. **Floor Assembly** - Min 4-1/2 in. (114 mm) thick steel-reinforced lightweight or normal weight (100-150 pcf or 1600-2400 kg/m<sup>3</sup>) structural concrete. Floor may also be constructed of any min 6 in. thick (152 mm) UL Classified hollow-core **Precast Concrete Units\***.

See **Precast Concrete Units** (CFTV) category in Fire Resistance Directory for names of manufacturers.

2. **Wall Assembly** - The 1 or 2 hr fire-rated gypsum board/stud wall assembly shall be constructed of the materials and in the manner described in the individual U400 or V400 Series Wall and Partition Design in the UL Fire Resistance Directory and shall include the following construction features:

A. **Steel Floor and Ceiling Runners** - Floor and ceiling runners of wall assembly shall consist of galv steel channels sized to accommodate steel studs (Item 2B) with min 1-1/4 in. (32 mm) long flanges. Ceiling runner secured to concrete floor slab with steel masonry anchors spaced max 24 in. (610 mm) OC.

A1. **Light Gauge Framing\* - Slotted Ceiling Runner** - As an alternate to the ceiling runner in Item 2A, ceiling runner to consist of galv steel channel with slotted flanges sized to accommodate steel studs (Items 2B). Ceiling runner secured to concrete floor slab with steel masonry anchors spaced max 24 in. (610 mm) OC.

**CALIFORNIA EXPANDED METAL PRODUCTS CO - CST**

**BRADY CONSTRUCTION INNOVATIONS INC,**

**DBA SLIPTRACK SYSTEMS - SLP-TRK**

A2. **Light Gauge Framing\* - Vertical Deflection Ceiling Runner** - As an alternate to the ceiling runner in Item 2A, vertical deflection ceiling runner to consist of galv steel channel with slotted vertical deflection clips mechanically fastened within runner. Slotted clip provided with step bushings for permanent fastening of steel studs. Flanges sized to accommodate steel studs (Item 2B). Vertical deflection ceiling runner secured to concrete floor slab with steel masonry anchors spaced max 24 in. (610 mm) OC.

**THE STEEL NETWORK INC - VertiTrack VTD350, VTD400, VTD600 and VTD800**



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- A3. **Light Gauge Framing\* - Notched Ceiling Runner** - As an alternate to the ceiling runners in Items 2A through 2A3, notched ceiling runners to consist of C-shaped galv steel channel with notched return flanges sized to accommodate steel studs (Item 2B). Notched ceiling runner secured to concrete floor slab with steel masonry anchors spaced max 24 in. (610 mm) OC.

OLMAR SUPPLY INC - Type SCR

- A4. **Steel Framing Members\* - Sound Isolation Clips** - (Not Shown) - As an alternate attachment means for the ceiling runner to the underside of the floor assembly, sound isolation clips installed in accordance with the accompanying installation instructions. Sound isolation clip installed through nom 1 in. (25 mm) diam hole in ceiling runner and attached to top of ceiling runner using four min No. 8 by 1/2 in. (13 mm) long self-tapping galv steel screws. Sound isolation clips to be installed adjacent to every stud location but not more than 24 in. (610 mm) OC and attached to the underside of floor assembly using min 3/16 in. (5 mm) diam by 2-1/2 in. (64 mm) long steel masonry anchors.

PAC INTERNATIONAL INC - Type RSIC-U-HD

- B. **Studs** - Steel studs to be min 3-1/2 in. (89 mm) wide. Studs cut 1/2 in. (13 mm) to 3/4 in. (19 mm) less in length than assembly height with bottom nesting in and resting on floor runner and with top nesting in ceiling runner without attachment. When deflection channel (Item 3A) is used, steel studs attached to ceiling runner with sheet metal screws located 1/2 in. (13 mm) below the bottom of the deflection channel. When slotted ceiling runner (Item 2A2) is used, steel studs secured to slotted ceiling runner with No. 8 by 1/2 in. (13 mm) long wafer head steel screws at midheight of slot on each side of wall. When vertical deflection ceiling runner (Item 2A3) is used, steel studs secured to slotted vertical deflection clips, through bushings, with steel screws at midheight of each slot. Stud spacing not to exceed 24 in. (610 mm) OC.

