

(Original Form)

CRESCENT BEACH
CONDOMINIUM ASSOCIATION, INC.
Hold Harmless Agreement

Office E-mail: frontdeskcbmarco@gmail.com

X Robert O'Neil the owner(s) of Unit X 1007

Crescent Beach Condominiums of Marco Island, ask permission to (describe type of work):
To install Impact Sliding glass doors (2) Sliding glass doors
Size for Size (Bronze)

* Adding (4) windows * Bronze frame

to indemnify and Hold Harmless Crescent Beach Condominium Association, Inc. for any loss, costs or damage to the common elements, including attorney's fees, incurred by the Association as a result of the owner's performing the permitted work, including work performed by contractors and subcontractors, both of which are required to submit their license & liability insurance, prior to starting.

*Owner(s)
Signature: X [Signature]

Date X 9/15/2021

Signature: X _____

Date X _____

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

X _____ (Owner Initial) X _____ (Owner Initial)

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

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

Company: X 1st Choice Hurricane Protection, LLC Tele: () X 239-325-3400

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

Estimated Date to Begin Work: _____ Estimated Date to Complete Work: X tbd
(material and hoa approval)

CONTRACTORS SIGNATURE _____ DATE X 10.1.21

ALL WATER SUPPLY LINES MUST BE HARD PIPE, NO STAINLESS-STEEL FLEXIBLE

WATER SUPPLY LINES ARE _____

ATTACH A SHEET EXPLAINING THE WORK TO BE PERFORMED, LICENSE & INSURANCE LISTING ASSOCIATION

& HOMEOWNER AS CERTIFICATE HOLDER

"NO LOCK BOXES" ARE _____

X [Signature]
Approved by Director

X _____
Approved Manager

X [Signature]
Disapprove by Director

*Need to revise this
Send out to
Crescent Beach*



Hold Harmless Agreement

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Size for Size (Bronze)

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we are pending permit, material and hoa approval

CONTRACTORS SIGNATURE X [Signature] DATE X 10.1.21

ALL WATER SUPPLY LINES UNDER VANITY SINKS & TOILETS MUST BE HARD PIPE, NO STAINLESS-STEEL FLEXIBLE WATER SUPPLY LINES ARE PERMITTED

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

"NO LOCK BOXES" ARE PERMITTED ON OWNERS DOOR"

X [Signature]
Approve by Director

X [Signature]
Approved Manager

X _____
Disapprove by Director



Ron DeSantis, Governor

Halsey Beshhears, Secretary



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD

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

LUSTIK, LANCE WILLIAM
1ST CHOICE HURRICANE PROTECTION LLC
25241 BERNWOOD DR SUITE 6
BONITA SPRINGS FL 34135

LICENSE NUMBER: CGC1522106

EXPIRATION DATE: AUGUST 31, 2022

Always verify licenses online at MyFloridaLicense.com

Do not alter this document in any form.

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



(Approved Form)



Hold Harmless Agreement

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Size for Size (Bronze)

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*Owner(s) Signature: x Robert E'Neil

Date x 9/15/2021

Signature: x

Date x

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"NO LOCK BOXES" ARE PERMITTED ON OWNERS DOOR"

x Approve by Director

x Approved Manager

x Disapprove by Director

Rev. 11.21.19

100 N Bivo. Marco Island, FL 34145 • (239) 642-0100 • Fax (239) 642-8908

2019-12-03 cbmarco.com



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/4/2021

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

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
Arthur J. Gallagher Risk Management Services, Inc.
1395 Panther Lane Suite 100
Naples FL 34109

CONTACT
NAME: Teresa Brown
PHONE: 239-262-7171
[A/C, No. Ext.]: 239-262-7171 FAX: 239-262-5360
E-MAIL: Teresa_Brown1@ajg.com
ADDRESS: Teresa_Brown1@ajg.com

INSURER(S) AFFORDING COVERAGE NAIC #
INSURER A: Auto-Owners Insurance Company 18988
INSURER B: Southern-Owners Insurance Company 10190
INSURER C:
INSURER D:
INSURER E:
INSURER F:

