



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.**

<p>Scope of Work: MECHANICAL one 5 ton change out</p> <p>Comments: None</p> <p>Project Information Address: 4236 Cranmore Ct, Belle Isle, FL 32809 Parcel ID: 2-23-30-1661-00-720 Property Owner: Patel, Patrina & Anil Living Trust Phone Number: none ***** Company Name: Sunshine Heating & Air Inc Contractor Name: Mattingly, Robert License Number: RA0041156 Address: 1606 Aber Rd, Orlando, FL 32807 Phone Number: 407 282 6885</p>	<p style="text-align: right;">Permit Number: 2016-08-032</p> <p style="text-align: right;">Date of Application: 08/24/2016 Date Permit Issued: 08/24/2016</p> <p>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.</p>
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BUILDING FEATURES

<p>IMPACT FEES</p> <p>School \$ Traffic \$</p> <p>ZONING FEES</p> <p>Zoning Fee \$</p> <p>UNIVERSAL ENG - BUILDING FEES</p> <p>Cert of Occ \$ Demo \$ Building \$ Fence \$ Driveway \$ Shed \$ Window(s) \$ Door(s) \$ PrePower \$ Electrical \$ Temp Pole \$ Plumbing \$ Mechanical \$100.50 Gas \$ Roofing \$ Boat Dock \$ Screen Encl \$ Swimming Pool \$ Sign \$</p> <p>SURCHARGE FEES</p> <p>Surcharge Fee \$2.00 Surcharge Fee \$2.00</p> <p style="text-align: center;">TOTAL FEES \$104.50</p> <p>Date Paid 8-29-16 CC or Check # VISA 2731 Amount Paid 104.50</p> <p>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).</p>	<p style="text-align: center;">BUILDING INSPECTOR USE ONLY</p> <p>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</p> <p>€ BUILDING</p> <p>1st _____ (Footing/Foundation) Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? ____</p> <p>2nd _____ (Slab)</p> <p>3rd _____ (Lintel)(Wall Reinforcing on Masonry Building)</p> <p>4th _____ (Exterior Framing)(Roof/Wall Sheathing)</p> <p>5th _____ (Framing) (To be made after Plumbing/ Mechanical/ Electrical Rough-Ins & Windows/Doors Installed)</p> <p>6th _____ (Insulation to be Made After Roof Installed)</p> <p>7th _____ (Drywall)</p> <p>8th _____ (Sidewalk/Driveway)</p> <p>9th _____ (Other)</p> <p>10th _____ (Final – After MEP and Other Applicable Finals)</p> <p>€ ROOFING</p> <p>1ST ROOFING Deck Nailing/Dry-in/Flashing _____</p> <p>2nd ROOFING Covering In-Progress _____</p> <p>3rd ROOFING Covering Final _____</p> <p>€ PLUMBING (Pool-Piping, Solar, Irrigation, Water Treatment Equip, Etc...)</p> <p>€</p> <p>1ST _____ (Underground) 2nd _____ (Sewer)</p> <p>3rd _____ (Rough-In/Tub Set) 4th _____ (Final)</p> <p>CHECK APPROPRIATE BOX</p> <p>€ GAS ___ Natural ___ LP € MECHANICAL € ELECTRICAL € LOW VOLTAGE</p> <p>1st _____ (Rough-In) 2nd _____ (Final)</p>
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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.



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: 8/24/16

PERMIT NUMBER 2016-08-032

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

Project Address 4236 Cranmore Ct 32812, Belle Isle FL 32809 32812
Property Owner Patel Prathina & Anil Living Trust Phone _____
Property Owner's Mailing Address 2829 Northampton Ave City Orlando
State FL Zip Code 32828 Parcel Id Number: 20-23-30-1661-00-720

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: 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 5 Total Tons 5
Type of System: Water to Air Chiller Split System 1 Package Heat Pump 1 Estimated Cost \$ 6400.00

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

(A) Estimated Cost Fee \$ _____

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 # RA0041156

LICENSE HOLDER NAME Robert Mattingly COMPANY NAME Sunshine Heating & Air Conditioning

