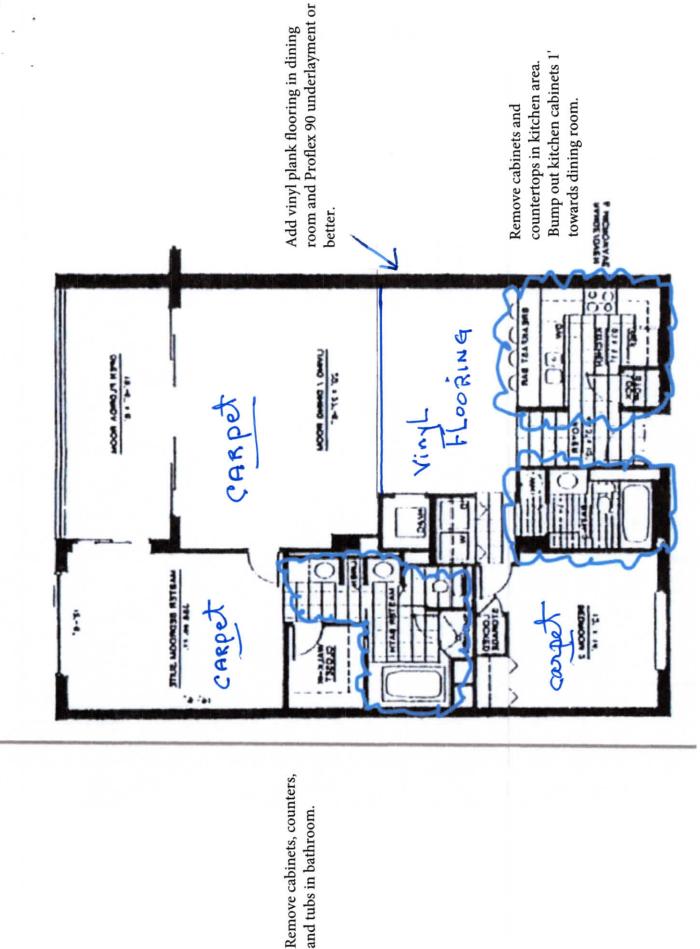


Hold Harmless Agreement

Office E-mail: frontdeskcbcmarco@gmail.com

x (aunt) loan.	, the owner(s) of Unit X 367
Crescent Beach Congominiums of Marco Island, ask permissi	
Remove and replace countertops/cabinets in kitchen and ba	athrooms. Kitchen counter will be moved approx
1' out to make space larger. Tub to shower conversions in	hathrooms. Add vinyl plank flooring in dining room
	butilionio. And this plant liceting in animg to the
with Proflex 90 underlayment or better.	
to indemnify and Hold Harmless Crescent Beach Condominion the common elements, including attorney's fees, incurred by the permitted work, including work performed by contractors submit their license & liability insurance, prior to starting. *Owner(s) Signature:	be Association as a result of the owner's performing and subcontractors, both of which are required to
Signature: X	Date X
A \$500.00 Deposit will be required by contractors doing renovations May 1st and finish no later than September 30th, of the September 30th. Work hours: MON-FRI ONLY; 8:00 A.M. TO	r forfeit their deposit at a \$100 fine for each day after 0.4:00 P.M.
Name of Contractors Performing Work: : X G. W. Fishe	ell (GRCG)
ATTACH A COPY OF ALL SUBS WITH THEIR LICENSE & INSUR	
CHANGE AS CERTIFICATE HOLDER	
Company Call Fishell Painting & Contract	ting Tele: 1 1×239-642-9777
Company: Company: Table To Table Tab	Maria
company: COW Fishell Painting & Contract Street: (06 Bald Eagle F301 city:)	(11) arcs St: X PL Zip: X 59193
Estimated Date to Begin Work: X 06/06/22 Estim	ated Date to Complete Work: X 09/30
	DATE X 05/31/22
"NO LOCK BOXES" ARE PERMITT	
DO NOT REMOVE/TOUCH	
Supply lines under sinks or from toilets can be either hard pip flexible braided is not looped.	e or stainless flexible braided as long as the
ATTACH A SHEET EXPLAINING DETAILS WITH BLUEPRIN	T, LICENSE & INSURANCE LISTING ASSOCATION
& HOMEOWNER AS CERTIFICATE HØLDER COLUMN COL	<u>х</u>
Approve by Director Approved Manager	Disapprove by Director
BOD VOTE 7/15/22	865 00/3 W2031
1980 N. Colone Blood - Marine Mand. Florida 54145	- 239) 642-0100 • Fax (239) 643-8888



and tubs in bathroom.

