



City of Belle Isle

Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811
Tel 407-581-8161 * Fax 407-581-0313 * www.universalengineering.com

PERMIT CARD – PLEASE POST AT JOB SITE

THIS DOCUMENT BECOMES YOUR PERMIT WHEN PROPERLY VALIDATED

Per FBC 105.3.3: An enforcing authority may not issue a building permit for any building construction, erection, alteration, modification, repair or addition unless the permit either includes on its face or there is attached to the permit the following statement: "NOTICE: In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this county, and there may be additional permits required from other governmental entities such as water management districts, state agencies, or federal agencies." The issuance of this permit does not grant permission to violate any applicable City, Orange County, State of Florida and/or Federal codes and/or ordinances. Separate permits are required for Signs, Roofing, Electrical, Gas, Plumbing and Mechanical services. This permit becomes VOID if the work authorized is not commenced within 6 months, or is suspended or abandoned for a period of 6 months after commencement. **WORK SHALL BE CONSIDERED SUSPENDED IF AN APPROVED INSPECTION HAS NOT BEEN MADE WITHIN A 6 MONTH PERIOD.** PERMISSION IS GRANTED TO DO THE FOLLOWING WORK ACCORDING TO THE CONDITIONS HEREON AND THE APPROVED PLANS AND SPECIFICATIONS, SUBJECT TO COMPLIANCE WITH THE ORDINANCES OF THE CITY OF BELLE ISLE, FLORIDA.

Scope of Work: MECHANICAL: one 2.5 ton change out

Comments: None

Project Information

Address: 1524 Hoffner Ave, Belle Isle, FL 32809
Parcel ID: 18-23-30-5120-01-710
Property Owner: McMurtrie, Wilma & Hudson
Phone Number: 407 719-0752

Company Name: Ameritech A/C & Heating
Contractor Name: Novotny, Brian
License Number: CAC1817383
Address: 6290 Edgewater Drive, Orlando, FL 32810
Phone Number: 407-352-8000

Permit Number: 2016-03-068

Date of Application: 03/31/2016

Date Permit Issued: 03/31/2016

WARNING TO OWNER: "YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOU PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT." ON THE JOB INSPECTION(S) MUST BE MADE BEFORE PROCEEDING WITH SUBSEQUENT WORK. THIS CARD MUST BE DISPLAYED OUTSIDE AND BE PROTECTED FROM THE WEATHER WHILE BEING VISIBLE FROM THE STREET UNTIL THE FINAL INSPECTIONS HAVE BEEN APPROVED.

BUILDING FEATURES

IMPACT FEES

School \$
Traffic \$

ZONING FEES

Zoning Fee \$

UNIVERSAL ENG - BUILDING FEES

Cert of Occ \$
Demo \$
Building \$
Fence \$
Driveway \$
Shed \$
Window \$
PrePower \$
Electrical \$
Temp Pole \$
Plumbing \$
Mechanical \$82.50
Gas \$
Roofing \$
Boat Dock \$
Screen Encl \$
Swimming Pool \$
Sign \$

SURCHARGE FEES

Surcharge Fee \$2.00
Surcharge Fee \$2.00

TOTAL FEES \$86.50

Date Paid 4-1-16

CC or Check # VISA 02558

Amount Paid 86.50

The person accepting this permit shall conform to the terms of the application on file and construction shall conform to the requirements of the Florida Building Code (FS 553).

BUILDING INSPECTOR USE ONLY

IF APPLICABLE:

Have Zoning Approval Conditions Been Met? YES NO Have Stormwater Approval Conditions Been Met? YES NO Silt fencing in place? YES NO Turbidity Barrier in place? YES NO

BUILDING

- 1st _____ (Footing/Foundation)
Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? _____
- 2nd _____ (Slab)
- 3rd _____ (Lintel)(Wall Reinforcing on Masonry Building)
- 4th _____ (Exterior Framing)(Roof/Wall Sheathing)
- 5th _____ (Framing) (To be made after Plumbing/ Mechanical/ Electrical Rough-Ins & Windows/Doors Installed)
- 6th _____ (Insulation to be Made After Roof Installed)
- 7th _____ (Drywall)
- 8th _____ (Sidewalk/Driveway)
- 9th _____ (Other)
- 10th _____ (Final – After MEP and Other Applicable Finals)

ROOFING

- 1ST ROOFING Deck Nailing/Dry-in/Flashing _____
- 2nd ROOFING Covering In-Progress _____
- 3rd ROOFING Covering Final _____

PLUMBING (Pool-Piping, Solar, Irrigation, Water Treatment Equip, Etc...)

