



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 TOWN OF WINDERMERE, FLORIDA.

Scope of Work: LOW VOLTAGE ELECTRICAL: security system, speakers, TV, phone, data & cameras

Comments: None

Project Information
Address: 4329 Isle Vista Avenue, Belle Isle, FL 32812
Parcel ID: 20-23-30-0668-00-850
Property Owner: Surrey Homes
Phone Number: 407-695-2222

Company Name: Rampart Security Systems, Inc.
Contractor Name: Robinson, Jeff
License Number: EF0001172
Address: 6457 Hazeltine National Drive, Orlando, FL 32822
Phone Number: 407-282-9552

Permit Number: 2014-10-003

Date of Application: 10/03/2013

Date Permit Issued: 10/04/2013

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 \$

ZONING FEES

Zoning Fee \$

UNIVERSAL ENG - BUILDING FEES

Demo \$
Building \$
Fence \$
Driveway \$
Shed \$
Window(s) \$
Door(s) \$
PrePower \$
Electrical Fee \$55.50
Temp Pole \$
Plumbing Fee \$
Mechanical Fee \$
Gas Fee \$
Roofing \$
Boat Dock \$
Screen Encl \$
Swimming Pool \$

SURCHARGE FEES

Surcharge Fee \$2.00
Surcharge Fee \$2.00

TOTAL FEES \$59.50

Date Paid 10-4-13

CC or Check # 6416

Amount Paid 59.50

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 BDscheduling@UniversalEngineering.com; a confirmation email will be sent back to you upon scheduling. Next-Day Inspection requests must be made by 1pm. 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.



City of Belle Isle
1600 Nela Avenue, Belle Isle, FL 32809
Tel 407-851-7730 * Fax 407-240-2222 * www.cityofbelleislefl.org

Received
10-3-13

APPLICATION FOR ELECTRICAL 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: 10-3-13 PERMIT NUMBER 2014-10-003
The undersigned hereby applies for a permit to make electrical installations as indicated below. PLEASE PRINT
Project Address 4329 Isle Vista Ave Belle Isle FL 32809 32812
Property Owner Surrey Homes Phone 407.695.2222
Property Owner's Mailing Address 1133 Louisiana Ave #106 City Winter Park
State FL Zip Code 32789 Parcel Id Number: 10-23-30-0668-00-850

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

Class of Building: Old New Type of Building: Residential Commercial Other
Type of Work: New Alteration Addition Repair Low Voltage New Existing
Date First Inspection Desired: _____ or will call for inspection Is power needed? Yes No

INDICATE THE QUANTITY OF ALL EQUIPMENT TO BE INSTALLED
Dishwasher _____ Exhaust Fan _____ Disposal _____ Water Heater _____
Hood Fan _____ Dyer _____ Paddle Fan _____ Outlets _____
Fixtures _____ Spa _____ Pool _____ Switches _____
Electric Signs _____ Meter Reset Low Voltage _____ Stoves _____
Pumps _____ Motors _____ Air Conditioning (tons) _____ Furnace (KW) _____

Temporary Construction Pole _____ One (1) New Meter Service _____ Amperage/Voltage/Phase _____
Four (4) or More _____ New Meter Services Same Size: _____ Amperage/Voltage/Phase _____
Meter Service Upgrade from _____ to _____ Amperage/Voltage/Phase _____ Difference in Size _____

Relocate Existing Meter Service (No Service Size Change) _____
Other: Security system, speakers, tv, phone, data cameras

PERMIT FEE BASED ON METER SERVICE SIZE SCHEDULE \$ _____
(IF NO METER SERVICE WORK BEING DONE, USE VALUATION OF JOB FOR PERMIT FEE)
 VALUATION OF JOB (VALUATION OF ALL MATERIALS, LABOR, AND FIXTURES INSTALLED) 1000.00

Review & Permit Fee = \$ 55.50
3% FL Surcharge = \$ 4.00
TOTAL Permit = \$ 59.50
Building Official: _____ Date _____

I hereby certify that the above is true and correct to the best of my knowledge.

