

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # Chris Mill Homes JOB NAME Elvia Almonte ~ Jared Norman

THIS FORM MUST BE SUBMITTED BEFORE A PERMIT WILL BE ISSUED

Columbia County issues combination permits. One permit will cover all trades doing work at the permitted site. It is **REQUIRED** that we have records of the subcontractors who actually did the trade specific work under the general contractors permit.

NOTE: It shall be the responsibility of the general contractor to make sure that all of the subcontractors are licensed with the Columbia County Building Department.

Use website to confirm licenses: <http://www.columbiacountyfla.com/PermitSearch/ContractorSearch.aspx>

NOTE: If this should change prior to completion of the project, it is your responsibility to have a corrected form submitted to our office, before that work has begun.

Violations will result in stop work orders and/or fines.

ELECTRICAL <input type="checkbox"/>	Print Name <u>Richard Turner</u> Signature <u>[Signature]</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# _____	Company Name: <u>Turner Electric</u> License #: <u>ES 12000280</u> Phone #: <u>229.740.0188</u>	
MECHANICAL/ A/C <input type="checkbox"/>	Print Name <u>Matt Green</u> Signature <u>Matt Green</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# _____	Company Name: <u>Green Sales & Service</u> License #: <u>CAC1820394</u> Phone #: <u>386.792.4272</u>	
PLUMBING/ GAS <input type="checkbox"/>	Print Name <u>Tyler Stratton</u> Signature <u>Tyler Stratton</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# _____	Company Name: <u>Stratton Plumbing</u> License #: <u>CFC1432618</u> Phone #: <u>386.249.2251</u>	
ROOFING <input type="checkbox"/>	Print Name <u>Angel Baez</u> Signature <u>[Signature]</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# _____	Company Name: <u>Kings Roofing - NWFL LLC</u> License #: <u>CC1333188</u> Phone #: <u>850-215-0423</u>	
SHEET METAL <input type="checkbox"/>	Print Name _____ Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# _____	Company Name: _____ License #: _____ Phone #: _____	
FIRE SYSTEM/ SPRINKLER <input type="checkbox"/>	Print Name _____ Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# _____	Company Name: _____ License #: _____ Phone #: _____	
SOLAR <input type="checkbox"/>	Print Name _____ Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# _____	Company Name: _____ License #: _____ Phone #: _____	
STATE SPECIALTY <input type="checkbox"/>	Print Name _____ Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# _____	Company Name: _____ License #: _____ Phone #: _____	



Ron DeSantis, Governor

Melanie S. Griffin, Secretary



STATE OF FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD

THE RESIDENTIAL CONTRACTOR HEREIN IS CERTIFIED UNDER THE
PROVISIONS OF CHAPTER 489, FLORIDA STATUTES

JONES, PATRICK NELSON

CHRISMILL HOMES OF FLORIDA, INC.
354 ENTERPRISE DRIVE
VALDOSTA GA 31601

LICENSE NUMBER: CRC1332817

EXPIRATION DATE: AUGUST 31, 2026

Always verify licenses online at MyFloridaLicense.com

ISSUED: 06/25/2024

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.





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/29/2025

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 Blanton & Griffin Insurance Agency 2314 N. Patterson Street P. O. Box 1689 Valdosta GA 31603-1689		CONTACT NAME: Teresa Oglesby PHONE (A/C, No, Ext): (229) 247-6500 FAX (A/C, No): (229) 247-6507 E-MAIL ADDRESS: toglesby@blantongriffin.com													
INSURED Chrismill Homes Inc; Chrismill Homes of FL Inc & Legendary Construction Inc 354 Enterprise Dr Valdosta GA 31601		INSURER(S) AFFORDING COVERAGE <table border="1"><tr><td>INSURER A: American Builders Insurance Company.</td><td>NAIC # 11240</td></tr><tr><td>INSURER B: State Auto Mutual Insurance</td><td>25135</td></tr><tr><td>INSURER C: Builders Insurance</td><td>10704</td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></table>		INSURER A: American Builders Insurance Company.	NAIC # 11240	INSURER B: State Auto Mutual Insurance	25135	INSURER C: Builders Insurance	10704	INSURER D:		INSURER E:		INSURER F:	
INSURER A: American Builders Insurance Company.	NAIC # 11240														
INSURER B: State Auto Mutual Insurance	25135														
INSURER C: Builders Insurance	10704														
INSURER D:															
INSURER E:															
INSURER F:															