-
- 1ST _____ (Underground) 2nd _____ (Sewer)
- 3rd _____ (Rough-In/Tub Set) 4th _____ (Final)

CHECK APPROPRIATE BOX

GAS ___ Natural ___ LP **MECHANICAL** **ELECTRICAL** **LOW VOLTAGE**

- 1st _____ (Rough-In) 2nd _____ (Final)

Inspection requests are to be emailed to BDSDScheduling@UniversalEngineering.com; a confirmation email will be sent back to you upon scheduling. **Next-Day Inspection requests must be made by 4pm.** Please include the following in your request: Permit #, project address, type of inspection, date of the requested inspection, a contact name & a contact phone number. AM or PM may be requested but cannot be guaranteed.

For a copy of your permit, or to check inspection results, please visit <https://universalengineering.sharefile.com>
login ID = cobi@universalengineering.com password = universal13



City of Belle Isle

Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811
Tel 407-581-8161 * Fax 407-581-0313 * www.universalengineering.com

RECEIVED
MAR 31 2016

APPLICATION FOR MECHANICAL PERMIT

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

DATE OF APPLICATION: 03/30/16

PERMIT NUMBER 2016-03-068

PLEASE PRINT. The undersigned hereby applies for a permit to make installations as indicated below:

Project Address 1524 Hoffner Ave, Belle Isle FL 32809 32812
Property Owner Hudson McMurtrie Phone 407-719-0752
Property Owner's Mailing Address 1524 Hoffner Ave City Belle Isle
State FL Zip Code 32809 Parcel Id Number: 18-23-30-5120-01-710

To obtain this information, please visit <http://www.ocpaf1.org/Searches/ParcelSearch.aspx>

Class of Building: Old New Type of Building: Residential Commercial Other
Type of Work: New Alteration Addition Repair

- **REQUIRED: Tie Down Engineering**
- **REQUIRED: if adding A/C to new space, provide Energy Calculations & Equipment Sizing Calculations**
- **REQUIRED: if replacing unit with no duct work, Duct Certification as per FB 101.4.7.1, must be posted on unit**

Please indicate the nature of work by completing the information below:

Air Conditioning: # of Units 1 Tons Per Unit 2.5 Total Tons 2.5 Estimated Cost \$ _____
Type of System: Water to Air _____ Chiller _____ Split System Package _____ Heat Pump

Heating: # of Units KWS Per Unit 5 Total KWS 5 BTU's _____ Estimated Cost \$ _____
Oil _____ Electric Boiler _____ Gas _____ (A) Estimated Cost Fee \$ 5100.00

Fees for items below are based on valuation of all units, equipment, materials and labor supplied by owner or contractor.

Ventilation: (Number of) Grease _____ Heat _____ Hoods, Air Intakes _____ Exhaust Fans _____ Dryer Vents _____ Estimated Cost \$ _____

Refrigeration: Number of units _____ Estimated Cost \$ _____

Piping: Air _____ Vacuum _____ Steam _____ Chill Water _____ Estimated Cost \$ _____

Others: (Specify) _____ Estimated Cost \$ _____

Was the space previously Air Conditioned? Yes No _____ (B) Estimated Cost Fee \$ _____
I hereby certify that the above is true and correct to the best of my knowledge and make Application for Permit as outlined above, and if same is granted I agree to conform to all Florida Building Code Regulations and City Ordinances regulating same and in accordance with plans submitted. The issuance of this permit does not grant permission to violate any applicable Town and/or State of Florida codes and/or ordinances.