INSURED
1st Choice Hurricane Protection LLC. &
1st Choice Windows & Shutters, LLC.
25241 Bernwood Dr, #6
Bonita Springs FL 34145

COVERAGES

CERTIFICATE NUMBER: 1770934814

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD Y/YD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B X	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		20136310	12/1/2020	12/1/2021	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 - COM/OP AGG \$ 2,000,000 \$
	GENL AGGREGATE LIMIT APPLIES PFR: POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC					
A	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		4967381001	12/1/2020	12/1/2021	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 1,000,000 BODILY INJURY (Per accident) \$ 1,000,000 PROPERTY DAMAGE (Per accident) \$ 1,000,000 \$
B X	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB DED RETENTION \$		4967381002	12/1/2020	12/1/2021	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A				PER STATUTE OTHER 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 Condominium Association Inc.
100 N. Collier Blvd.
Marco Island FL 34145

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

© 1988-2015 ACORD CORPORATION. All rights reserved.

CERTIFICATE OF LIABILITY INSURANCE

Date
1/4/2021

Producer: Plymouth Insurance Agency
2739 U.S. Highway 19 N.
Holiday, FL 34691
(727) 938-5562

Insured: South East Personnel Leasing, Inc. & Subsidiaries
2739 U.S. Highway 19 N.
Holiday, FL 34691

This Certificate is issued as a matter of information only and confers no rights upon the Certificate Holder. This Certificate does not amend, extend or alter the coverage afforded by the policies below.

Insurers Affording Coverage		NAIC #
Insurer A:	Lion Insurance Company	11075
Insurer B:		
Insurer C:		
Insurer D:		
Insurer E:		

Coverages

The policies of insurance listed below have been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policies. Aggregate limits shown may have been reduced by paid claims.

INSR LTR	ADDL INSRD	Type of Insurance	Policy Number	Policy Effective Date (MM/DD/YY)	Policy Expiration Date (MM/DD/YY)	Limits												
		GENERAL LIABILITY <input type="checkbox"/> Commercial General Liability <input type="checkbox"/> Claims Made <input type="checkbox"/> Occur General aggregate limit applies per: <input type="checkbox"/> Policy <input type="checkbox"/> Project <input type="checkbox"/> LOC				Each Occurrence Damage to rented premises (EA occurrence) Med Exp Personal Adv Injury General Aggregate Products - Comp/Op Agg												
		AUTOMOBILE LIABILITY <input type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Non-Owned Autos				Combined Single Limit (EA Accident) Bodily Injury (Per Person) Bodily Injury (Per Accident) Property Damage (Per Accident)												
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> Occur <input type="checkbox"/> Claims Made Deductible				Each Occurrence Aggregate												
A		Workers Compensation and Employers' Liability Any proprietor/partner/executive officer/member excluded? NO If Yes, describe under special provisions below.	WC 71949	01/01/2021	01/01/2022	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/> WC Statutory Limits</td> <td style="text-align: center;"><input type="checkbox"/> OTH-ER</td> <td></td> </tr> <tr> <td colspan="2">E.L. Each Accident</td> <td style="text-align: right;">\$1,000,000</td> </tr> <tr> <td colspan="2">E.L. Disease - Ea Employee</td> <td style="text-align: right;">\$1,000,000</td> </tr> <tr> <td colspan="2">E.L. Disease - Policy Limits</td> <td style="text-align: right;">\$1,000,000</td> </tr> </table>	<input checked="" type="checkbox"/> WC Statutory Limits	<input type="checkbox"/> OTH-ER		E.L. Each Accident		\$1,000,000	E.L. Disease - Ea Employee		\$1,000,000	E.L. Disease - Policy Limits		\$1,000,000
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E.L. Disease - Policy Limits		\$1,000,000																

Other **Lion Insurance Company is A.M. Best Company rated A (Excellent). AMB # 12616**

Descriptions of Operations/Locations/Vehicles/Exclusions added by Endorsement/Special Provisions: Client ID: 90-67-576
 Coverage only applies to active employee(s) of South East Personnel Leasing, Inc. & Subsidiaries that are leased to the following "Client Company":

