

Licensee Details

Licensee Information

Name: **MCELROY, MARSHALL S (Primary Name)**
Main Address: ***Private Address* *Private Address***
Private Address
Private Address
Private Address

License Mailing:

LicenseLocation:

License Information

License Type: **Standard Inspector**
Rank: **Inspector**
License Number: **BN6543**
Status: **Current,Active**
Licensure Date: **06/18/2014**
Expires: **11/30/2021**

Special Qualifications

	Qualification Effective
Building	06/18/2014
1&2 Family Dw	04/11/2019

Alternate Names

[View Related License Information](#)

[View License Complaint](#)

[2601 Blair Stone Road, Tallahassee FL 32399](#) :: Email: [Customer Contact Center](#) :: Customer Contact Center: 850.487.1395

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Under Florida law, email addresses are public records. If you do not want your email address released in response to a public-records request, do not send electronic mail to this entity. Instead, contact the office by phone or by traditional mail. If you have any questions, please contact 850.487.1395. *Pursuant to Section 455.275(1), Florida Statutes, effective October 1, 2012, licensees licensed under Chapter 455, F.S. must provide the Department with an email address if they have one. The emails provided may be used for official communication with the licensee.

However email addresses are public record. If you do not wish to supply a personal address, please provide the Department with an email address which can be made available to the public.

ACORDTM**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

12/03/2019

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 any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER McGriff Insurance Services PO Box 4927 Orlando, FL 32802-4927 407 691-9600		CONTACT NAME: PHONE (A/C, No, Ext): 407 691-9600 FAX (A/C, No): 888-635-4183 E-MAIL ADDRESS:	
INSURED Universal Engineering Sciences Inc. 3532 Maggie Blvd. Orlando, FL 32811		INSURER(S) AFFORDING COVERAGE	
		INSURER A : Valley Forge Insurance Company	
		INSURER B : Valley Forge Insurance Company	
		INSURER C : National Fire Insurance of Hartford	
		INSURER D : Various Carriers-See Description	
		INSURER E :	
INSURER F :		NAIC # 20508 20508 20478	

COVERAGES**CERTIFICATE NUMBER: #5)19/20 Municipal****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 SUBR INSR 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 <input checked="" type="checkbox"/> Incl X,C,U GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	* *	6075841134	01/01/2019	01/01/2020	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$15,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
C	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY	* *	6075841120	01/01/2019	01/01/2020	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
D	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		See Description for Excess Liab information	01/01/2019	01/01/2020	EACH OCCURRENCE \$See Descript AGGREGATE \$See Descript \$
B	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 N/A	WC675841151	01/01/2019	01/01/2020	<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)

*Additional Insured status is granted with respect to General Liability if required by written contract per "Blanket Additional Insured-Owners, Lessees or Contractors-with Products-Completed Operations Coverage Endorsement" Form #CNA75079XX 10/16.

Primary and Non-Contributory status is granted with respects to General Liability if required by written (See Attached Descriptions)

CERTIFICATE HOLDER**CANCELLATION**

Columbia County
 Building Department
 Attn: Troy Crews
 135 NE Hernando Ave #21
 Lake City, FL 32055

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



DESCRIPTIONS (Continued from Page 1)

contract per "Architects, Engineers and Surveyors General Liability Extension Endorsement" Form #CNA74858 01/15.

Per Project Aggregate status is granted as respects to General Liability as per "General Aggregate Limit - Per Project Endorsement" Form #CNA75061 01/15.

Contractual Liability as respects to General Liability as per Commercial General Liability Coverage Form form #CG0001 04/13.

*Additional Insured status is granted with respects to Automobile Liability policy on a primary basis with regard to the operations of the named insured if required by written contract per endorsement "Business Auto Coverage Form" form #CA0001 10/13.

*Waiver of Subrogation status is granted with respects to General Liability if required by written contract per "Architects, Engineers and Surveyors General Liability Extension Endorsement" Form #CNA74858 01/15.

*Waiver of Subrogation status is granted with respects to Workers Compensation if required by written contract per Waiver of Our Rights to Recover from Others Endorsement, form #WC000313.