LICENSE HOLDER SIGNATURE [Signature] LICENSE # CAC1817383

LICENSE HOLDER NAME Brian Novotny COMPANY NAME Ameritech A/C

Street Address 6290 Edgewater Dr

City Orlando State FL Zip Code 32810 Phone Number 407-532-8000

Email Address caytlin.ameritechfl@gmail.com

Building Official: [Signature] Date 3-31-16
Verified Contractor's Licenses & Insurance are on file [Signature] Date 3-31-16

| | | |
|----------------------|----|--------------|
| Permit Fee | \$ | <u>55.-</u> |
| Review Fee | \$ | <u>27.50</u> |
| 3% Florida Surcharge | \$ | <u>4.-</u> |
| Total Permit Fee | \$ | <u>86.50</u> |

NOTE: The Building Permit Number is required if the Mechanical Installation is associated with any construction or alteration where a Building Permit has been issued. Building Permit Number _____

wo 66062
3x6
37.18
55.2
27.50
82.50

BMP INTERNATIONAL, INC
4710 28th St N, St Petersburg, FL 33714
Phone: 727-458- 0544

State Approved Equipment Tie Down - FL14239

On March 23rd 2012 the governor signed HB 704 amending SECTION 16 of the 2010 FBC to the 2007 FBC. See the copy below.

HB 704 – Relating to the Florida Building Commission and the Florida Building Code

**Chapter Law Number: Chapter No. 2012-1
Approved by the Governor 3/23/2012**

Section 16

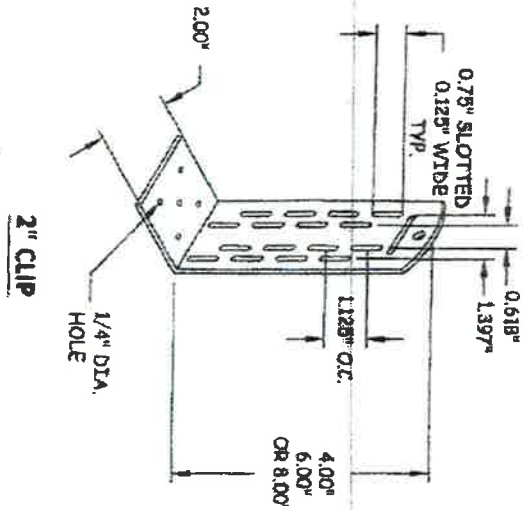
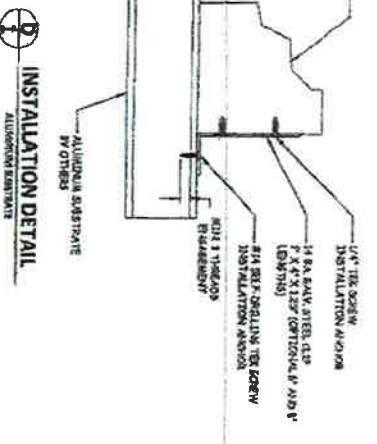
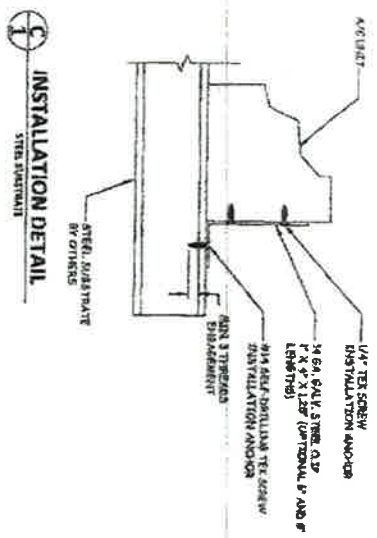
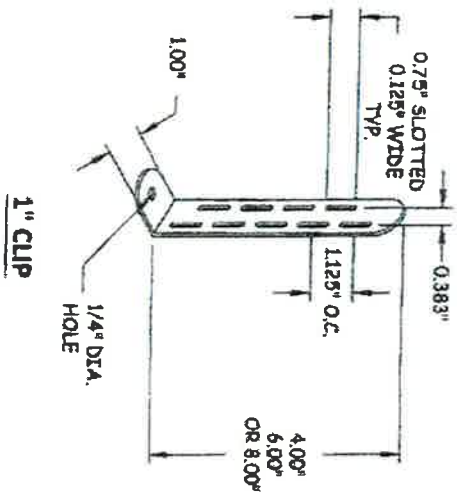
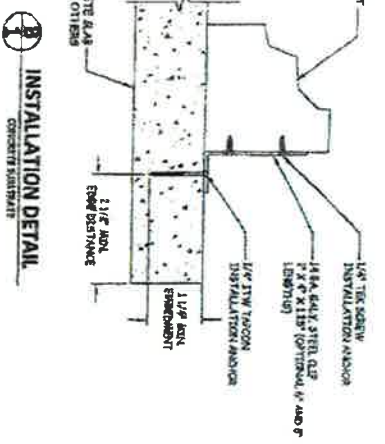
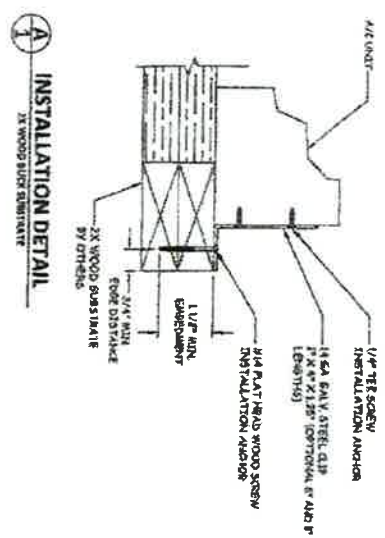
2014
4) Notwithstanding the provisions of this section, exposed mechanical equipment or appliances fastened to a roof or installed on the ground in compliance with the code using rated stands, platforms, curbs, slabs, or other means are deemed to comply with the wind resistance requirements of the 2007 Florida Building Code, as amended. Further support or enclosure of such mechanical equipment or appliances is not required by a state or local official having authority to enforce the Florida Building Code. This subsection expires on the effective date of the 2013 ~~2010~~ Florida Building Code.

