#### MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUM	contractor Florida Mobile Masters Phone 352-351-6100
	THIS FORM MUST BE SUBMITTED PRIOR TO THE ISSUANCE OF A PERMIT
records of the s	unty one permit will cover all trades doing work at the permitted site. It is <u>REQUIRED</u> that we have subcontractors who actually did the trade specific work under the permit. Per Florida Statute 440 and is, a contractor shall require all subcontractors to provide evidence of workers' compensation or neral liability insurance and a valid Certificate of Competency license in Columbia County.
Any changes, t start of that su	he permitted contractor is responsible for the corrected form being submitted to this office prior to the becontractor beginning any work. Violations will result in stop work orders and/or fines.
ELECTRICAL	Print Name Michael Bolarid Signature 11 12 12 12 12 12 12 12 12 12 12 12 12
	Qualifier Form Attached
MECHANICAL/	Print Name Michael Boland Signature MIChael Boland Signature MIChael Boland Signature MICHAEL Boland Phone #: 352-274-9326
applying for a compensation	Building permits; identification of minimum premium policyEvery employer shall, as a condition to not receiving a building permit, show proof and certify to the permit issuer that it has secured for its employees under this chapter as provided in ss. 440.10 and 440.38, and shall be presented each loyer applies for a building permit.

ACORD

CERTIFICATE OF LIABILITY INSURANCE

**ACEACOC** 

OP ID: SP

DATE (MM/DD/YYYY) 01/20/2020

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.

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).

certificate holder in lieu of such endorsement	(8)	CONTACT Chain Inc		anay Inc		$\overline{}$
OOUGER CALA INSURANCE , INC. 31 SOUTHEAST SEVENTEENTH ST. CALA, FL 34471		PHONE (A/C, No. Ext). 352-732 E-MAIL ADDRESS:	surance Age 2-2233	ency, inc. FAX (A/C, No)		
ala Insurance Agency, Inc.		ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC *				
				RICA PROTECTION	1 13026	
URED Ace A/C of Ocala LLC	e e	INSURER B OLD DO	MINION IN	SURANCE CO.	40231	
PO BOX 278		INSURER C				
Ocala, FL 34478		INSURER D:		*** ****	:	
		INSURER E				
		INSURER F				
CERTIFIC	ATE NUMBER:			REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES OF IN INDICATED. NOTWITHSTANDING ANY REQUIRE CERTIFICATE MAY BE ISSUED OR MAY PERTA EXCLUSIONS AND CONDITIONS OF SUCH POLIC	SURANCE LISTED BELOW HI MENT, TERM OR CONDITION IN THE INSURANCE AFFOR IES LIMITS SHOWN MAY HAV	DED BY THE POLICIE	S DESCRIBED	HEREIN IS SUBJECT	TO ALL THE TER	iod His Ms.
R TYPE OF INSURANCE (NSD )	UBR	(MAKIDDIYYYY)	(MM/DD/YYYY)	LIM	4 00	00,000
X COMMERCIAL GENERAL LIABILITY				- LACH DCCURRENCE - DAMAGE TO RENTED	Er	
CLAIMS-MADE X OCCUR	MPG7721E	02/15/2020	02/15/2021	PREMISES (Ea occurrence)	1.7	000,000 000 01
				MED EXP (Any one person)		10,000 10,000
		•		SEBROMAL & ADAINAGRY		00,00
GEN LAGGREGATE LIMIT APPLIES PEP				SCHERAL ASSIREGATE	2.00	00,00 00,00
POUCY JECT CC				PRODUCTS COMPLOP AGE		30,00
OTHER				COMBINED SINGLE UNIT		
AUTOMOBILE LIABILITY	79.179.2	•	•	(Ea accident)		00,00
	81P3202R	01/20/2020	01/20/2021	The state of the s	and the second second	
ANY AUTO  ALL OWNED X SCHEDULEU				RODLY WILPY (Per accide		
ACTOS NON-OWNED		:		ibes accidenti Bobes i A Dawyge	: 3	
HIRED AUTOS AUTOS		•		PIP	\$	10,00
UMBRELLA LIAB OCCUR	and the state of t			EACH OCCURRENCE	8	
				AGGREGATE		
EXCESS LIAB CLAIMS MADE			1		\$	
DED RETENTIONS WORKERS COMPENSATION	A record to the state of the st			PEF OT		
AND EMPLOYERS' LIABILITY YIN				EL EACH ACCIDENT	ξ	
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E _ DISEASE - EA EMPLO	YEE, S	
(Mandatory In NH) If yes, describe under				ELL DISEASE FOLICY UN	MT S	
DESCRIPTION OF OPERATIONS below	**************************************					
		:				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (	ACORO 101, Adoitional Remarks Sch	redute, may be attached if n	iore space is requ	ujređ)		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES ( VAC & Electric - Micahel A Bond CAC1	R17716 & ES12000926	• • •				
IVAC & Electric - Inficanci A Bond CAC	O () [ IO G LO (MOVOVEO					
CERTIFICATE HOLDER		CANCELLATIO	<u>N</u>			
Columbia County Fax 386-758-2160		THE EXPIRAT ACCORDANCE	ION DATE T WITH THE POI	DESCRIBED POLICIES E HEREOF, NOTICE WIL LICY PROVISIONS.	BE CANCELLED BE L BE DELIVER!	FORE
PO Box 1529 Lake city, FL 32056-1529	AUTHORIZED REPRESENTATIVE					
Lake City, FL 34000-1949		Paul R		A STATE OF THE PARTY OF THE PAR		
		© 19	88-2014 AC	ORD CORPORATION	. All rights rese	rved.

