



City of Belle Isle Job Site Card **Mechanical PERMIT 2019-04-008**

PERMIT MUST BE POSTED ON SITE - A permit expires in 6 months if approved inspections are not recorded /scheduled within that time frame. **You are responsible for scheduling and keeping track of all your inspections -**

Permit Number: 2019- 00-008

Issue Date: 04/02/2019

Site Address: 5452 Ming Dr 32812

Parcel #: 20-23-30-6779-00-020

Class: Residential **Subdivision:**

Description of Work: **TWO TON UNIT.**

Air Conditioning: # of Units 1 Tons Per Unit 2 Total Tons 2

Type of System: Split System Heat Pump

Heating: # of Units KWS Per Unit 5 Total KWS 5

Issued: **AMERITECH AIR-CONDITIONING AND HEATING** Business Phone: 407 532-8000

Name: **NOVOTNY, BRIAN THOMAS** Contractor License: CAC1817383

Payment Date & Method: 4/2/2019 Picked up or sent by Emailed

Visa Master Card Amex Discover Check / Money Order # 3906

"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."

Schedule Inspections via Email at: BIIDScheduling@universalengineering.com
SCHEDULE INSPECTIONS BY 3:00 PM CUT OFF TIME
Inspection Results Will Be Sent Out the Following Business Day

| MECHANICAL | INSPECTOR | DATE | COMMENTS |
|-------------------|-----------|------|----------|
| 500 Above Ceiling | | | |
| 510 Rough | | | |
| 520 Hood Vent | | | |
| 530 Final | | | |
| | | | |

Inspection requests are to be emailed to BIIDScheduling@UniversalEngineering.com; a confirmation email will be sent back to you upon scheduling. **Next-Day Inspection requests must be made by 3pm.** 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

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

RECEIVED APR 2 - 2019

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: 04-01-19

PERMIT NUMBER 2019-04-008

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

Project Address 5452 Ming Dr, Orlando, FL 32812, Belle Isle FL 32809 32812
Property Owner Clayton Van Camp Phone 407-341-9382
Property Owner's Mailing Address 5452 Ming Dr City Belle Isle
State FL Zip Code 32812 Parcel Id Number: 20-23-30-6779-00-020

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

HVAC changed to one 2 ton 17 Seer H/P with 5 kw heat like for like

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

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

Air Conditioning: # of Units 1 Tons Per Unit 2 Total Tons 2
Type of System: Water to Air Chiller Split System Package Heat Pump Estimated Cost \$ _____
Heating: # of Units KWS Per Unit 5 Total KWS 5 BTU's _____ Estimated Cost \$ _____
Oil Electric Boiler Gas

(A) Estimated Cost Fee \$ 5381.00

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

Ventilation:

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

Refrigeration: Number of units _____ Estimated Cost \$ _____

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

Others: (Specify) _____ Estimated Cost \$ _____

Was the space previously Air Conditioned? Yes No (B) Estimated Cost Fee \$ _____

I hereby certify that the above is true and correct to the best of my knowledge and make Application for Permit as outlined above, and if same is granted I agree to conform to all Florida Building Code Regulations and City Ordinances regulating same and in accordance with plans submitted. The issuance of this permit does not grant permission to violate any applicable Town and/or State of Florida codes and/or ordinances.

LICENSE HOLDER SIGNATURE [Signature] LICENSE # CAC1817383

LICENSE HOLDER NAME BRIAN NOVOTNY COMPANY NAME Ameritech A/C & Heating

Street Address 6290 Edgewater Dr, Suite C

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

Email Address permits.ameritechfl@gmail.com

| | |
|------------------|-------------------|
| Permit Fee | \$ <u>49.00</u> ✓ |
| Review Fee | \$ <u>24.50</u> ✓ |
| 1% BCAIB Fee | \$ <u>2.00</u> |
| 1.5% DCA Fee | \$ <u>2.00</u> |
| Total Permit Fee | \$ <u>77.50</u> |

Building Official: [Signature] Date 4-2-19
Verified Contractor's Licenses & Insurance are on file [Signature] Date 3-2-19
certificate holder incorrect w/c

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 4-2-19 PAID UISA 3906

37
12 2x6
49
base 37
2x6
12
49 = 2
24.50
73.50



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

POWER OF ATTORNEY

Date: 04-01-19

Permit #: 2019-04-008

I hereby name and appoint Amy Makin of _____
(print name)

Ameritech A/C & Heating to be my lawful attorney-in-fact to act for
(company name)

me and apply to the City of Belle Isle Building Department for a mechanical permit
(type of permit)

for work to be performed at the following location:
5452 Ming Dr, Belle Isle, FL 32809 32812 and
(street address)

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

Certified Contractor's Printed Name: Brian Novotny

License Number: CACC1817383

Certified Contractor's Signature: [Signature]

.....
The foregoing instrument was acknowledged before me this 1st days of April of 20 19
by Brian Novotny who is personally known to me or who produced
_____ as identification and who did not take an oath.