The following files from www.floridabuilding.org Code Version 2007, number FL 14239, contain the necessary compliance information for tie down clip approval. The specific information required by building departments may vary. Consult with the individual building department for what portion of the following information is needed for permit approval.



BMP INTERNATIONAL, INC.

A/C HOLD DOWN CLIP



BMP INTERNATIONAL, INC.

BMP INTERNATIONAL, INC.
5770 W. FAIRBANKS AVE. STE. 438
WINTER PARK, FL 32789
PH: 321.272.2000

TITLE: A/C HOLD DOWN CLIP
INSTALLATION &
GENERAL NOTES
PREPARED BY:
CERTWORKS, LLC
127 W. FAIRBANKS AVE., STE. 438
WINTER PARK, FL 32789
PH: (887) 644-6657 FX: (887) 644-2368

REVISIONS

| NO. | DESCRIPTION | BY | DATE |
|-----|-------------|----|------|
| 1 | | | |



DATE: 06.30.10
DWN BY: JLA
CHK BY: KSD
SCALE: NTS
DWG #: BMP003
SHEET: 1 OF 2

Reviewed for Code Compliance
Universal Engineering Sciences

| TABLE OF CLIP ATTACHMENT SUPPORTING STRUCTURE OR A/C UNIT (146 MPH) | | | |
|---|--|--------------------------------------|--|
| HEIGHT ABOVE GROUND FT. | NUMBER OF SCREWS TO HOUSING OF A/C. GALV. NO. 11 SELF DRILLING | TAPCON TO CONCRETE 1" DIA. X 1" LONG | GALV. SCREW SELF DRILLING TO ALUM. BACK SUPPORT 1" DIA. X 1 1/2" |
| 15' | 2 | 1 | 1 |
| 20' | 2 | 1 | 1 |
| 25' | 2 | 1 | 1 |
| 30' | 2 | 1 | 1 |
| 40' | 2 | 1 | 1 |
| 50' | 2 | 1 | 1 |
| 60' | 3 | 1 | 1 |
| 70' | 3 | 1 | 1 |
| 80' | 3 | 1 | 1 |
| 90' | 3 | 1 | 1 |