1st Choice Hurricane Protection LLC

Coverage only applies to injuries incurred by South East Personnel Leasing, Inc. & Subsidiaries active employee(s), while working in: FL.
 Coverage does not apply to statutory employee(s) or independent contractor(s) of the Client Company or any other entity.
 A list of the active employee(s) leased to the Client Company can be obtained by faxing a request to (727) 937-2138 or email certificates@lioninsurancecompany.com

Project Name:
ISSUE 01-04-21 (SS)

Revised Date: 4/22/2019

CERTIFICATE HOLDER
 CRESCENT BEACH
 CONDOMINIUM ASSOCIATION INC
 100 N COLLIER BLVD
 MARCO ISLAND, FL 34145

CANCELLATION
 Should any of the above described policies be cancelled before the expiration date thereof, the issuing insurer will endeavor to mail 30 days written notice to the certificate holder named to the left, but failure to do so shall impose no obligation or liability of any kind upon the insurer, its agents or representatives.

[Signature]

Ron DeSantis, Governor



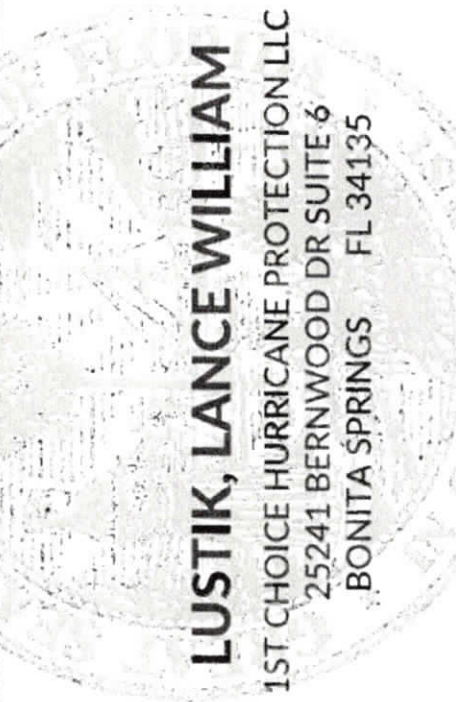
Halsey Beshears, Secretary



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD

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



LUSTIK, LANCE WILLIAM

1ST CHOICE HURRICANE PROTECTION LLC
25241 BERNWOOD DR SUITE 6
BONITA SPRINGS FL 34135

LICENSE NUMBER: CGC1522106

EXPIRATION DATE: AUGUST 31, 2022

Always verify licenses online at MyFloridaLicense.com



Do not alter this document in any form.

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

WINDOWS

ES-P252 Casement/Awning/Fixed Window

ES-P252 is an operable out-swing window that offers an unobstructed view and excellent ventilation. This product is ideal for areas that demand high light transmittance and minimal thermal transfer.

System Description

Casement

Small and large missile impact rated
Maximum size: 48" x 84"
Frame depth: 2 1/2"

