

# BUILDING JOB SITE CARD City of Belle Isle

# **ELECTRICAL PERMIT 2017-08-094**

### PERMIT MUST BE POSTED ON SITE

Permit Number: 2017-08-094 Issue Date: 08.16.2017

Site Address: 1724 Wind Drift Rd, 32809 Parcel Number: 30-23-30-0604-03-040

Subdivision: Class: Residential

Description of Work: Electrical Fed Pac change out same for same with new Cutter Hammer

Issued To: CDW Electrical Services Inc

Name: Henry, Joel

Payment Date & Method: 8-16-17 VISA 6464

Business Phone: 407 565 2225

Contractor License #: EC13006392

Schedule Inspections via Email at: <u>BIDscheduling@universalengineering.com</u> SCHEDULE INSPECTIONS BY 4PM CUT OFF TIME Inspection Results Will Be Sent Out the Following Morning

"WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR 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."

BUILDING	INSPECTOR	DATE	COMMENTS
Demo Final			
Footing			
Stem Wall			
Slab			
Lintel/Tie Beam			
Down Pour			
Tilt Panel			
Window In-progress			
Sheathing (wall)			
Sheathing (roof)			
Framing			
Fire Rated Assembly			
Above-Ceiling			
Insulation			
Lathe			
Pool Steel & Ground			
Pool Safety			
Final			

PERMIT # 2017-08-094 Page 2

GAS	INSPECTOR	DATE	COMMENTS
Rough Gas			
Final Gas			
ELECTRICAL	INSPECTOR	DATE	COMMENTS
Temp Pole			
TUG			
Underground			
Rough			
Footer Steel Bonding			
Pool Light			
PrePower			
Meter ReSet			
Final			
MECHANICAL	INCRECTOR	DATE	COMMENTS
MECHANICAL Above Coiling	INSPECTOR	DATE	COMMENTS
Above Ceiling			
Rough			
Hood Vent			
Final			
PLUMBING	INSPECTOR	DATE	COMMENTS
Sewer			
Underground			
Rough			
Above Ceiling			
Irrigation			
Final			
ROOF	INSPECTOR	DATE	COMMENTS
In-progress	MSIECIOR	DAIL	COMMENTS
Final			
1 mai			

Schedule Inspections via Email at: <a href="mailto:BIDscheduling@universalengineering.com">BIDscheduling@universalengineering.com</a>
SCHEDULE INSPECTIONS BY 4PM CUT OFF TIME
Inspection Results Will Be Sent Out the Following Morning
Inspection Results Will Be Sent Out the Following Business Day