| TABLE OF CLIP ATTACHMENT SUPPORTING STRUCTURE OR A/C UNIT (158 MPH) | | | |
|---|--|--------------------------------------|--|
| HEIGHT ABOVE GROUND FT. | NUMBER OF SCREWS TO HOUSING OF A/C. GALV. NO. 11 SELF DRILLING | TAPCON TO CONCRETE 1" DIA. X 1" LONG | GALV. SCREW SELF DRILLING TO ALUM. BACK SUPPORT 1" DIA. X 1 1/2" |
| 15' | 2 | 1 | 1 |
| 20' | 2 | 1 | 1 |
| 25' | 2 | 1 | 1 |
| 30' | 2 | 1 | 1 |
| 40' | 3 | 1 | 1 |
| 50' | 3 | 1 | 1 |
| 60' | 3 | 1 | NO |
| 70' | 3 | 1 | NO |
| 80' | 3 | 1 | NO |
| 90' | 3 | 1 | NO |

- NOTES: 1) FOR STEEL SUPPORTING STRUCTURES USE SELF DRILLING GALVANIZED 1" DIA. SCREWS X 1 1/2" LONG AS FOR ALUMINUM BACKS.
 2) SPACING OF SCREWS IN A/C HOUSING SHALL BE A MIN. OF 1".
 3) STAINLESS STEEL SCREWS MAY BE USED WHERE REQUIRED BY GOVERNING AGENCY.

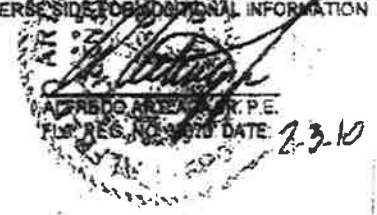
GENERAL NOTES:

- DESIGN CALCULATIONS WERE BASED ON THE FLORIDA BUILDING CODE 2007 EDITION WITH 2009 AMENDMENTS AND ASCE 7-05 CHAPTER 6 FOR WIND LOADS AND VELOCITIES OF 146 MPH AND 158 MPH. IMPORTANCE FACTOR USED IN THE DESIGN IS 1.4. EXPOSURE C AS CRITICAL.
- A/C UNIT MAXIMUM SIZE TO BE 1 FT. WIDE X 4 FT. HIGH AND A MAXIMUM WEIGHT OF 150 POUNDS FOR COUNTERACTING WEIGHT OR 4' X 4' X 4" HIGH.
- MOUNTING HEIGHT OF UNIT AS TO TABLES INDICATED TOP OF UNIT.
- ALL SCREWS USED IN ATTACHING CLIP SHALL BE GALVANIZED AND, RE SELF DRILLING WITH A MINIMUM HEAD DIAMETER OF 3/16 INCHES. SCREWS SHALL BE DRILLED TIGHT, NOT OVER TIGHTENED AND BE 1/2 INCH DIAMETER AND 1 1/2 INCH LONG FOR CLIP TO SUPPORTING STRUCTURE OR NO. 11 SELF DRILLING AND 1" LONG FOR ATTACHMENT TO HOUSING.
- TAPCONS USED IN ATTACHING CLIP BOTTOM TO CONCRETE SHALL BE PRODUCT APPROVED, WITH A RATED TENSILE STRENGTH OF 400 POUNDS INTO 1700 PSI MPA COMPRESSIVE STRENGTH CONCRETE. ALL TAPCONS SHALL BE EMBEDDED A MINIMUM OF 1 1/2 INCH INTO CONCRETE.
- INSTALLATION OF SCREWS INTO HOUSING OF UNIT SHALL BE WITH A MINIMUM SPACING OF 1 INCH. ALL SHALL BE INSTALLED ON THE TOP END OF THE SLOTTED HOLES, WHERE POSSIBLE.
- ALL SCREWS AT THE BOTTOM OF THE CLIP ATTACHMENT TO SUPPORTING STRUCTURE SHALL HAVE WASHERS OF 1/4 OR THICKER GALVANIZED STEEL WITH A MIN. YIELD STRENGTH OF 58 KSI, AND BE AT LEAST 1/2 INCH DIAMETER, FOR 158 MPH WIND VELOCITY.
- STEEL USED IN THE MANUFACTURE OF THE CLIPS SHALL HAVE A MINIMUM YIELD STRENGTH OF 58 KSI, BE GALVANIZED IN ACCORDANCE WITH ASTM C333 AFTER FABRICATION.
- SUPPORTING ALUMINUM STRUCTURE BEAMS SHALL BE OF 6061 T6 ALLOY WITH THE SCREW CAPACITY TO APPLY.
- THIS DRAWING WAS PREPARED BY ALFREDO ARTEAGA JR. AND ASSOCIATES CORP., ALFREDO ARTEAGA JR., P.E., 850 WEST 68TH STREET, HIALEAH, FLORIDA 33014, CAUSE NO. 10074. ALL PARTS OF THIS DRAWING MUST BE USED IN DETERMINING CONNECTIONS TO BE UTILIZED. USE OF THESE SPECIFICATIONS BY THE CONTRACTOR INDICATES HE OR SHE HAS UNDERSTOOD ALL PARTS AND HOLDS HARMLESS THE ENGINEER FOR ANY ERRORS DUE TO IMPROPER USE. FURTHERMORE, THE ENGINEER IS NOT RESPONSIBLE FOR THE FABRICATION OF THE HOLD DOWN CLIP NOR THE COMPONENTS USED IN ITS INSTALLATION. ANY DEVIATION FROM THESE SPECIFICATIONS OR DETAILS IS STRICTLY PROHIBITED UNLESS PRIOR APPROVAL IS RECEIVED FROM THE ENGINEER, IN WRITING. NO ADDITIONAL CERTIFICATIONS ARE MADE OR IMPLIED BY THESE SPECIFICATIONS OR DRAWING.
- UNIT SIZE MAY INCREASE TO 4' X 4' X 4" HIGH AND DOUBLE CLIPS SHALL BE USED EACH CORNER WITH SAME CONNECTORS AS SMALLER UNITS, HOWEVER, MAY NOT BE HIGHER THAN 15' FROM GRADE.
- WHEN UNIT IS SUPPORTED BY WOOD, SCREW USED AT THE BOTTOM OF THE CLIP MUST BE SIZE NG AND BE AT LEAST 1 1/2" LONG.
- SIZE NO. 11 GALVANIZED SELF DRILLING SCREWS MAY BE USED ON UNITS WHICH ARE INSTALLED NO HIGHER THAN 40' FROM GRADE, AND ONLY FOR 146 MPH OR LESS WIND VELOCITY ZONE.

