

Tile - Dining Room

CRESCENT-BEACH  
CONDOMINIUM ASSOCIATION, INC.

Hold Harmless Agreement

Office E-mail: frontdeskcbcmarco@gmail.com

X Nick TRICARICO, the owner(s) of Unit X 1407

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

Tile DINING AREA UP TO END OF H/VAC WALL  
w/ Proflex 90 under Tiled areas

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 6-1-22

Signature: X [Signature]

Date X 6-1-22

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. October 31st

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

Name of Contractors Performing Work: X TRI-STAR FLOOR

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

Company: X TRI STAR OF NAPLES Tele: (239) X 393 2002

Street: X 941 N COLLIER BLVD City: X M-ISLAND St: X Zip: X 34145

Estimated Date to Begin Work: X 9-19-22 Estimated Date to Complete Work: X 9-22-22

CONTRACTORS SIGNATURE X [Signature] DATE X 6/1/22

"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  
BOD WORK 7/15/22

X [Signature]  
Approved Manager

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

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**Collier County  
Board of County Commissioners  
Certificate of Competency**

Collier County \* City of Marco \* City of Naples \* City of Everglades

Issued Date: 08/10/2021

**Company:** TRI STAR OF NAPLES, INC  
**Address:** 941 N COLLIER BLVD  
MARCO ISLAND, FL 34145

**Telephone:** <not available>

**Qualifier:** IVAN DIMITROV

**License #:** C22538

**Issuance #:** 22538

**Classification:** TILE & MARBLE CONTR.

**Valid Thru:** 09/30/2022

**State License #:**

**State Valid Thru:**

It is the Qualifier's responsibility to keep current all records with Collier County.

This shall include insurance certificates and/or contact information.

Always verify licenses online at [www.CVPortal.CollierGov.Net](http://www.CVPortal.CollierGov.Net)

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.





941 North Collier Blvd  
Marco Island, FL 34145

Tel: (239) 393 2002  
Fax: (239) 642 4338

www.TriStarFloor.com

RESPECTFULLY SUBMITTED TO:  
NAME: TRICARIO NICK  
ADDRESS: 1407 CRESCENT BEACH

DATE: 5/30/2022

JOB NAME:  
PHONE NUMBER: 917 559 4847  
EMAIL: [MRST1372@AOL.COM](mailto:MRST1372@AOL.COM)

Description	Quantity	Unit Price	Cost
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DINNING ROOM:

Supply and install 12x24 tile			\$1,540.00
Supply and install Proflex 90' and primer			\$576.00
Remove and dispose existing carpet			\$128.00
Reatack carpet			\$160.00

Apolo white 12x24 tile hf

Grout bright white

Subtotal	\$2,404.00
Total	\$2,404.00
Deposit	

THE PRICE IS SUBJECT TO CHANGE UPON TILE SELECTION !

PRICES ARE SUBJECT TO CHANGES TO THE CURRENT PRICE ON THE DAY OF THE ORDER !

Signed estimate and 50% deposit money are required prior any work. Balance due on final receipt. Any hidden defects required additional work will be subject of extra charge and need to be agreed in writing. Any deviation from original estimate involving extra cost will be executed only upon written change order and will become an extra charge over and above this estimate. Lien will filed for none payment to owner's real property. Plumbing electric, permits and shower door by others.

100% SATISFACTION GUARANTEED

Date:

Deposit:

Signature





Policy Number:

Date Entered: 02/12/2019

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

6/1/2022

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 Parlin Insurance Agency 24520 Production Cir., Suite 4 Bonita Springs, FL 34135	CONTACT NAME: <b>deedra@parlininsurance.com</b>
	PHONE (A/C, Ho, Ext): (239) 263-3141 FAX (A/C, No): (239) 263-8696
E-MAIL ADDRESS:	
INSURER(S) AFFORDING COVERAGE	
INSURER A: SECURITY NATIONAL INS C/O RT SPECIALTY	
INSURER B:	
INSURER C: FCBI (FL CITRUS, BUSINESS & INDUSTRIES)	
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 VVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <b>LIMITS ARE AS OF INCEPTION DATE</b> GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			SES177783903	3/23/2022	3/23/2023	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 <input type="checkbox"/> 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 \$ \$
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input checked="" type="checkbox"/> Y <input type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	106-45711	8/23/2021	8/23/2022	<input type="checkbox"/> PER STATUTE <input checked="" type="checkbox"/> OTHER 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)

**TILE AND MARBLE**

WORKERS COMP EXCLUDED OFFICERS - ELEMIR KOCAL, PRESIDENT & PATRICK OKENKA, VICE PRESIDENT.

**CERTIFICATE HOLDER****CANCELLATION**

CRESCENT BEACH CONDOMINIUMS 100 N. COLLIER BLVD. MARCO ISLAND, FL 34145  frontdeskcbmarco@gmail.com	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 DEEDRA PARLIN
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**Subject:** Fwd: Re: Unit 1407: Tri-Star Flooing - Hold Harmless Form, License & Insurance to install underlayment and tile....For Board Approval

**From:** Crescent Beach Condo <cbcmarco@gmail.com>

**Date:** 6/1/2022 3:52 PM

**To:** Unit 600 Konecke <lkonecke@comcast.net>, Unit 301 Jack Hillegas <jphillegas@gmail.com>, Unit 202 Brown <ptb161@comcast.net>, Unit 902 Jeff Patterson <tribe3858@gmail.com>, Unit PH-7 Rick Burkhardt <burkhartrk@bellsouth.net>

**CC:** Pam Carey <cbcmarco@gmail.com>

----- Forwarded Message -----

**Subject:** Scanned image from Crescent Beach, Sharp MX-2300N

**Date:** Wed, 1 Jun 2022 16:57:18 -0500

**From:** sharp copier <cbcmarco@gmail.com>

**Reply-To:** cbcmarco@gmail.com

**To:** cbcmarco@gmail.com

Reply to: sharp copier <cbcmarco@gmail.com>  
Device Name: Crescent Beach, Sharp MX-2300N  
Device Model: MX-2300N  
Location: 100 N. Collier, Marco Island, FL

File Format: PDF (Medium)  
Resolution: 200dpi x 200dpi

Attached file is scanned image in PDF format.

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2.1 MB