ACORD 25 (2014/01)

The ACORD name and logo are registered marks of ACORD

ACORD

ACORD 25 (2016/03)

ACEACOF-01

JFAVREAU

#### DATE (MM/DD/YYYY)

#### CERTIFICATE OF LIABILITY INSURANCE

2/19/2020

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.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) 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).

OFFICERAMEMBER EXCLUDED? (Mandatory in NH)  EL DISEASE - EA EMPLOYER 3 100,000		his certificate does not confer rights	to the certific			).		era da l'anna del romando en presidente de l'anna de manda de la companya de l'anna de	
ACCESS   LACE   MACE									
MSURER 9.  ACE AIC OF Ocale LLC PO Box 278  CERTIFICATE HUNDER:  THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ASSURED TO THE INSURED MANCE ARONE FOR THE POLICY BROKE OF MICHAEL THE POLICY BROKE OF T	160	1 Trapelo Rd Suite 280		i	[A/C. No, Ext): [A/C. No]:				
MISSIER B. A. ANCIGURARD Insurance Company 31470  Ace AIC Of Oceal LLC Po Bay 278  Coal, FL 34478  COVERAGES  CERTIFICATE NUMBER:  MISSIER B.  REVISION NUMBER:  REVISION NUMBER: REVISION NUMBER: REVISION NUMBER: REVISION NUMBER: REVISION NUMBER: REVISION NUMBER: REVISION NUMBER: REVISION NUMBER: REVISION NUMBER: REVISION NUMBER: REVISION NUMBER: REVISION NUMBER: REVISION NUMBER: REVISION NUMBER: REVISION NUMBER: REVISION NUMBER: REVISION NUMBER: REVISION NUMBER: REVISION NUMBER: REVISION NUMBE	wa	Itham, MA 02451		N .	ADDRESS Support	@apintego.	com		
AGE AIC OF Orals LLC PO BOX 278 Ocals, FL 34478  CERTIFICATE NUMBER:  NUMER:  NUMBER:  NUMBER:  NUMBER:  NUMBER:  NUMBER:  NUMBER:  NUMBER				:	íN:	SURER(S) AFFO	RDING COVERAGE	NAIC #	
ACE AT OCCUPANCE  PO BOX 278  COVERAGES  CERTIFICATE NUMBER:  PASSURER F.  SAURER F.  SAURER F.  SAURER F.  SAURER F.  COVERAGES  CERTIFICATE NUMBER:  REVISION NUMBER: REVISION NUMBER:  REVISION NUMBER: REVISION NUMBER: REVISION NUMBER: REVISION				*	INSURER A : NOTGU	ARD Insura	nce Company	31470	
PO BOX 278 Ocale, FL 34478  MANURER D.  INSURER P.  COVERAGES  CERTIFICATE NUMBER:  INSURER P.  REVISION NUMBER:  REVISION NUMBER: REVISION NUMBER: REVISION NUMBER: REVISION NUMBER: REVISION NUMBER: REVISION NUMBER: REVISION NUMBER: REVISION NUMBER: REVISION NUMBER: REVISION NUMBER: REVISION NUMBER: REVISION NUMBER: REVISION NUMBER: R	INS	IRED		; }.	NSURER B :				
OCHERAGES  CERTIFICATE NUMBER:  INSURANCE SAMPLER F  COVERAGES  CERTIFICATE NUMBER:  INSURANCE SAMPLER F  COVERAGES  CERTIFICATE NUMBER:  INSURANCE STOCKETHY THAI THE POLICIES OF INSURANCE LISTED BELOWHAVE BEEN SOLID TO THE INSURED NAME ARROY FOR THE POLICY PERIOD NOCATED NOTWITHSTANDING ANY PECULISMS ANY BELLOW ANY BEEN SOLID TO THE INSURED NAME ARROY FOR THE POLICY PERIOD CERTIFICATE MAY BE ISSUED OR MAY PERIAN THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HERBIN IS SUBJECT TO AUCH THAT EXCLUSIONS AND CONDITIONS OF SURCH POLICIES IN THE SHOWARD ANY FLAVE BETTO HERDING TO WHICH THAT EXCLUSIONS AND CONDITIONS OF SURCH POLICIES IN THE SHOWARD AND FLAVE BETTO HERDING TO WHICH THAT EXCLUSIONS AND CONDITIONS OF SURCH POLICIES IN THE SHOWARD AND FLAVE BETTO HERDING TO WHICH THAT EXCLUSIONS AND CONDITIONS OF SURCH POLICIES IN THE SHOWARD AND FLAVE BETTO HERBIN SUBJECT TO AUCH THAT EXCLUSIONS AND CONDITIONS OF SURCE AND CONDITIONS O					The state of the s				
