

## Hold Harmless Agreement

Office E-mail: frontdeskcbcmarco@gmail.com

x SANDRA M. LEYVA	, the owner(s) of Unit X 204
Crescent Beach Condominiums of Marco Island,	
REPLACE WINDOW IN UNIT. THE WINI	DOW IN THE HALLWAY MEASURES 24'X96' WITH
HURRICANE GRADE AS REQUIRED FO	OR THE INSURANCE
to indemnify and Hold Harmless Crescent Beach the common elements, including attorney's fees, the permitted work, including work performed by submit their license & liability insurance, prior to	Condominium Association, Inc. for any loss, costs or damage to incurred by the Association as a result of the owner's performing y contractors and subcontractors, both of which are required to starting.
*Owner(s) SANDRA M. LCGNA Signature: X	Ø Date x 02-23-2022
Signature: X	
A \$500.00 Deposit will be required by contract renovations May 1 <sup>st</sup> and finish no later than September 30 <sup>th</sup> . Work hours: MON-FRI ONLY	etors doing major renovations in units. Contractors may start ember 30th, or forfeit their deposit at a \$100 fine for each day after \$8:00 A.M. TO 4:00 P.M.
X S.L. (Owner Initial) X	
Name of Contractors Performing Work: :X Sto	orm Solutions (Rep= Shelby Peterson)
ATTACH A COPY OF ALL SUBS WITH THEIR LIC	ENSE & INSURANCE TO THIS FORM LISTING CRESCENT BEACH &
The state of the s	
Company:X STORM SOLUTIONS	Tele: ( ) <u>X</u> 239-242-1262
Street: X 12630 METRO PARKWAY #100	City: XFORT MYERS St: XFL Zip: X 33900
Estimated Date to Begin Work: X 7-1-22[+-]	Estimated Date to Complete Work: X 7-15-22[+-]
CONTRACTORS SIGNATURE X	DATE X 02-23-2022
DO NOT DEMO	ARE PERMITTED ON OWNERS DOOR"  VE/TOUCH FIRE SPEAKERS  S & TOILETS MUST BE HARD PIPE, NO STAINLESS-STEEL FLEXIBLE
WATER SUPPLY LINES ARE PERMITTED	
ATTACH A SHEET EXPLAINING DETAILS WI	TH BLUEPRINT, LICENSE & INSURANCE LISTING ASSOCATION
& HOMEOWNER AS CERTIFICATE HOLDER	
Approve by Director Appro	ved Manager  X  Disapprove by Director  Rev.06/23/2023

100 N Collier Blvd • Marco Island, Florida 34145 • (239) 642-0100

Fax (239) 642-8908

### **Project Description**



12630 Metro Pkwy Fort Myers, FL 33966 Main #: (239) 288-4430 Fax #: (239) 242-2476 www.storm-solutions.net Sales Contact: Shelby Peterson (239) 595-1588 shelby@storm-solutions.net

(Page 1 of 1)

DATE: 2/28/2022

BILL TO: Sandra Leyva

PROJECT: Sandra Leyva

Address: 100 N. Collier Blvd. #204, Marco Island, FL 34145

Address: 100 N. Collier Blvd. #204, Marco Island, FL 34145

(In: Crescent Beach Condo.)

Home:

Work:

Home:

Work:

Cell: (847) 845-5487

esandy2@msn.com

Cell: (847) 845-5487

esandy2@msn.com

PENING	LOCATION	TYPE	WIDTH	HEIGHT	FRAME COLOR	PRODUCT DESCRIPTION	PRICE
1	Front Walkway	Window	96	24	Bronze	Maryin/Coastline Aluminum Impact Insulated 3 Lite Horizontal Roller [(1/4, 1/2, 1/4 (XOX)] with LowE & Argon ["Bronze" LowE 366 (meets "turtle code" requirement)]	
					the state of the s		