Awning

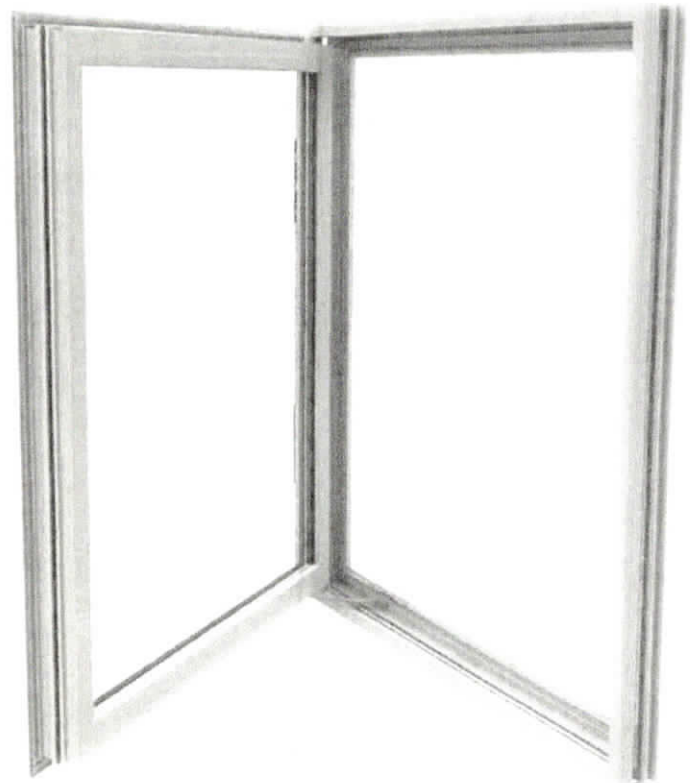
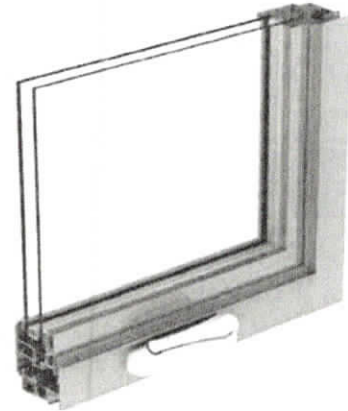
Small and large missile impact rated
Maximum size: 42" x 37"
Frame depth: 2 1/2"

Fixed

Small and large missile impact rated
Maximum size: 60" x 144"
Frame depth: 2 1/2"

Features

Single arm operator and multi-point lock
High performance stainless steel four bar hinge or butt hinges
Head receptor, sub-sill and strap anchors available
Thermally broken frame
Flange or equal leg frame



DOORS

ES-SGD2020 Sliding Glass Door

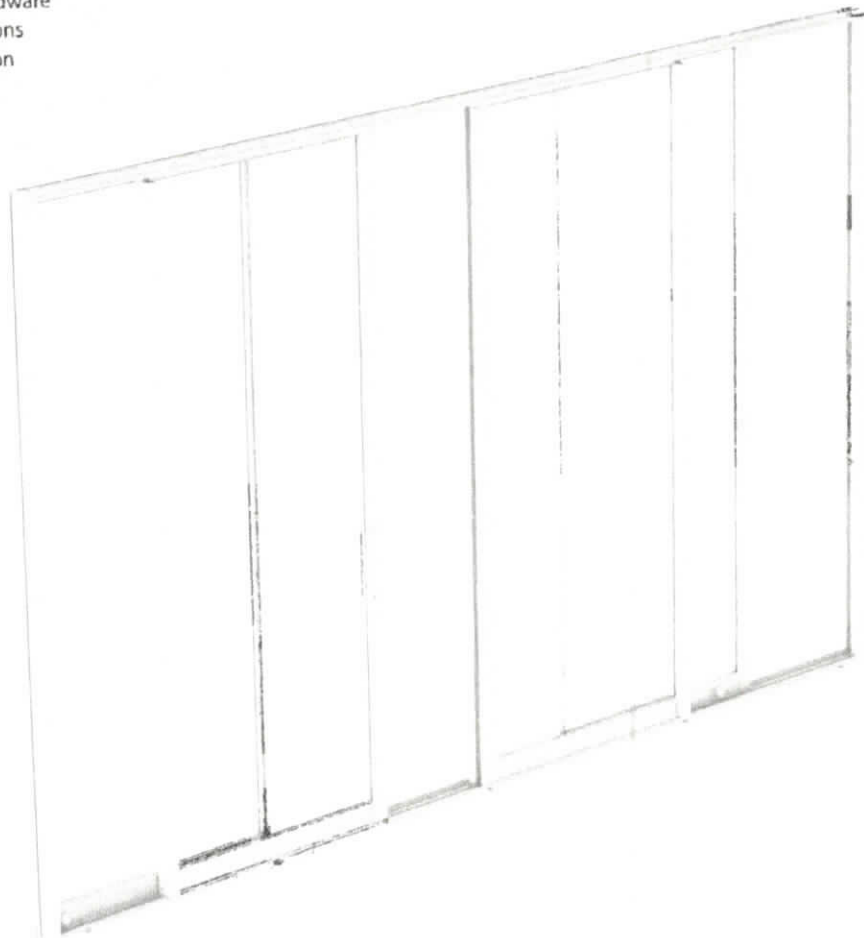
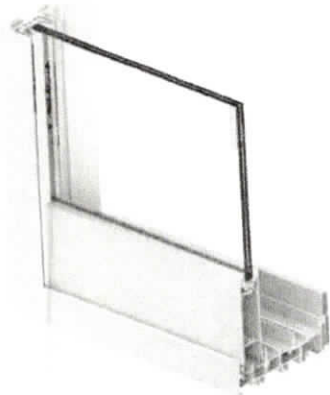
The ES-SGD2020 is an impact-rated sliding glass door with minimal sightlines. This narrow door features less aluminum and more glass than others allowing a clearer view.

