Repair on MB shower-leak

CRESCENT-BEACH
CONDOMINIUM ASSOCIATION, INC

Hold Harmless Agreement

Office E-mail: frontdeskcbcmarco@gmail.com

x Charles & Diana Kratz, the owner(s) of Unit x 606

Crescent Beach Condominiums of Marco Island, ask permission to (describe type of work):
Remove backsplash tile
Replace master shower with tile - Replace Kitchen/master/second Bathroom countertops / add laminate wood over top of existing Floor tile - Kitche and Bathroom.

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 Charles N Kratz Date x May 24 / 2022

Signature: x Diana L Kratz Date x 5/24/2022

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 CWK (Owner Initial) x PLK (Owner Initial)

Name of Contractors Performing Work: : x Norm's Custom Builder INC - Norm Miller

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

Company: x Norm's Custom builder INC Tele: ( ) x 239-935-8090

Street: x 835 W. Elkcam Cir Apt 106 City: x Marco Island St: x FL Zip: x 34145

Estimated Date to Begin Work: x 6-15-2022 Estimated Date to Complete Work: x 9-30-22

CONTRACTORS SIGNATURE x Norman Miller DATE x 5-24-202

"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 ASSOCATION & HOMEOWNER AS CERTIFICATE HOLDER

x RKM
Approve by Director
BOD VOTE 7/15/22

x
Approved Manager

x
Disapprove by Director

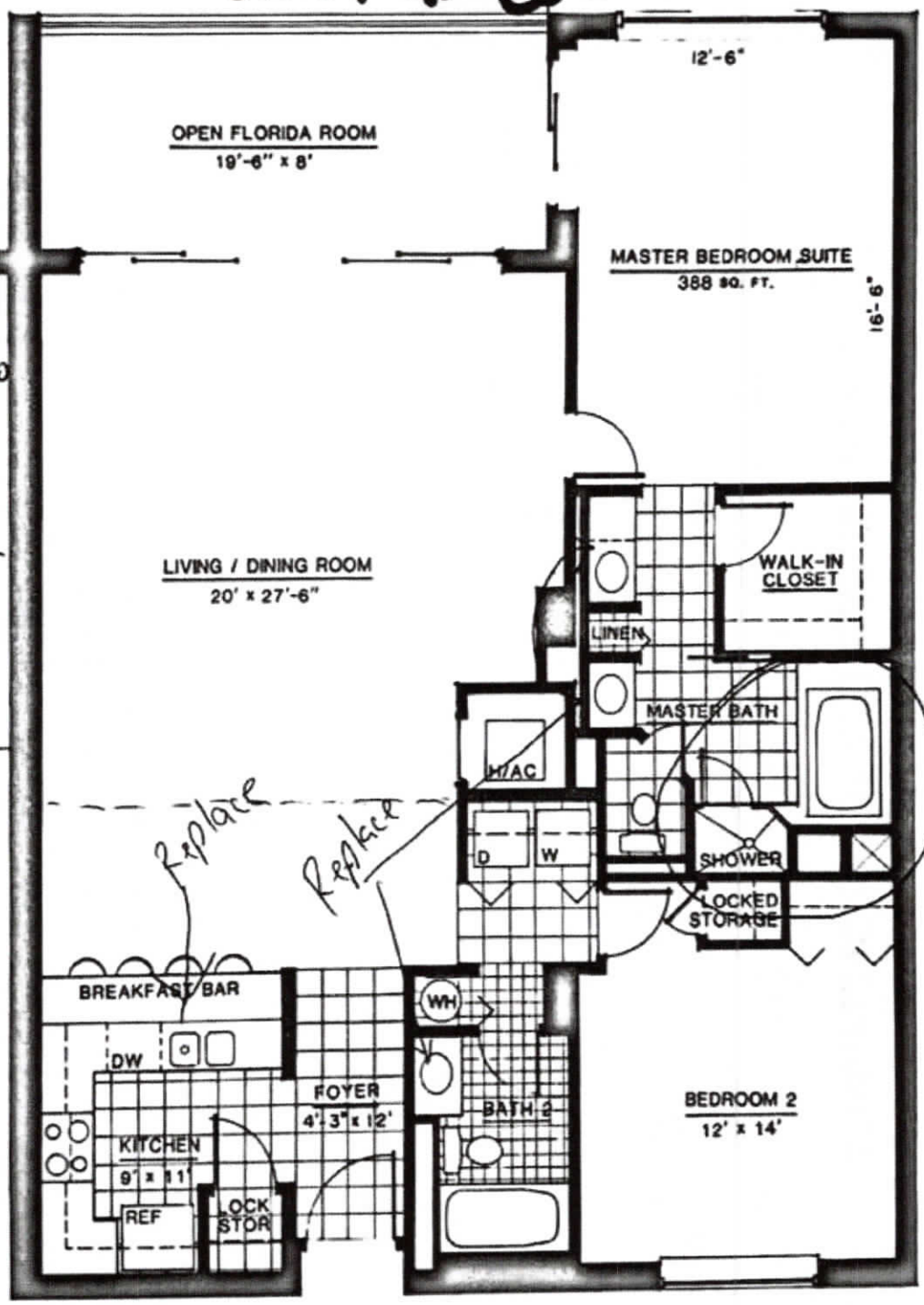
unit #606

Replace master countertop

Replace countertops

Remove master Bath tub install new shower

Add laminate wood to the Existing tile



RANGE/OVEN & MICROWAVE

TWO BEDROOM – TWO & ONE THIRD BATHS

'A' FLOOR PLAN

TOTAL LIVING AREA: 1601 SQ. FT.

A/C AREA: 1445 SQ. FT.

DIMENSIONS & CALCULATIONS ARE APPROXIMATE

CRESCENT BEACH
CONDOMINIUMS OF MARCO ISLAND

Ron DeSantis, Governor

Melanie S. Griffin, Secretary

Florida dbpr

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD

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

MILLER, NORMAN RAY

NORM'S CUSTOM BUILDER, INC
606 BALD EAGLE DRIVE
SUITE # 610
MARCO ISLAND FL 34145

LICENSE NUMBER: CBC1264353

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.

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 05/10/2022

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
Custom Contractors Insurance, LLC
PO Box 2389
Gilbert AZ 85299

CONTACT NAME: Sean O'Keefe
PHONE (A/C, No, Ext): (888) 652-4513 FAX (A/C, No): (888) 274-7438
E-MAIL ADDRESS: info@customcontractorsinsurance.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: PREFERRED CONTRACTORS INSURANCE CO.	12497
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED
Norms Custom Builder, INC
835 W. Elkcam Cir Apt 106