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

# APPLICATION FOR ELECTRICAL PERM

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY WELL IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. 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	N:08/15/2017		NUMBER 301 1908 0914	
The undersigned hereby	applies for a permit to make	e electrical installations as indicated b	elow, PLEASE PRINT	
Project Address 1724 Wil	nd Drift Rd 1124 M	Jund Unit Kd	_, Belle Isle FL 232809 32812	
	Duna de	Neclean	Phone 407-558-8665 407-558-8665	5
Property Owner Pamela		h. CIEN.		
Property Owner's Mailing	g Address 1724 Wind Drift Rd		City Bello Isle 30-23-30-6604-63-04	ĺ,
State_FLZip	Code 32809 P	arcel Id Number: 30-23-30-0604-03-04 To obtain this information, please visit http://www.number.	p://www.ocouff.org/Searches/ParcelSearch.aspx	•
Class of Building: Old	☑ New ☐ Type (		ercial Other	
Type of Work: New E			Itage New Existing	
		ANGENT OF ALL SOUTHWENT TO 1	DE INSTALLED	
Dishwashas	INDICATE THE QU	ANTITY OF ALL EQUIPMENT TO I Disposal		
	_		- · · ·	
Hood Fan			Switches	
Fixtures		Low Voltage	Stoves	
Electric Signs	A A . A		Furnace (KW)	
Pumps				
Temporary Constructi	on Pole	One (1) New <u>Meter</u> Service	Amperage/Voltage/Phase	
Meter Service Upgrade		to	Difference in Size	
	Amperage/Voltage	/Phase Amperage/Voltage/P	Phase Difference in Size	
Relocate Existing Mete	or Service (No Service Size	Change)		
Other: Replacing outsi	de main breaker Federal Pacific	panel 150amp single phase with new Cu	tter Hammer CH main panel. Same for Same.	
Replace a	1	oreaber Fed Paci	osnel (50 amp w/ new Cuter	
Hamm	- CH MAIN	panol canno for	tame	
PERMIT FEE BAS	ED ON METER SERVICE S	E, USE VALUATION OF JOB FOR P	······································	
		MATERIALS, LABOR, AND FIXTURES	14 ( )	
VALUATION OF ST	1	1/2		
	X ) A.	1111	70 98	
Building Official	1000	Date_ 8 161	Review Fee = \$ H	_
Verified Contractor	's Licenses & Insurance are	on file Date	2.3% FL Surcharge = \$	9
Vermied domination			TOTAL Permit = \$	
I hereby certify that the	e above is true and correct to	o the best of my knowledge.	d 8.16-17 VISA 6464	
			rm to all Florida Building Code Regulations and City	
I hereby make Application	on for Permit as outlined above	ans submitted. The issuance of this perm	nit does not grant permission to violate any	
applicable Town and/or	State of Florida codes and/or	ordinances.		
applicable founding of	11 4	11	LICENSE #EC13006392 +C13006391	
LICENSE HOLDER SI		1 12004		
LICENSE HOLDER N		COMPANY NA	AME CDW Electrical Services CDW Electrical Services	
Street Address PO Box		616313	AN7 EEE 2025	
City Orland		te FL Zip Code 32861	Phone Number 407-565-2225	
Email Addresscs@cdw	velectrical.com	bo cal. Cam	401-200-0002	
CSC	Comerce	THE COURT CONTRACTOR	a any construction or alteration where a Building	
NOTE: The Building P Permit has be		e Electrical Installation is associated with	n any construction or alteration where a BuildIng	

Building Permit Number \_\_\_

## STATE OF FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION ELECTRICAL CONTRACTORS LICENSING BOARD

LICENSE NUMBER

EC13005392

ADDITIONAL BUSINESS QUALIFICATION

The ELECTRICAL CONTRACTOR Named below IS CERTIFIED Under the provisions of Chapter 489 FS. Expiration date: AUG 31, 2018

> HENRY, JOEL H CDW ELECTRICAL SERVICES, INC 2756 NATTIE CT. ORLANDO FL 32826





Scott Randolph, Tax Collector Local Business Tax Receipt Orange County, Florida

This tocal business tax receipt is in addition to and not in fleu of any other tax required by law or municipal ordinance. Business is are subject to regulation of zoning, health and other TRES SOLDER CENTRAL COLLEGE CO or 30 of receipt year. Delinquent penalty is added October 1. EXPIRES 9/30/2017 viul authorities. This receipt is valid from Outober 1 through Sept

2016

15

\$30.00

CERT ELECTRICAL CON

\$30.00

5000-1136921 1 EMPLOYEE

TOTAL TAX TRANSFER FEES PREVIOUSLY PAID TOTAL DUE

2756 NATTIE CT (MOBILE) U - ORLANDO, 32826 HENRY JOEL H

5000 BUSINESS OFFICE

BROWN CHRISTOPHER J- PRESIDENT

POLITY, FIGURE OF BOX 618515
ORLANDO FL 32861 COW ELECTRICAL SERVICES INC BROWN CHRISTOPHER J- PRESIDENT PO BOX 616515 ORLANDO FL 32861