DEBURRE COVERAGES  CERTIFICATE NUMBER:  PROJUCT SO CERTIFY THAT THE POLICIES OF INSURANCE USTD DELOWHAVE 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 NOTWITHSTANDING ANY REQUIREMENT TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMEN WITH RESPECT TO WHICH THIS CERTIFICATE AND CONDITIONS OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE NOTWITHSTANDING ANY REQUIREMENT THE INSURANCE AFFORDED SECRIBLED HERDING SUBJECT TO WHICH THIS CERTIFICATE IN THE POLICY NUMBER  OCCUPANTION OF THE ABOVE DESCRIBED POLICIES IN THE POLICY NUMBER OF THE POLICY PROVISIONS  AND RECORD OF THE POLICY NUMBER OF THE POLICY PROVISIONS  AND RECORD OF THE POLICY NUMBER OF THE POLICY PROVISIONS  POLICY NUMBER OF THE POLICY PROVISIONS  AND RECORD OF THE POLICY PROVISIONS  AND RECORD OF THE POLICY PROVISIONS  AND RECORD OF THE POLICY NUMBER OF THE POLICY PROVISIONS  AND RECORD OF THE POL				· i.	INSURER D :				
COVERAGES  CERTIFICATE NUMBER:  THIS IS TO CERTIFY THAT THE POLICIES ON MISURANCE LIGHTO BELOW-HAVE BEEN ISSUED TO THE INSURED NAME DAVE FOR THE POLICY PERIOD INDICATED NOTWITHSTANDING ANY REQUIREMENT TERM OR CONDITION OF ANY CONTRACT OR CHURCH ANY PERIOD OF THE POLICY PERIOD INDICATED NOTWITHSTANDING ANY REQUIREMENT TERM OR CONDITION OF ANY CONTRACT OR CHURCH OF ANY PERIOD OF ANY CONTRACT OR CHURCH OF ANY CONTRACT OR CHURCH OF ANY CHURCH		Ocaia, PL 344/8		and the second	INSURER E :				
THIS STO CERTIEST THAT THAT POLICIES OF INSURANCE LISTED BELOWHAVE BECAN ISSUED TO THE INSURED NAMED AGOVE FOR THE POLICY PERIOD MIDICATED IN DOUBT AND CONDITION OF ANY CONTRIBATION OF ANY CONTRIBATIONS OF ANY CONTRIBATION OF ANY CONTRIBATIONS OF ANY CONTRIBATION OF ANY CONTRIBATION OF ANY CONTRIBATIONS OF ANY CONTRIBATION OF ANY CONTRIBATIONS OF ANY CONTRIBATIONS OF ANY CONTRIBATION OF ANY CONTRIBATIONS OF ANY CONTRIBATION					INSURER F :	***************************************	V/Whom.		
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOWHAVE BEEN ISSUED TO THE INSURED MAMEDIA ADDRESS OF THE POLICY PERMODIANE DISTRIBUTION ANY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS EXCLUSIONS AND CONDITIONS OF SUCH POLICIES IMMS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAMS.  TYPE OF MURIANCE. ADDRESS OF SUBJECT TO ALL THE TERMS TO ADDRESS OF THE POLICIES IN THE POLICIES IN THE POLICY PERMODIANCE AND COMMENTAL THE POLICY PERMODIANCE AND COMMENTAL THE TERMS TO ADDRESS OF THE POLICY PERMODIANCE AND COMMENTAL THE POLICY PROVISIONS.  DESCRIPTION OF OPERATIONS HOUSE AND COMMENTAL THE POLICY PROVISIONS.  DESCRIPTION OF THE POLICY PROVISIONS.  DESCRIPTION OF THE POLICY PROVISIONS.  THE EAPPRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WILL B	CO	VERAGES CE	RTIFICATE N	UMBER:			REVISION NUMBER:		
COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE  CODUR  CLAIMS-MADE  COMMERCIAL SAPVIPLANV  CLAIMS-MADE  COMMERCIAL SAPVIPLANV  CLAIMS-MADE  COMMERCIAL SAPVIPLANV  CLAIMS-MADE  COMMERCIAL SAPVIPLANV  CLAIMS-MADE  CLAIMS-M	Č E	ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	KEGUIKEMEN / PERTAIN T	I. FERM OR CONDITION HE INSURANCE AFFORD	OF ANY CONTRA	CT OR OTHER	POOLIMENT WITH RESOR	COT TO MALIOUS TURE	