Street Address 1606 Aber Rd

City Orlando State FL Zip Code 32807 Phone Number 407-282-6885

Email Address coolair@sunshineheatingandair.com

Building Official: [Signature] Date 8-24-16
Verified Contractor's Licenses & Insurance are on file [Signature] Date 8-24-16

Permit Fee	\$	<u>67.-</u>
Review Fee	\$	<u>33.50</u>
3% Florida Surcharge	\$	<u>4.-</u>
Total Permit Fee	\$	<u>104.50</u>

Sent email - need Au

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 _____

71388

*base 37
5 x 36 30
67.5
33.52
100.50*

Extreme Condition Mounting Kit

BAYECMT001

⚠ WARNING: HAZARDOUS VOLTAGE - DISCONNECT POWER BEFORE SERVICING

ALL phases of this installation must comply with NATIONAL, STATE AND LOCAL CODES

IMPORTANT — This Document is *customer property* and is to remain with this unit. Please return to service information pack upon completion of work.

KIT CONTENT:

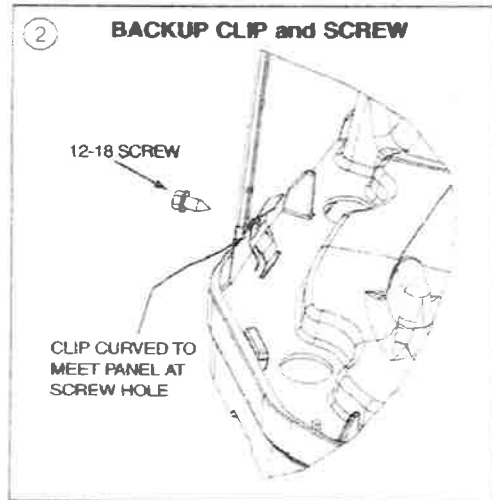
Base Tab Bracket* - Qty 4 (Height 2.5" for Base 4)
Base Tab Bracket* - Qty 4 (Height 2.1" for Base 2 & 3)
Base Tab Bracket* - Qty 4 (Height 1.95" for Base 1)
*G90 Steel
Backup Clip - Qty 12
Self drilling 12-14 Screws - Qty 14
12-18 Screws - Qty 14

INSPECTION:

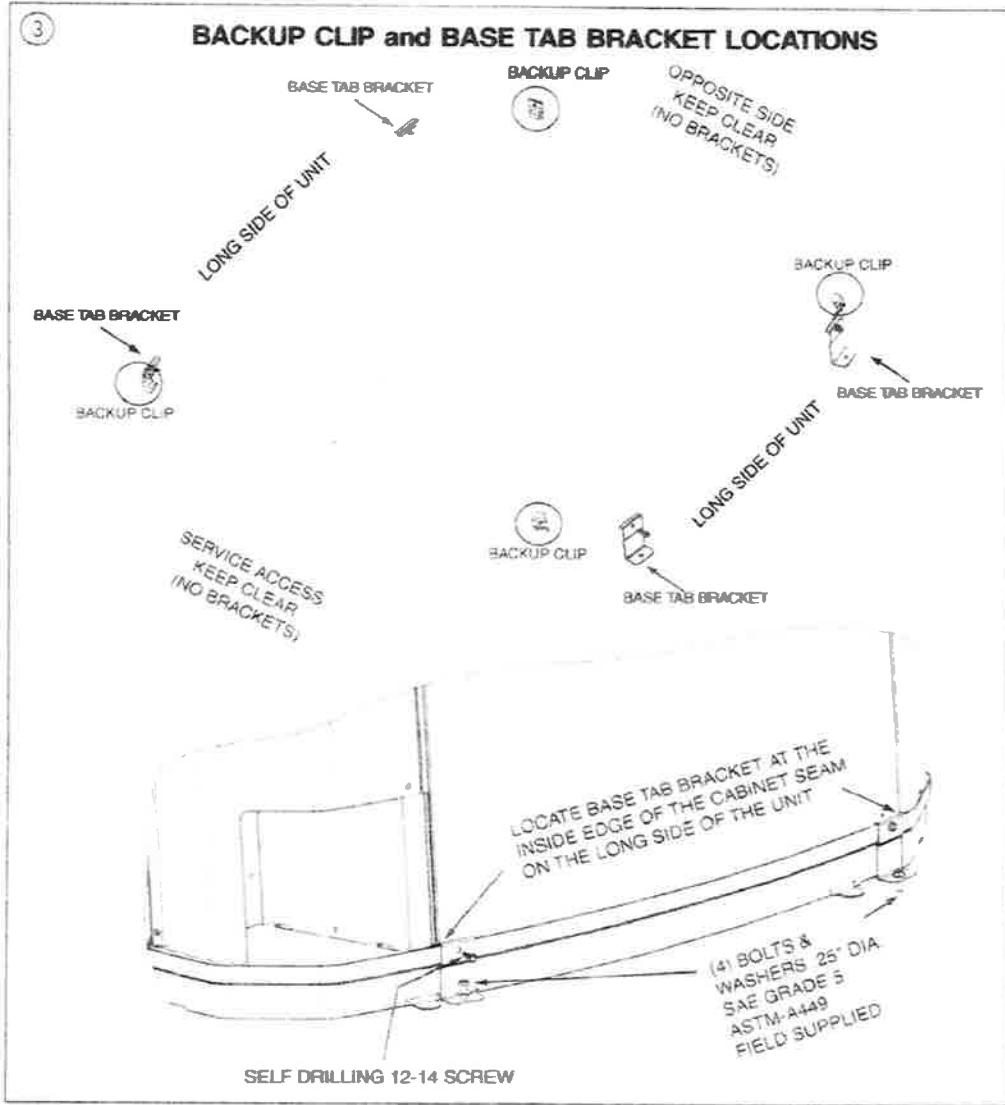
Check carefully for any shipping damage. This must be reported to and claims made against the transportation company immediately. Any missing parts should be reported to your supplier at once and replaced with authorized parts only.