State of Florida
County of Orange

[Signature]
Notary Public, Orange County, Florida



(seal)

- [Searches](#)
- [Sales Search](#)
- [Results](#)
- [Property Record Card](#)
- [My Favorites](#)

[Sign up for e-Notify...](#)

5452 Ming Dr < 20-23-30-6779-00-020 >

| | |
|----------------------------|----------------------------|
| Name(s) | Physical Street Address |
| Van Camp Clayton | 5452 Ming Dr |
| Van Camp Christina | Postal City and Zipcode |
| Mailing Address On File | Orlando, FL 32812 |
| 5452 Ming Dr | Property Use |
| Belle Isle, FL 32812-2108 | 0104 - Single Fam Class IV |
| Incorrect Mailing Address? | Municipality |
| | Belle Isle |



View 2018 Property Record Card

- [Property Features](#)
- [Values, Exemptions and Taxes](#)
- [Sales Analysis](#)
- [Location Info](#)
- [Market Stats](#)
- [Update Information](#)

2019 values will be available in August of 2019.

Property Description

[View Plat](#)

PEARL'S LANDING 62/8 LOT 2


Total Land Area 20,927 sqft (+/-) | 0.48 acres (+/-) GIS Calculated Notice

Land

| Land Use Code | Zoning | Land Units | Unit Price | Land Value | Class Unit Price | Class Value |
|-------------------------|--------|------------|------------|------------|------------------|-------------|
| 0130 - Sfr - Lake Front | R-1-AA | 1 LOT(S) | working.. | working.. | working.. | working.. |

Page 1 of 1 (1 total records)

Buildings

| Important Information | | Structure | | | | |
|---|----------------------------|----------------------------|---------------------------|------|-----------------------|-----------------------|
|  | Model Code: | 01 - Single Fam Residence | Actual Year Built: | 2007 | Gross Area: | 9350 sqft |
| | Type Code: | 0104 - Single Fam Class IV | Beds: | 7 | Living Area: | 7294 sqft |
| | Building Value: | working.. | Baths: | 8.5 | Exterior Wall: | Concrete Block Stucco |
| | Estimated New Cost: | working.. | Floors: | 2 | Interior Wall: | Drywall |

Page 1 of 1 (1 total records)

Extra Features

| Description | Date Built | Units | XFOB Value |
|----------------------------|------------|-----------|------------|
| PL3 - Large Elaborate Pool | 05/23/2007 | 1 Unit(s) | working.. |
| FPL3 - Good Fireplace | 05/23/2007 | 1 Unit(s) | working.. |
| BC3 - Boat Cover 3 | 12/31/2016 | 1 Unit(s) | working.. |
| BD3 - Boat Dock 3 | 12/31/2016 | 1 Unit(s) | working.. |

Page 1 of 1 (4 total records)

This Data Printed on 04/01/2019 and System Data Last Refreshed on 03/31/2019

Date: 03-28-19
Price valid until 04-27-19



Work Order # 36710

Owner of Property Clayton Van Camp Cell Phone 407-341-9382
Co-Owner or Tenant _____ Cell Phone _____
Job Location 5452 Ming Dr Orlando 32812

Email Crvancamp@yahoo.com Billing Address (If different): _____

*We hereby propose: To furnish, install and service under warranty * (stated below) products or related equipment for your home or business in accordance with the conditions and specifications set forth in this proposal.*

Condenser Trane 4TWR7024A1000C H/P S/C
SEER 17 KW 5 PKG Split

ARI # _____

Coil (2 TON SYSTEM)

Air Handler Trane TEM6A0B24H21SA

Gas Furnace _____

Flood Switch SS2 AND SS3

Liquid Line FLUSH Suction Line TEST

Condensate Pump _____

New Drain Line Accept FLUSH Decline

Line set protective cover _____ ft.