System Description

Large missile impact rated
Maximum size: 72"x120" and 60"x144" available in 2,3,4 and 5 tracks
Frame depth: 4 3/8" (2 track), 6 7/16" (3 track), 8 1/2" (4 track), 10 9/16" (5 track)
Sill height: 1 7/8"
90 degree and 135 degree corners
2" interlocks

Features

Multiple panel configurations
Removable sill riser painted to match the door
Needle bearing acetal roller
Standard contemporary handle & thumb turn
2 point locking hardware
Multiple track options
Pocket configuration



EL-200

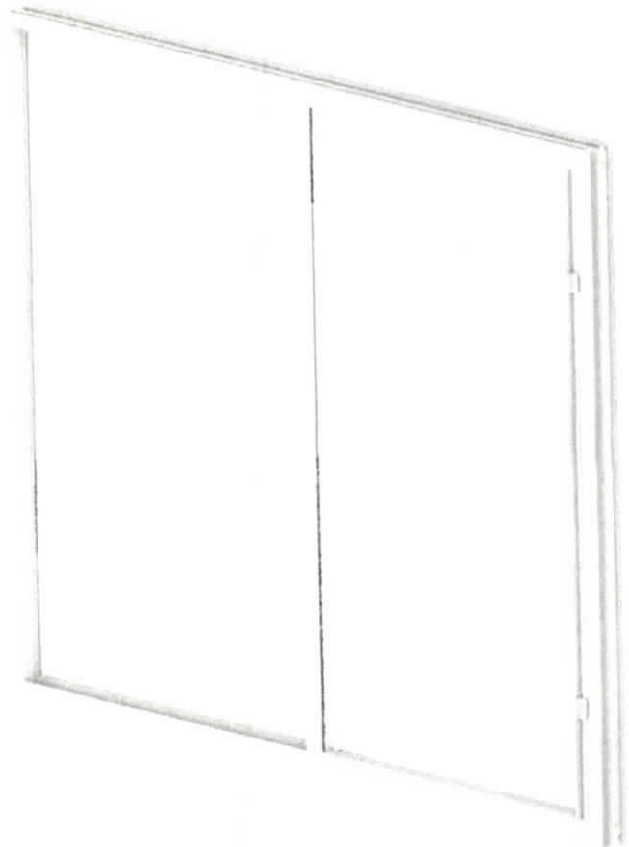
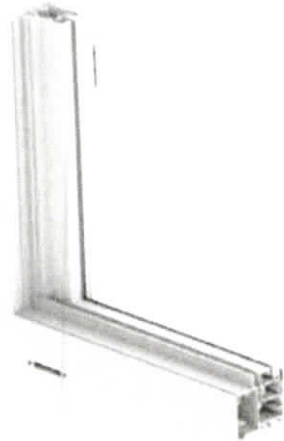
The EL-200 is a horizontal sliding window. This product is designed to ensure smooth easy operation to allow maximum ventilation. EL-200 can be used for a wide variety of applications.