Marco Island FL 34145

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	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER:	X	X	PCA5026-PC410420	10/24/2021	10/24/2022	EACH OCCURRENCE	$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 50,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
							GENERAL AGGREGATE	$ 1,000,000
							PRODUCTS - COMP/OP AGG	$ 1,000,000
								$
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	$
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION $						EACH OCCURRENCE	$
							AGGREGATE	$
								$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	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)
HOLDER NAMED AS ADDITIONAL INSURED

CERTIFICATE HOLDER
Crescent Beach Condominium Association INC.
100 North 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

JIMMY PATRONIS
CHIEF FINANICAL OFFICER

STATE OF FLORIDA
DEPARTMENT OF FINANCIAL SERVICES
DIVISION OF WORKERS' COMPENSATION

* * CERTIFICATE OF ELECTION TO BE EXEMPT FROM FLORIDA WORKERS' COMPENSATION LAW * *

CONSTRUCTION INDUSTRY EXEMPTION

This certifies that the individual listed below has elected to be exempt from Florida Workers' Compensation law.

EFFECTIVE DATE: 12/14/2020 **EXPIRATION DATE:** 12/14/2022

PERSON: NORMAN R MILLER **EMAIL:** NORMSCUSTOMBUILDERINC@GMAIL.COM

FEIN: 844438960

BUSINESS NAME AND ADDRESS:

NORMS CUSTOM BUILDER INC

606 BALD EAGLE DR. STE. 610,

MARCO ISLAND, FL 34145

SCOPE OF BUSINESS OR TRADE:

Carpentry Installation Of Cabinet Work or Interior Trim	Contractor-Project Manager, Construction Executive, Construction Manager or Construction Superintendent	Carpentry Detached One or Two Family Dwellings	Carpentry Dwellings Three Stories or Less

IMPORTANT: Pursuant to subsection 440.05(14), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter. Pursuant to subsection 440.05(12), F.S., Certificates of election to be exempt issued under subsection (3) shall apply only to the corporate officer named on the notice of election to be exempt and apply only within the scope of the business or trade listed on the notice of election to be exempt. Pursuant to subsection 440.05 (13), F.S., notices of election to be exempt and certificates of election to be exempt shall be subject to revocation if, at any time after the filing of the notice or the issuance of the certificate, the person named on the notice or certificate no longer meets the requirements of this section for issuance of a certificate. The department shall revoke a certificate at any time for failure of the person named on the certificate to meet the requirements of this section.

