



Hold Harmless Agreement

Office E-mail: frontdeskcbcmarco@gmail.com

SANDRA M. LEYVA, the owner(s) of Unit 204

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

REPLACE WINDOW IN UNIT. THE WINDOW IN THE HALLWAY MEASURES 24'X96' WITH HURRICANE GRADE AS REQUIRED FOR THE INSURANCE

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: SANDRA M. LEYVA

Date 02-23-2022

Signature: _____

Date _____

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.

S.L. (Owner Initial) _____ (Owner Initial)

Name of Contractors Performing Work: Storm Solutions (Rep= Shelby Peterson)

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

Company: STORM SOLUTIONS Tele: () 239-242-1262

Street: 12630 METRO PARKWAY #100 City: FORT MYERS St: FL Zip: 33966

Estimated Date to Begin Work: 7-1-22[+-] Estimated Date to Complete Work: 7-15-22[+-]

CONTRACTORS SIGNATURE _____ DATE 02-23-2022

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

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

Pete B...
Approve by Director

Reed...
Approved Manager

Disapprove by Director

Rev.06/23/2021

**Detailed Product Specifications
Marvin/Coastline Hurricane
Rated 3 Lite Rolling Window**

STORM SOLUTIONS, INC
12630 Metro Parkway
Suite 100
Fort Myers , FL 33966
(239) 242-1262

Order Date 01/29/2022	Request Date 02/12/2022	Delivery Date	Ship VIA	DoPO? Yes	Sales Tax	SalesPerson Shelby Peterson
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Sold to:
Leyva

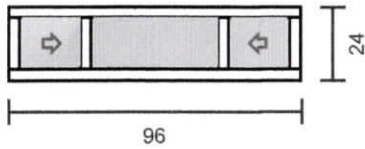
Viewed from Outside

RoomCode	Item DP 80/-100	U-Fac 0.95	SHGC 0.24	Qty 1
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Line Full Description

10 MARVIN COASTLINE- HR HI RISE STORM SAFE XOX (96 x 24) UNEQUAL LITE
BRONZE FRAME BRONZE LO-E 366 GLASS 7/16 IMPACT HS w/SGP INTERLAYER
w/SQUARE GLAZING BEAD w/SCREENS

FBC:FL33619.1



Entered by shelby@storm-solutions.net on 2022-01-29 14:11:56

Prepared By:
Shelby C. Peterson
Senior Solutions Specialist

Storm Solutions Inc.

Leyva
Condo.

Prepared By:
Shelby C. Peterson
Senior Solutions Specialist

**Storm
Solutions** Inc.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/27/2022

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.

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 Five County Insurance Agency Inc 14120 Metropolis Ave Fort Myers FL 33912	CONTACT NAME: Certificate Department	
	PHONE (A/C, No, Ext): 239-939-1400	FAX (A/C, No): 239-939-3813
E-MAIL ADDRESS: certs@fivecountyinsurance.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: National Builders Insurance		16632
INSURER B: Amguard Insurance Company		42390
INSURER C: American Builders Insurance		11240
INSURER D:		
INSURER E:		
INSURER F:		

COVERAGES **CERTIFICATE NUMBER:** 2128786598 **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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			PKG025971403	4/1/2021	4/1/2022	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 \$
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			STAU192587	3/31/2021	3/31/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 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 \$ \$
C	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	N/A	WCV029685602	1/27/2022	1/27/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> 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

CANCELLATION

Crescent Beach Condominium Association &
 Sandra Leyva
 100 N. Collier Blvd #205
 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

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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

HAWLEY, JAMES EDWARD

STORM SOLUTIONS INC.
1557 INVENTORS CT
FORT MYERS FL 33901

LICENSE NUMBER: CGC1520136

EXPIRATION DATE: AUGUST 31, 2022

Always verify licenses online at MyFloridaLicense.com



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