Remove cabinets, counters, and tubs in bathroom.



Client#: 57439

GWFIS

CERTIFICATE OF LIABILITY INSURANCE ACORD.

DATE (MMODOVYYY)

6/16/2022

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).

SXMIACT Stephanie Roberts Acrisure dba Gulfshore Ins SWF PHONE (A/G, No, Ext): 239 430-7547 (AC, No): 239 213-2803 4100 Goodlette Road N ADDRESS: sroberts@gulfshoreinsurance.com Naples, FL 34103 INSURER(8) AFFORDING COVERAGE MAIC # 239 261-3646 INSURER A - Security National Insurance Company INMURED INSURER B : Builders Mutual Insurance Company 10844 G. W. Fishell Painting, Inc. ETAL IN WRER C : Auto-Owners Insurance G W Fishell Painting & Contracting, Inc. IN SURER D PO Box 223 Marco Island, FL 34146

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.

鼎	The state of the s	DOL BUER	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LINTE CONTRACTOR	
A	X COMMERCIAL GENERAL LIABILITY CLAMS-MADE X OCCUR			CONTRACTOR OF THE PERSON AND ADDRESS OF THE		EACH OCCURRENCE DAMAGE TO RENTED	\$1,000,000
	X BI/PD Ded:5,000					MED EXP (Any one person)	\$100,000
GENL AGGREGATE LIMIT APPLIES PER					PERSONAL & ADV INJURY	\$1,000,000	
	y PRO-		1995年中国			GENERAL AGGREGATE	\$2,000,000
	OTHER:					PRODUCTS - COMP/OP AGG	\$2,000,000
2.0	AUTOMOBILE LIABILITY		9542978200			12 高數值率	15 March 1970
	X AW AUTO			06/02/2022 0	UDIOZIZUZA	(Ea accident)	\$1,000,000
OWNED SCHEDULED AUTOS ONLY X NON-OWNED AUTOS ONLY X NON-OWNED				DISCONDENSE DISCONDUITO DE LA CONTRACTOR D	BODILY INJURY (Per person)	\$	
	2.0				BOOKY INJURY (Per accident)		
	AUTOS ONLY	Sec. 5				PROPERTY DAMAGE (Per accident)	5 0 0 0 P
淵	X UMBRELLA LIAB X OCCUR	417.1	EVELTOSTES			A STATE OF THE STA	\$ 70 PM
EXCESS LIAB CLAIMS-MADE		EXS1795757	06/02/2022 06/0	06/02/2023	EACH OCCURRENCE	\$3,600,000	
	DED X RETENTION SO					AGGREGATE	13,000,000
3	WORKERS COMPENSATION		WCP107274902 06/02/2022 06/02/20				
AND EMPLOYER'S LIABILITY ANY PROPRETOR/PARTNER/EXECUTIVE Y/N OFFICER/MEMBER EXCLUDED?		11CF 107274302	06/02/2022 06/02/202	06/02/2023	X STATUTE OTH-	1. 图 对东西市	
000	(Mandatory in NH)		THE RESERVE OF THE PARTY OF THE	E.L. EACH ACCIDENT	\$500,000		
If yes, describe under DESCRIPTION OF OPERATIONS balow	OF OPERATIONS below	and the state of		EL DISEASE - EA EMPLOYEE	s500,000		
	《中华》的 1991年 1991年 1992年			EL DISEASE - POLICY LIMIT			

ON OF OPERATION 8 / LOCATION 8 / VEHICLES (ACORD 161, Additional Remarks Schedula, a

CERTIFICATE HOLDER

CANCELLATION

Crescent Beach Condo Re: Corinne Sloan 100 N Collier Blvd Marco Island, FL 34145

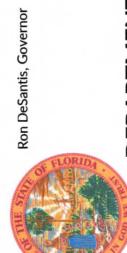
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

1 A. H.

SAR20

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STATE OF FLORIDA



CONSTRUCTION INDUSTRY LICENSING BOARD

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

FISHELL, GREGORY WILLIAM

G.W. FISHELL PAINTING & CONTRACTING, INC **606 BALD EAGLE DRIVE SUITE 301** FL 34145 MARCO ISLAND

LICENSE NUMBER: CGC1522437

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.

