



City of Belle Isle Job Site Permit Card

MECHANICAL

2021-04-014

Class: Residential

Site Address: 3739 St Moritz St- Belle Isle, FL 32812

Parcel Number: 17-23-30-4385-03-410.

Municipality Belle Isle

INSPECTIONS CANNOT BE SCHEDULED IF A NOC IS PENDING FOR THIS PROJECT

Description of Work: THREE TON UNIT.

Air Conditioning: # of Units 1 Tons Per Unit 3 Total Tons 3

Type of System: Split System

Heating: # of Units KWS Per Unit 1 Total KWS 10 Electric

Comments: SUPPLY AND INSTALL 3 TON 14 SEER WITH 10 KW HEAT LIKE FOR LIKE.

Issued: UNITED STATES HEATING - AIR CONDITIONING, GRANGER, B W

License # CAC1820803

Contact # 407 774-9850

Payment/ Issued Date & Method: 4 / 5 / 2021

Picked up by Sent by mail to the mailing address Emailed

Payment Method: Visa Master Card Amex Discover Check / Money Order#

6356

MECHANICAL INSPECTOR DATE COMMENTS

Table with 4 columns: MECHANICAL, INSPECTOR, DATE, COMMENTS. Rows include: 500 Above Ceiling, 510 Rough, 520 Hood Vent, 530 Final, 540 Misc.

PLEASE NOTE: In order to schedule any inspections, the PERMIT / plans-specs. must be issued and POSTED on the JOB SITE! THIS WILL AVOID ANY FAILED INSPECTIONS & RE-INSPECTION FEES. 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 all of your inspections - ☆ Inspection requests are to be emailed to BIDScheduling@UniversalEngineering.com; a confirmation email will be sent back to you upon scheduling. Next-Day Inspection requests must be made by 3:00 p.m. Please include the following requirements in your request:

- Project Address
Corresponding Permit Number
Type of Inspection (Please reference your permit card for inspection codes)
Date of Inspection (If no date is specified, the inspection will be scheduled for the next business day)
Contact Name
Contact Phone Number
Gate / Entry code (If applicable)
AM, PM, or Any Time (We do our best to accommodate time requests but cannot guarantee an exact arrival)

Universal Engineering Sciences - 3532 Maggie Blvd., Orlando, FL 32811407-581-8161 *
Fax 407-581-0313 www.universalengineering.com

"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."



City of Belle Isle

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

RECEIVED
MAR 31 2021

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: 03/30/2021

PERMIT NUMBER 2021-04-014

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

Project Address 3739 SAINT MORTIZ ST BELLE ISLE FL 32812
Property Owner LINDA O'ROURKE / DONALD O'ROURKE Belle Isle FL 32809 32812
Property Owner's Mailing Address 3739 SAINT MORTIZ ST Phone 407-240-4241
State FL Zip Code 32812 Parcel Id Number: 17-23-30-4385-03-410 City BELLE ISLE

REQUIRED! 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

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

Air Conditioning: # of Units 1 Tons Per Unit 3 Total Tons 3
Type of System: Water to Air Chiller Split System Package Heat Pump Estimated Cost \$ 6980.00
Heating: # of Units KWS Per Unit 1 Total KWS 10 BTU's _____
Oil Electric Boiler Gas Estimated Cost \$ _____

Fees for items below are based on valuation of all units, equipment, materials and labor supplied by owner or contractor. (A) Estimated Cost Fee \$ _____

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) Supply and install 3 ton 14 seer with 10 kw heat like for like 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 Brandon Granger LICENSE # CAC1820803

LICENSE HOLDER NAME BRANDON GRANGER COMPANY NAME UNITED STATES HEATING AND AIR CONDITIONING

Street Address 485 N KELLER RD STE 515

City MAITLAND State FL Zip Code 32751 Phone Number 407-774-9850

Email Address USHACPERMIT@GMAIL.COM

Permit Fee \$ 55.00
Review Fee \$ 27.50
1% BCAIB Fee \$ 2.00
1.5% DCA Fee \$ 2.00
Total Permit Fee \$ 86.50

Building Official: OTC Date 3-31-2021
Verified Contractor's Licenses & Insurance are on file fu Date 3-31-2021

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.
37.00
18
55.00
27.50
82.50
4.00
86.50

PAID
MC 6356
4-5-2021

Building Permit Number _____

INVESTMENT AGREEMENT



- A/C HEAT
- PLUMBING
- ELECTRIC
- GENERATORS

Guaranteed Comfort

GET COMFORTABLE YEAR-ROUND WITH YOUR NEW AIR CONDITIONING & HEATING SYSTEM FROM UNITED STATES HEATING & AIR CONDITIONING

Trust United States Heating & Air Conditioning to professionally install and maintain your home's new air conditioning and heating system and enjoy many years of reliable comfort.



