



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 3- ton change out no duct work

Comments: None

Project Information

Address: 1812 Wind Willow Rd, Belle Isle, FL 32809
Parcel ID: 30-23-30-9330-00-720
Property Owner: Jackson, Harold & anna
Phone Number: 407 851 4222

Company Name: No Sweat A/C and Heating LLC
Contractor Name: Thrift, Alan
License Number: CAC1816648
Address: 2798 Pepper Lane Orlando, FL 32812
Phone Number: 407-497-4259

Permit Number: 2016-08-015

Date of Application: 08/11/2016

Date Permit Issued: 08/15/2016

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 \$

ZONING FEES

Zoning Fee \$

UNIVERSAL ENG - BUILDING FEES

Demo \$
Building \$
Fence \$
Driveway \$
Shed \$
Window(s) \$
Door(s) \$
PrePower \$
Electrical \$
Temp Pole \$
Plumbing \$
Mechanical \$82.50
Gas \$
Roofing \$
Boat Dock \$
Screen Encl \$
Swimming Pool \$

SURCHARGE FEES

Surcharge Fee \$2.00
Surcharge Fee \$2.00

TOTAL FEES \$86.50

Date Paid 8-16-16

CC of Check # MC 1908

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

Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? _____

2nd

(Footing/Foundation)

3rd

(Slab)

4th

(Lite)(Wall Reinforcing on Masonry Building)

5th

(Exterior Framing)(Roof/Wall Sheathing)

6th

(Framing) (To be made after Plumbing/ Mechanical/ Electrical Rough-Ins & Windows/Doors Installed)

7th

(Insulation to be Made After Roof Installed)

8th

(Drywall)

9th

(Sidewalk/Driveway)

10th

(Other)

(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 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

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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: 08/11/2016

PERMIT NUMBER 2016-08-015

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

Project Address 1812 Wind Willow Road Belle Isle FL 32809 32812
Property Owner JACKSON, Harold D and Anna L Phone 407-851-4222
Property Owner's Mailing Address 1812 Wind Willow Road City Belle Isle
State FL Zip Code 32809 Parcel Id Number: 30-23-30-9330-00-720

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

- REQUIRED: certified Tie Down Engineering documentation (can be found at www.floridabuilding.org)
- 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 3.0 Total Tons 3.0 Estimated Cost \$ 5100.00
Type of System: Water to Air Chiller Split System Heat Pump Estimated Cost \$ _____

Heating: # of Units KWS Per Unit 10 Total KWS 10 BTU's _____ Estimated Cost \$ _____
Oil Electric Boiler Gas

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 # CAC1816648
LICENSE HOLDER NAME Alan D Thrift COMPANY NAME No Sweat AC & Heating, LLC
Street Address 2798 Pepper Lane

City Orlando State FL Zip Code 32812 Phone Number 407-497-4259
Email Address alan@nosweatorlando.com

Building Official: AA Pankules Date 8-12-16
Verified Contractor's Licenses & Insurance are on file [Signature] Date 8-11-16

Permit Fee \$ 55.-
Review Fee \$ 27.50
3% Florida Surcharge \$ 4.00
Total Permit Fee \$ 86.50

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.

7853
base 37
20x6 18
55.00
27.50
82.50

Susan Manchester

From: Susan Manchester
Sent: Friday, August 12, 2016 7:58 AM
To: Art Barthlow
Cc: CobiPermits
Subject: RE: 1812 Wind Willow Road - review for mechanical permit 2016-08-015 - No Sweat AC & Heat LLC

Thanks so much Art. I appreciate your help.

Susan Manchester
Universal Engineering Sciences, Inc.
3532 Maggie Blvd.
Orlando, FL 32811
Phone: 407-581-8161
Fax: 407-581-0313
Email: smanchester@universalengineering.com

From: Art Barthlow
Sent: Friday, August 12, 2016 5:58 AM
To: Susan Manchester
Subject: RE: 1812 Wind Willow Road - review for mechanical permit 2016-08-015 - No Sweat AC & Heat LLC

Susan,
Its fine let's go with it.