INSTALLATION:

1. Installation of the Extreme Condition Mounting Kit must be made prior to connecting refrigerant lines and/or electrical power to the unit.
2. Tip the uncrated unit to expose the base, insert the four (4) Backup clips through the slit openings in the base with the screw engagement hole facing the side louvered panels. See Figures 2 & 3. Each panel has a hole or dimple to mark the screw location. If a dimple is present, drill a 1/4" hole at the dimple. Using (4) of the 12-18 screws in the kit, attach each side panel to the matching Backup Clip.
3. Attach the (4) Base Tab Brackets to the unit base using (4) of the 12-14 self drilling screws in the kit, locating them two to each long side of the unit (not on the service access and opposite side), using (4) field provided bolts appropriate to the material the unit is mounted on (recommend a 0.25" diameter bolt with a minimum of SAE Grade 5 (ASTM-A449) or better with appropriate washer). See Figures 1,2,3.



Installer's Guide



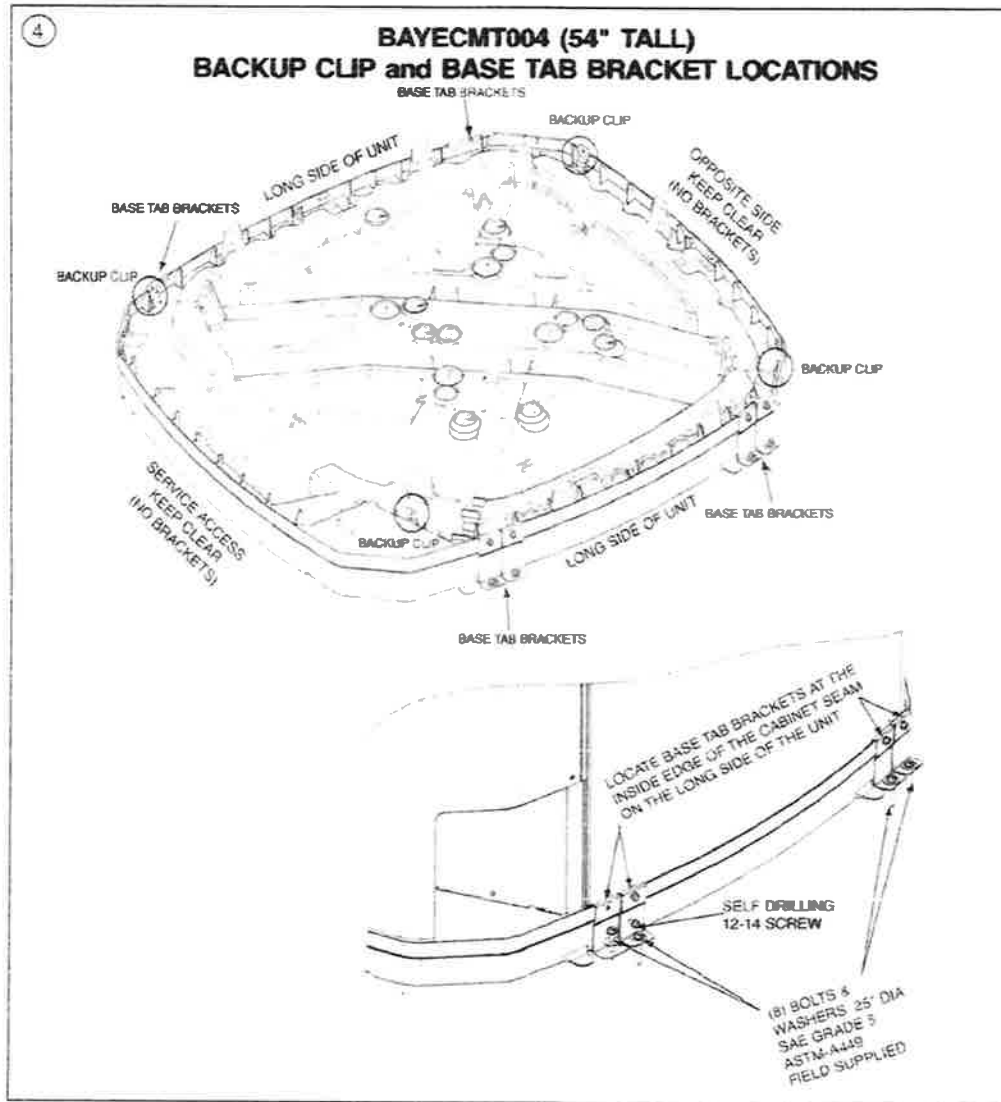
Literature Order Number EDMT-#N-1B
 File Number SV-UV-ACC-FCMT-#N-1B 09/11
 Supersedes EDMT-#N-1A 08/02
 Stocking Location PI Louisville

These
A business of
American Standard Company

For more information contact
 your local dealer (distributor)

Since the manufacturer has a policy of continuous product and product data improvement, it reserves the right
 to change design and specifications without notice

