



City of Belle Isle Job Site Card PLUMBING PERMIT 2018-02-095

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: 2018- 02-095
Site Address: 3308 Flowertree Rd 32812
Class: Residential
Description of Work: **(1) Water Heater**

Issue Date 8/14/2018
Parcel #: 29-23-30-1876-01-080
Subdivision:

Issued To: Florida I Delta Mechanical
Name: Dimitre Bobev
Payment Date & Method: **8 / 14 / 2018** Picked up by _____
Business Phone: 866 219-0880
Contractor License #: CFC1425917

Visa Master Card Amex Discover Check / Money Order # 4751

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

"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."

PLUMBING	INSPECTOR	DATE	COMMENTS
600 Sewer			
610 Underground			
620 Rough			
630 Above Ceiling			
640 Irrigation Final			
650 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 3:00 pm. 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
 AUG 14 2018

APPLICATION FOR PLUMBING 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: _____ PERMIT NUMBER 2018-02-095
 The undersigned hereby applies for a permit to make plumbing installations as indicated below. PLEASE PRINT

Project Address 3308 FLOWERTREE ROAD, Belle Isle FL 32809 32812
 Property Owner DANA WORTHINGTON Phone 321-228-3262
 Property Owner's Mailing Address 3308 FLOWERTREE ROAD City BELLE ISLE
 State FL Zip Code 32812 Parcel Id Number: 29-23-30-1876-01-080
To obtain this information, please visit <http://www.ocgaffl.org/Searches/ParcelSearch.aspx>

Class of Building: Old New Type of Building: Residential Commercial Other
 Type of Work: New Alteration Addition Repair Type of System: Sewer Septic Re-pipe

YOU MAY BE REQUIRED TO PROVIDE SEPTIC SYSTEM VERIFICATION FOR NEW / ALTERED / ADDITION to Septic System - ORANGE COUNTY DOCUMENT 84E-6

VALUATION OF JOB (labor & materials) \$ 1227

FIXTURES	Quantity	FIXTURES	Quantity
Water Closets (Toilet)		Dishwashers	
Bathtubs		Laundry Tubs	
Urinals		Floor Drains	
Disposals		Grease Traps	
Washing Machines		Trailer Connections	
Water Heaters	1	Spa	
Sewer		Solar	
Catch Basins/Sumps		Pool Piping	
Service Sink		*Irrigation: (# Systems / # Heads)	
Lavatory (Bathroom Sink)		Water Softener	
Showers		Re-pipe	
Sinks		Miscellaneous (Specify)	

*Per FBC, Sec. 608, a Backflow Preventer must be installed & tested; the report must be posted with permit for Final Inspection.

Building Official: _____ Date _____
 Verified Contractor's Licenses & Insurance are on file Date 8-14-2018

Permit Fee	37.00
Review Fee	18.50
1% BCAIB Fee	2.00
1.5% DCA Fee	2.00
Total Permit Fee	59.50

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 _____ LICENSE # CFC1425917
 LICENSE HOLDER NAME Dmitry Bobev COMPANY NAME Florida Delta Mechanical
 Street Address 8402 Laurel Fair Crr Suite 111
 City Tampa State FL Zip Code 33610 Phone Number 866-219-0980
 Email Address fpermits@delta-mechanical.com

NOTE: The Building Permit Number is required if the Plumbing Installation is associated with any construction or alteration where a Building Permit has been issued.

Building Permit Number _____

PAID
 8-14-18
 VISA 4751



ICON|EK|1|651|6869|



|2|1-11644851457||1-11644851457|61123|50084710|

Home Improvement Agreement: Page 1

Home Depot License Number(s): Visit www.homedepot.com/c/SV_HS_Contractor_License_Numbers for latest license info

EC0001440, CGC1514813, CRC046858, CAC1813767, CFC1428021, CFC1427642, 22640, CAC 1818831, CCC1331113, CCC1331130; Please visit http://www.homedepot.com/c/SV_HS_Contractor_License_Numbers for the latest license information.

Salesperson Name: **Registration No. (if applicable):**

Home Depot U.S.A., Inc. ("Home Depot") or Service Provider named below will furnish, install and/or service the equipment listed below at the price, terms and conditions as outlined on this form.