System Description

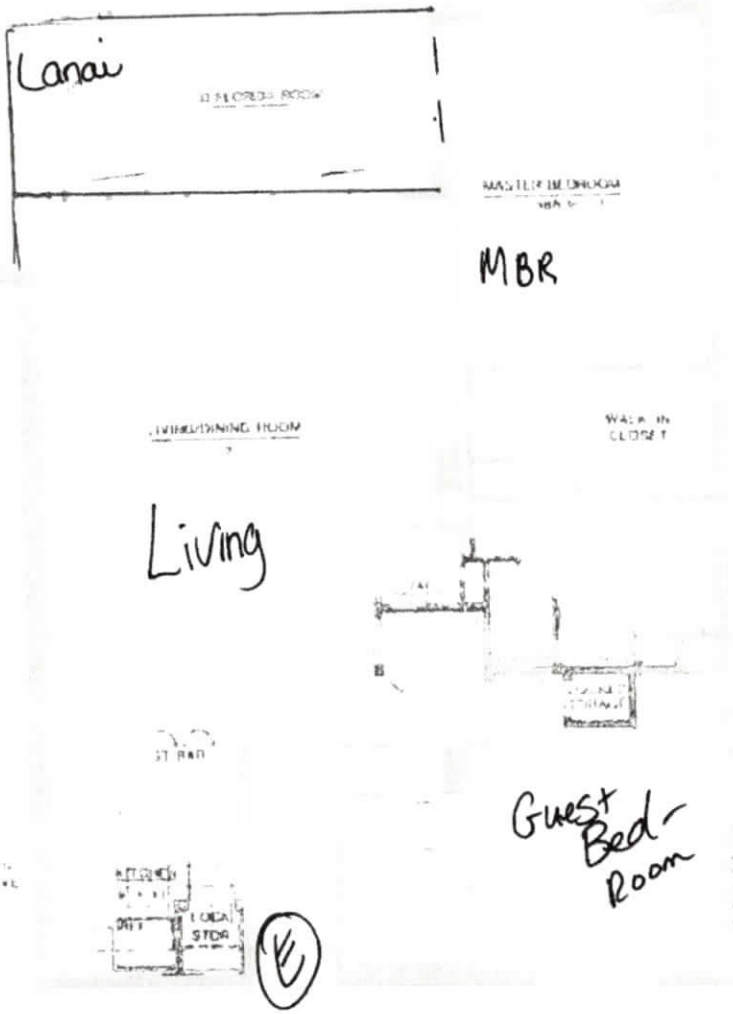
- Large missile impact rated
- 3" Frame depth
- Configurations: XO, OX or XOX (1/4, 1/2, 1/4, 1/3, 1/3, 1/3)
- Designed for multiple laminated glass options
- Water infiltration: 12 psf large missile impact rated
- Design load: 80/90 psf large missile impact rated
- Maximum size: 72" x 62" OX, 110" x 62" XOX
- U-value:
 - 0.48 - IGU (with 1/8" N70/38 Clear (#2) + 5/16" Air Spacer + 1/8" Clear + 0.75" PVB + 1/4" Clear Low-E (#6))
 - 1.0 - LG (with 1/8" Clear + 0.09" PVB + 1/8" Clear)
- Insulating laminated glass:
 - 1/8" + 3/8" Spacer + 1/8" + 0.09" Interlayer + 1/8"
 - 1/8" + 5/16" Spacer + 1/8" + 0.09" Interlayer + 1/4"
- Laminated glass:
 - 1/8" + 0.09" Interlayer + 1/8"
 - 1/8" + 0.09" Interlayer + 1/4"
- Egress Size: 72 3/8" X 30 1/8" and 52" X 42 1/8"

Features

- Polyamide rollers with needle bearings
- Spring latch at jamb or sweep lock options
- Flange or fin frame for masonry and wood construction, flush frame for concrete openings
- Saflex PVB, Kuraray PVB, Vanceva Storm and SentryGlas Plus interlayer options







2 BEDROOM - TWO & ONE THIRD BATHS
 'A' FLOOR PLAN - CORNER UNIT

TOTAL LIVING AREA
 4,000 SQ. FT.

CRESCENT BEACH

