Data Contained In Search Results Is Current As Of 09/24/2018 11:33 AM.

Search Results

Please see our glossary of terms for an explanation of the license status shown in these search results.

For additional information, including any complaints or discipline, click on the name.

License Type	Name	Name Type	License Number/ Rank	Status/Expires						
Certified Roofing Contractor	GOLD KEY ROOFING LLC	DBA	CCC1329157 Cert Roofing	Current, Active 08/31/2020						
Main Address*: 4874 S. ORANGE AVE ORLANDO, FL 32806										
Certified Roofing Contractor	HEWITT, JEFFREY ALLAN	Primary	CCC1329157 Cert Roofing	Current, Active 08/31/2020						

Main Address*: 4874 S. ORANGE AVE ORLANDO, FL 32806





* denotes

Main Address - This address is the Primary Address on file.

Mailing Address - This is the address where the mail associated with a particular license will be sent (if different from the Main or License Location addresses).

License Location Address - This is the address where the place of business is physically located.

2601 Blair Stone Road, Tallahassee FL 32399 :: Email: Customer Contact Center :: Customer Contact Center: 850,487.1395

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Under Florida law, email addresses are public records. If you do not want your email address released in response to a public-records request, do not send electronic mail to this entity. Instead, contact the office by phone or by traditional mail. If you have any questions, please contact 850.487.1395. *Pursuant to Section 455.275(1), Florida Statutes, effective October 1, 2012, licensees licensed under Chapter 455, F.S. must provide the Department with an email address if they have one. The emails provided may be used for official communication with the licensee. However email addresses are public record. If you do not wish to supply a personal address, please provide the Department with an email address which can be made available to the public.

CITY OF EDGEWOOD

LICENSE YEAR, OCT 1, 2018 - SEPT 30, 2019

BUS TAX

ROOFING AND CONSTRUCTION

TRANSFER

EDGEWOOD FL 32806

Total Paid

98.12



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/20/2018

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 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).

PROPULEED.								CONTA	CT			_			
PRODUCER								CONTACT Debra Guidry, CPCU							
FRSA Self Insurers Fund, Inc.									PHONE (A/C, No. Ext): (800) 767-3772 FAX (A/C, No): (407) 671-2520						
4099 Metric Drive									PHONE (A/C, No. Ext): (800) 767-3772 FAX (A/C, No): (407) 671-2520 E-MAIL ADDRESS: Cert@frsasif.com						
Wint	er P	ark, FL 32792						ADDRESS: CETTURES ASSILUTION							
											RDING COVERAGE		NAIC#		
								INSURE	RA: FRSA	Self Insurers	Fund / Evanston Insuranc	e Co.	35378		
INSU	INSURED								RB:						
Gold	Ke	/ Roofing, LLC ar	nd	Gold Key Cabin	etrv	Inc		-							
		Orange Avenue		Cold Noy Cubin	Cuy,			INSURE	RC:			_			
		FL 32806						INSURE	RD:						
ا	100,	1 2 02000						INSURE	RE:						
		125-5	_					INSURER F:							
	_	AGES				_	NUMBER:				REVISION NUMBER:				
							RANCE LISTED BELOW HAY								
							NT, TERM OR CONDITION								
							THE INSURANCE AFFORD					O ALL T	HE TERMS,		
200 4 1 1 1 1 1 1	CLU	ISIONS AND CON	ווטו	IONS OF SUCH			LIMITS SHOWN MAY HAVE	BEEN I							
INSR LTR		TYPE OF INS	SUR	ANCE		SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S			
		COMMERCIAL GEN	IER/	AL LIABILITY							EACH OCCURRENCE	\$			
	-		f-							1	DAMAGE TO RENTED				
		CLAIMS-MADE	L	OCCUR							PREMISES (Ea occurrence)	\$			
									ľ		MED EXP (Any one person)	\$			
							N/A				PERSONAL & ADV INJURY	\$			
	-	W 400000177	T	DDI JEC DES											
	GEN	L AGGREGATE LIMI		PPLIES PER:)		GENERAL AGGREGATE	\$			
		POLICY PROJECT	Ť	LOC							PRODUCTS - COMP/OP AGG	\$			
		OTHER:										\$			
	AUT	OMOBILE LIABILITY									COMBINED SINGLE LIMIT	\$			
	-	1							0	9	(Ea accident)				
		ANY AUTO	_	20115011150							BODILY INJURY (Per person)	\$			
		ALL OWNED AUTOS		SCHEDULED AUTOS	į.		N/A				BODILY INJURY (Per accident)	ent) \$			
l		HIRED AUTOS		NON-OWNED			1,				PROPERTY DAMAGE	\$			
	-	TIINED ACTOS	\neg	AUTOS							(Per accident)	\$			
	_				_							Þ			
		UMBRELLA LIAB		OCCUR							EACH OCCURRENCE	\$			
	EXCESS LIAB CLAIMS-MADE				N/A				AGGREGATE	\$					
						1477									
_	DED RETENTION \$ WORKERS COMPENSATION				-						V PER LOTH	\$			
		ND EMPLOYERS' LIABILITY NY PROPRIETOR/PARTNER/EXECUTIVE FICER/MEMBER EXCLUDED? Iandatory in NH)			N/A	N				12/31/2019	X PER STATUTE OTH-				
A	ANY						870-040079 / 3DY315	50 01/01	01/01/2010		E.L. EACH ACCIDENT	\$	1,000,000		
١٠, ١	(Man						670-0400/973D1318		01/01/2019		E.L. DISEASE - EA EMPLOYEE	\$	1,000,000		
	If yes	, describe under										-			
	DESC	CRIPTION OF OPERA	ATIO	NS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000		
DEAT		1011 OF ORTE 1 TO		004710110 (1471***	56.0		484 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4								
) 101, Additional Remarks Schedu				•				
REM	AR	(S: Non-cancelat	ble,	, without 30 day	s pric	r writ	ten notice, except for non-	baymer	nt of premium	which will be	a 10 day written notice.				
		llan Hewitt, Quali	ifie	r											
Lic#	CCC	C1329157													
	I														
CERTIFICATE HOLDER CANCELLATION															
		Attn:													
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE											ED BEFORE				
											EREOF, NOTICE WILL B	E DEL	IVERED IN		
								ACC	ORDANCE WI	TH THE POLIC	Y PROVISIONS.				
City of Belle Isle															
1600 Nela Ave.								AUTHORIZED REPRESENTATIVE							
Belle Isle, FL 32809								Debra Guidry CPCU							
	Underwriting Manager														