COVERAGES

CERTIFICATE NUMBER: 24-25/25-26 Master COI

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			PKG 0298426 07	02/05/2025	02/05/2026	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	Y	Y				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input checked="" type="checkbox"/> Bkt AI-Ongoing Ops by Contract						MED EXP (Any one person) \$ 5,000
	<input checked="" type="checkbox"/> Bkt Waiver of Subro by Contract						PERSONAL & ADV INJURY \$ 1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$ 2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 2,000,000
	<input checked="" type="checkbox"/> OTHER: Primary & N/C by Contract						Employee Benefits \$ 1,000,000
B	AUTOMOBILE LIABILITY			10015985CA	02/05/2025	02/05/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
						Medical payments \$ 1,000	
	UMBRELLA LIAB						EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WCV 0298444 05 - GA	02/05/2025	02/05/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A				E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	<input checked="" type="checkbox"/> Y					E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	WORKERS COMPENSATION & EMPLOYERS LIAB-Officers Excl? Y			WCV 0302985 - FL & NC	05/12/2024	05/12/2025	X PER STATUTE Employers Liability: \$1Mil/\$1Mil/\$1Mil

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

Certificate Holder is included as additional insured as respects General Liability to the extent allowed by law and when required by written contract or written agreement with the Named Insured that is effective prior to any loss or damage.

CERTIFICATE HOLDER

Columbia County Building Department
135 NE Hernando Ave # 21
Lake City, FL 32055

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.

AUTHORIZED REPRESENTATIVE

Wade King



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/16/2024

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.

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PRODUCER

Leavitt Group Agency Association, LLC
PO Box 280

Cedar City

UT 84721

INSURED

Green's Sales & Services 2 Inc.
5593 SW 28th Ln

Jasper

FL 32052

CONTACT NAME: CL Central

PHONE (A/C, No, Ext): (866) 216-6133

FAX (A/C, No): (866) 688-5709

E-MAIL ADDRESS: linkmail@leavitt.com

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: Great American Insurance Group

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

COVERAGES

CERTIFICATE NUMBER: 24-25 WC

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 VWD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY						
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						EACH OCCURRENCE \$
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$
							MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COM/OP AGG \$
	OTHER:						\$
	AUTOMOBILE LIABILITY						
	<input type="checkbox"/> ANY AUTO						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> OWNED AUTOS ONLY						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> NON-OWNED AUTOS ONLY						\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR						AGGREGATE \$
	EXCESS LIAB						\$
	<input type="checkbox"/> CLAIMS-MADE						\$
	DED						\$
	RETENTION \$						\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N					E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	N	N/A	WCF056746	07/15/2024	07/15/2025	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

Columbia County Building Department
135 NE Hernando Ave # 21
Lake City, FL 32055

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.

AUTHORIZED REPRESENTATIVE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/1/2024

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.

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PRODUCER	Insureon, Division of Specialty Program Group LLC / DBA SPG Insurance Solutions LLC in CA 203 N. LaSalle St., 20th Floor, Chicago, IL 60601	CONTACT NAME:		
		PHONE (A/C, No. Ext): (877) 826-9067	FAX (A/C, No): 877-826-9067	
		E-MAIL ADDRESS:		
		INSURER(S) AFFORDING COVERAGE	NAIC #	
		INSURER A: Hiscox	10200	
		INSURER B:		
		INSURER C:		
		INSURER D:		
		INSURER E:		
		INSURER F:		

INSURED
Greens Sales and Service 2 Inc
5593 Southwest 28th Lane, Jasper, FL, 32052

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 VVVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			P100.415.020.5	7/25/2024	7/25/2025	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
							MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 2,000,000
	OTHER:						\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						\$
	<input type="checkbox"/> NON-OWNED AUTOS						\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE \$
	<input type="checkbox"/> OCCUR						\$
	<input type="checkbox"/> CLAIMS-MADE						\$
	<input type="checkbox"/> DED						\$
	<input type="checkbox"/> RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						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)

CERTIFICATE HOLDER

CANCELLATION

Columbia County Building Department
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

Gustavo J. Silva

THE OFFICIAL SITE OF THE FLORIDA DEPARTMENT OF BUSINESS &
PROFESSIONAL REGULATIONFlorida
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LICENSEE DETAILS

10:29:29 AM 3/19/2025

Licensee Information

Name:	GREEN, MATTHEW CASWELL (Primary Name) GREEN'S SALES AND SERVICE 2 INC (DBA Name)
Main Address:	5593 SW 28TH LANE JASPER Florida 32052
County:	HAMILTON
License Location:	5593 SW 28TH LANE JASPER FL 32052
County:	HAMILTON