COMMERCIAL GENERAL LABELITY  GLAMS-MADE  COCUMP  GLAMS-MADE  COCUMP  C	LIR	TYPE OF INSURANCE	ADDL SUBR INSD: WVD	POLICY NUMBER	POLICY EFF		LIMIT	'S	
CERTIFICATE HOLDER   CANCELLATION   Description of the policy of the p		COMMERCIAL GENERAL LIABILITY			The second secon	,	EACH OCCURNENCE	\$	
DED SCHETCH SOME STATE HOLDER  AND AUTO ONLY AUTO SCHEDULE STATE SOME SOME SOME SOME SOME SOME SOME SOM		CLAIMS-MADE COOUR			!		DAMAGE TO RENTED	. \$	
GENI AGGREGATE LIMIT APPLIES FOR FOLION   SECRET   SECRETAL ANDREOSE   SECRETAL ANDREO								**************************************	
GENERAL AIGNEGATE \$ POUCY   NICT   OC   OTHER   OCCUPANCE   OTHER POUCY   SACRETORY   DESCRIPTION OF DESCRIPTION		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	. ! !					\$	
POUCH TECT TO:  OTHER AUTOMOBILE LABILITY  AND AUTO OWNED  AUTOS ONLY  AUTOS O		GENT AGGREGATE LIMIT APPLIES PER	1 1 1					\$	
AUTOMOBILE LIABILITY  ANY AUTO  OWNED		FOLICY PRO 100			i			· \$	
ANY AUTO  OWNED		OTHER						3	
ANY AUTO  OWNER AUTOS ONLY  AUTOS ONLY  MUCS ONLY  MUCS ONLY  MURS CHAPTER TO SERVICE STATES ON SERVICE STATES ON SERVICE SERV		AUTOMOBILE LIABILITY	:		A STATE OF THE PARTY OF THE PAR		COMBINED SING, E LIMIT Faraccident	5	
MOSS ONLY 2015 O		i						5	
MARCH   NOTIFICATE HOLDER   NAME   NAME   S   S   S   S   S   S   S   S   S		OWNED SCHEDULED AUTOS					800 cY (NUCRY (Per accident)	5	
UMBRELLA LIAB OCCUP EXCESS LIAB CLAVIS MADE DED RETENTIONS  A WORKERS COMPENSATION AND EMPLOYER'S LUBBLITY MAY PERSONNEL PRATE VELVE UNDERFY (Mandalory in Nit) PROSECULATION OF OPERATIONS Below  DESCRIPTION OF OPERATIONS LOCATIONS* VENICLES (ACOND 101, Additional Remarks Schedule, may be attached if more space is required)  CERTIFICATE HOLDER  Columbia County PO Box 1529 Lake City, FL 22056		HIRED NON-CYMAFD AUTOS ONLY	:				PROPERTY DAMAGE	S	
EXCESS LIAB CLAWS MACE  DED RETENTIONS  A WORKERS COMPRESSATION AND EMPLOYERS LIABILITY AND PROPRIETOR PARTY VEYEOUT VEY NAME ACCURAGE ACCURACE ACCURAGE ACCURAGE ACCURAGE ACCURAGE ACCURAGE ACCURAGE ACCURACE ACCURAGE ACCURAGE ACCURAGE ACCURAGE ACCURAGE ACCURAGE ACCURAGE ACCURAGE ACCURACE ACC								4	
EXCESS LAB CLAWS MADE  DED RETRITIONS  A WORKERS COMPENSATION AND EMPLOYERS LIBBUILTY ANY PROPRIETOR PART NET RETRITIONS  A WORKERS COMPENSATION ANY PROPRIETOR PART NET RETRITIONS AND EMPLOYERS LIBBUILTY ANY PROPRIETOR PART NET RETRITIONS (Mandatory in NIT) If yes, describe under DESCRIPTION OF OPERATIONS Delow  DESCRIPTION OF OPERATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if indre space is required)  DESCRIPTION OF OPERATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if indre space is required)  CERTIFICATE HOLDER  COlumbia County PO Box 1529 Lake City, Ft. 32056	-	UMBRELLA LIAB OCCUR				:	FACE OCCURRENCE	S	
A WORKERS COMPENSATION AND EMPLOYERS TUBBLITY AND PROPRIEDIDE PARTITIONS PROPRIEDIDE STATEMENT OF THE PROPRIEDIDE P		EXCESS LIAB CLAIMS MADE	<b>5</b>					: S	
ACWC196971  2/15/2020  2/15/2020  2/15/2020  ACWC196971  2/15/2020  ACWC196971  2/15/2020  ACWC196971  2/15/2020  ACWC196971  2/15/2020  ACWC196971  2/15/2020  ACWC196971  ACWC196971  2/15/2020  ACWC196971  ACWC196971  2/15/2020  ACWC196971  ACWC196971  ACWC196971  2/15/2020  ACWC196971  ACWC196971  ACWC196971  ACWC196971  2/15/2020  ACWC196971  ACWC19		DED RETENTIONS					to a second of the second of t	\$	