- C. **Gypsum Board\*** - Gypsum board sheets installed to a min total thickness of 5/8 in. (16 mm) and 1-1/4 in. (32 mm) on each side of wall for 1 and 2 hr fire rated assemblies, respectively. Wall to be constructed as specified in the individual Wall and Partition Design in the UL Fire Resistance Directory, except that a nom 3/4 in. (19 mm) gap shall be maintained between the top of the gypsum board and the bottom surface of the floor. In addition, the top row of screws shall be installed into the steel studs 1/2 to 1 in. (13 to 25 mm) below the bottom edge of the ceiling runner flange.

The hourly fire rating of the joint system is dependent on the hourly fire rating of the wall assembly in which it is installed.

3. **Joint System - Max separation between bottom of floor and top of wall is 3/4 in. (19 mm). The joint system is designed to accommodate a max 25 percent compression from its installed width.** The joint system consists of the following:

- A. **Forming Material\*** - (Not Shown) - In 2 hr fire rated wall assemblies, polyethylene backer rod, mineral wool batt insulation or fiberglass batt insulation friction fit into joint opening. When sound isolation clips (Item 2A5) are used to secure ceiling runner to underside of floor in 1 or 2 hr fire rated wall assemblies, the space between the top of the ceiling runner and the underside of the floor shall be tightly packed with mineral wool batt insulation. The forming material shall be recessed from each surface of wall to accommodate the required thickness of fill material.

FIBREX INSULATIONS INC - FBX Safing Insulation

ROCK WOOL MANUFACTURING CO - Delta Safing

ROCKWOOL MALAYSIA SDN BHD - Safe

ROXUL INC - Safe

THERMAFIBER INC - Type SAF

- B. **Fill, Void or Cavity Material\* - Sealant** - Min 1/2 in. (13 mm) thickness of fill material applied within joint opening on both sides of wall, flush with both surfaces of wall. As an option in 1 hr fire rated walls, bond breaker tape applied to ceiling channel (Item 2A) prior to installation of fill material.

SPECIFIED TECHNOLOGIES INC - SpecSeal ES Sealant

\*Bearing the UL Classification Mark



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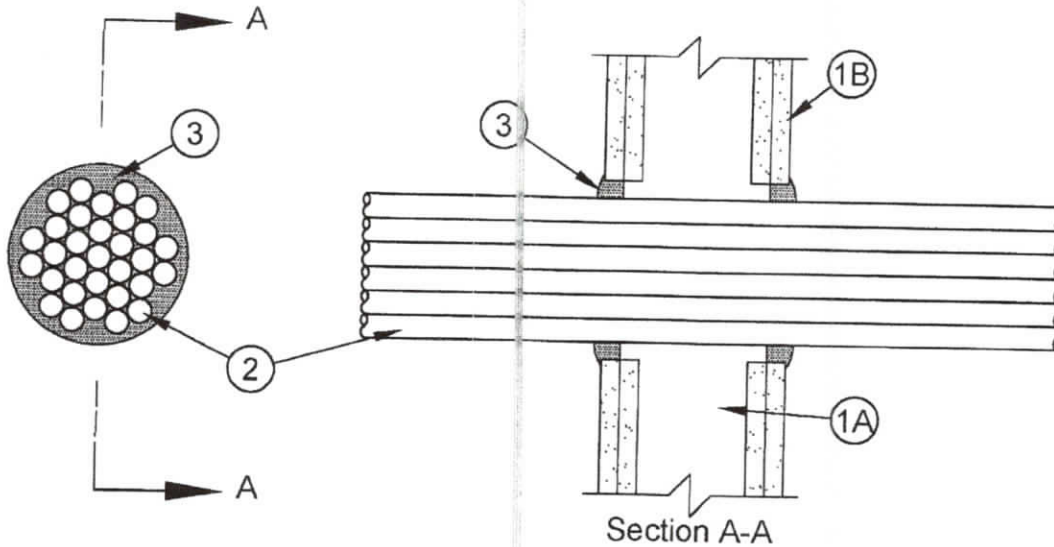
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ANSI/UL1479 (ASTM E814)	CAN/ULC S115
F Ratings - 1 and 2 Hr (See Item 1)	F Ratings -1 and 2 Hr (See Item 1)
T Rating - 0 Hr	FT Rating - 0 Hr
	FH Ratings - 1 and 2 Hr (See Item 1)
	FTH Rating - 0 Hr