*Waiver of Subrogation status is granted with respects to Automobile Liability if required by written contract per "Business Auto Coverage Form" form #CA0001 10/13.

With regard to General Liability, when required by written contract, 30 Days Notice of Cancellation applies per form "Changes-Notice of Cancellation or Material Restriction Endorsement" form #CNA74702 01/15.

With regard to Automobile, when required by written contract, 30 Days Notice of Cancellation applies per form "Notice of Cancellation or Material Change-Designated Person or Organization" form #CNA72315 02/13.

With regard to Workers Compensation, when required by written contract, 30 Days Notice of Cancellation applies per form "Notice of Cancellation or Material Change Endorsement" form #CNA87380 11/16.

Excess policies follow form of the underlying policies.

EXCESS LIABILITY COVERAGES:

Excess Liability Policy over General Liability:

National Surety Corporation (NAIC# 21881)

Policy #SSE58214255

Policy term 1-1-2019 to 1-1-2020

Provides an additional \$9,000,000 per Occurrence, \$9,000,000 per Aggregate, excess liability layer above the underlying \$1,000,000 occurrence liability limits/\$2,000,000 aggregate liability limit provided by primary General Liability policy with Travelers Indemnity Company of America, policy #P6603G518961TIA18.

Excess Liability Policy over Auto Liability and Employers Liability:

Endurance Assurance Corporation (NAIC#11551)

Policy #EXC30000530701

Policy term 1-1-2019 to 1-1-2020

Provides an additional \$1,000,000 excess automobile liability layer above the underlying \$1,000,000 liability limits provided by primary automobile policy with National Fire Insurance of Hartford #6075841120.

(Aggregate Limit where applicable)

Excess Liability Policy over Auto Liability and Employers Liability:

Landmark American Insurance Company (NAIC#33138)

Policy #LHA085007

DESCRIPTIONS (Continued from Page 1)

Policy term 1-1-2019 to 1-1-2020

Provides an additional \$4,000,000 excess automobile liability layer above the underlying \$1,000,000 automobile liability limits provided by Endurance Assurance Corporation Policy #EXC30000530701. (Aggregate Limit where applicable)



UNIVENG-01

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/3/2019

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PRODUCER
Ames & Gough
8300 Greensboro Drive
Suite 980
McLean, VA 22102

CONTACT
NAME:
PHONE
(A/C, No, Ext): (703) 827-2277
E-MAIL
ADDRESS: admin@amesgough.com

FAX
(A/C, No): (703) 827-2279

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURED

Universal Engineering Sciences, Inc.
3532 Maggie Blvd
Orlando, FL 32811-6697

INSURER A : Evanston Insurance Company 35378

INSURER B : Continental Casualty Company (CNA) A+, XV 20443

INSURER C :

INSURER D :

INSURER E :

INSURER F :

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE \$
	CLAIMS-MADE OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence) \$
						MED EXP (Any one person) \$
						PERSONAL & ADV INJURY \$
	GEN'L AGGREGATE LIMIT APPLIES PER					GENERAL AGGREGATE \$
	POLICY PRO-JECT LOC					PRODUCTS - COMP/OP AGG \$
	OTHER					\$
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident) \$
	ANY AUTO OWNED AUTOS ONLY SCHEDULED AUTOS					BODILY INJURY (Per person) \$
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY					BODILY INJURY (Per accident) \$
						PROPERTY DAMAGE (Per accident) \$
						\$
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE \$
	EXCESS LIAB CLAIMS-MADE					AGGREGATE \$
	DED RETENTION \$					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y / N				PER STATUTE OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N / A				E L EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E L DISEASE - EA EMPLOYEE \$
						E L DISEASE - POLICY LIMIT \$
A	Professional Liab.		MKL77PL0003450	1/1/2019	1/1/2020	Per Claim/Aggregate 5,000,000
B	Professional Liab.		EXN591925142	1/1/2019	1/1/2020	Per Claim/Aggregate 3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

CANCELLATION

Columbia County Building Department
Attention: Troy Crews
135 NE Hernando Avenue, #21
Lake City, FL 32055

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AUTHORIZED REPRESENTATIVE