ALFREDO ARTEAGA JR. & ASSOC. INC
 ENGINEERING CONSULTANTS
 850 W. 68 ST. HIALEAH, FLORIDA 33014
 305 - 628 - 7878

**A/C HOLD-DOWN CLIP
 BY: BME INTERNATIONAL INC.
 INSTALLATION DRAWING**

DATE: 1-28-10 2 of 2
 SEE REVERSE SIDE FOR ADDITIONAL INFORMATION





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/20/2016

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 Diaz Insurance Agency PO Box 127 Fort Myers Beach, FL 33931 | CONTACT NAME: Laurie M. Diaz PHONE (A/C, No. Ext): 2397656571 E-MAIL ADDRESS: | FAX (A/C, No.): 2397655214 |
| | INSURER(S) AFFORDING COVERAGE | |
| INSURED BNL CONTRACTORS LLC DBA AMERITECH AIR-CONDITIONING P.O. BOX 680666 ORLANDO, FL 32868 | INSURER A: COLONY INSURANCE COMPANY | |
| | INSURER B: PROGRESSIVE | |
| | INSURER C: RETAIL FIRST | |
| | 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.

| INSR LTR | TYPE OF INSURANCE | ADBL INSR | INSUR | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | 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 | | | 101GL0040589-01 | 12/5/15 | 12/5/16 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/PROP AGG \$ 2,000,000 |
| | B | AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY/AUTO ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | | | 02174260-2 | 4/14/15 | 4/14/16 |
| | 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 FL) If yes, describe under DESCRIPTION OF OPERATIONS below | | Y/N <input type="checkbox"/> N/A | 520-43838 | 1/28/16 | 1/28/17 | WC STATUTORY LIMITS OTHER 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 (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
91111 - AC SYSTEMS OR EQUIPMENT, DEALERS, DISTRIBUTORS AND INSTALLATION, SERVICING OR REPAIR

| | |
|--|---|
| CERTIFICATE HOLDER CITY OF BELLE ISLE 1600 NELA AVENUE BELLE ISLE, 32809 | 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  |