

Kitchen + Bathrooms



Hold Harmless Agreement

Office E-mail: frontdeskbcmarco@gmail.com

X [Signature] the owner(s) of Unit X 307

Crescent Beach Condominiums of Marco Island, ask permission to (describe type of work):

Remove and replace countertops/cabinets in kitchen and bathrooms. Kitchen counter will be moved approx 1' out to make space larger. Tub to shower conversions in bathrooms. Add vinyl plank flooring in dining room with Proflex 90 underlayment or better.

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 5-31-22

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 [Initials] (Owner Initial) X [Initials] (Owner Initial)

Name of Contractors Performing Work: X G.W. Fishell (GRCG)

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

Company: X GW Fishell Painting & Contracting Tele: () X 239-642-9777

Street: X 606 Bald Eagle #301 City: X Marco St: X FL Zip: X 34145

Estimated Date to Begin Work: X 06/06/22 Estimated Date to Complete Work: X 09/30

CONTRACTORS SIGNATURE X [Signature] DATE X 05/31/22

"NO LOCK BOXES" ARE PERMITTED ON OWNERS DOOR DO NOT REMOVE/TOUCH FIRE SPEAKERS

Supply lines under sinks or from toilets can be either hard pipe or stainless flexible braided as long as the flexible braided is not looped.

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

X [Signature] Approve by Director BOB VOJE 7/10/22

X [Signature] Approved Manager

X Disapprove by Director



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Two lines of faint text, possibly a short paragraph or a list of items.

Two lines of faint text, continuing the content from the previous block.

Two lines of faint text, possibly a signature or a specific instruction.

Two lines of faint text, continuing the document's content.

Two lines of faint text, possibly a closing statement or a reference.

Two lines of faint text, continuing the document's content.

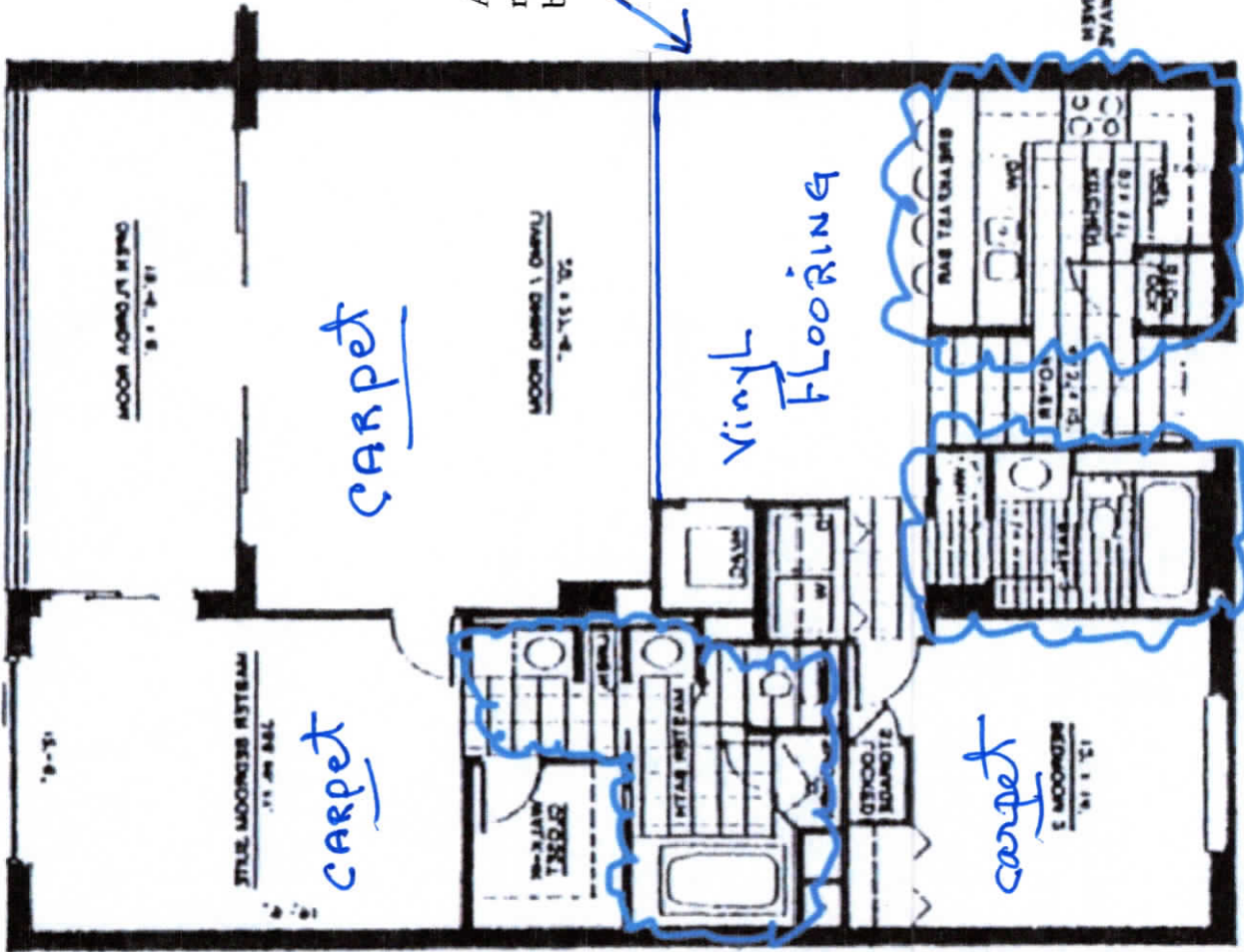
Two lines of faint text, possibly a signature or a specific instruction.