MALL TANKS COMMITTER STATES



Licensee

Name: BABST, GLENN M License Number:

CFC043055

Rank:

Certified Plumbing Contractor

License Expiration Date: 08/31/2022

Primary Status:

Current

Original License Date:

11/19/1987

Secondary Status:

Active

Related License Information

License Number

Status Related Party

Relationship Type Relation Effective Date

Rank

Expiration Date

Current GLENN'S PLUMBING, INC. Primary Qualifying 09/08/2004 Construction

Agent for Business Construction Business Information

MARY J TERRE

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and the state of the state of

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MIM/DD/YYYY) 06/01/2022

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). CLIENT CONTACT CENTER PRODUCER FEDERATED MUTUAL INSURANCE COMPANY PHONE (A/C, No, Ext): 888-333-4949 FAX (A/C, No): 507-446-4664 HOME OFFICE: P.O. BOX 328 OWATONNA, MN 55060 E-MAIL ADDRESS: CLIENTCONTACTCENTER@FEDINS.COM INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: FEDERATED MUTUAL INSURANCE COMPANY 13935 INSURED 162-835-3 INSURER B: GLENN'S PLUMBING, INC. INSURER C: 994 N BARFIELD DR STE 29 INSURER D: MARCO ISLAND, FL 34145-2320 INSURER E INSURER F: COVERAGES CERTIFICATE NUMBER: 11 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. \$1,000,000 COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurre \$100,000 CLAIMS-MADE X OCCUR MED EXP (Any one person) BUSINESS OWNER'S LIABILITY PERSONAL & ADV INJURY 6066534 04/01/2022 04/01/2023 \$1,000,000 N N GENERAL AGGREGATE GEN'L AGGREGATE LIMIT APPLIES PER \$2,000,000 X POLICY PRO-\$2,000,000 PRODUCTS - COMP/OP AGG OTHER: COMBINED SINGLE LIMIT AUTOMOBILE LIABILITY \$1,000,000 ANY AUTO BODILY INJURY (Per person SCHEDULED AUTOS NON-OWNED AUTOS ONLY OWNED AUTOS ONLY 6066535 04/01/2022 04/01/2023 BODILY INJURY (Per accident) N N PROPERTY DAMAGE HIRED AUTOS ONLY UMBRELLA LIAB EACH OCCURRENCE OCCUR CLAIMS-MADE AGGREGATE DED RETENTION WORKERS COMPENSATION X PER STATUTE AND EMPLOYERS' LIABILITY E.L. EACH ACCIDENT \$1,000,000 ANY PROPRIETOR/PARTNER/EXECUTIVE 6065580 04/01/2022 04/01/2023 N OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE \$1,000,000 If yes, describe under DESCRIPTION OF OPERATIONS below 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) CANCELLATION CERTIFICATE HOLDER 162-835-3 11 1 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE CRESCENT BEACH CONDOMINIUM THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN 100 N COLLIER BLVD ACCORDANCE WITH THE POLICY PROVISIONS. MARCO ISLAND, FL 34145-3714

Muhal 6 Ken
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AUTHORIZED REPRESENTATIVE

Print

Licensee

Name:

ABIN, ANTONIO

License Number:

EC13005996

Rank:

Electrical Contractor

License Expiration Date:

08/31/2022

Primary Status:

Current

Original License Date:

03/18/2014

Secondary Status:

Active

Related License Information

License Number

Status Related Party

Relationship Type Relation Effective Date

Rank

Expiration Date

Current T METRO ELECTRIC, INC. Primary

Qualifying Agent 03/18/2014

Electrical Business Information

CORD

CERTIFICATE OF LIABILITY INSURANCE

DATE ORREDOVING

03/24/2022

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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REEL INSURANCE AGENCY DBA COVER ALL INSURANCE

D/B/A/ COVER ALL INSURANCE

5800 W. ATLANTIC BLVD.

MARGATE, FL. 33063

T METRO ELECTRIC, INC. 1681 GOLDEN GATE BLVD. W. NAPLES FL 34120-1951

et allegation to the property of the property	
CONIZCI	STORED BURNEY
PHONE (954) 956-0006	AX Ma): (954) 956-0555
ADDRESS. reelinsurance@yahoo.com	
INSURER(S) AFFORDING COVERAGE	MAGE
INSURER A: TECHNOLOGY INSURANCE CO.	42376
INSURER B:	
INSURER C:	
INSUPERD:	
INSURER E:	
· 有一种 · · · · · · · · · · · · · · · · · · ·	Market Charles (1992) and a rest of the

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.