:er so that you can serve your customers. Thank you
doing business in Florida, and congratulations on
r new license!

Ron DeSantis, Governor

Halsey Beshears, Secretary

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
ELECTRICAL CONTRACTORS LICENSING BOARD

LICENSE NUMBER: EC13007142

EXPIRATION DATE: AUGUST 31, 2022

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

PILOTE, MARTIN MAURICE
PILOTE ELECTRIC, INC
830 CHESTNUT COURT
MARCO ISLAND FL 34145

SUED: 08/31/2020

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 5/27/2022

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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PRODUCER
AWA Insurance Agency
13700 Six Mile Cypress Pkwy
Suite# 1
FLMyers FL 33912

CONTACT NAME: Lourdes Gonzalez
PHONE (A/C, No, Ext): 239-418-1100 FAX (A/C, No): 239-418-1164
E-MAIL ADDRESS: lourdes@awainsurance.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Ohio Security Insurance Co.	24082
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Pilote Electric Inc
830 Chestnut Ct
Marco Island FL 34145

PILOELE-01

COVERAGES CERTIFICATE NUMBER: 209327366 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	X COMMERCIAL GENERAL LIABILITY			BKS55749329	10/19/2021	10/19/2022	EACH OCCURRENCE	$1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$300,000
							MED EXP (Any one person)	$15,000
							PERSONAL & ADV INJURY	$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$2,000,000
	POLICY X PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$2,000,000
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB / OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB / CLAIMS-MADE						AGGREGATE	$
	DED / RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) 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

Crescent Beach Condominium Association INC.
100 North 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

Ron DeSantis, Governor

Halsey Beshears, Secretary

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

LICENSE NUMBER: CFC058039 **EXPIRATION DATE: AUGUST 31, 2022**

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

STEIN, SCOTT DARRELL
PAUL STEIN PLUMBING, INC.
994 NORTH BARFIELD DRIVE 13
MARCO ISLAND FL 34145

ISSUED: 07/21/2020

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Florida dbpr

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD

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

STEIN, SCOTT DARRELL
PAUL STEIN PLUMBING, INC.
994 NORTH BARFIELD DRIVE 13
MARCO ISLAND FL 34145

LICENSE NUMBER: CFC058039

EXPIRATION DATE: AUGUST 31, 2022

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 05/25/2022

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PRODUCER

Arnold and Barton Insurance Group
700 11th Street South
Naples FL 34102

CONTACT NAME: Bill Falcone
PHONE (A/C, No, Ext): (239) 331-8595 FAX (A/C, No): (239) 331-8589
E-MAIL ADDRESS: bill@abnaples.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: NATIONWIDE INSURANCE COMPANY	11111
INSURER B: NATIONWIDE INSURANCE COMPANY	
INSURER C: ASSOCIATED INDUSTRIES INSURANCE COMPAI	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED

Paul Stein Plumbing, Inc
994 N Barfield Dr
Ste 13
Marco Island FL 34145

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	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC OTHER:			ACP 3008812003	07/21/2021	07/21/2022	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 [ ] ANY AUTO [ ] OWNED AUTOS ONLY [X] SCHEDULED AUTOS [X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY			ACP 3008527275	12/01/2021	12/01/2022	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
	[ ] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $						EACH OCCURRENCE	$
							AGGREGATE	$
								$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N [N] If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		AWC1169052	07/21/2021	07/21/2022	[X] 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)

Creasent Beach Condo
100N. Collier blvd
Marco Island fl 34145

CERTIFICATE HOLDER

Creasent Beach Condo
Norm's Custom Home Builder
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

606

COLLIER COUNTY BUSINESS TAX

BUSINESS TAX NUMBER: 992415

COLLIER COUNTY TAX COLLECTOR - 2800 N. HORSESHOE DRIVE - NAPLES FLORIDA 34104 - (239) 252-2477
VISIT OUR WEBSITE AT: www.colliertaxcollector.com
THIS RECEIPT EXPIRES SEPTEMBER 30, 2022

DISPLAY AT PLACE OF BUSINESS FOR PUBLIC INSPECTION.
FAILURE TO DO SO IS CONTRARY TO LOCAL LAWS.