One Call. One Company.
for all comfort equipment
service and maintenance

**Permitted, Licensed
and Insured
workmanship**

**100% satisfaction
guaranteed**

	INDOOR EQUIPMENT INFORMATION	OUTDOOR
SYSTEM 1	Brand/Description: <u>Lennox CBA 25UH</u> Model: _____ Serial: _____ Location: _____ Filter Size: _____ x _____	Brand/Description: <u>Lennox ML14XP1</u> Model: _____ Serial: _____ Location: _____
SYSTEM 2	Brand/Description: _____ Model: _____ Serial: _____ Location: _____ Filter Size: _____ x _____	Brand/Description: _____ Model: _____ Serial: _____ Location: _____
AIR QUALITY	Brand/Description: _____ Model: _____ Serial: _____ Location: _____ Filter Size: _____ x _____	Brand/Description: _____ Model: _____ Serial: _____ Location: _____
CONTROLS	Brand/Description: _____ Model: _____ Serial: _____ Location: _____	Brand/Description: _____ Model: _____ Serial: _____ Location: _____

QUALITY INSTALLATION

- Add Supply
- Add Return
- Inspect/correct Ductwork
- Balance Air Flow
- Weatherproof Disconnect
- Circuit Breaker
- Power Circuit
- Control Wiring
- Gas Piping (as required)
- Flue Piping (as required)
- Condensate piping
- Vibration isolators
- Proper Component Disposal
- Floor Protection
- Complete Clean/Vacuum
- Certified Refrigerant Handling
- Verify Refrigerant Charge
- Heat Load Calculation
- Water Heater
- Other: _____

WARRANTIES

- YR Parts 10
- YR Labor 2
- YR Heat Exchanger 10
- YR Compressor 10
- YR CCC Membership 1
- YR 100% Guarantee 1

INVESTMENT

- System Investment 6980
- Air Quality Investment _____
- Other Investment _____
- Total Investment 6980
- Total Monthly Investment _____
- Sales Tax _____
- Less Initial Investment _____
- Balance Due On Completion _____

NOTES Remove old equipment, Install New unit. New Linesets, Rebuild AH Skud, Rebuild Supply plenum, Programmable T-Stat, Clean work area

Customer Name: Linda O'Rourke
 Customer Email: Donald O'Rourke @ BellSouth.net
 Address: 3739 Saint Moritz St
 City: Belle Isle State: FL Zip: 32812
 Primary Phone: 407-240-4241
 Alternate Phone: _____

Payment Acct #: _____
 Exp Date: _____ Auth Code: _____ [VSI]MC[DS]AM Check #: _____
 Technician: _____
 Sale Date: 02-10-2021 Install Date: 02-11-2021
 Signature: [Signature] Date: 02/10/2021



ONE CALL ONE COMPANY.
HEATING PLUMBING
ELECTRIC GENERATORS

U.S.H.A.C - ORLANDO
555 Dog Track Rd
Longwood, FL 32750
407-774-9850 407-774-4419 fax

DATE: February 3rd, 2021

STATE OF FLORIDA LIMITED POWER OF ATTORNEY

I hereby name and appoint AMANDA BISHOP, an agent of FAST OF FLORIDA (DBA) UNITED STATES HEATING AND AIR CONDITIONING.

To be my lawful attorney-in-fact to act for me to apply for, receipt for, sign and do all things necessary to this appointment for:

All Mechanical permits within all municipalities within the State of Florida, for Fast of Florida Inc. (DBA) United States Heating and Air Conditioning.

Expiration Date for this Limited Power of Attorney: February 28th, 2022

State License Number: CAC1020803
License Holder Name: Brandon Granger

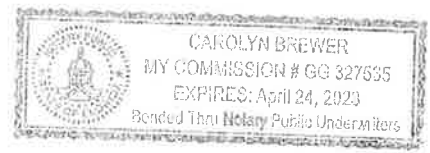
Signature of License Holder

STATE OF FLORIDA COUNTY OF SEMINOLE

This foregoing instrument was acknowledged before me by means of physical presence or online notarization, this 3rd day of February 2021, by Brandon Granger, who is personally known to me or who has produced _____ as identification and who did or did not take an oath.