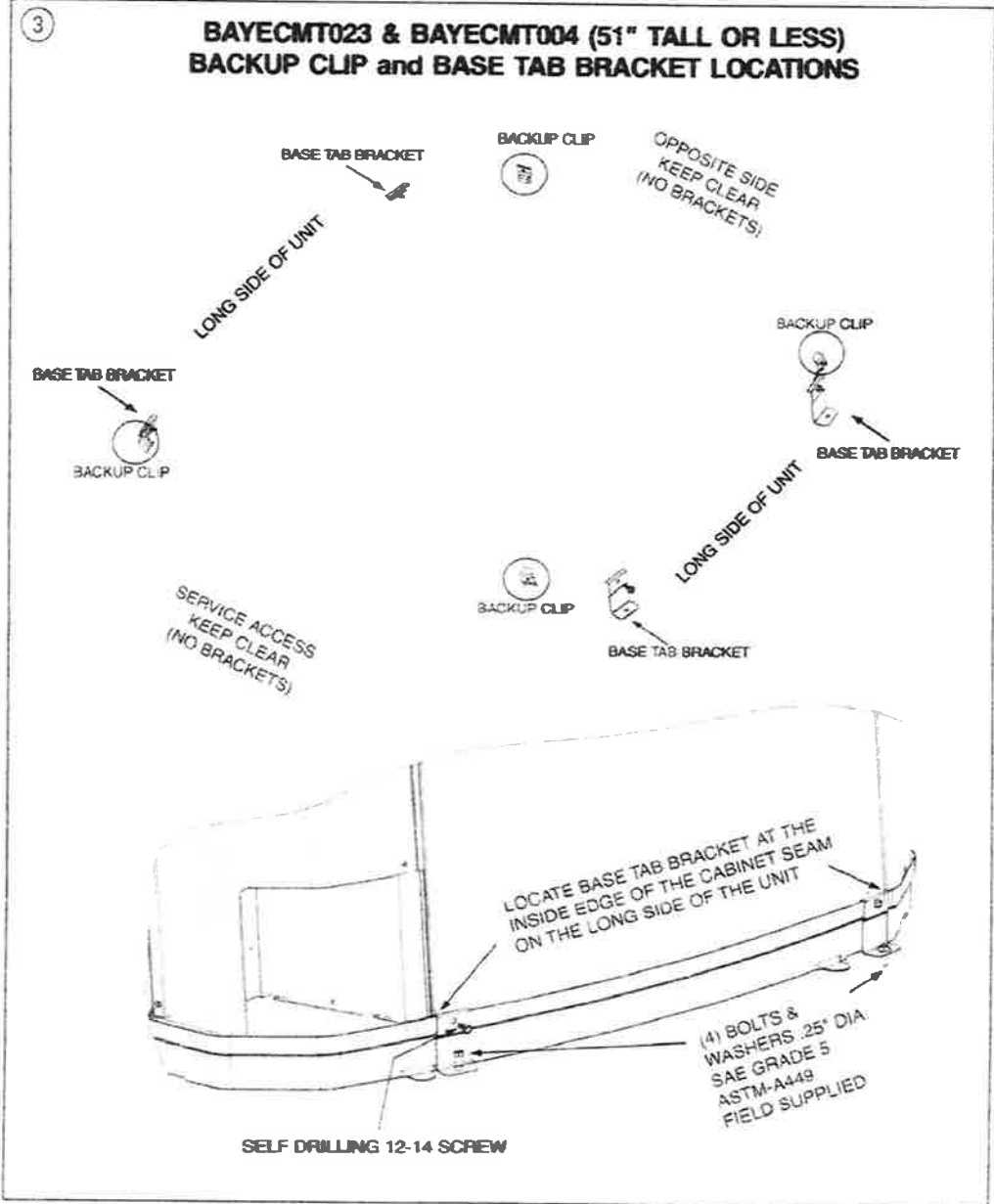
Installer's Guide



04/08

Texas
Dorr Corporation
Tyler, TX

Since the manufacturer has a policy of continuous product and product data improvement, it reserves the right to change design and specifications without notice.



Installer's Guide

INSTALLATION - BAYECMT023:

1. Installation of the Extreme Condition Mounting Kit must be made prior to connecting refrigerant lines and/or electrical power to the unit.
2. The installation location must (i) be a ground-level application and (ii) must not be a location susceptible to channeling effects or buffeting in the wake of upwind obstructions. It is the installer's responsibility to ensure that the slab mounting method meets or exceeds the requirements of local code and is approved by the appropriate local code authority.
3. Tip the uncrated unit to expose the base, insert the four (4) Backup clips through the slit openings in the base with the screw engagement hole facing the side louvered panels. See Figures 2 & 3. Each panel has a hole or dimple to mark the screw location. If a dimple is present, drill a ¼" hole at the dimple. Using (4) of the 12-18 screws in the kit, attach each side panel to the matching Backup Clip.
4. Attach the (4) Base Tab Brackets to the unit base using (4) of the 12-14 self drilling screws in the kit, locating them two to each long side of the unit (not on the service access and opposite side), using (4) field provided bolts appropriate to the material the unit is mounted on (recommend a 0.25" diameter bolt with a minimum of SAE-Grade 5 (ASTM-A449) or better with a appropriate washer). See Figures 1, 2 & 3.