- Wall Assembly** - The 1 or 2 hr fire-rated gypsum wallboard/stud wall assembly shall be constructed of the materials and in the manner described in the individual U300, U400 or V400 Series Wall and Partition Design in the UL Fire Resistance Directory and shall include the following construction features:

  - Studs** - Wall framing may consist of either wood studs or steel channel studs. Wood studs to consist of nom 2 by 4 in. (51 by 102 mm) lumber spaced 16 in. (406 mm) OC. Steel studs to be min 3-1/2 in. (89 mm) wide and spaced max 24 in. (610 mm) OC.
  - Gypsum Board \*** - The gypsum board type, thickness, number of layers, fastener type and sheet orientation shall be as specified in the individual U300, U400 or V400 Series Design in the UL Fire Resistance Directory. Diam of circular cutout in gypsum board layers in each side of wall to be 1/2 in. (13 mm) larger than diam of tight cable bundle (Item 2 or 2A). Max diam of opening is 4-1/2 in. (114 mm).

**The hourly F Rating of the firestop system is equal to the hourly fire rating of the wall assembly in which it is installed.**
- Cables** - Max 4 in. (102 mm) diam tight bundle of cables to be installed either concentrically or eccentricity in circular cutouts in gypsum board opening. Cables to be rigidly supported on both sides of wall assembly. The annular space within the firestop system shall be a min 0 in. (point contact) to a max 1/2 in. (13 mm). Any combination of the following types and sizes of cables may be used.

  - Max 150 pair No. 24 AWG (or smaller) copper conductor cable with polyvinyl chloride (PVC) insulation and jacket.
  - Max 1/C - 350 kcmil (or smaller) copper conductor cable with cross-linked polyethylene (XLPE) jacket.
  - Max 2/0 AWG (or smaller) copper conductor cable with a XLPE insulation and PVC jacket.
  - Max 3/C (with ground) No. 8 AWG nonmetallic sheathed (Romex) cable (or smaller) with copper conductor, polyvinyl chloride (PVC) insulation and jacket materials.
  - Max 3/C (with ground) No. 2/0 AWG (or smaller) aluminum or copper conductor service entrance cable with PVC insulation and jacket materials.



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F. Max 4 pair No. 18 AWG (or smaller) copper conductor thermostat cable with PVC insulation and jacket materials.

G. Max RG/U Type 11 (or smaller) coaxial cable with fluorinated ethylene insulation and jacket materials.

H. Max 62.5/125 micron fiber optic cable with PVC insulation and jacket materials.

- 2A. **Through penetrating Product\*** - As an alternate to the Item 2, a max 4 in. (102 mm) diam tight bundle of max 4 /C (with ground) - No. 2/0 AWG (or smaller) aluminum or steel jacketed **Armored Cable+** or **Metal-Clad Cable+** with aluminum or copper conductors may be used. The annular space between the cable bundle and the periphery of the opening shall be a min of 0 in. (point contact) to a max of 1 in. (25 mm). Through penetrating products may also be used in conjunction with the cables specified in Item 2. The through penetrating products are to be spaced min 1/2 in. (13 mm) from the cable bundle in Item 2. Cables to be rigidly supported on both sides of wall assembly.