Zoning _____ Zones _____

Supply Duct _____

Return Duct Direct Ceiling SW

New Platform _____

Air Purifier _____

Air Filter type and size 2 INCH FILTER RACK

Duct Sanitize: Accept _____ Decline _____

Duct Seal: Accept _____ Decline _____

New electrical disconnect for condenser _____

New electrical for AHU disconnect _____

Surge Protector _____

Other AUX DRAIN PAN

A / C pad size 40X40

Thermostat type LOOK TO CUSTOMER EXISTING

All work to be done in accordance w/existing code with permitting

Removal of existing equipment from the premises.

All work to be performed in a neat and professional manner by a trained technician. All debris removed from premises each day. *AmeriTech will guarantee the install of the product free from defects in workmanship for 1 (one) year from date of install.*

Manufacturer warranty on parts 10 years.

On Condenser and Air Handler AmeriTech will file warranty paperwork after payment in full and permit is complete. Customer must contact AmeriTech if warranty certificate is not received within 45 days of install.

Purchase extended manufacture labor warranty _____ years. Condenser and Air Handler.

Warranty on zoning electrical _____

Warranty on dampers _____

Manufacturer warranty on compressor 10 years.

AmeriTech will file warranty paperwork after payment in full and permit is complete. Customer must contact AmeriTech if warranty certificate is not received within 45 days of install.

Warranty on duct work _____

Warranty on other _____

Utility Company DUKE REBATE \$600

(Note: please follow guidelines for local utility regarding any possible rebates)

This entire document, including the terms and conditions below, and any agreement executed in writing, pursuant thereto, between BNL Contractors, LLC d/b/a AmeriTech Air-Conditioning and Heating (hereinafter referred to as "AmeriTech") and the property owner(s) or property owner's representative(s), hereby referred to as the "Customer", are subject to the laws in effect in the state of Florida, and that failure to pay all amounts due shall constitute a material breach of this agreement and Customer shall be responsible for any and interest at 1.5% per month (18% per annum.), costs, and attorney's fees incurred by AmeriTech to recover said amounts owed. Customer shall pay AmeriTech's attorney's fees and costs for collection of any sums due hereunder, whether or not suit is filed.

Total Price: \$5,381.00 Five Thousand Three Hundred Eighty One Dollars and No Cents

Deposit: NA

Terms: * Cash **All financing & terms are pending on credit approval and must be complete before work begins.*

Company acceptance signature [Signature] Date: 03-29-19

Owner acceptance signature [Signature] Date: 03-29-19

Options/Notes 2 YEAR LABOR WARRANTY

Certificate of Product Ratings

AHRI Certified Reference Number : 7793615

Date : 04-01-2019

Model Status : Active

AHRI Type : HRCU-A-CB

Series : XR17

Outdoor Unit Brand Name : TRANE

Outdoor Unit Model Number (Condenser or Single Package) : 4TWR7024A1

Indoor Unit Model Number (Evaporator and/or Air Handler) : TEM6A0B24H21+TDR

The manufacturer of this TRANE product is responsible for the rating of this system combination.

Rated as follows in accordance with the latest edition of ANSI/AHRI 210/240 with Addenda 1 and 2, Performance Rating of Unitary Air-Conditioning & Air-Source Heat Pump Equipment and subject to rating accuracy by AHRI-sponsored, independent, third party testing:

Cooling Capacity (A2) - Single or High Stage (95F), btuh : 25000

SEER : 17.00

EER (A2) - Single or High Stage (95F) : 12.50

Heating Capacity (H12) - Single or High Stage (47F) : 24000

HSPF (Region IV) : 8.50

†"Active" Model Status are those that an AHRI Certification Program Participant is currently producing AND selling or offering for sale; OR new models that are being marketed but are not yet being produced."Production Stopped" Model Status are those that an AHRI Certification Program Participant is no longer producing BUT is still selling or offering for sale.
Ratings that are accompanied by WAS indicate an involuntary re-rate. The new published rating is shown along with the previous (i.e. WAS) rating.

DISCLAIMER

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CERTIFICATE VERIFICATION

The information for the model cited 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 on which the certificate was issued, which is listed above, and the Certificate No., which is listed at bottom right.



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RICK SCOTT, GOVERNOR

JONATHAN ZACHEM, SECRETARY



**STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

CONSTRUCTION INDUSTRY LICENSING BOARD

THE CLASS B AIR CONDITIONING CONTRACTOR HEREIN IS CERTIFIED UNDER THE
PROVISIONS OF CHAPTER 489, FLORIDA STATUTES

NOVOTNY, BRIAN THOMAS

AMERITECH AIR-CONDITIONING AND HEATING
6290 EDGEWATER DR UNIT C
ORLANDO FL 32810

LICENSE NUMBER: CAC1817383

EXPIRATION DATE: AUGUST 31, 2020

Always verify licenses online at MyFloridaLicense.com



Do not alter this document in any form.