LOCATION: 1324 INDUSTRIAL BLVD
ZONED: INDUSTRIAL SIC#5032-PL20101750
BUSINESS PHONE: 430-4320
STATE OR COUNTY LIC #:

COLLIER COUNTY TAX COLLECTOR
LEGAL FORM
Corporation

MARBLE.COM, INC.

CAMPOS, LISSETH
1324 INDUSTRIAL BLVD
NAPLES, FL 34104

CLASSIFICATION: WHOLESALE BUSINESS

CLASSIFICATION CODE: 04700001

-THIS TAX IS NON-REFUNDABLE-

DATE	09/29/2021
AMOUNT	30.00
RECEIPT	WWW-22-00163388

Rob Stonehurner

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

COLLIER COUNTY BUSINESS TAX

BUSINESS TAX NUMBER: 172304

COLLIER COUNTY TAX COLLECTOR - 2800 N. HORSESHOE DRIVE - NAPLES FLORIDA 34104 - (239) 252-2477
VISIT OUR WEBSITE AT: www.colliertaxcollector.com
THIS RECEIPT EXPIRES SEPTEMBER 30, 2022

DISPLAY AT PLACE OF BUSINESS FOR PUBLIC INSPECTION.
FAILURE TO DO SO IS CONTRARY TO LOCAL LAWS.

LOCATION: 1324 INDUSTRIAL BLVD
ZONED: INDUSTRIAL
BUSINESS PHONE: 430-4320
STATE OR COUNTY LIC #: C20752

COLLIER COUNTY TAX COLLECTOR
LEGAL FORM
Corporation

MARBLE.COM, INC.

CAMPOS, LISSETH
1324 INDUSTRIAL BLVD
NAPLES, FL 34104

21-30 EMPLOYEES
CLASSIFICATION: CABINET & MILLWORK CONTRACTOR

CLASSIFICATION CODE: 02107501

-THIS TAX IS NON-REFUNDABLE-

DATE	09/29/2021
AMOUNT	54.00
RECEIPT	WWW-22-00163388

Rob Stonehurner

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

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

CABINET INSTALL CONTR.

Cert Nbr:	Exp:	Issuance Nbr:
C20752	09/30/2022	201800000283

State Nbr: State Exp:

MARBLE.COM INC.
CAMPOS, LISSETH G.
1324 INDUSTRIAL BLVD
NAPLES, FL 34104
Signed:

606

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 03/04/2020

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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PRODUCER
One Source Advisory
203 Crystal Grove Boulevard
Lutz, FL 33548

CONTACT NAME: Nathan Jensen
PHONE (A/C, No, Ext): 813-949-8636
FAX (A/C, No):
E-MAIL ADDRESS: nathan@onesourceadvisory.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Auto-Owners Insurance Company	A0252
INSURER B: FirstComp	A0211
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED
Marble.com, Inc
1324 Industrial Blvd.
Naples FL 34104

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	✓ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☑ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☑ POLICY ☐ PRO-JECT ☐ LOC OTHER:			20307331	05/08/2019	05/08/2020	EACH OCCURRENCE	$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 300,000
							MED EXP (Any one person)	$ 10,000
							PERSONAL & ADV INJURY	$ 1,000,000
							GENERAL AGGREGATE	$ 2,000,000
							PRODUCTS - COMP/OP AGG	$ 2,000,000
								$
A	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☑ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY			5230731701	05/28/2019	05/28/2020	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
A	✓ UMBRELLA LIAB ☑ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☐ RETENTION $			5230731700	05/08/2019	05/08/2020	EACH OCCURRENCE	$ 3,000,000
							AGGREGATE	$ 3,000,000
								$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N ☐ (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		MWC0148843-01	05/08/2019	05/08/2020	✓ 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)