License Information

License Type:	Certified Air Conditioning Contractor
Rank:	Cert Air
License Number:	CAC1820394
Status:	Current,Active
Licensure Date:	03/25/2020
Expires:	08/31/2026

Special
Qualifications

Qualification Effective

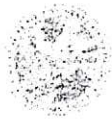
Class B	03/25/2020
Construction Business	03/25/2020

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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Statement



Department of Business
& Professional Regulation

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[AB&T Delinquent Invoice & Activity List Search](#)

LICENSEE DETAILS

10:14:32 AM 3/19/2025

Licensee Information

Name:	STRATTON, TYLER LEE (Primary Name) STRATTON PLUMBING, LLC (DBA Name)
Main Address:	19506 96TH ST LIVE OAK Florida 32060
County:	SUWANNEE
License Location:	12804 177TH RD LIVE OAK FL 32060
County:	SUWANNEE

License Information

License Type:	Certified Plumbing Contractor
Rank:	Cert Plumbing
License Number:	CFC1432618
Status:	Current,Active
Licensure Date:	01/22/2024
Expires:	08/31/2026

Special Qualifications

Qualification Effective

Construction Business	01/22/2024
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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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/28/2025

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PRODUCER Solid Insurance Providers 13506 SUMMERPORT VILLAGE PKWY # 777		CONTACT NAME: ERIC HEITNER PHONE (A/C, No, Ext): 407-234-7918 E-MAIL ADDRESS: eric@solidins.com FAX (A/C, No): 407-386-7918	
WINDERMERE FL 34786-7366		INSURER(S) AFFORDING COVERAGE	
INSURED STRATTON PLUMBING, LLC 12804 177th Rd Live Oak FL 32060		INSURER A: Kinsale Insurance Company INSURER B: ASCENDANT COMMERCIAL INSURANCE, INC INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 0	

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

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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						EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input checked="" type="checkbox"/> Blanket AI and WOS						MED EXP (Any one person) \$ Excluded
	<input checked="" type="checkbox"/> Primary and non-contributory						PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 2,000,000
	OTHER:						\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR						EACH OCCURRENCE \$
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$
	DED <input type="checkbox"/> RETENTION \$						\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	N/A	WC-79945-1	02-01-2025	02-01-2026	E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						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**

Columbia County Building Department
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

eric heitner

ACORD™ CERTIFICATE OF LIABILITY INSURANCEDATE (MM/DD/YYYY)
02/18/2025

PRODUCER FX 229-333-0873

Kelly Insurance Agency
101 Woodrow Wilson Dr
Valdosta, GA 31602
229-244-9835

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED

Turner Electrical Services
6858 HWY 122 East
Ray City, Ga 31645

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: Old Dominion

INSURER B: Old Dominion

INSURER C: Technology Insurance Company

INSURER D:

INSURER E:

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	CP00060117	07/26/24	07/26/25	EACH OCCURRENCE \$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000				
	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 checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	CA00027156	07/25/24	07/25/25	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	BODILY INJURY (Per person) \$				
	BODILY INJURY (Per accident) \$				
	PROPERTY DAMAGE (Per accident) \$				
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$
					OTHER THAN AUTO ONLY: EA ACC \$
					AGG \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$
					AGGREGATE \$
					\$
					\$
					\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	TWC4347594	01/17/25	01/17/26	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	E.L. EACH ACCIDENT \$ 500,000				
	E.L. DISEASE - EA EMPLOYEE \$ 500,000				
					E.L. DISEASE - POLICY LIMIT \$ 500,000
B	OTHER Uninsured Motorist	CA00027156	07/25/24	07/25/25	Combined Single Limit 300,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

The certificate holder is named as additional insured on the above-referenced General Liability Policy with respect to liability arising out of the Named Insured's operations. The General Liability Policy shall be Primary and Non-contributory with any other insurance in force.

CERTIFICATE HOLDER

Columbia County Building Department
135 NE Hernando Ave # 21
Lake City, Fl. 32055

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Tracie Kelly

THE OFFICIAL SITE OF THE FLORIDA DEPARTMENT OF BUSINESS &
PROFESSIONAL REGULATION



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dbpr

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& Professional Regulation

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LICENSEE DETAILS

10:29:10 AM 3/19/2025

Licensee Information

Name: **TURNER, RICHARD JOHNSTON JR (Primary Name)**
Main Address: **TURNER ELECTRICAL SERVICES (DBA Name)**
6858 HWY 122 E.
RAY CITY Georgia 31645
County: **OUT OF STATE**

License Information

License Type: **Certified Specialty Contractor**
Rank: **Cert Specialty**
License Number: **ES12000280**
Status: **Current,Active**
Licensure Date: **01/26/2005**
Expires: **08/31/2026**

Special Qualifications

Qualification Effective

Residential
Specialty **01/26/2005**

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. Please see our Chapter 455 page to determine if you are affected by this change.