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Two lines of faint text, possibly a closing statement or a reference.

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Remove cabinets, counters, and tubs in bathroom.



Add vinyl plank flooring in dining room and Proflex 90 underlayment or better.

Remove cabinets and countertops in kitchen area. Bump out kitchen cabinets 1' towards dining room.

Remove cabinets, counters, and tubs in bathroom.

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Handwritten notes in the lower left quadrant of the page, continuing the descriptive text.

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Ron DeSantis, Governor

Halsey Beshears, Secretary



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD

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

FISHELL, GREGORY WILLIAM

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

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.

Print

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 Agent for Business	09/08/2004	Construction Business Information	

11/11/2023

11/11/2023	11/11/2023	11/11/2023	11/11/2023
11/11/2023	11/11/2023	11/11/2023	11/11/2023
11/11/2023	11/11/2023	11/11/2023	11/11/2023

11/11/2023	11/11/2023	11/11/2023	11/11/2023	11/11/2023	11/11/2023
11/11/2023	11/11/2023	11/11/2023	11/11/2023	11/11/2023	11/11/2023
11/11/2023	11/11/2023	11/11/2023	11/11/2023	11/11/2023	11/11/2023

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	

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
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.

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

PRODUCER REEL INSURANCE AGENCY DBA COVER ALL INSURANCE D/B/A/ COVER ALL INSURANCE 5800 W. ATLANTIC BLVD. MARGATE, FL 33063	CONTACT NAME: PHONE (A/C. No. Ext): (954) 956-0006 FAX (A/C. No): (954) 956-0555 E-MAIL ADDRESS: reelinsurance@yahoo.com
	INSURER(S) AFFORDING COVERAGE
INSURED T METRO ELECTRIC, INC. 1681 GOLDEN GATE BLVD. W. NAPLES FL 34120-1951	INSURER A: TECHNOLOGY INSURANCE CO. NAIC # 42376
	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	ADOL SUBR (BYEN) (W/O)	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"/> PRO. JECT <input type="checkbox"/> LOC OTHER:					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Eq. 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"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Eq. 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 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	Y/N Y N/A	TWC4016623	10/14/2021	10/14/2022	<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

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


ELECTRICAL WORK - Antonio Abin - EC13005896

CERTIFICATE HOLDER

Crescent Beach Condo
 100 N Collier Blvd.
 Marco Island, FL 34145
 | tmetroelectricinc@gmail.com