This acknowledges receipt of a true copy of this contract and acknowledges that customer has read and understands the contents therefore and accepts the same on the terms and conditions stated herein. This contract shall be binding upon the parties hereto, their heirs, successors and assigns. ACCORDING TO FLORIDA'S CONSTRUCTION LIEN LAW (SECTIONS 713.001-713.37, FLORIDA STATUTES), THOSE WHO WORK ON YOUR PROPERTY OR PROVIDE MATERIALS AND SERVICES AND ARE NOT PAID IN FULL HAVE A RIGHT TO ENFORCE THEIR CLAIM FOR PAYMENT AGAINST YOUR PROPERTY. THIS CLAIM IS KNOWN AS A CONSTRUCTION LIEN. IF YOUR CONTRACTOR OR A SUBCONTRACTOR FAILS TO PAY SUBCONTRACTORS, SUB-SUB-CONTRACTORS, OR MATERIAL SUPPLIERS, THOSE PEOPLE WHO ARE OWED MONEY MAY LOOK TO YOUR PROPERTY FOR PAYMENT, EVEN IF YOU HAVE ALREADY PAID YOUR CONTRACTOR IN FULL. IF YOU FAIL TO PAY YOUR CONTRACTOR, YOUR CONTRACTOR MAY ALSO HAVE A LIEN ON YOUR PROPERTY. THIS MEANS IF A LIEN IS FILED YOUR PROPERTY COULD BE SOLD AGAINST YOUR WILL TO PAY FOR LABOR, MATERIALS, OR OTHER SERVICES THAT YOUR CONTRACTOR OR A SUBCONTRACTOR MAY HAVE FAILED TO PAY. TO PROTECT YOURSELF, YOU SHOULD STIPULATE IN THIS CONTRACT THAT BEFORE ANY PAYMENT IS MADE, YOUR CONTRACTOR IS REQUIRED TO PROVIDE YOU WITH A WRITTEN RELEASE OF LIEN FROM ANY PERSON OR COMPANY THAT HAS PROVIDED TO YOU A "NOTICE TO OWNER." FLORIDA'S CONSTRUCTION LIEN LAW IS COMPLEX, AND IT IS RECOMMENDED THAT YOU CONSULT AN ATTORNEY.

You may rescind this agreement by notifying Storm Solutions of your decision to rescind within three (3) days of signing this agreement. In the event of such recission, any money transferred to Storm Solutions shall be refunded.

			00-1-00	
Customer Signature Y	On File	Representative: X	Allow Peter	Date: 2-28-2022

### 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	Request Date	Delivery Date	Ship VIA	DoPO?	Sales Tax	SalesPerson
01/29/2022	02/12/2022			Yes		Shelby Peterson

Sold to:

Leyva

Viewed from Outside

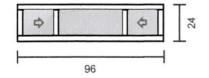
RoomCode

Item DP 80/-100 U-Fac SHGC 0.95 0.24 Qty

Line Full Description

10 MARVIN CÓASTLINE- 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

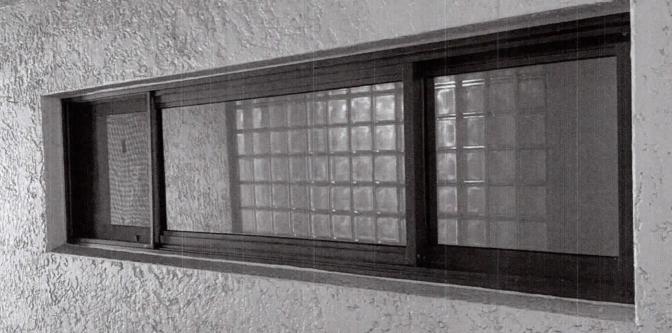
FBC:FL33619.1



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



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	CONTACT NAME: Certificate Department					
Five County Insurance Agency Inc 14120 Metropolis Ave	PHONE (A/C, No. Ext): 239-939-1400 FAX (A/C, No): 23					
Fort Myers FL 33912	E-MAIL ADDRESS: certs@fivecountyinsurance.com					
	INSURER(S) AFFORDING COVERAGE					
	INSURER A: National Builders Insurance					
INSURED	INSURER B: Amguard Insurance Company					
Storm Solutions Inc 12630 Metro Pkwy Suite 100	INSURER C: American Builders Insurance					
Fort Myers FL 33966	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.

NSR LTR		TYPE OF INSURANCE	ADDL	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	8
A	X	COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  VL AGGREGATE LIMIT APPLIES PER:		PKG025971403	4/1/2021	4/1/2022	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000 \$ 300,000 \$ 10,000 \$ 1,000,000 \$ 2,000,000
		POLICY X PRO- OTHER:						\$ 2,000,000 \$
В	X	ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY  AUTOS ONLY  AUTOS ONLY  AUTOS ONLY  AUTOS ONLY		STAU192587	3/31/2021	3/31/2022	COMBINED SINGLE LIMIT (Ea accident)  BODILY INJURY (Per person)  BODILY INJURY (Per accident)  PROPERTY DAMAGE (Per accident)	\$ 1,000,000 \$ \$ \$ \$
		UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE	<u> </u>				EACH OCCURRENCE AGGREGATE	\$ \$
С	ANY OFF (Mar	RKERS COMPENSATION DEMPLOYERS' LIABILITY PROPRIETOR/PARTNER/EXECUTIVE ICCER/MEMBER EXCLUDED? Indatory in NH) s, describe under CRIPTION OF OPERATIONS below	N/A	WCV029685602	1/27/2022	1/27/2023	X PER OTH- 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)

CERT	IFICA'	TE H	OLD	ER
CLIVI	11 100			

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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Halsey Beshears, Secretary



## DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION STATE OF FLORIDA

# 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** 

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