**AFC CABLE SYSTEMS INC**

**ENCORE WIRE CORP**

3. **Fill, Void or Cavity Material\* - Sealant** - Min 5/8 in. (16 mm) thickness of fill material applied within annulus, flush with both surfaces of wall. Fill material to be forced into interstices of cable group to max extent possible. At point contact location, apply min 1/4 in. (6 mm) diam bead of fill material at cable/gypsum board interface on both sides of wall.

**SPECIFIED TECHNOLOGIES INC** - SpecSeal Series SSS Sealant or SpecSeal LCI Sealant

\*Bearing the UL Classification Mark

+ Bearing the UL Listing Mark



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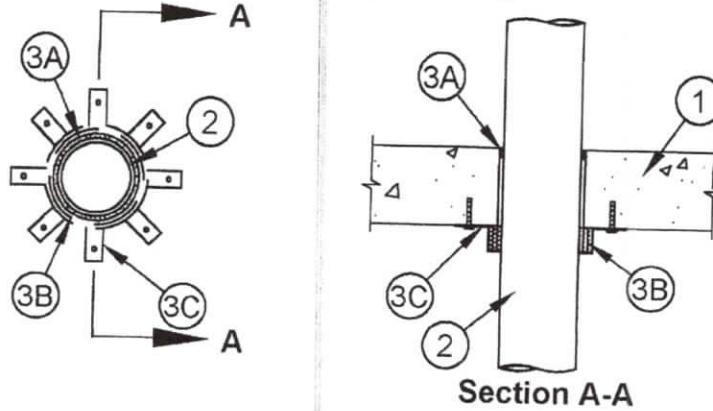


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**System No. C-AJ-2124**

F Ratings - 2 and 3 Hr (See Item 2)  
 T Ratings - 0, 3/4 and 2 Hr (See Item 2)  
 WRating - Class 1 (See Item 3A)



1. **Floor or Wall Assembly** - Min 4-1/2 in. (114 mm) thick reinforced lightweight or normal weight (100-150 pcf or 1600-2400 kg/m<sup>3</sup>) concrete. Floor assembly may be also constructed of any min 6 in. thick UL Classified hollow-core Precast Concrete Units\*. Wall may also be constructed of any UL Classified **Concrete Blocks**\*. Max diam of opening is 5 in. (127 mm).  
 See **Concrete Blocks** (CAZT) and Precast Concrete Units (CFTV) categories in the Fire Resistance Directory for names of manufacturers.
2. **Through Penetrants** - One nonmetallic pipe or conduit to be centered within the firestop system. A nom annular space of 1/4 in. (6 mm) is required within the firestop system. The pipe or conduit to be rigidly supported on both sides of floor or wall. The following types and sizes of pipes or conduits may be used:
  - A. **Polyvinyl Chloride (PVC) Pipe** - Nom 4 in. (102 mm) diam (or smaller) Schedule 40 cellular or solid core PVC pipe for use in closed (process or supply) or vented (drain, waste, or vent) piping systems.
  - B. **Flame Retardant Polypropylene (FRPP) Pipe** - Nom 4 in. (102 mm) diam (or smaller) Schedule 40 FRPP pipe for use in closed (process or supply) or vented (drain, waste or vent) piping systems.
  - C. **Acrylonitrile Butadiene Styrene (ABS) Pipe** - Nom 4 in. (102 mm) diam (or smaller) Schedule 40 cellular or solid core ABS pipe for use in closed (process or supply) or vented (drain, waste or vent) piping systems.
  - D. **Chlorinated Polyvinyl Chloride (CPVC) Pipe** - Nom 4 in. (102 mm) diam (or smaller) SDR 13.5 CPVC pipe for use in closed (process or supply) piping systems.
  - E. **Rigid Nonmetallic Conduit** - Nom 4 in. (102 mm) diam (or smaller) Schedule 40 PVC conduit installed in accordance with Article 347 of the National Electrical Code, (NFPA No. 70)
  - F. **Polyvinylidene Fluoride (PVDF) Pipe** - Nom 4 in. (102 mm) diam (or smaller) Schedule 40 PVDF pipe for use in closed (process or supply) or vented (drain, waste or vent) piping systems.
  - G. **Fiberglass Reinforced Pipe (FRP) Pipe** - Nom 4 in. (102 mm) diam (or smaller) glass fiber reinforced thermosetting resin pipe for use in closed (process or control) or vented (drain, waste or vent) piping systems.