INSTALLATION - BAYECMT004 UNITS

51" TALL OR LESS:

1. Installation of the Extreme Condition Mounting Kit must be made prior to connecting refrigerant lines and/or electrical power to the unit.
2. The installation location must (i) be a ground-level application and (ii) must not be a location susceptible to channeling effects or buffeting in the wake of upwind obstructions. It is the installer's responsibility to ensure that the slab mounting method meets or exceeds the requirements of local code and is approved by the appropriate local code authority.
3. Tip the uncrated unit to expose the base, insert the four (4) Backup clips through the slit openings in the base with the screw engagement hole facing the side louvered panels. See Figures 2 & 3. Each panel has a hole or dimple to mark the screw location. If a dimple is present, drill a ¼" hole at the dimple. Using (4) of the 12-18 screws in the kit, attach each side panel to the matching Backup Clip.

4. Attach the (4) Base Tab Brackets to the unit base using (4) of the 12-14 self drilling screws in the kit, locating them two to each long side of the unit (not on the service access and opposite side), using (4) field provided bolts appropriate to the material the unit is mounted on (recommend a 0.25" diameter bolt with a minimum of SAE-Grade 5 (ASTM-A449) or better with a appropriate washer). See Figures 1, 2 & 3.

INSTALLATION - BAYECMT004 UNITS 54" TALL:

1. Installation of the Extreme Condition Mounting Kit must be made prior to connecting refrigerant lines and/or electrical power to the unit.
2. The installation location must (i) be a ground-level application and (ii) must not be a location susceptible to channeling effects or buffeting in the wake of upwind obstructions. It is the installer's responsibility to ensure that the slab mounting method meets or exceeds the requirements of local code and is approved by the appropriate local code authority.
3. Tip the uncrated unit to expose the base, insert the four (4) Backup clips through the slit openings in the base with the screw engagement hole facing the side louvered panels. See Figures 2 & 3. Each panel has a hole or dimple to mark the screw location. If a dimple is present, drill a ¼" hole at the dimple. Using (4) of the 12-18 screws in the kit, attach each side panel to the matching Backup Clip.
4. Attach the (8) Base Tab Brackets to the unit base using (8) of the 12-14 self drilling screws in the kit, locating them four to each long side of the unit (not on the service access and opposite side), using (8) field provided bolts appropriate to the material the unit is mounted on (recommend a 0.25" diameter bolt with a minimum of SAE-Grade 5 (ASTM-A449) or better with a appropriate washer). See Figures 1, 2 & 4.

Extreme Condition Mounting Kit

BAYECMT023
BAYECMT004

⚠ WARNING: HAZARDOUS VOLTAGE - DISCONNECT POWER BEFORE SERVICING

ALL phases of this installation must comply with NATIONAL, STATE AND LOCAL CODES

IMPORTANT — This Document is customer property and is to remain with this unit. Please return to service information pack upon completion of work.

KIT CONTENT - BAYECMT023:

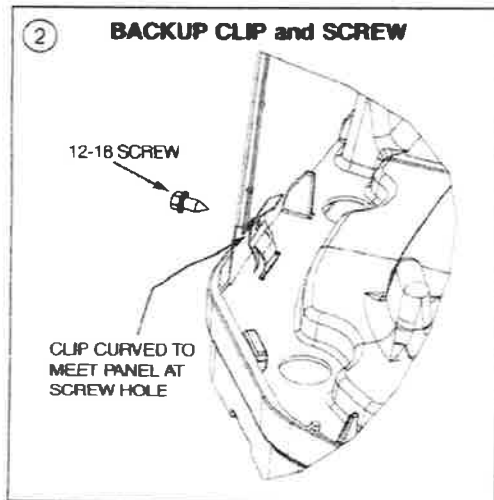
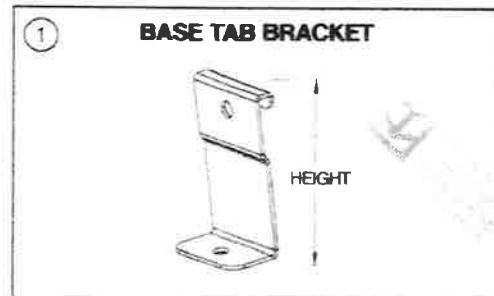
Will mount 10 individual units.
Base Tab Bracket - Qty 40 (Height 2.1" for Base 2 & 3)
Backup Clip - Qty 40
Self drilling 12-14 Screws - Qty 45
12-18 Screws - Qty 45

KIT CONTENT - BAYECMT004:

Will mount 5 - 10 individual units depending on unit height. See Installation - BAYECMT004 UNITS greater to or equal to 51" verses 54".
Base Tab Bracket - Qty 40 (Height 2.5" for Base 4)
Backup Clip - Qty 40
Self drilling 12-14 Screws - Qty 45
12-18 Screws - Qty 45

INSPECTION - ALL KITS:

Check carefully for any shipping damage. This must be reported to and claims made against the transportation company immediately. Any missing parts should be reported to your supplier at once and replaced with authorized parts only.



RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

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



LICENSE NUMBER
RA0041156

The CLASS B AIR CONDITIONING CONTRACTOR

Named below HAS REGISTERED

Under the provisions of Chapter 489 FS.

Expiration date: AUG 31, 2017

(INDIVIDUAL MUST MEET ALL LOCAL LICENSING
REQUIREMENTS PRIOR TO CONTRACTING IN ANY AREA)

MATTINGLY, ROBERT C
SUNSHINE HEATING & AIR CONDITIONING
750 ROBIN LN
OVIEDO FL 32765

ISSUED: 06/28/2015

DISPLAY AS REQUIRED BY LAW

SEQ # L1506280000264

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 lawful authorities. This receipt is valid from October 1 through September 30 of receipt year. Delinquent penalty is added October 1.

2015

EXPIRES 9/30/2016

1804 CONTR-HARV

\$30.00

10 EMPLOYEES, 5000 BUSINESS OFFICE

\$30.00

1804-0023281

10 EMPLOYEES ;

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

1606 ABER RD
U - ORLANDO, 32807

MATTINGLY ROBERT C

SUNSHINE HEATING & AIR COND INC
MATTINGLY ROBERT C
1606 ABER RD
ORLANDO FL 32807-6212

PAID: \$60.00 2503-01408245 8/18/2015





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/29/2016

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 Insurance Office of America, Inc. 1855 West State Road 434 Longwood, FL 32750	CONTACT NAME: Jaclyn Kniffen PHONE (A/C, No, Ext): (407) 788-3000 FAX (A/C, No): (407) 788-7933 E-MAIL ADDRESS: Jaclyn.Kniffen@ioausa.com														
INSURED Sunshine Heating & Air Conditioning, Inc. 1606 Aber Road Orlando, FL 32807	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Allied Property & Casualty Insurance Company</td> <td>42579</td> </tr> <tr> <td>INSURER B : Auto-Owners Insurance Company</td> <td>18988</td> </tr> <tr> <td>INSURER C : Bridgefield Employers Insurance Company</td> <td>10701</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> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Allied Property & Casualty Insurance Company	42579	INSURER B : Auto-Owners Insurance Company	18988	INSURER C : Bridgefield Employers Insurance Company	10701	INSURER D :		INSURER E :		INSURER F :	
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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	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			ACPGLPO5954941298	05/31/2016	05/31/2017	EACH OCCURRENCE			
							DAMAGE TO RENTED PREMISES (Ea occurrence)			
							MED EXP (Any one person)			
							PERSONAL & ADV INJURY			
							GENERAL AGGREGATE			
						PRODUCTS - COMP/OP AGG				
							\$ 1,000,000			
							\$ 100,000			
							\$ 5,000			
							\$ 1,000,000			
							\$ 2,000,000			
							\$ 2,000,000			
							\$			
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			4105033300	05/31/2016	05/31/2017	COMBINED SINGLE LIMIT (Ea accident)			
							BODILY INJURY (Per person)			
							BODILY INJURY (Per accident)			
							PROPERTY DAMAGE (Per accident)			
							\$ 1,000,000			
							\$			
							\$			
							\$			
							\$			
							\$			
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			83030912	01/01/2016	01/01/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER			
							E.L. EACH ACCIDENT			
							E.L. DISEASE - EA EMPLOYEE			
							E.L. DISEASE - POLICY LIMIT			
							\$ 1,000,000			
							\$ 1,000,000			
							\$ 1,000,000			

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

CERTIFICATE HOLDER Universal Engineering Sciences, Inc. 3532 Maggie Blvd. Orlando, FL 32811	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
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