Notary Signature:
Notary Name Printed: Carolyn Brewer

Notary as to Contractor Carolyn Brewer
Commission No. GG327535 State of FL. County of Seminole
My Commission expires: 4/24/23





ORANGE COUNTY PROPERTY APPRAISER

- Searches
- Sales Search
- Results
- Property Record Card
- My Favorites

Sign up for e-Notify...

3739 St Moritz St < 17-23-30-4385-03-410 >

Name: Oroure Donald O
 Oroure Linda G
 Mailing Address On File: 3739 Saint Moritz St, Orlando, FL 32812-1136
 Incorrect Mailing Address?

Physical Street Address: 3739 St Moritz St
 Postal City and Zipcode: Orlando, FL 32812
 Property Use: 0103 - Single Fam Class III
 Municipality: Belle Isle



View 2020 Property Record Card

- Property Features
- Values, Exemptions and Taxes
- Sales Analysis
- Location Info
- Market Stats
- Update Information

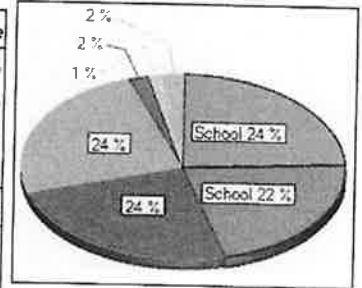
Historical Value and Tax Benefits

Tax Year Values	Land	Building(s)	Feature(s)	Market Value	Assessed Value
2020	\$87,000	\$160,479	\$5,000	\$252,479 (14%)	\$172,940 (24%)
2019	\$80,000	\$136,137	\$5,000	\$221,137 (33%)	\$169,052 (15%)
2018	\$75,000	\$134,146	\$5,000	\$214,146 (44%)	\$165,900 (21%)
2017	\$68,000	\$132,121	\$5,000	\$205,121	\$162,488

Has Homestead in 2021

Tax Year Benefits	Original Homestead	Additional Hx	Other Exemptions	SOH Cap	Tax Savings
2020	\$25,000	\$25,000	\$0	\$79,539	\$1,993
2019	\$25,000	\$25,000	\$0	\$52,085	\$1,555
2018	\$25,000	\$25,000	\$0	\$48,246	\$1,505
2017	\$25,000	\$25,000	\$0	\$42,633	\$1,422

2020 Tax Breakdown



2020 Taxable Value and Certified Taxes

TAX YEAR | 2020 • 2019 • 2018 • 2017

Taxing Authority	Assd Value	Exemption	Tax Value	Millage Rate	Taxes %
Public Schools: By State Law (Rle)	\$172,940	\$25,000	\$147,940	3.6090 (-6.53%)	\$533.92 24 %
Public Schools: By Local Board	\$172,940	\$25,000	\$147,940	3.2480 (0.00%)	\$480.51 22 %
Orange County (General)	\$172,940	\$50,000	\$122,940	4.4347 (0.00%)	\$545.20 24 %
City Of Belle Isle	\$172,940	\$50,000	\$122,940	4.4018 (0.00%)	\$541.16 24 %
Library - Operating Budget	\$172,940	\$50,000	\$122,940	0.3748 (0.00%)	\$46.08 2 %
St Johns Water Management District	\$172,940	\$50,000	\$122,940	0.2287 (-5.26%)	\$28.12 1 %
Lake Conway Mstu	\$172,940	\$50,000	\$122,940	0.4107 (0.00%)	\$50.49 2 %
			16.7077		\$2,225.48

2020 Non-Ad Valorem Assessments

Levying Authority	Assessment Description	Units	Rate	Assessment
CITY OF BELLE ISLE	BELLE ISLE RES - GARBAGE - (407)851-7730	1.00	\$252.84	\$252.84
CITY OF BELLE ISLE	BELLE ISLE STRM - DRAINAGE - (407)851-7730	1.00	\$120.00	\$120.00
				\$372.84

2020 Gross Tax Total: \$2,598.32

2020 Tax Savings Tax Savings

Your property taxes without exemptions would be: \$4,218.34
 Your ad-valorem property tax with exemptions is: \$2,225.48
Providing You A Savings Of: = \$1,992.86

This Data Printed on 02/24/2021 and System Data Last Refreshed

What are you looking to do today? You can also type your question below.