I hereby 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 Jeff Robinson LICENSE # EK0001172
LICENSE HOLDER NAME Jeff Robinson COMPANY NAME Rayport Security Systems
Street Address 6457 Hazeltine National Drive #110
City Orlando State FL Zip Code 32877 Phone Number 407.282.9552

for 407-277-0888

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

Building Permit Number _____

RETAIN A COPY FOR OFFICE USE - Updated: 12/2012 FORM #ELEC008

LIMITED POWER OF ATTORNEY

Date: 10.3.2013

I hereby name and appoint Ruben Managto to be my lawful attorney in fact to act for me and apply for a low voltage permit for work to be performed at the location described as:

4329 Isle Vista Ave
(Address of Job)

Meritage Homes
(Owner of Property)

And to sign my name and do all things necessary to this appointment.

Jeff
(Signature of Certified Construction)

Jeff Robinson EF0001172
(Printed Name of Contractor and License Number)

STATE OF FLORIDA
COUNTY OF Orange

The foregoing instrument was acknowledged before me this 3 day of Oct 2013 by Jeff Robinson, who is personally known to me or has

produced _____ (type of identification) as identification.

Sarah A. Sheridan

Signature of Notary Public, State of Florida

Sarah A. Sheridan
Print/Type/Stamp Name of Notary Public

(SEAL)



Honeywell

**ADEMCO VISTA SERIES
VISTA-20P / VISTA-20PSIA
VISTA-15P / VISTA-15PSIA**
Security Systems

Installation and Setup Guide

K5305-1V5 10/04 Rev. A

SECTION 2

Mounting and Wiring the Control

Installing the Control Cabinet and PC Board

Cabinet and Lock

1. Mount the control cabinet to a sturdy wall in a clean, dry area, which is not readily accessible to the general public, using fasteners or anchors (not supplied) with the four cabinet mounting holes.
2. Remove cabinet door, then remove the lock knockout from the door. Insert the key into the lock.

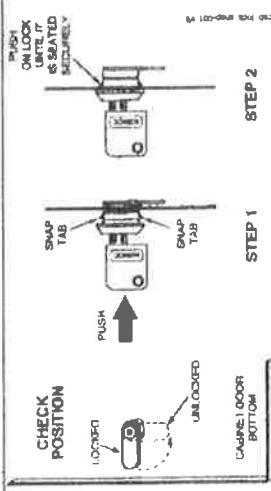


Figure 1. Installing the Cabinet Lock

3. Position the lock in the hole, making certain that the latch will make contact with the latch bracket when the door is closed. When correctly positioned, push the lock until the snap tabs hold it securely. The cabinet can be secured without a lock by using 2 screws in the cover's edge.

Before installing the cabinet's contents, remove the metal cabinet knockouts required for wiring entry. Do not remove the knockouts after the circuit board has been installed.

1. Hang two short mounting clips (provided) on the raised cabinet tabs (see Detail B).
2. a. Insert the top of the circuit board into the slots at the top of the cabinet. Make sure that the board rests on the correct row (see Detail A).
- b. Swing the base of the board into the mounting clips and secure the board to the cabinet with the accompanying screws (see Detail B).

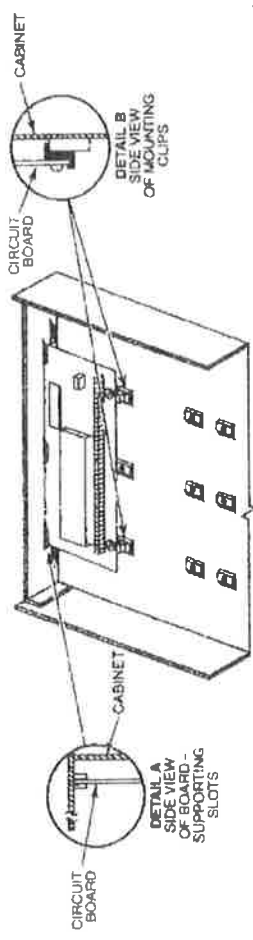


Figure 2. Mounting the PC Board

Mounting Board with RF Receiver

- Do not mount the cabinet on or near metal objects. This will decrease RF range and/or block RF transmissions from wireless transmitters.
- Do not locate the cabinet in an area of high RF interference (revealed by frequent or prolonged lighting of the LED in the receiver (random flicker is OK))

 1. a. Remove the receiver board from its case, then insert the top of the board into the slots at the top of the cabinet, as shown in Detail A in Figure 3 on the next page. Make sure that the board rests on the correct row of tabs.
 - b. Swing the base of the board into the mounting clips and secure it to the cabinet with the accompanying screws.
 - c. Insert the top of the control's board into the slot in the clips and position two clips at the lower edge of the board.
 - d. Swing this board into place and secure it with two additional screws.
 2. Insert grounding lugs (supplied with the receiver) through the top of the cabinet into the left-hand terminals of the antenna blocks (at the upper edge of the receiver board) and secure them to the cabinet top with the screws provided (see Detail B).
 3. Insert the receiver's antennas through the top of the cabinet, into the blocks' right-hand terminals, and tighten the screws.