TYPE OF MISURANCE	ADOL SUBR	POUCY NUMBER	POLICYEFF	POLICY EXP		
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CLAIMS MADE OCCUR				The same	DAMAGE TO RENTED PREMISES (Ex occurrence)	
The state of the s			A GENERAL SERVICES		MED EXP (Any one person)	L. L
GENT AGGREGATE LIMIT APPLIES PER:					PERSONAL & ADV BUURY	THE THE STATE OF T
POLICY PRO LOC	Will be a second				GENERAL AGGREGATE	第二十二
OTHER	Charles Control				PRODUCTS - COMPADE AGG	Park Colors
AUTOMOBILE LIABILITY		10 10 10 12 12 12	The Leading		COMBINED SINCE STREET	5 BE WILLIAM
ANY AUTO SCHEDULED					COMBINED SINGLE LIMIT	•
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HIRED AUTOS AUTOS	在				PROPERTY DAMAGE	
UMBRELAUAB						Party Marie Land
EXCESS LIAB CLAMS MA	ne l				EACH OCCURRENCE	
DED RETENTIONS		通过2000年			AGGREGATE	The second
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			AND DESCRIPTIONS			3
ANY PROPRIETOR/PARTNER/EXECUTIVE	The second second				X PER STATUTE ER	一个方面
Fuer describe (ex-	1000	TWC4016623	10/14/2021			500,000
DESCRIPTION OF OPERATIONS before	31 1500 1541 基础				EL DISEASE - EA EMPLOYEE : 500,000	
	3193	THE PERSON NAMED IN COLUMN TWO	Section 1971	THE RESERVE OF	EL DISEASE - POLICY LIMIT	e 500 000

ELECTRICAL WORK - Antonio Abin - EC13005096 use, may be attached if more space is required)

CERTIFICATE HOLDER

Crescent Beach Condo 100 N Collier Blyd. Marco Island, FL 34145

tmetroelectricine@gmail.com

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

<SR>

ACORD 25 (2014/01)

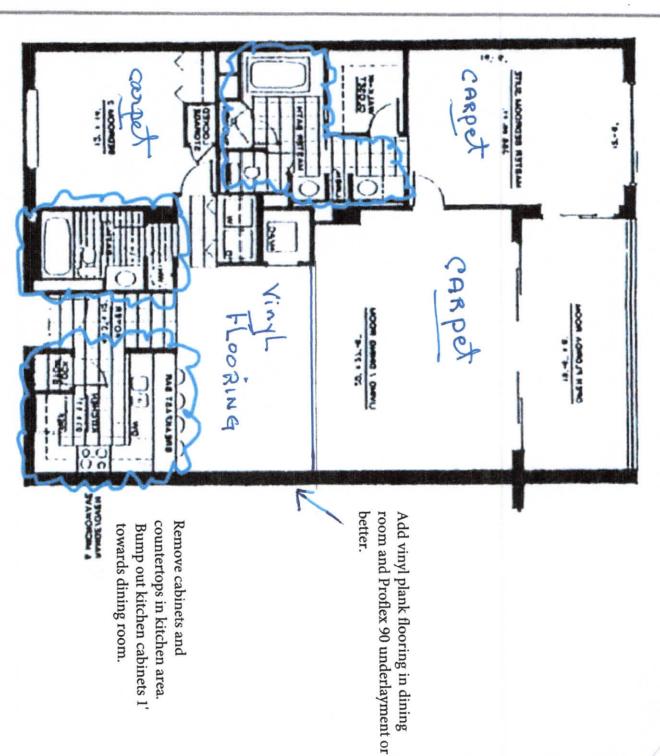
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Remove cabinets, counters, and tubs in bathroom.





Remove cabinets, counters, and tubs in bathroom.