ACWC196971  2/15/2020  2/15/2020  2/15/2020  ACWC196971  2/15/2020  ACWC196971  2/15/2020  ACWC196971  2/15/2020  ACWC196971  2/15/2020  ACWC196971  2/15/2020  ACWC196971  ACWC196971  2/15/2020  ACWC196971  ACWC196971  2/15/2020  ACWC196971  ACWC196971  ACWC196971  2/15/2020  ACWC196971  ACWC196971  ACWC196971  ACWC196971  2/15/2020  ACWC196971  ACWC19	A	WORKERS COMPENSATION		1. Type grappy at 1. Strategical parties and 1. of 5 decembers are set.			X STATUTE : GE		
DESCRIPTION OF OPERATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  DESCRIPTION OF OPERATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  CERTIFICATE HOLDER  Columbia County PO Box 1529 Lake City, FL 32056  CERTIFICATE HOLDER  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.				CWC196971	2/15/2020	2/15/2021		100,000	
DESCRIPTION OF OPERATIONS / LOCATIONS - VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  CERTIFICATE HOLDER  Columbia County PO Box 1529 Lake City, FL 32056  CERTIFICATE HOLDER  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.		OFFICERMEMBER EXCLUDED? (Mandatory in NH)	, N/A					100,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  CERTIFICATE HOLDER  Columbia County PO Box 1529 Lake City, FL 32056  CACCELLATION  CANCELLATION  CANCELLATION  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.		if yes, describe unger DESCRIPT ON OF OPERATIONS below						500,000	
CERTIFICATE HOLDER  Columbia County PO Box 1529 Lake City, FL 32056  CANCELLATION  CANCELLATION  CANCELLATION  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.	*		1						
CERTIFICATE HOLDER  Columbia County PO Box 1529 Lake City, FL 32056  CANCELLATION  CANCELLATION  CANCELLATION  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.			1		•				
CERTIFICATE HOLDER  Columbia County PO Box 1529 Lake City, FL 32056  CANCELLATION  CANCELLATION  CANCELLATION  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.		1					:		
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  Lake City, FL 32056	DES Mich	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC hael A. Boland ES 12000926 & CAC 181	CLES (ACORD 10 17716	11, Additional Remarks Schedule	i, may be attached if no	re space is requi	ed)		
Columbia County PO Box 1529 Lake City, FL 32056  THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.	CE	RTIFICATE HOLDER			CANCELLATION	, , , , , , , , , , , , , , , , , , ,	The second secon		
	PO Box 1529				THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				

© 1988-2015 ACORD CORPORATION. All rights reserved. The ACORD name and logo are registered marks of ACORD

Ron DeSantis, Governor

Halsey Beshears, Secretary



## STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

# CONSTRUCTION INDUSTRY LICENSING BOARD

THE CLASS B AIR CONDITIONING CONTRACTOR HEREIN IS CERTIFIED UNDER THE 89. FLCTPIDA STATUTES PROVISIONS OF CHAPTER



## LICENSE NUMBER CAC18/17/16

**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.



## STATE OF FLORIDA

# DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

# ELECTRICAL CONTRACTORS LICENSING BOARD

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



#### LICENSE NUMBER ES12000926

**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.