CERTIFICATE HOLDER

Cresent Beach Condominiums
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

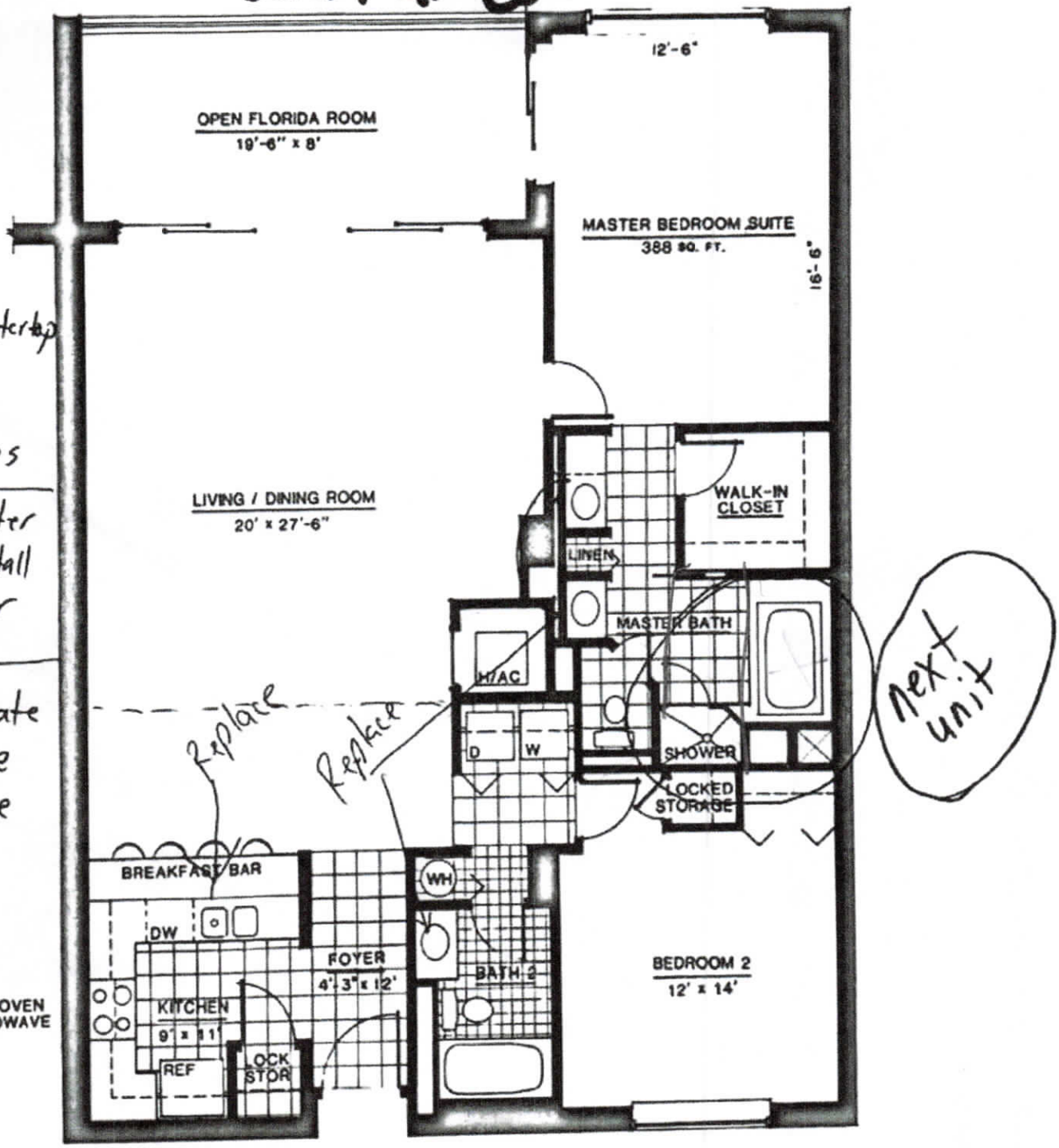
unit #606

Replace master countertop

Replace countertops

Remove master Bath tub install new shower

Add laminate wood to the Existing tile



TWO BEDROOM – TWO & ONE THIRD BATHS

'A' FLOOR PLAN

TOTAL LIVING AREA: 1601 SQ. FT.

A/C AREA: 1445 SQ. FT.

DIMENSIONS & CALCULATIONS ARE APPROXIMATE

CRESCENT BEACH
CONDOMINIUMS OF MARCO ISLAND