AC Power, Battery, and Ground Connections

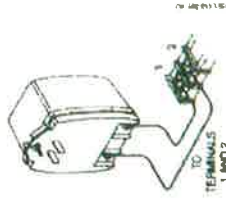
1321 Transformer

Connect the 1321 Transformer (1321CN in Canada) to terminals 1 and 2 on the control board. See Wire Run Chart for wire size to use.

- Use caution when wiring the transformer to the control to guard against blowing the transformer fuse (the fuse is non-replaceable).

Wire Run Chart	
Distance from control	Wire Size
Up to 50 feet	# 20
50-100 feet	# 18
100-250 feet	# 16

- Wiring to the AC transformer must not exceed 250 feet using 16 gauge wire. The voltage reading between terminals 1 and 2 of the control must not fall below 16.5VAC or an "AC LOSS" message will be displayed.
- Do not plug the transformer into the AC outlet** until all wiring connections to the control are complete. As a safety precaution, always power down the control when making such connections.



1361X10 Transformer

(required if using Powerline Carrier devices)

- Splice one end of a 3-conductor cable to the wire ends of the SA4120XM-1 Cable.
- Connect the SA4120XM-1 cable plug to the 8-pin connector on the control (see the Summary of Connections diagram for location of the 8-pin connector).
- Connect the other end of the 3-conductor cable to the 1361X10 Transformer, as shown in Figure 4.

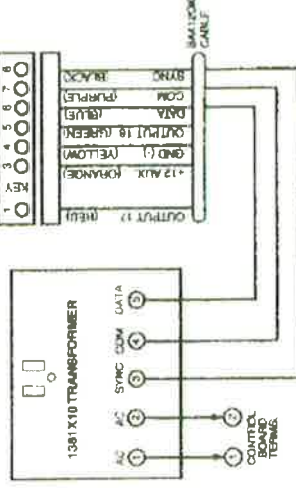
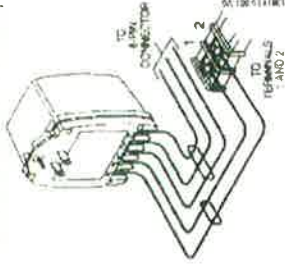


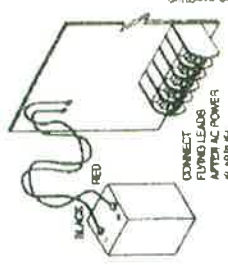
Figure 4. 1361X10 Transformer Connections

Canadian Installations: See

Powerline Carrier Device section for connections to the PSC04 X-10 Interface and trigger pins.

Battery Connections

- Place the 12-volt backup battery in the cabinet.
- After all connections to the control are completed and AC power has been applied, connect the red and black flying leads on the control board to the battery. Do not attach these leads to the battery terminals until all connections are completed.



UL For UL installations and Residential fire installations, refer to the chart on page 2-2 at left for the correct battery size required to meet the mandatory standby time.

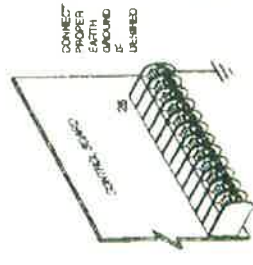
Battery Saver Feature

The battery will disconnect from the system after its voltage decreases below 9VDC. This assures the control panel in recharging the battery when AC is restored.

- IMPORTANT:** The panel will not power up initially on battery power only. You must plug the transformer in first, and then connect the battery.

Earth Ground

- This product has been designed and laboratory-tested to ensure its resistance to damage from generally expected levels of lightning and electrical discharge, and does not normally require an earth ground.
- If an earth ground is desired for additional protection in areas of severe electrical activity, terminal 25 on the control board, or the cabinet, may be used as the ground connection point. The following are examples of good earth grounds available at most installations.