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/7/2019

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).

C	erun	cate nolder in il	eu oi	such ena	orsemei	nt(S).								
PRODUCER CONTACT Griselidys Acosta														
Fra	Frank H. Furman, Inc.								PHONE (A/C, No. Ext): (954) 943-5050 FAX (A/C, No.): (954) 942-6310					
131	.4 E	East Atlanti	c Bl	.vd.				E-MAIL ADDRE	ss: gris@fu	rmaninsura	ance.com			
P. O. Box 1927								INSURER(S) AFFORDING COVERAGE					NAIC #	
Pon	pan	o Beach		FL	33061			INSURE			ters at Lloyds			
INSU	RED								RB: MAPFRE				34932	
Go1	d K	Key Roofing,	LLC	Gold Ke	ev Into	erna	tional Inc	INSURE		1113 CO 11			34932	
		6. Orange Av			-			INSURE						
		. 3												
Or1	and	lo		FL	32806			INSURE						
		AGES				CATE	NUMBED-19/20 MAST	INSURE			REVISION NUMBER:	_		
			AT TH			FIFICATE NUMBER: 19/20 MASTE						DEDIO	D	
IN Ci	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 IN	SURAN	NCE		ADDL SUBR			POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMITS			
-11	х	COMMERCIAL GEN			INSD	WVD	WVD POLICY NUMBER		(MM/DD/YYYY)	(MM/UU/YYYY)		\$	1,000,000	
A	Ħ	CLAIMS-MADE		Ť							DAMAGE TO RENTED PREMISES (Ea occurrence)		100,000	
n		J CLANVIS-IVIADE	X	_ OCCUR			WCISCGL000289901		2/19/2019	2/19/2020		\$		
					-				2/13/2013	2/13/2020	MED EXP (Any one person)	\$	5,000	
			T 400	150.053							PERSONAL & ADV INJURY	\$	1,000,000	
	GEN	LAGGREGATE LIMIT									GENERAL AGGREGATE	\$	2,000,000	
	_	POLICY X JEC	r	roc							PRODUCTS - COMP/OP AGG	\$	2,000,000	
		OTHER:				-					Employee Benefits Liability COMBINED SINGLE LIMIT	\$	1,000,000	
	_	OMOBILE LIABILITY							1		(Ea accident)	\$	1,000,000	
В	Х	ANY AUTO ALL OWNED SCHEDULED									BODILY INJURY (Per person)	\$		
	_	AUTOS	A	UTOS			5204070002276		2/19/2019	2/19/2020	BODILY INJURY (Per accident)	S		
	х	HIRED AUTOS	X A	ION-OWNED IUTOS							PROPERTY DAMAGE (Per accident)	\$		
											PIP-Basic	\$	10,000	
		UMBRELLA LIAB		OCCUR							EACH OCCURRENCE	\$		
		EXCESS LIAB		CLAIMS-MA	DE						AGGREGATE	S		
		DED RETEN	ITION :	\$								\$		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY										PER OTH- STATUTE ER				
ANY PROPRIETOR/PARTNER/EXECUTIVE									E.L. EACH ACCIDENT	\$				
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			N/A						E.L. DISEASE - EA EMPLOYEE	\$				
	If yes	, describe under CRIPTION OF OPERA	TIONS	helow						Ī	E.L. DISEASE - POLICY LIMIT	S		
				Colon		\vdash					E.E. BIOLAGE T OLIOT CHAIT			
DESC	RIPTI	ON OF OPERATIONS	/ LOCA	ATIONS / VEHI	CLES (AC	ORD 10	1, Additional Remarks Schedule, m	ay be atta	ched if more space	e is required)				
*					,		,	.,		,				
CEF	TIF	ICATE HOLDER	₹					CANC	ELLATION					
	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE													
City of Belle Isle THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN									DBEFORE					
1600 Nela Ave ACCORDANCE WITH T														
Orlando, FL 32809														
								AUTHORIZED REPRESENTATIVE						
								0.10.011-						
Dir								Dirk DeJong/GA Qul D. Alef						