WORTHINGTON	DANA	6869	1-11644851457	
Customer Last Name	Customer First Name	Store # / Branch Name	Lead/Customer Order #	
3308 FLOWERTREE RD BELLE ISLE FL 32812		BELLE ISLE	FL	32812
Customer Address		City	State	Zip
3212283262			DANA.WORTHINGTON@CLARKCONSTRUCTION.COM	
Home Phone#	Work Phone#	Cell Phone#	Customer Email Address	

NOTICE OF RIGHT TO CANCEL: YOU MAY CANCEL THIS AGREEMENT WITHOUT PENALTY OR OBLIGATION BY DELIVERING WRITTEN NOTICE TO HOME DEPOT AT HOME DEPOT USA INC., 2455 PACES FERRY ROAD, BLDG. B-3, ATLANTA, GEORGIA 30339 OR EMAIL

FLORIDA DELTA MECHANICAL AT

BY MIDNIGHT ON THE THIRD BUSINESS DAY AFTER SIGNING, UNLESS THE STATE SUPPLEMENT PROVIDES A DIFFERENT CANCELLATION PERIOD. THE STATE SUPPLEMENT CONTAINS A FORM TO USE IF ONE IS SPECIFICALLY PRESCRIBED BY LAW IN YOUR STATE. YOUR PAYMENT(S) WILL BE RETURNED WITHIN TEN (10) BUSINESS DAYS AFTER HOME DEPOT'S RECEIPT OF YOUR NOTICE. YOU MUST MAKE AVAILABLE FOR PICKUP BY HOME DEPOT OR SERVICE PROVIDER, AT YOUR SERVICE ADDRESS, AND IN SUBSTANTIALLY THE SAME CONDITION AS WHEN DELIVERED, ANY MERCHANDISE OR MATERIALS DELIVERED TO YOU. OR YOU MAY CONTACT HOME DEPOT FOR INSTRUCTIONS REGARDING RETURN SHIPMENT AT HOME DEPOT'S EXPENSE.

THE LAW REQUIRES THAT THE HOME DEPOT GIVE YOU A NOTICE EXPLAINING YOUR RIGHT TO CANCEL. PLEASE SIGN BELOW TO ACKNOWLEDGE THAT YOU HAVE BEEN GIVEN ORAL AND WRITTEN NOTICE OF YOUR RIGHT TO CANCEL.

Acknowledged by: *DK Jr.* 11/20/2017
Customer's Signature Date

Contract Price and Payment Schedule: Payment of the Contract Price is due upon signing unless a different payment schedule is specified below or in the State Supplement.

Contract Price:	\$ <input type="text"/>	Includes all applicable discounts and rebates. Excludes finance charges.*
Sales Tax:	\$ <input type="text"/>	(If applicable)
Total Sale Amount:	\$ <u>227.26</u>	Includes taxes

**Minimum deposit ONLY applicable in MD, MA, ME (33%), NJ (90%), WI (99%)*

Min. % Deposit Amount \$ Final Payment Amt. (Due Upon Completion) \$

The Home Depot - 2455 Paces Ferry Road, N.W. Bldg. B-3, Atlanta, Georgia 30339 - Customer Care: 1-800-466-3337



Home Improvement Agreement: Page 2

Finance Charges

*Any interest payments or other finance charges will be determined by Customer's separate cardholder or loan agreement, to which The Home Depot is NOT a party, and will be in addition to Customer's payment under this Agreement. Customer is subject to the terms and conditions of the cardholder or loan agreement, as applicable. No funds should be made payable to Service Provider; however, Service Provider may collect Customer's payment(s) made payable to The Home Depot.

Insurance proceeds will [] will not [] be used to pay some or all of the total amount of sale.

Description of Work to be Performed:

A detailed description of the work to be performed is included in the section entitled Scope of Work or Specification which appears on page 4 of this Agreement.

Anticipated Delivery Date / Installation Schedule

Approximate Start Date: [] Approximate Finish Date: []

All dates are approximate and subject to change based on unforeseen events including inclement weather, permitting delays, and delays in confirming insurance coverage of Your claim for any repair, if applicable.