### **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 08/15/2017

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 GOVER AGE SET OF THE POLICIES OF INSTITUTION AND EXPERIENCE OF THE POLICIES LIMITS SHOWN MAY HAVE BEEN REQUIRED SET OF HIS INSTITUTION OF ANY CONTROL OF	C	he terms and conditions of the policy, ertificate holder in lieu of such endors						7316117417 4003 1101 0011101	
SIGNO GIC Chency May  Triant of PL3807  PO Box 618515  Orlando, FL 32861  CDW Electrical Services Inc PO Box 618515  Orlando, FL 32861  ENURER S. Auto-Owners Insurance Company  INSURED D. Author PO Box 618515  Orlando, FL 32861  ENURER S. Auto-Owners Insurance Company  INSURED D. Author Insurance Company						CONTACT NAME:		784	
NBURRED COW Electrical Services Inc PO Box 616515 Orlando, FL 32861    NBURRED PO Box 616515   NBURRED	500:	3 Old Cheney Hwy				(A/C, No. Ext): 401-2	73-0230	(A/C, No): 407-3	380-3211
NBURRED COW Electrical Services Inc PO Box 616515 Orlando, FL 32861    NBURRED PO Box 616515   NBURRED	Orla	ando, FL 32807				ADDRESS: info@jn	neyers.com		
NBURBER A. SOUTHERT-OWNers Insurance Co 10190 DOW Electrical Services Inc PO Box 616515 Orlando, FL 32861  **SOURCE A. SOUTH STANDING COMPANY 18988 **SOURCE A. SOUTH STANDING COMPANY 18988 **SOURCE A. SOUTH STANDING COMPANY SECURITY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERDOD DIOCATED. NOTWITHSTANDING ANY REQUIREMENT. TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE SOURCE ON MAY PERDUREMENT. TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE SOURCE OF SILCH AND SILCH A	-yn	IUIIA D AGAMS							NAIC #
PO BOX 618-15 Orlando, FL 32861    MINURER D:   MINURER D									
PO Box 618413 Orlando, FL 32861    BILLEIS	INSU	JRED CDW Electrical Services I	nc			INSURER B - Auto-C	wners Insu	rance Company	18988
MSURER D						-			
INSURBRE E: INSURBRE F: INSURB		Orlando, FL 32861					mounance		
COVERAGES  CERTIFICATE NUMBER: THIS BY CERTIFICATE NUMBER: THIS BY CORTER'S THAT THE POLICIES OF RAUGHANGE ISSTED BELOW HAVE BEEN RSUED TO THE MOURED NAMED ABOVE FOR THE POLICY PERFORMED NOTATION OF THE POLICY PERFORMED AND CONTROL OF CHIEF AND BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICY OF CHIEF AND THE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICY DESCRIBED HEREN IS SUBJECT TO ALL THE TERMS. EXCUSIONS AND CONTROL OF SUCH POLICIES. IMITS SHOWN MAY HAVE BEEN REQUISED BY POLICY SECRET HEREN IS SUBJECT TO ALL THE TERMS. EXCUSIONS AND CONTROL OF SUCH POLICIES. IMITS SHOWN MAY HAVE BEEN REQUISED BY PADIL CLAIMS.  TYPE OF NORMANCE  ALL COMMERCIAL GENERAL LIABILITY  CAMBRIEL SHOWN POLICY MAMBER  OCHAL AGORDATE LIMIT APPLIES PER.  ALL COMMERCIAL SHOWN POLICY AND COMMERCIAL SHOWN AND COMMERCI									
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. NORWITHSTANDING ANY REQUIREMENT, TEMPO ROCHOTION 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 HEREN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY THE POLICIES DESCRIBED POLICIES DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES   LACORD 101, Additional Remarks Schedule, may be situached if more space is required)  DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES   LACORD 101, Additional Remarks Schedule, may be situached if more space is required)  DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES   LACORD 101, Additional Remarks Schedule, may be situached if more space is required)  DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES   LACORD 101, Additional Remarks Schedule, may be situached if more space is required)  DESCRIPTION OF DESCRIBED POLICIES DESCRIBED P						INSURER F :			