The F and T Ratings of the firestop system are dependent upon the type of through penetrant used as tabulated below:

Through Penetrant	F RATING Hr	T RATING Hr
PVC Pipe	3	2
FRPP Pipe	3	0
ABS Pipe	2	0
CPVC Pipe	3	2
PVC Conduit	3	2
PVDF Pipe	2	2
FRP Pipe	2	3/4



**Specified Technologies Inc. 210 Evans Way Somerville, NJ 08876**

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 Created or Revised: January 2, 2009

(800)992-1180 • (908)526-8000 • FAX (908)231-8415 • E-Mail: techserv@stifirestop.com • Website: www.stifirestop.com



3. **Firestop System** - The firestop system shall consist of the following:

- A. **Fill, Void or Cavity Material\* - Sealant** - Min 1/2 in. (13 mm) thickness of fill material applied within the annulus, flush with top surface of floor or with both surfaces of wall.

**SPECIFIED TECHNOLOGIES INC** - SpecSeal Series SSS Sealant, SpecSeal LCI Sealant, Pensil 300 Sealant or SpecSeal Series SIL 300 Sealant for floors or walls and Pensil 300 S/L Sealant or SpecSeal Series SIL 300SL Sealants for floors only.

**W Rating applies only when Pensil 300, SpecSeal Series SIL 300, Pensil 300 S/L or SpecSeal Series SIL 300SL Sealants are used.**

- B. **Fill, Void or Cavity Material\* - Wrap Strip** - Nom 1/4 in. (6 mm) thick intumescent material faced on both sides with a plastic film, supplied in 1-1/2 in. (38 mm) wide strips. The layers of wrap strip are individually wrapped around the through-penetrant with the ends butted and held in place with masking tape. Butted ends in successive layers may be aligned or offset. The edge of the wrap strips shall abut the surface of the concrete floor or wall. In floor assemblies, the wrap strips are installed on the bottom side of the concrete floor. In wall assemblies, the wrap strips are installed on each side of the concrete wall. The number of wrap strips required is dependent upon the diam of the through penetrant as tabulated below:

Diam of Thought-Penetrant In. (mm)	No. of Wrap Strips
2 (51)	1
3 (76)	2
4 (102)	3

**SPECIFIED TECHNOLOGIES INC** - SpecSeal RED Wrap Strip

- C. **Steel Collar** - Collar fabricated from coils of precut 0.016 in. thick (0.4 mm) galv sheet steel available from wrap strip manufacturer. Collar shall be nom 1-1/2 in. (38 mm) deep with 1 in. (25 mm) wide by 2 in. (51 mm) long anchor tabs for attachment to the concrete floor or wall. Retainer tabs, 3/4 in. (19 mm) wide tapering down to 3/8 in. (10 mm) wide and located opposite the anchor tabs, are folded 90 degrees toward through-penetrant surface to maintain the annular space around the through-penetrant and to retain the wrap strips. Steel collar wrapped around wrap strips and through penetrant with a 1 in. (25 mm) wide overlap along its perimeter joint. Steel collar tightened around wrap strips and through penetrant using min 1/2 in. (13 mm) wide by 0.028 in. (0.7 mm) thick stainless steel hose clamp installed at midheight of the collar. As an alternate to the steel hose clamp, the steel collar may be secured together by means of three No. 8 steel sheet metal screws. The length of the steel screws is dependent upon the number of layers of wrap strip used within the steel collar. For steel collars incorporating a single layer of wrap strip, the length of the steel screws shall be 1/4 in. (6 mm) long. For steel collars incorporating two or more layers of wrap strip, the length of the steel screws shall be 3/8 in. (10 mm) long. Collar secured to concrete surface with 1/4 in. (6 mm) diam by min 1-1/4 in. (32 mm) long steel concrete screws in conjunction with min 1 in. (25 mm) diam steel fender washers. The number of fasteners used is dependent upon the nom diam of the through penetrant. Two fasteners, symmetrically located, are required for nom 1-1/2 in. (38 mm) and 2 in. (51 mm) diam through penetrants. Three fasteners, symmetrically located, are required for nom 2-1/2 in. (64 mm) and 3 in. (76 mm) diam through penetrants. Four fasteners, symmetrically located, are required for nom 3-1/2 in. (89 mm) and 4 in. (102 mm) diam through penetrants.