Electronic Records Authorization: You are entitled to a paper copy of this Agreement if You choose. If You consent to an e-mailed copy, Your consent applies to this Agreement and all subsequent documents and written communications related to this Agreement. By contacting Your Service Provider or Your Home Depot store, You may update Your email address, withdraw Your consent, or obtain a paper copy of the Agreement or related documents at no charge. By providing Your consent and verifying Your email address above, You confirm that You have access to a computer that can receive and open emails and PDF documents.

By initialing this paragraph, I consent to receive only electronic records related to this transaction.

[] Initial

Acceptance and Authorization: By signing below, You authorize Home Depot to (a) arrange for Service Provider to perform Installation and/or (b) order and arrange for the delivery of special order merchandise, including special order merchandise that may be custom made, as specified in this Agreement. Do not sign if blank or incomplete. (Service Provider's or permitting information may need to be provided to You later.) By signing, You acknowledge that You have read, understand, and accept this Agreement in its entirety, including the General Terms and Conditions and State Supplement, if any. You further acknowledge receiving a complete copy of this Agreement. Keep it to protect Your legal rights.

Signature and information fields for Customer, Co-Signer, and Home Depot representative, including Date, Service Provider Name, Address, City, State, Zip, and License Number.

PERFORMANCE®



The new degree of comfort.®

PERFORMANCE® electric water heaters feature dual copper heating elements and a six-year warranty

Efficiency

- .92 - .93 UEF
- Isolated tank design reduces conductive heat loss
- Dual 3800W or 4500W copper heating elements depending on unit

Performance

- FHR: 33 - 61 gallons, based on gallon capacity
- Recovery: Up to 21 GPH at a 90° F rise, depending on model**

Longer Life

- Premium grade anode rod provides long-lasting tank protection

Features

- Electric junction box located above heating elements for easy installation
- Over-temperature protector cuts off power in excess temperature situations

Plus...

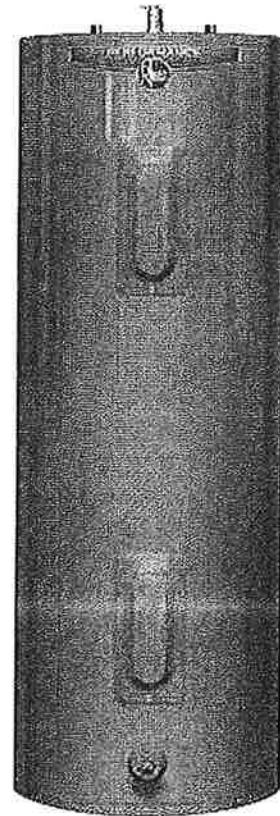
- Temperature and pressure relief valve included
- Low lead compliant

Warranty

- 6-Year limited warranty for tank and parts, 1-year full in-home labor warranty*

*See written warranty for complete details

Units meet or exceed ANSI requirements and have been tested according to D.O.E. procedures. Units meet or exceed the energy efficiency requirements of NAECA, ASHRAE standard 90, ICC Code and all state energy efficiency performance criteria.



PERFORMANCE
20 to 50-Gallon Capacities
240 Volt AC/Single Phase
Double and Single Element Models



See specifications chart on back.



The new degree of comfort!