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 PRICE IS SUBJECT TO ALL THE TERMS. EXCUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS  AX COMMERCIAL GENERAL LIABILITY  AX COMMERCIAL GENERAL LIABILITY  TA480350  POLICY NUMBER  POLICY NUMBER  POLICY PROPERTY						VE BEEN 10011EB T			101/ 555105
A X COMMERCIAL GENERAL LIABLITY  Q.A.IMISMADE X OCCUR  Q.A.IMISMAD	IN C	NDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY F	QUIF	REME	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF ANY CONTRACT	OR OTHER	DOCUMENT WITH RESPECT TO D HEREIN IS SUBJECT TO ALL	WHICH THIS
A X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  CLAIMS-MADE X OCCUR  CLAIMS-MADE X OCCUR  CENTLAGORESATE LIMIT APPLIES PER.  X POLICY COMPINED LOC OTHER  AUTOMOBILE LABILITY  B ALL OWNED AUTOS HIRED AUTOS HIRED AUTOS HIRED AUTOS HIRED AUTOS HIRED AUTOS AUTOS HIRED AUTOS AUTOS  CLAIMS-MADE EXCESS LIAB CLAIMS-MADE  LUMBRELIA LIAB OCCUR EXCESS LIAB CLAIMS-MADE  EXCESS LIAB CLAIMS-MADE  LUMBRELIA LIAB OCCUR EXCESS LIAB CLAIMS-MADE  EXCESS LIAB CLAIMS-MADE  LUMBRELIA LIAB OCCUR EXCESS LIAB CLAIMS-MADE  EXCESS LIAB CLAIMS-MADE  LUMBRELIA LIAB OCCUR EXCESS LIAB CLAIMS-MADE  EXCESS LIAB CLAIMS-MADE  LUMBRELIA LIAB OCCUR EXCESS LIAB CLAIMS-MADE  EXCESS LIAB CLAIMS-MADE  LUMBRELIA LIAB OCCUR EXCESS LIAB CLAIMS-MADE  EXCESS LIAB CLAIMS-MADE  LUBBRELIA LIAB OCCUR EXCESS LIAB CLAIMS-MADE  EXCESS LIAB CLAIMS-MADE  LUBBRELIA LIAB OCCUR EXCESS LIAB CLAIMS-MADE  EXCESS LIAB CLAIMS-MADE  LUBBRELIA LIAB OCCUR EXCESS LIAB CLAIMS-MADE  EXCESS LIAB CLAIMS-MADE  EXCESS LIAB CLAIMS-MADE  LUBBRELIA LIAB OCCUR EXCESS LIAB CLAIMS-MADE  EXCESS LIAB CLAIMS-MADE  EXCESS LIAB CLAIMS-MADE  S  EXCESS LIAB CLAIMS-MADE  EXCENSIVE LIAB CLAIMS-MADE  EXCESS LIAB CLAIMS-MADE  EXCESS LIAB CLAIMS-MADE  EXCESS LIAB CLAIMS-MADE  EXCESS LIAB CLAIMS-MADE  EXCENSIVE LIAB CLAIMS-MADE  EXCESS LIAB CLAIMS-MADE  EXCESS LIAB CLAIMS-MADE  EXCESS LIAB CLAIMS-MADE  EXCESS LIAB CLAIMS-MADE  EXCEN	VSR TR	TYPE OF INSURANCE	ADDL INSD	SUBF	POLICY NUMBER	POLICY EFF	POLICY EXP	LIMITS	
CAMMSMADE   COUR   CAMMSMADE   COUR						A STATE OF THE STA			1,000,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)    CERTIFICATE HOLDER   CANCELLED   CANCE		CLAIMS-MADE X OCCUR			72480350	09/11/2017	09/11/2018	DAMAGE TO RENTED	300,000
PERSONAL & ADV INJURY \$ 1,000,0 GENERAL & AGORGATE LIMIT APPLIES PER. X POUT PRODUCTS COMPIOR AGORGATE \$ 2,000,0 PRODUCTS COMPIOR AGORGATE \$ 2,000,0 PRODUCTS COMPIOR AGORGATE \$ 2,000,0 PRODUCTS COMPIOR AGORGATE \$ 100,0 PRODUCTS COMPIOR AGORGATE								THE MIDES (LES GOLDANIES)	10,000
GENERAL AGGRESATE UNIT APPLIES PER:    POLICY   PROP.									
PRODUCTS - COMPION AGG   \$ 2,000,0		CENT ACCRECATE HAST APPLIES DED							
AUTOMOBILE LIABILITY  B X ANY AUTO ALL OWNED AUTOS AUT		PRO-							
AUTOMOBILE LABILITY  B X ANY AUTO ALLOWNED AUTOS		POLICYLOC							2,000,000
B X ANY AUTO AUTOS SCHEDULED AUTOS A	_		_						400.00
ALL OWNED AUTOS SONO, ONDE AUTOS S	_								100,000
AUTOS AUTOS AUTOS AUTOS AUTOS SERCENTION S SOCIENTION S SOCIENTIAN S SOCIENTION S SOCIENTION S SOCIENTION S SOCIENTION S SOCIENTIAN S SOCIENTION S SOCIENTIS S SOCIENTION S SOCIENTIS S SOCIENTIAN S SOCIENTIS S SOCIENT	8	Aut note			5048035000	10/22/2016	10/22/2017		
HINED AUTOS  UMBRELLA LIAB  OCCUR  EXCESS LIAB  OCCUR  CLAIMS-MADE  OCD  ORD  RETENTION S  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY AND PROPRIETORIA-PARTNEEM-EXECUTIVE OF IN-IN-IN-IN-IN-IN-IN-IN-IN-IN-IN-IN-IN-I		AUTOS LAUTOS						The second secon	