Best Regards,

Art Barthlow, Senior Plans Examiner
CBC, BN, PX, CFI, BU, MCP
office: 904.296.0757 | mobile: 904.376.0051 | email: abarthlow@universalengineering.com
Universal Engineering Sciences, Inc. | 5561 Florida Mining Boulevard South, Jacksonville, FL 32256 | www.universalengineering.com

Plans Review • Private Provider Inspection • Environmental Sciences
Construction Materials Testing • Threshold Inspection • Geotechnical Engineering and Drilling

From: Susan Manchester
Sent: Thursday, August 11, 2016 3:19 PM
To: Art Barthlow
Cc: CobiPermits; Ricky Agee; Dale Baker
Subject: RE: 1812 Wind Willow Road - review for mechanical permit 2016-08-015 - No Sweat AC & Heat LLC

Hi Art,

This is on the schedule for tomorrow – WO 70853.

Thank you,

Susan Manchester



**UNIVERSAL
ENGINEERING SCIENCES**
Consultants In: Geotechnical Engineering • Environmental Sciences
Geophysical Services • Materials Testing • Threshold Inspection
Building Code Administration, Compliance Inspection & Plan Review
3532 Maggie Blvd, Orlando, FL 32811 - P: 407.423.0504 - F: 407.423.3106

Work Order No. 70853

Inspection Report

Project Name: 1812 Wind Willow Road ~ COBI
Address: 1812 Wind Willow Road ~ COBI, Belle Isle, Orange County,
FL
Client: City of Belle Isle
ProjectNo.: 0115.1600442.0000-0915-01

Date: 08/12/2016 Any any
Permit No: 2016-08-015
Lot No.:
Contact: Susan Manchester at 407 581
8161

Scope of Inspection: REVIEW app for mechanical permit one 3-ton change out

Inspection Type:

Disposition of Inspection:

Comments: Assigned to Art Barthlow 08.12.16

I hereby affirm that to the best of my knowledge and belief, the above listed inspection was performed as indicated and the work was reviewed for compliance with the approved plans, and all pertinent sections of the Florida Building Code.

Inspector: Susan Manchester

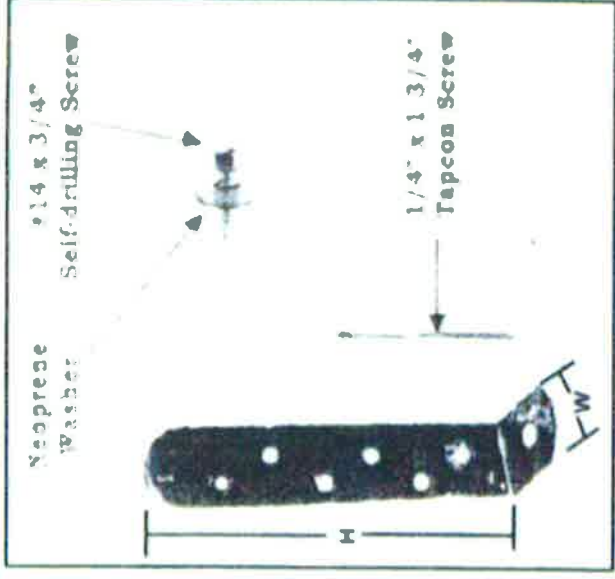
PART NO.	H DIM.	W DIM.	DESCRIPTION
#771	4"	1"	4pk Clips only
#773	6"	1"	4pk Clips only

RECEIVED

AUG 11 2016

ANCHOR CLIP NOTES: BY:

- The anchor clip are 16 Gauge, G-90 hot-dip galvanized steel rated for corrosion of coastal applications.
- 196 mph ultimate wind speed (3-second gust) rating based on a condenser unit surface area of 10.2 sq. ft facing wind ; Calculations based upon equations in ASCE 7-10 Chapter 26 ; and Chapter 16, Section 1609 2014 FBC. Exposure C or D (facing water direction) ; Risk category III ; Max. 500 Lb. condenser unit that withstands 196 mph wind speed for 3 second gusts.
- On condenser units near bodies of water AHJ may require condenser units to be raised above ground level. (Suggest The Metal Shop's equipment wall stand for these areas)
- The anchor clips with self-drilling screws and Tapcon screw are for ground mounted condensing units only on 2000 psi or higher psi concrete pads ONLY. Other pads or configurations must be custom engineered.
- Seal affixed hereto validates design as shown only. Use of this plan by Contractor, et al, indemnifies and saves harmless the engineer and The Metal Shop for all costs & damages, including legal fees & appellate fees resulting from deviations of this plan.



ANCHOR CLIP

ANCHOR CLIP INSTALLATION INSTRUCTIONS

- SUITABLE FOR GROUND MOUNTED UNITS ONLY. DISCONNECT POWER BEFORE INSTALLATION.
- Minimum of 4 clips required equally spaced around condensate unit : Minimum of 2 · #14 x 3/4" self-drilling screws (per clip) with neoprene washer required to fasten · clips to condenser unit base. 1/4" x 1 3/4" Tapcon concrete screw required to fasten each anchor clip into concrete condenser pad (2000 psi or higher psi concrete).
- Adjust anchor clip accordingly to fit on the condenser unit and attach 2 self-drilling screws through the anchor clip and into the condensate unit, at the same time ensuring that the base of the anchor clip is still in contact with the concrete pad.
- Attach each Tapcon screw to the base of the anchor clip and into the concrete pad in accordance with Tapcon instructions.
- All hardware must be fastened prior to connecting refrigerant lines and electrical power to the condensate unit

<p>The Metal Shop Ph: (352) 522-0006 Fax(352) 522-0007 Web www.metalsshop.org</p>	<p>2541 W. DUNELLON RD DUNELLON FL 34434</p>
<p>ANCHOR CLIP INSTALLATION INSTRUCTIONS (196 MPH 3 SECOND GUST)</p>	
<p>REVISED FOR 2014 F B C.</p>	
<p>CONNECTION DETAIL</p>	<p>SCALE: NTS DATE: 7/1/2015</p>
<p>SHEET 1 OF 1</p>	



This combination qualifies for a Federal Energy Efficiency Tax Credit when placed in service between Feb 17, 2009 and Dec 31, 2016.

Certificate of Product Ratings

AHRI Certified Reference Number: 5993778 Date: 8/11/2016

Product: Split System: Heat Pump with Remote Outdoor Unit-Air-Source

Outdoor Unit Model Number: ASZC160361A*

Indoor Unit Model Number: AVPTC42D14A*

Manufacturer: AMANA HEATING AND AIR CONDITIONING

Trade/Brand name: AMANA

Series name: ASZC16

Manufacturer responsible for the rating of this system combination is AMANA HEATING AND AIR CONDITIONING

Rated as follows in accordance with AHRI Standard 210/240-2008 for Unitary Air-Conditioning and Air-Source Heat Pump Equipment and subject to verification of rating accuracy by AHRI-sponsored, independent, third party testing:

Cooling Capacity (Btuh):	34600
EER Rating (Cooling):	12.50
SEER Rating (Cooling):	16.00
Heating Capacity (Btuh) @ 47 F:	34400
Region IV HSPF Rating (Heating):	9.20
Heating Capacity (Btuh) @ 17 F:	21000



* Ratings followed by an asterisk (*) indicate a secondary result of previously published data, unless accompanied with a NABL, which indicates an involuntary result.

DISCLAIMER

AHRI does not endorse the products listed on this Certificate and makes no representations, warranties or guarantees as to, and assumes no responsibility for, the products listed on this Certificate. AHRI expressly disclaims all liability for damages of any kind arising out of the use or performance of the product(s), or the unauthorized alteration of data listed on this Certificate. Certified ratings are valid only for models and configurations listed in the directory at www.ahridirectory.org.