Ron DeSantis, Governor

Melanie S. Griffin, Secretary



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD

THE ROOFING CONTRACTOR HEREIN IS CERTIFIED UNDER THE
PROVISIONS OF CHAPTER 489, FLORIDA STATUTES



BAEZ, ANGEL L.

KINGS ROOFING NWFL, LLC
1515 FRANKFORD AVENUE
PANAMA CITY FL 32405

LICENSE NUMBER: CCC1333188

EXPIRATION DATE: AUGUST 31, 2026

Always verify licenses online at MyFloridaLicense.com

ISSUED: 08/23/2024

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.





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/23/2025

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 Gulf Coast Affordable Insurance, LLC 700 N New Warrington Road Pensacola FL 32506	CONTACT NAME: Mary Jordan PHONE (A/C, No, Ext): (850) 497-6810 FAX (A/C, No): (850) 390-4776 E-MAIL ADDRESS: agents@gcainsurance.com
INSURED KINGS ROOFING NWFL, LLC (Kings Roofing LLC) 1515 Frankford Ave Panama City FL 32405	INSURER(S) AFFORDING COVERAGE INSURER A: XS Brokers/United Specialty Insurance Company INSURER B: Ascendant: The Infinity Group INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES

CERTIFICATE NUMBER: CL2531400601

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:			ATN24310089	12/20/2024	12/20/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPI/OP AGG \$ 2,000,000 Desgntd Constrtn Proj \$ 2,000,000
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			50022612001	03/14/2025	03/14/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Waiver of Subrogation \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> 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)

FL license# CCC1333188

Policy locations covered under this policy: 1515 Frankford Ave, Panama City, FL 32405, 1497 Creighton Rd, Pensacola, FL 32507, and 4120 Tamiami Trail, Port Charlotte, FL 33952.

CERTIFICATE HOLDER

CANCELLATION

Columbia County Building Department
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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/22/2025

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).

PRODUCER
FRSA Self Insurers Fund, Inc.
4000 Metric Drive
Winter Park, FL 32792

CONTACT NAME: Certificate Desk
PHONE (A/C, No, Ext): (800) 767-3772 ext. 200 FAX (A/C, No): (407) 671-2520
E-MAIL ADDRESS: cert@frsasif.com

INSURED
Inns Roofing NWFL, LLC
1575 Frankford Ave
Panama City, FL 32405

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A:	FRSA Self Insurers Fund / Safety National Casualty	15105
INSURER B:		
INSURER C:		
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.

INSURANCE TYPE	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
COMMERCIAL GENERAL LIABILITY	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR		N/A			EACH OCCURRENCE \$
						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
GEN'L AGGREGATE LIMIT APPLIES PER:	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC		N/A			MED EXP (Any one person) \$
	OTHER:					PERSONAL & ADV INJURY \$
AUTOMOBILE LIABILITY	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	N/A			GENERAL AGGREGATE \$
						PRODUCTS - COMP/OP AGG \$
UMBRELLA LIAB	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE	N/A			COMBINED SINGLE LIMIT (Ea accident) \$
						BODILY INJURY (Per person) \$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	<input type="checkbox"/> RETENTIONS		870-040265	01/01/2025	01/01/2026	BODILY INJURY (Per accident) \$
						PROPERTY DAMAGE (Per accident) \$
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	N/A				EACH OCCURRENCE \$
						AGGREGATE \$
If yes, describe under DESCRIPTION OF OPERATIONS below						
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)						X PER STATUTE OTH-ER
REMARKS: Non-cancelable, without 30 days prior written notice, except for non-payment of premium which will be a 10 day written notice.						E.L. EACH ACCIDENT \$ 1,000,000
FOR INFORMATIONAL PURPOSES						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
CERTIFICATE HOLDER						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)
REMARKS: Non-cancelable, without 30 days prior written notice, except for non-payment of premium which will be a 10 day written notice.

FOR INFORMATIONAL PURPOSES

CERTIFICATE HOLDER

A Columbia County Building Department
135 NE Hernando Ave. #21
Lake City, FL 32055

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.

AUTHORIZED REPRESENTATIVE
Debra Guidry CPCU
Administrator

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