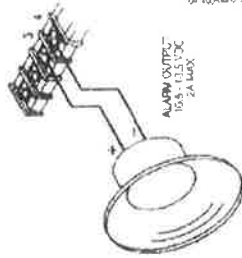


Metal Cold Water Pipe: Use a non-corrosive metal strap (copper is recommended) firmly secured to the pipe to which the ground lead is electrically connected and secured.

AC Power Outlet Ground: Available from 3-prong, 120VAC power outlets only. To test the integrity of the ground terminal, use a 3-wire circuit tester with neon lamp indicators, such as the UL Listed Ideal Model 61-035, or equivalent, available at most electrical supply stores.

Sounder (Bell) Connections

Basic Connections



- Make sounder connections to alarm output terminals 3 (+) and 4 (-).
- The 12VDC sounder output activates when an alarm occurs.
 - Total current drawn from this output cannot exceed 2 amps (going beyond 2 amps will overload the power supply, or may cause the electronic circuit protecting the sounder output to trip).
 - You must install a battery, since the battery supplies this current.

Supervised output

1. Cut the red Bell Supervision Jumper located above terminals 2 and 3 on the PC board.
2. Connect a 2k ohm resistor across the terminals of the last sounder. See Figure 5.

This control complies with NFPA requirements for temporal pulse sounding of fire notification appliances. Temporal pulse sounding for a fire alarm consists of: 3 pulses – pause – 3 pulses – pause – 3 pulses—etc.

UL

- Use only UL Listed sounding devices for UL installations.
- Bell supervision is required for fire alarm installations.
- The total current drawn from the alarm output and the auxiliary power output, combined, cannot exceed 600 mA. In addition, the sounding device must be a UL Listed audible signal appliance rated to operate in a 10.2-13.8 VDC voltage range, and must be mounted indoors.

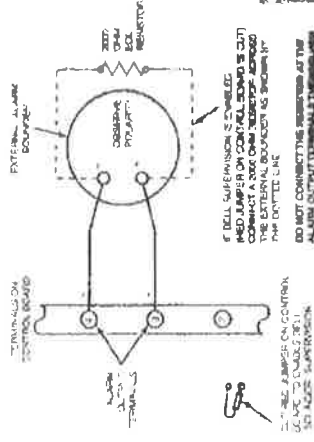
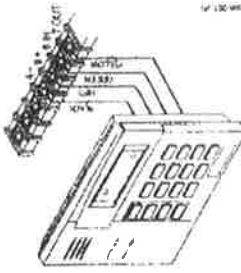


Figure 5. Sounder Wiring (Supervised)

Connecting the Keypads and Other Addressable Devices

Connections



Connect keypads and other addressable devices (4204, 4219, 4229, 4286, 5881, LRR, etc.) to the control's keypad terminals as shown on the Summary of Connections diagram. The system supports up to 8 keypads, which can be assigned to partitions in any combination (see program fields *190-*196)

Determine wire size using the Wire Run Chart on the following page. For single 4-wire runs, determine the current drawn by all units, then refer to the Wiring Run chart to determine the maximum length that can be safely used for each wire size.

Supplementary Power (optional)

UL Use a UL Listed, battery-backed supply for UL installations. The battery supplies power to these keypads in case of AC power loss. The battery-backed power supply should have enough power to supply the keypads with the UL required minimum standby power time.

Use supplementary power if the control's aux. power load for all devices exceeds 600mA (suggested power supply: AD12612). Connect as shown in Figure 6. Be sure to connect the negative (-) terminal on the power supply unit to terminal 4 (AUX -) on the control.

IMPORTANT: Keypads powered from supplies that do not have a backup battery will not function if AC power is lost. Make sure to power at least one keypad in each partition from the control's auxiliary power output.

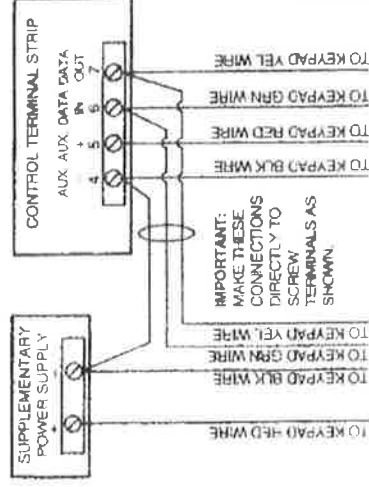


Figure 6. Using a Supplementary Power Supply



CERTIFICATE OF LIABILITY INSURANCE

OP ID: LW

DATE (MM/DD/YYYY)