PERFORMANCE[®] Electric Specifications

Fuel Type	Description	Nominal Gallon Capacity	Rated Gallon Capacity	Model Number	Recovery In G.P.H. 90° F Rise	First Hour Rating G.P.H.	Tank Height A	Height to Water Conn. B	Diameter C	SNp Weight (LBS.)	Uniform Energy Factor (UEF)
Electric	Tall	50	45	XE50T06ST45U1	21	61	58-7/8	61-5/8	20-1/4	121	0.93
Electric	Medium	50	45	XE50M06ST45U1	21	61	48	50-1/2	23	132	0.93
Electric	Short	47	43	XE47S06ST45U0*	21	54	32	34	26-1/4	169	0.93
Electric	Tall	40	36	XE40T06ST45U1	21	54	60-3/4	63-5/8	19-1/4	109	0.93
Electric	Medium	40	36	XE40M06ST45U1	21	53	48-1/4	50-1/2	20-1/4	106	0.93
Electric	Medium	40	36	XE40M06ST38U1	17	52	48-1/4	50-1/2	20-1/4	106	0.92
Electric	Short	38	35	XE38S06ST45U1*	21	51	31-1/2	32-5/8	23	108	0.93
Electric	Short	38	35	XE38S06ST38U1*	17	48	31-1/2	32-5/8	23	108	0.92
Electric	Short	36	33	XE36S06ST45U0	21	45	31-1/2	33	24-1/4	118	0.92
Electric	Short	36	33	XE36S06ST38U0	17	34	31-1/2	33	24-1/4	118	0.92
Electric	Tall	30	27	XE30T06ST45U1	21	46	47-1/2	50-3/8	19-1/4	92	0.92
Electric	Tall	30	27	XE30T06ST38U1	17	36	47-1/2	50-3/8	19-1/4	92	0.92
Electric	Medium	30	27	XE30M06ST45U1	21	45	37-1/2	40-1/2	20-1/4	92	0.92
Electric	Short	30	27	XE30S06ST45U1*	21	46	30	32	18-3/4	95	0.92
Electric	Short	30	27	XE30S06ST38U1*	17	33	30	32	19-3/4	95	0.92
Electric	Short	28	25	XE28S06ST45U0	21	45	30	31-1/8	23	95	0.92
Electric	Short	28	25	XE28S06ST38U0	17	45	30	31-1/8	23	95	0.92
Electric	Short	20	N/A	XE20S06ST38U0	17	N/A	31-1/2	31-1/2	17	62	N/A

* Water heater dimensions prior to installing insulation blanket that is included with water heater. The blanket adds 1-1/2 inches to tank height and 2 inches to tank diameter, except on model XE47S06T45U0 the blanket adds 5 inches to tank diameter.

Uniform Energy Factor and rated gallon capacity based on Department of Energy (DOE) requirements.

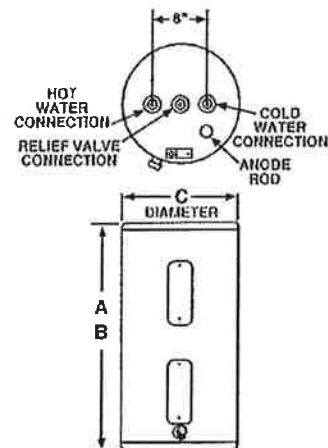
* Heaters furnished with standard 240 volt AC, single phase non-simultaneous wiring, and 4500 watt upper and lower heating elements.

* All models equipped with heat traps.

**Recovery = wattage/2.42 x temp. rise °F.
 Example: $\frac{4500W}{2.42 \times 90^{\circ}} = 21 \text{ GPH}$

**Recovery = wattage/2.42 x temp. rise °F.
 Example: $\frac{3800W}{2.42 \times 90^{\circ}} = 17 \text{ GPH}$

**Recovery calculations used are based on 4500 watt elements used in non-simultaneous operation.



WATER CONNECTIONS ALL 3/4" N.P.T.

In keeping with its policy of continuous progress and product improvement, Rheem reserves the right to make changes without notice.

Rheem Water Heating • 1115 Northmeadow Parkway, Suite 100
 Roswell, Georgia 30076 • www.rheem.com



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


CONSTRUCTION INDUSTRY LICENSING BOARD
2601 BLAIR STONE ROAD
TALLAHASSEE FL 32399-0783

(850) 487-1395

Congratulations! With this license you become one of the nearly one million Floridians licensed by the Department of Business and Professional Regulation. Our professionals and businesses range from architects to yacht brokers, from boxers to barbeque restaurants, and they keep Florida's economy strong.

Every day we work to improve the way we do business in order to serve you better. For information about our services, please log onto www.myfloridalicense.com. There you can find more information about our divisions and the regulations that impact you, subscribe to department newsletters and learn more about the Department's initiatives.

Our mission at the Department is: License Efficiently, Regulate Fairly. We constantly strive to serve you better so that you can serve your customers. Thank you for doing business in Florida, and congratulations on your new license!