TERMS AND CONDITIONS

This Certificate and its contents are proprietary products of AHRI. This Certificate shall only be used for individual, personal and confidential reference purposes. The contents of this Certificate may not, in whole or in part, be reproduced, copied, disseminated, entered into a computer database, or otherwise stored, in any form or manner or by any means, except for the user's individual, personal and confidential reference.

CERTIFICATE VERIFICATION

The information for the model listed on this certificate can be verified at www.ahridirectory.org, click on "Verify Certificate" link and enter the AHRI Certified Reference Number and the date in which the certificate was issued, which is listed above, and the Certificate No., which is listed at bottom right.

© 2014 Air-Conditioning, Heating, and Refrigeration Institute

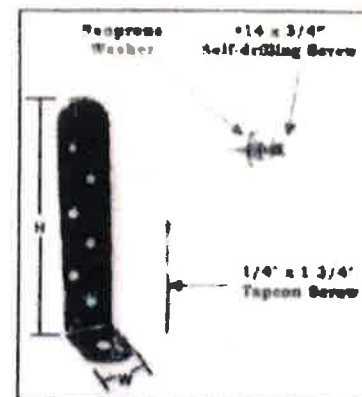
CERTIFICATE NO.: 131153087663436072



PART NO.	H DIM.	W DIM.	DESCRIPTION
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Jeff Galtner
ARS3966

The Metal Shop	
2841 W. DUNEWOOD RD DUNELTON FL 34628	Ph: (813) 532-0000 Fax: (813) 532-0007 Web: www.themetalshop.org
ANCHOR CLIP INSTALLATION INSTRUCTIONS (196 MPH 3 SECOND GUST)	
REVISED FOR 2014 F.B.C.	
CONNECTION DETAIL	SCALE: NTS DATE: 8/1/2015 SHEET 1 OF 1

JEFF GALTNER, PE
13115 UNDOUBTLING LN
ORLANDO, FL 32812

LOCAL BUSINESS TAX RECEIPT

(Formerly known as "Business License," changed per state law HS1269-2006)



WARNING: THIS RECEIPT ONLY EVIDENCES PAYMENT OF THE LOCAL BUSINESS TAX PURSUANT TO CH. 205, FLORIDA STATUTES. IT DOES NOT PERMIT THE HOLDER TO OPERATE IN VIOLATION OF ANY CITY, STATE, OR FEDERAL LAW. CITY PERMITTING MUST BE NOTIFIED OF ANY MATERIAL CHANGE TO THE INFORMATION FOUND HEREIN BELOW. THIS RECEIPT DOES NOT CONSTITUTE AN ENDORSEMENT OR APPROVAL OF THE HOLDER'S SKILL OR COMPETENCY.

Issued Date: 10/01/2015

Expiration Date: 09/30/2016

Case Number:

BUS-0032154

Business Name

NO SWEAT A/C AND HEATING LLC
2798 PEPPER LN
ORLANDO, FL 32812

Business Owner

NO SWEAT A/C AND HEATING LLC
ALAN THRIFT CACT1816648

Business Location:

2798 Pepper Ln

CONTRACTOR DBPR

Administration Fee

2015 Business Tax

Late Delinquency Penalty

Total Paid

Scott Randolph, Tax Collector

Local Business Tax Receipt

Orange County, Florida

This local business tax receipt is in addition to, and not in lieu of, any other tax required by law or municipal ordinance. Businesses are subject to regulation of zoning, health and other local authorities. This receipt is valid from October 1 through September 30 of receipt year. Delinquent penalty is added October 1.

1604 CLASS B AIR COND CON 2015 \$30.00 1

EXPIRES 9/30/2016

1804-1099662

EMPLOYEE \$30.00 1

EMPLOYEE \$30.00 1

EMPLOYEE :

TOTAL TAX \$60.00
PREVIOUSLY PAID \$60.00
TOTAL DUE \$0.00

2798 PEPPER LN (MOBILE)
A - ORLANDO, 32812

PAID: \$60.00 0099-00667080 8/10/2015

• THRIFT ALAN

NO SWEAT A/C AND HEATING LLC
2798 PEPPER LN
ORLANDO FL 32812



LICENSE NUMBER

CAC1815648

The CLASS B AIR CONDITIONING CONTRACTOR

Named below IS CERTIFIED

Under the provisions of Chapter 489 FS.