Ron DeSantis, Governor

Julie I. Brown, 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

GRANGER, BRANDON WAYNE

UNITED STATES HEATING & AIR CONDITIONING
485 NORTH KELLER RD SUITE 515
MAITLAND FL 32751

LICENSE NUMBER: CAC1820803

EXPIRATION DATE: AUGUST 31, 2022

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.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/24/21

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 #1100 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
INSURER(S) AFFORDING COVERAGE	
INSURER A: Illinois National Insurance Co	NAIC # 23817
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED
 ADP TotalSource CO XXI, Inc.
 10200 Sunset Drive
 Miami, FL 33173
 ALTERNATE EMPLOYER
 Fast of Florida, Inc.
 DBA United States Heating and Air Conditioning
 13003 US Highway 19 N
 Clearwater, FL 33764

COVERAGES

CERTIFICATE NUMBER: 2970857

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
	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"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <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 DEC RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
A	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 <input type="checkbox"/>	N/A	WC 027115060 FL	07/01/20	07/01/21	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER 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)

See attached Certificate Holder Cancellation Notice.

All worksite employees working for FAST OF FLORIDA, INC., DBA UNITED STATES HEATING AND AIR CONDITIONING, paid under ADP TOTALSOURCE, INC.'s payroll, are covered under the above stated policy. FAST OF FLORIDA, INC., DBA UNITED STATES HEATING AND AIR CONDITIONING is an alternate employer under this policy.

CERTIFICATE HOLDER**CANCELLATION**

City of Belle Isle
 1600 Nela Avenue
 Belle Isle, FL 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

Aon Risk Services, Inc of Florida

© 1988-2015 ACORD CORPORATION. All rights reserved.



SOUTHVA-01

DSMITH2

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/24/2021

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 Hub International Florida 1560 Orange Avenue Suite 750 Winter Park, FL 32789	CONTACT NAME: PHONE (A/C, No, Ext): (407) 894-5431 FAX (A/C, No): (407) 629-6378 E-MAIL ADDRESS: Certificates.FLA@HubInternational.com														
INSURED Fast of Florida, Inc. dba USHAC/United States Heating & Air Conditioning 555 Dog Track Road Longwood, FL 32750	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A : Cincinnati Insurance Company</td> <td>10677</td> </tr> <tr> <td>INSURER B :</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></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> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Cincinnati Insurance Company	10677	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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INSURER B :															
INSURER C :															
INSURER D :															
INSURER E :															
INSURER F :															

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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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 <input checked="" type="checkbox"/> Standard Contractual GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:			EPP 0599689	1/1/2021	1/1/2022	EACH OCCURRENCE \$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000
							MED EXP (Any one person) \$ 1,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
							\$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> HNOA-comp ded \$2,000 <input checked="" type="checkbox"/> HNOA-coll ded \$2,000			EBA 0599689	1/1/2021	1/1/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							PIP \$ 10,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			EPP 0599689	1/1/2021	1/1/2022	EACH OCCURRENCE \$ 5,000,000
							AGGREGATE \$ 5,000,000
							Over GL & AL \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N N/A 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 \$
A	Equipment Floater			EPP 0599689	1/1/2021	1/1/2022	Leased/Rented \$ 50,000

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

CERTIFICATE HOLDER**CANCELLATION**

City Of Belle Isle
 1600 Nela Ave
 Belle Isle, FL 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

BUSINESS TAX RECEIPT

CITY OF LONGWOOD
175 W WARREN AVE
LONGWOOD, FL 32750

2020-2021

Phone: 407-260-3442
<http://www.longwoodfl.org>

Receipt #: 21-01263

Issued Date: 10/01/20

Effective Date: 10/01/20

Expiration Date: 09/30/21

License Type: CONTRACTOR (STATE-LICENSED)

Business Name: FAST OF FLORIDA INC. DBA USHAC

Business Location: 555 DOG TRACK RD

555 DOG TRACK RD
LONGWOOD, FL 32750

Historic
LONGWOOD
Florida



RECEIPT MUST BE CONSPICUOUSLY DISPLAYED AT BUSINESS LOCATION.

FAST OF FLORIDA INC. DBA USHAC
555 DOG TRACK RD
LONGWOOD, FL 32750