06/21/13

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
Newman Crane & Assoc. Ins. Inc.
P. O. Box 568946
Orlando, FL 32856-8946

CONTACT NAME:
PHONE (A/C, No. Ext.):
FAX (A/C, No.):
E-MAIL:
ADDRESS:
PRODUCER:
CUSTOMER ID # RAMPA-1

INSURED
Rampart Security Systems
M.M. Robinson, Inc. DBA
6457 Hazeltime Natl Dr. #110
Orlando, FL 32822

INSURER(S) AFFORDING COVERAGE
INSURER A: The Hartford MAIC # 22357
INSURER B: Auto-Owners Insurance 18988
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.

INSR LTR	TYPE OF INSURANCE	ADD'L SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractual <input checked="" type="checkbox"/> E&O/Binkl AI GEN'L AGGREGATE LIMIT APPLIES PER POLICY: <input type="checkbox"/> PRO <input type="checkbox"/> LOC		21UENQD6154	07/01/13	07/01/14	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$ 300,000 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 ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		4151453500	07/15/13	07/15/14	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident); \$ PROPERTY DAMAGE (Per accident); \$ EACH OCCURRENCE \$ AGGREGATE \$
	UMBRELLA LIAB EXCESS LIAB DEDUCTIBLE RETENTION \$					
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below					INS STATUS FOR LIMITS: <input type="checkbox"/> OTH- <input type="checkbox"/> EP E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101. Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER

CANCELLATION

CITYB13

City of Belle Isle
1600 Nela Ave.
Orlando, FL 32809

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

ACORD 25 (2009/09)

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03-18-2013

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		CONTACT NAME	
AUTOMATIC DATA PROCESSING INS AGCY		Hartford Underwriters Ins Co	
250717 P: () - F: () -		PHONE (A/C, No, Extl)	FAX (A/C, No)
PO BOX 33015		E-MAIL ADDRESS:	
SAN ANTONIO TX 78265		INSURER(S) AFFORDING COVERAGE	
INSURED		NAIC #	
MM ROBINSON INC DBA RAMPART SECURITY SYSTEMS		INSURER A :	
6457 HAZELTINE NATIONAL DR STE 110		INSURER B :	
ORLANDO FL 32822		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.

INSR LTR	TYPE OF INSURANCE	ADD'L SUBR INSR. W/V	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	POLICY LIMITS
	GENERAL LIABILITY				
	COMMERCIAL GENERAL LIABILITY				EACH OCCURRENCE \$
	CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>				DAMAGE TO RENTED PREMISES (Ea. occurrence) \$
					MED EXP (Any one person) \$
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/>				PERSONAL & ADV INJURY \$
	AUTOMOBILE LIABILITY				GENERAL AGGREGATE \$
	ANY AUTO				PRODUCTS - COMP/OP AGG \$
	ALL OWNED AUTOS				COMBINED SINGLE LIMIT \$
	HIRED AUTOS				BODILY INJURY (Per person) \$
	SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB				EACH OCCURRENCE \$
	EXCESS LIAB				AGGREGATE \$
	DED RETENTION \$				
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				
A	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/>		03/30/2013	03/30/2014	<input checked="" type="checkbox"/> YES STATUS: <input type="checkbox"/> OTHER
	(Mandatory in NH)				E.L. EACH ACCIDENT \$ 1,000,000
	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 (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Those usual to the Insured's Operations.

CERTIFICATE HOLDER

City of Belle Isle
1600 NEILA AVE
BELLE ISLE, FL 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

for Tailor

ACORD 25 (2010/05)

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AC# 6303746

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
ELECTRICAL CONTRACTORS LICENSING BOARD

SEQ# L12082501053

DATE	BATCH NUMBER	LICENSE NBR
08/25/2012	127010888	EF0001172

The ALARM SYSTEM CONTRACTOR I
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2014

ROBINSON, JEFFREY SCOTT
M M ROBINSON, INC. DBA
RAMPART SECURITY SYSTEMS
6457 HAZELTINE NATIONAL DR STE 110
ORLANDO FL 32822

RICK SCOTT
GOVERNOR

KEN LAWSON
SECRETARY

DISPLAY AS REQUIRED BY LAW