This is your license. It is unlawful for anyone other than the licensee to use this document.

2018 - 2019



Local Business Tax Receipt

(Formerly known as "Business License "
changed per state law HB1269-2006)

Business Name
AMERITECH AIR CONDITIONING AND HEAT
6290 EDGEWATER DR UNIT C
ORLANDO, FL 32810

Business Owner
BNL CONTRACTORS LLC BRIAN T
NOVOTNY CA#1817383

Business Location
6290 EDGEWATER DR
ORLANDO, FL

NOTICE-THIS TAX 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.

Case Number: BUS-0040355

Issued Date: 07/22/2018

Expiration Date: 09/30/2019

Business type(s):

| Description | Year |
|-----------------------------|-------------|
| CONTRA 1524 CONTRACTOR DBPR | 2019 |



Local Business Tax Receipt
City Hall, 400 South Orange Avenue, First Floor
Post Office Box 4990
Orlando, Florida 32802-4990

Phone: 407.246.2204 Fax: 407.246.3420

Email: BusinessTax@cityoforlando.net

Prompt! Interactive Voice Response System: 407.246.4444
Visit our website: cityoforlando.net/permits



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/03/2018

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 have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| PRODUCER Diaz Insurance Agency, INC 100 Island Cottage Way #200F St. Augustine FL 32080 | | CONTACT NAME: Laurie M Diaz PHONE (A/C, No, Ext): (239) 765-6571 FAX (A/C, No): (239) 765-5214 E-MAIL ADDRESS: diazinsurance@comcast.net | | | | | | | | | | | | | | | | | | | | | | |
|--|----------------------------|---|--|-------------------------------|--|--------|-------------|--------------------------|--|-------------|----------------------------|-------|-------------|--------------------------|--|-------------|---------------------------|--|-------------|--|--|-------------|--|--|
| INSURED BNL CONTRACTORS, LLC DBA AMERITECH AIR CONDITIONING AND HEATING 6290 Edgewood Dr Suite C Orlando FL 32868 | | <table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A :</td> <td>COLONY INSURANCE COMPANY</td> <td></td> </tr> <tr> <td>INSURER B :</td> <td>PROGRESSIVE EXPRESS INS CO</td> <td>10193</td> </tr> <tr> <td>INSURER C :</td> <td>BERKSHIRE HATHAWAY GUARD</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td>GRANADA INSURANCE COMPANY</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> <td></td> </tr> </table> | | INSURER(S) AFFORDING COVERAGE | | NAIC # | INSURER A : | COLONY INSURANCE COMPANY | | INSURER B : | PROGRESSIVE EXPRESS INS CO | 10193 | INSURER C : | BERKSHIRE HATHAWAY GUARD | | INSURER D : | GRANADA INSURANCE COMPANY | | INSURER E : | | | INSURER F : | | |
| INSURER(S) AFFORDING COVERAGE | | NAIC # | | | | | | | | | | | | | | | | | | | | | | |
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| INSURER B : | PROGRESSIVE EXPRESS INS CO | 10193 | | | | | | | | | | | | | | | | | | | | | | |
| INSURER C : | BERKSHIRE HATHAWAY GUARD | | | | | | | | | | | | | | | | | | | | | | | |
| INSURER D : | GRANADA INSURANCE COMPANY | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | 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 type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | | | 101GL0040589-04 | 12/05/2018 | 12/05/2019 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$ |
| B | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY | | | 02174260-5 | 04/24/2018 | 04/24/2019 | COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 100,000 BODILY INJURY (Per accident) \$ 300,000 PROPERTY DAMAGE (Per accident) \$ 50,000 \$ |
| | UMBRELLA LIAB EXCESS LIAB OCCUR CLAIMS-MADE DED RETENTION \$ | | | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ |
| C | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N | N/A | BNWC911480 | 01/28/2018 | 01/28/2019 | PER STATUTE OTH-ER E.A. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000 |
| D | General Liability | | | 0185FL00014410 | 06/24/2018 | 06/24/2019 | |

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

91111-AC systems or equipment, dealers, distributors and installation, serving or repair

CERTIFICATE HOLDER**CANCELLATION**

City of Belle Isle
 1600 Nela Avenue
 Belle Isle, 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

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