	STATE OF FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CFC1425917	ISSUED: 07/16/2018
PLUMBING CONTRACTOR BOBEV, DIMITRE I FLORIDA DELTA MECHANICAL INC	
_____ Signature	
LICENSED UNDER CHAPTER 489, FLORIDA STATUTES EXPIRATION DATE: AUGUST 31, 2020	



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/13/2018

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 Crest Insurance Group, LLC 5285 E Williams Cir. Ste 4500 Tucson AZ 85711	CONTACT NAME: Nicole Smith PHONE (A/C, No, Ext): 480-689-5319 FAX (A/C, No): 520-325-3757 E-MAIL ADDRESS: nsmith@crestins.com	
	INSURER(S) AFFORDING COVERAGE INSURER A: Associated Industries Insurance Co, Inc INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	NAIC # 23140

INSURED: 70DELTMEC Florida Delta Mechanical, Inc. 6058 E Baseline Rd Mesa AZ 85206

COVERAGES **CERTIFICATE NUMBER: 1731873730** **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 VWD	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 <input checked="" type="checkbox"/> 10,000 Ded. GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			AES1029208	10/6/2017	10/6/2018	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 1,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COM/OP AGG	\$ 2,000,000
							OTHER	\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder and others when required in a written contract or agreement are Additional Insured (General Liability). Waiver of Subrogation (General Liability) applies. This form is subject to all policy forms, terms, endorsements, conditions definitions & exclusions.

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 <i>Cody Ritchie</i>
---	---

© 1988-2015 ACORD CORPORATION. All rights reserved.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/08/18

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 Aon Risk Services, Inc of Florida 1001 Brickell Bay Drive, Suite #1200 Miami, FL 33131-4937	CONTACT NAME: Aon Risk Services, Inc of Florida	
	PHONE (A/C, No, Ext): 800-743-8130 FAX (A/C, No): 800-522-7514 EMAIL ADDRESS: ADP.COI.Center@Aon.com	
INSURED ADP TotalSource FL XVII, Inc. 10200 Sunset Drive Miami, FL 33173 ALTERNATE EMPLOYER Florida Delta Mechanical Inc 9056 e baseline rd 156, Mesa, AZ 85206	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Amica National Insurance Co	23617
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES CERTIFICATE NUMBER: 2061761 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. LIMITS SHOWN ARE AS REQUESTED.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DEC <input type="checkbox"/> RETENTIONS						EACH OCCURRENCE \$ AGGREGATE \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WC 047014231 FL	7/1/2018	7/1/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 2,000,000 E.L. DISEASE - EA EMPLOYEE \$ 2,000,000 E.L. DISEASE - POLICY LIMIT \$ 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
All worksite employees working for FLORIDA DELTA MECHANICAL INC, paid under ADP TOTALSOURCE, INC.'s payroll, are covered under the above stated policy. FLORIDA DELTA MECHANICAL INC is an alternate employer under this policy.

CERTIFICATE HOLDER City Of Belle Isle 1600 Neils 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 <i>Aon Risk Services, Inc of Florida</i>
---	--

2018 - 2019 HILLSBOROUGH COUNTY BUSINESS TAX RECEIPT
OCC. CODE 260.026000 OFFICE

EXPIRES SEPTEMBER 30, 2019

ACCOUNT NO. 188153
RENEWAL

Receipt Fee	30.00
Hazardous Waste Surcharge	0.00
Law Library Fee	0.00

BUSINESS FLORIDA DELTA MECHANICAL INC
2716 BROADWAY CENTER BLVD
BRANDON, FL 33510

2018 - 2019

NAME FLORIDA DELTA MECHANICAL INC
MAILING 2716 BROADWAY CENTER BLVD
ADDRESS BRANDON, FL 33510

Paid 17-0-264715
07/09/2018 30.00

BUSINESS TAX RECEIPT

HAS HEREBY PAID A PRIVILEGE TAX TO ENGAGE
IN BUSINESS, PROFESSION, OR OCCUPATION SPECIFIED HEREON

DOUG BELDEN, TAX COLLECTOR
813-635-5200
THIS BECOMES A TAX RECEIPT WHEN VALIDATED.