Expiration date: AUG 31, 2016

THRIFT, ALAN DALE
NO SWEAT A/C AND HEATING LLC
2798 PEPPER LANE
ORLANDO FL 32812

This receipt is official when validated by the Tax Collector.

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD



ISSUED: 09/04/2014

DISPLAY AS REQUIRED BY LAW

SED # L1409040002100



JEFF ATWATER
CHIEF FINANCIAL OFFICER

STATE OF FLORIDA
DEPARTMENT OF FINANCIAL SERVICES
DIVISION OF WORKERS' COMPENSATION

**** CERTIFICATE OF ELECTION TO BE EXEMPT FROM FLORIDA WORKERS' COMPENSATION LAW ****
CONSTRUCTION INDUSTRY EXEMPTION

This certifies that the individual listed below has elected to be exempt from Florida Workers' Compensation law.

EFFECTIVE DATE: 3/13/2016 **EXPIRATION DATE:** 3/13/2018
PERSON: THIRIFT ALAN D

FEIN: 454172451

BUSINESS NAME AND ADDRESS:
NO SWEAT A/C AND HEATING LLC

2798 PEPPER LANE
ORLANDO FL 32812

SCOPES OF BUSINESS OR TRADE:
HEATING, VENTILATION,
AIR-COND

Pursuant to Chapter 440.05(14), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter. Pursuant to Chapter 440.05(12), F.S., Certificates of election to be exempt... apply only within the scope of the business or trade listed on the notice of election to be exempt. Pursuant to Chapter 440.05(13), F.S., Notices of election to be exempt and certificates of election to be exempt shall be subject to revocation if, at any time after the filing of the notice or the issuance of the certificate, the person named on the notice or certificate no longer meets the requirements of this section for issuance of a certificate. The department shall revoke a

DFS-F2-DWC-252 CERTIFICATE OF ELECTION TO BE EXEMPT REVISED 08-13

QUESTIONS? (850)413-1609



CERTIFICATE OF LIABILITY INSURANCE

NOSWEAT-01

DMARTIN

DATE (MM/DD/YYYY)
2/17/2016

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 AJ Malins Insurance 3801 Bee Ridge Road, Suite 6 Sarasota, FL 34233	CONTACT NAME (AC, No, Ext) (941) 377-7283	TAX (AC, No) (941) 927-8461
INSURED No Sweat Ac and Heating LLC 2798 Pepper Lane Orlando, FL 32812	INSURER(S) AFFORDING COVERAGE INSURER A: Frank Winston Crum Ins. Co. 11600 INSURER B: Progressive Express Ins. Co. 10193 INSURER C: Market Insurance Company 38970 INSURER D: INSURER E: INSURER F:	

OPER LTR	TYPE OF INSURANCE	ACORD SUBR INSD LWO	POLICY NUMBER	POLICY EFF. (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	LIMITS
A	X COMMERCIAL GENERAL LIABILITY 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 OTHER:		GIFL10871600	02/13/2016	02/13/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 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 HIRED AUTOS NON-OWNED AUTOS		08413376-4	02/13/2016	02/13/2017	COMBINED SINGLE LIMIT (Per person) \$ 50,000 BODILY INJURY (Per person) \$ 100,000 BODILY INJURY (Per accident) \$ 100,000 PROPERTY DAMAGE (Per accident) \$ 25,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		MWC00440665-04	01/18/2016	01/18/2017	X PER STATUTE OTHER EL EACH ACCIDENT \$ 100,000 EL DISEASE - EA EMPLOYEE \$ 100,000 EL DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 107, Additional Remarks Schedules, may be attached if more space is required)

CERTIFICATE HOLDER City of Belle Isle 1600 Nela 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 
--	---

ACORD 25 (2014/01)

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