CANCELLATION

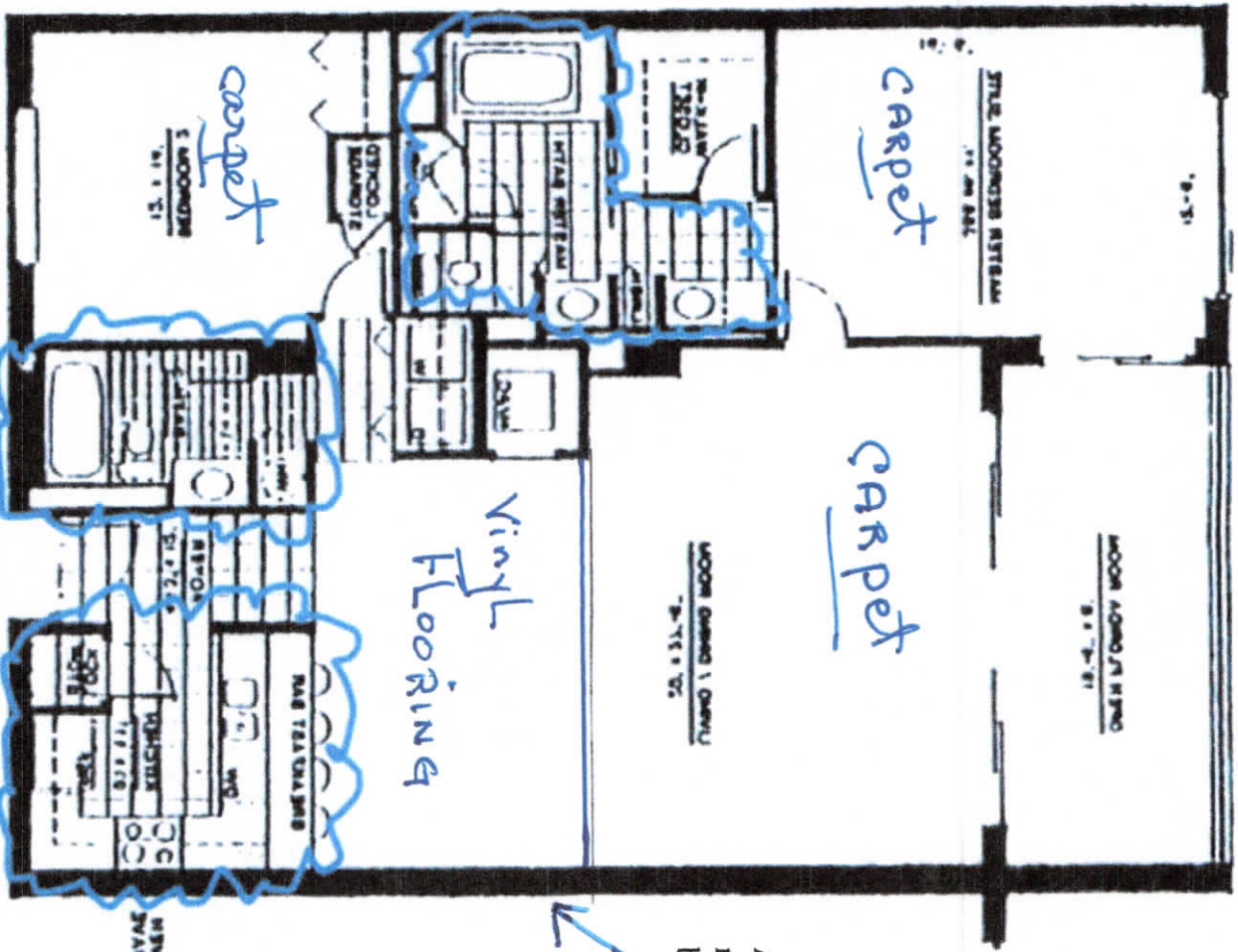
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
 (SR)

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