\*Bearing the UL Classification Mark

+Bearing the UL Listing Mark



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C-AJ-2124  
PAGE 2 OF 2



Specified  
Technologies  
Inc.

City of Marco Island  
Permit Set  
04/27/2022

200 Evans Way, Suite 2  
Somerville, N.J. 08876  
Phone: (908) 526-8000  
Fax: (908) 526-9623  
Toll Free: (800) 992-1180

## GENERAL CERTIFICATE of CONFORMANCE

**Description:** SpecSeal® Firestop Products

**Included Products:**

<i>Series SSS Intumescent Sealant</i>	<i>Series SSB Intumescent Firestop Pillows</i>
<i>Series LCI Intumescent Sealant</i>	<i>Series AS100 Elastomeric Spray</i>
<i>Series LC Latex Endothermic Sealant</i>	<i>Series AS200 Elastomeric Spray</i>
<i>Series SSP Intumescent Putty</i>	<i>Series ES100 Elastomeric Sealant</i>
<i>Series EP Power Shield™ Box Insert</i>	<i>Series SSM Firestop Mortar</i>
<i>Series SSWRED Intumescent Wrap Strips</i>	<i>Pensil Series PEN200 Silicone Foam</i>
<i>Series SSWBLU Intumescent Wrap Strips</i>	<i>Pensil Series PEN300 Silicone Sealant</i>
<i>Series SSC Intumescent Firestop Collars</i>	<i>Pensil Series PEN300SL Silicone Sealant</i>
<i>Series LCC Intumescent Firestop Collars</i>	

**These products are tested to the following standards where applicable:**

**ASTM STANDARD:**

<b>E 814</b>	Fire Tests of Through-Penetration Fire Stops
<b>E 119</b>	Fire Tests of Building Construction and Materials
<b>E 1966</b>	Fire-Resistive Joint Systems
<b>E 84</b>	Surface Burning Characteristics of Building Materials
<b>E 1399</b>	Cyclic Movement and Measuring the Minimum and Maximum Joint Widths of Architectural Joint Systems

**UL STANDARD**

<b>1479</b>	Fire Tests of Through-Penetration Firestops
<b>263</b>	Fire Tests of Building Construction and Materials
<b>2079</b>	Tests for Fire-Resistance of Building Joint Systems
<b>723</b>	Tests for Surface Burning Characteristics of Building Materials

**Chemical Content Statements:**

No asbestos, PCB's or water-soluble intumescent ingredients are used or contained in these products.

James P. Stahl, Jr.  
Technical Manager

February 1, 2002

Date

Permit Set



## BXUV.V452 Fire Resistance Ratings - ANSI/UL 263

[Page Bottom](#)

### Design/System/Construction/Assembly Usage Disclaimer

- Authorities Having Jurisdiction should be consulted in all cases as to the particular requirements covering the installation and use of UL Listed or Classified products, equipment, system, devices, and materials.
- Authorities Having Jurisdiction should be consulted before construction.
- Fire resistance assemblies and products are developed by the design submitter and have been investigated by UL for compliance with applicable requirements. The published information cannot always address every construction nuance encountered in the field.
- When field issues arise, it is recommended the first contact for assistance be the technical service staff provided by the product manufacturer noted for the design. Users of fire resistance assemblies are advised to consult the general Guide Information for each product category and each group of assemblies. The Guide Information includes specifics concerning alternate materials and alternate methods of construction.
- Only products which bear UL's Mark are considered as Classified, Listed, or Recognized.