UMBRELLA LIAB		HIRED AUTOS NON-OWNED AUTOS						(Per accident)	
EXCESS LIAB CLAIMS-MADE    DED								\$	
DED RETENTION \$  WORKERS COMPENSATION AND EMPTOVERS' LIABILITY AND EMPT		UMBRELLA LIAB OCCUR						EACH OCCURRENCE \$	
C AND EMPLOYERS LABILITY AND EMPLOYERS 'LABILITY AND EMPLOYERS' LABILITY I 12/19/2016  12/19/2016  12/19/2017  12/19/2016  12/19/2017  12/		EXCESS LIAB CLAIMS-MADE						AGGREGATE \$	
AND PEMPLOYERS' LABILITY ANY PEOPLETORPARTNER REVOLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below  DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  CERTIFICATE HOLDER  CANCELLATION  BELLEIS  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.		DED RETENTION \$						\$	
MWC0072737-03  12/19/2016  12/19/2016  12/19/2017  EL. EACH ACCIDENT \$ 1,000,0  EL. DISEASE - EA EMPLOYEE \$ 1,000,0  EL. DISEASE - EA EMPLOYEE \$ 1,000,0  EL. DISEASE - POLICY LIMIT \$ 1								X PER X OTH-	
CERTIFICATE HOLDER  City of Belle Isie 1600 Nela Avenue  CEL. DISEASE - EA EMPLOYEE \$ 1,000,000 EL. DISEASE - POLICY LIMIT \$ 1,000,000	С	ANY PROPRIETOR/PARTNER/EXECUTIVE			MWC0072737-03	12/19/2016	12/19/2017		1,000,000
DESCRIPTION OF OPERATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  CERTIFICATE HOLDER  CANCELLATION  BELLEIS  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  ALCHORUSED REPRESENTATIVE		OFFICER/MEMBER EXCLUDED?	N/A						1,000,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  CERTIFICATE HOLDER  CANCELLATION  BELLEIS  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.		If yes, describe under							- 17
CERTIFICATE HOLDER  BELLEIS  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  ALTHODIZED REPRESENTATIVE		DESCRIPTION OF OPERATIONS DRIOW						EL DISEASE - POLICY LIMIT   \$	1,000,000
CERTIFICATE HOLDER  BELLEIS  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  ALTHODIZED REPRESENTATIVE									
CERTIFICATE HOLDER  BELLEIS  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  ALTHODIZED REPRESENTATIVE									
CERTIFICATE HOLDER  BELLEIS  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  ALTHODIZED REPRESENTATIVE		COURTION OF OBERATIONS ALOCATIONS AND INC.	FO. (8	2000	101 Additional Branch Color I		L		
BELLEIS  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  ACCORDANCE WITH THE POLICY PROVISIONS.	,ES(	CKIPTION OF OPERATIONS / LOCATIONS / VEHICL	=5 (A	CURE	ידטד, Additional Remarks Schedu	e, may be attached if mor	e space is requir	ea)	
BELLEIS  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.									
BELLEIS  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.									
BELLEIS  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.									
BELLEIS  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  ACCORDANCE WITH THE POLICY PROVISIONS.									
BELLEIS  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.									
BELLEIS  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  ACCORDANCE WITH THE POLICY PROVISIONS.									
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  ACCORDANCE WITH THE POLICY PROVISIONS.	CEF	RTIFICATE HOLDER				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.					BELLEIS				
City of Belle Isle 1600 Nela Avenue  ACCORDANCE WITH THE POLICY PROVISIONS.									
City of Belle Isle 1600 Nela Avenue	1600 Nela Avenue							LIVERED IN	
ALTHODIZED DEDDECENTATIVE						ACCORDANCE WI	III INE FULIU	I FRUTISIUNS.	
Belle Isle, FL 32809						ALITHORIZED REPRESENTATIVE			
('Ma		Belle Isle, FL 32809				A /	ATTAILYE		
						('Ma			