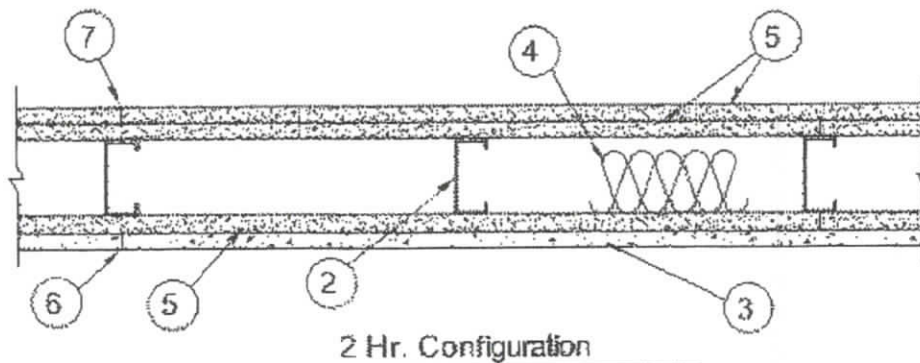
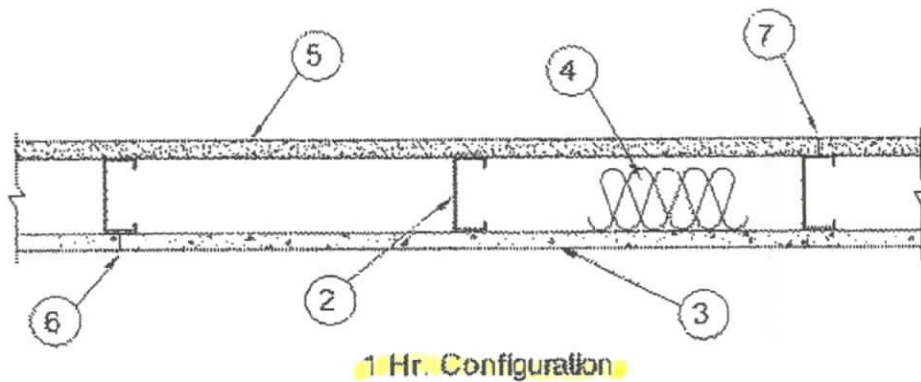
### Fire Resistance Ratings - ANSI/UL 263

[See General Information for Fire Resistance Ratings - ANSI/UL 263](#)

Design No. V452

September 07, 2011

Nonbearing Wall Rating — 1 and 2 Hr (See Items 3, 5 and 5A)



1. **Steel Floor and Ceiling Runners** — (Not Shown) - Channel shaped, min 3-5/8 in. wide by 1-1/4 in. deep, fabricated from min 25 MSG galvanized steel. Attached to floor and ceiling with steel fasteners spaced 24 in.

KEITH A. BRAUN, LLC  
583 TALLWOOD STREET  
SUITE 103  
MARCO ISLAND, FL 34145

4763  
63-9171/670

4/29/22 Date

Pay to the Order of Crescent Beach \$ 500.<sup>00</sup>  
Five Hundred and 00/100 Dollars 



PH-6 Crescent Beach

FIFTH THIRD BANK

For Deposit - Rentals Keith A. Braun MP

⑆067091719⑆ 0700528136⑈ 04763

City of Manoa Island  
Permit Set  
04/27/2022

Reviewed for code compliance  
R Munyon  
04/25/2022 3:04:23 PM

Ceiling

Hershberger

PH6

Sofit Detail  
34" to Bottom of soffit  
119" ceiling (harddeck)  
wall

Smoke detectors over 10 years old shall be replaced.  
110 volt required by Fire Code.

OPEN FLORIDA ROOM

18'-6" x 8'

22-02372

MASTER BEDROOM SUITE

388 sq. ft.

New door location

Alterations to walls and ceilings will require a Fire Sprinkler Contractor to alter the Fire Sprinkler system which requires a permit.

LIVING / DINING ROOM

20' x 27'-4"

ceiling to  
Cement Deck

Perimeter soffit

Perimeter soffit

Soffit in

No soffit  
wall height

WALK-IN CLOSET

MASTER BATH

SHOWER

LOCKED STORAGE

Electrical Panel

- Enlarge Bathroom  
Move water Heater

No soffit  
wall height

BEDROOM 2  
12' x 14'

BREAKFAST BAR

DW

DOOR

KITCHEN

97" x 11'

LOCK

E/OVEN  
R/OVAVE

Fire Sprinkler

flat ceiling @ 8' AFT  
Tub to shower conversion

Unit - Penthouse 6  
Crescent Beach  
100 N. Collier

X represents fire  
sprinkler

City of Marco Island  
Permit Set  
04/27/2022

Reviewed for code compliance  
R Munyon  
04/25/2022 3:04:23 PM

Sofit Detail

34" to Bottom of soffit  
119" ceiling (hard deck)  
wall

Ceiling

Hershaberger

Smoke detectors over 10 years old shall be replaced.  
110 volt required by Fire Code.

OPEN FLORIDA ROOM  
19'-8" x 8'

22-02372

MASTER BEDROOM SUITE

J&B DR. ST.

New door location

Alterations to walls and ceilings will require a Fire Sprinkler Contractor to alter the Fire Sprinkler system which requires a permit.

LIVING / DINING ROOM  
20' x 27'-4"

ceiling to  
Cement Deck

Perimeter soffit

Perimeter soffit

Exit

WALK-IN CLOSET

MASTER BATH

SHOWER

LOCKED STORAGE

- Enlarge Bathroom  
Move water Header

No soffit  
wall height

BEDROOM 2  
12' x 14'

OVEN  
RANGE

BREAKFAST BAR

BOVER

KITCHEN

LOCK  
BYON

Fire Sprinkler

flat ceiling @ 8' AFT  
Tub to shower conversion

Unit - Penthouse 6  
Crescent Beach  
100 N. Collier

X represents fire  
sprinkler



City of Manoa Island  
Permit Set  
04/27/2022

Reviewed for code compliance  
R. Munyon  
04/25/2022 3:04:23 PM

Ceiling

Hersberger

Soffit Detail  
24" to Bottom of Soffit  
119" ceiling (hard deck)  
wall

Smoke detectors over 10 years old shall be replaced.  
110 volt required by Fire Code.

**OPEN FLORIDA ROOM**  
19'-6" x 8'

22-02372

**MASTER BEDROOM SUITE**

308 sq. ft.  
New door location

Alterations to walls and ceilings will require a Fire Sprinkler Contractor to alter the Fire Sprinkler system which requires a permit.

**LIVING / DINING ROOM**  
20' x 27'-4"

Changing to  
Cement Deck

**WALK-IN CLOSET**

**MASTER BATH**

**SHOWER**

**LOCKED STORAGE**

Perimeter Soffit

Perimeter Soffit

Built in

wall to ceiling

- Enlarge Bathroom  
Move water Heater

**BEDROOM # 2**  
12' x 14'

No Soffit  
wall height

2/OVEN  
R/O WAVE

**BREAKFAST BAR**

**DW**

**BOYER**  
4'-3" x 12'

**KITCHEN**  
8'-0" x 11'

**LOCK STOR**

Fire Sprinkler

flat ceiling @ 8' AFT  
Tub to shower conversion

Unit - Penthouse 6  
Crescent Beach  
100 N. Collier.

X represents fire  
sprinkler