

City of Belle Isle Job Site Permit Card PLUMBING 2021-03-080

Class: Residential

Site Address: 5464 Chiswick Cir - Belle Isle, FL 32812

Parcel Number: 20-23-30-9373-00-010.

. Municipality Belle Isle

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

Description of Work: FIXTURES / QTY.

Water Heaters - 1 Re-pipe -1		
-======================================	=======================================	=======================================
Issued: TOTAL SOLUTION INDUS	TRIES INC, SWEAT, GARY F	# CFC057992
Contact # 321 424-3045	Payment/ Issued Date & Method:	4/2 / 2021
□ Picked up by	☐ Sent by mail to the mailin	
□ Visa □ Master Card 💆	Amex 🗆 Discover 🗆 Check	x / Money Order#
92076		
=======================================	=======================================	=======================================

FOR POOL INSPECTIONS, PLEASE REFER TO MAIN POOL PERMIT FOR SPECIFIC POOL INSPECTIONS & CODES

PLUMBING	INSPECTOR	DATE	COMMENTS
600 Sewer			
610 Underground			
620 Rough			
630 Above Ceiling			
640 Irrigation Final			
650 Final			

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 or PM may be requested but not guarantee an exact arrival

Universal Engineering Sciences - 3532 Maggie Blvd., Orlando, FL 32811 407-581-8161 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 328 Tel 407-581-8161 Fax 407-581-0313 www.universalengineering

APPLICATION FOR PLUMBING PERM

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY FAIL IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT ALLST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION, IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN AFTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

	COMMENCEMENT			60)
DATE OF APPLICATION: M		PERMIT NUMBER_ umbing installations as indicated below, PLEA:	2021-0	3-080
Project Address 5464 Chis				
Property Owner Traci Bala		Belle Isle f		2812
		Phone 40		
Property Owner's Mailing Add			isie	
State FL Zip Code	32812 Parce	ild Number: 20-23-30-9373-00-010	6 1 10 10	
		ontain this information, please visit http://www.ocpafl.	org/Searches/Parceisearc	n.aspr
Class of Building Old M N Type of Work New Alu	ew 🔲 Type of Bui eration 🔀 Addition 🔲 I	lding: Residential ⊠ Commercial ☐ Repair ☐ Type of System; Sewer ☐ S	Other)
YOU MAY BE REC		PTIC SYSTEM VERIFICATION FOR NEW / AI DRANGE COUNTY DOCUMENT 64E-6	LTERED / ADDITION	
VALUATION OF 100 (Int.)		DRANGE COUNTY DOCUMENT 842-8		
VALUATION OF JOB (labor (& materials) \$ 5754.00			
FIXTURES	Quantity	FIXTURES	Quantity	
Water Closets (Toilet)	0	Dishwashers	0	3-1
Bathlubs	0	Laundry Tubs	0	18.52 55.50 × 2
Unnals	0	Floor Drains	0	-000
Disposals	0	Grease Traps	0	53.3 × J
Washing Machines	0	Trailer Connections	0	
Water Heaters	1	ра	0	111.
Sewer	0	Solar	0	
Catch Basins/Sumps	0	Pool Piping	0	
Service Sink	0	¹Irrigation: (# Systems / # Heads)	0	
Lavatory (Bathroom Sink)	0	Water Softener	0	
Showers	0	Re-pipe		
Sinks	0	Miscellaneous (Specify)	0	
'Fer FBC, Sec. 69th, a Backflow F	reventer must be installed &	losted, the topott must be posted with pennit for	Final hispection	
r			Permit Fee	14.
Building Official:	CIZ	Date 3-25-21	Review Fee	77 -
Verified Contractor's Licens	es & Insurance are on Ve	Date 2 1531	1% BCAIB Fee	J.
Vernier contractor a ricesia	es te manuel ore only	80	-	amn
L			1.5% DCA Fee	of Min
need NO	- at		Total Permit Fee	1157 - 1
I hamby couldy that the above is	true and correct to the h	est of my knowledge and make Application for	O constant and the	
same is granted Lagree to conform	n to all Florida Building Cod	e Regulations and City Ordinances regulating sai	ne and in accordance	with plans
submitted. The issuance of this peri	mit daes not grant permissio	n to violate any applicable Town and/or State of F	lorida codes and/or ord	dinances
ICENSE HOLDER SIGNATURE	Honge	Sunt LIGENSE #C	FC0579	29 2
ICENSE HOLDER NAME	274 Sweat	COMPANY NAME TO HOLL	Solubon Tr	adustries for
Street Address	W Street	CONSTRUCTION OF THE PROPERTY O	10.077.07	11 1C . TILL
Sity Orlando	State FZ	Zip Code 32833 Phone Number	321-424	13045
Eniall Address() [ACV 07]	S1-247, Con)	M II -	
4OTE The Building Permit Number	et is required if the Plumbing	Installation is associated with any confidence	2 200/	nicimo
Permit has been issued.		any any any		
		6 Jan 2 1	442	0/6
		Building Permit Number_		

Pe	rmit Number:	DOC # 20210168188		
	plio*Parcet ID #, 20-23-30-9373-00-010 epared by: Briting Lee-Total Solution Indisustries Inc	03/24/2021 10:43 AM Page 1 of 1 Rec Fee: \$10.00		
200	0 9th St	Deed Doc Tax: \$0.00		
-	lando, FI 32833	Mortgage Doc Tax: \$0.00		
-	elum to: Britiney Lee - Total Solution Industries Inc	Intangible Tax: \$0.00		
	0 9th St	Phil Diamond, Comptroller		
	lando, FL 32833	Orange County, FL		
		Ret To: CSC INC		
	NOTICE OF COMMENCEMENT			
Sta	ate of Florida, County of Orange			
wil	e undersigned hereby gives notice that improvement will be r th Chapter 713, Florida Statutes, the following information is p	provided in this Notice of Commencement.		
1.	Description of property (legal description of the property, a Winsor Place phase 1.30 78 Lot 1.5464 Chiswick Cir. Belle Islo. F	nd street address if available) 1. 32812		
2.	General description of improvement			
2	Whole home repute Owner information or Lessee information if the Lessee of			
3.	Name Camacho Eduvina			
	Address 5464 Chiswick Cir. Belle Isle, FL 32812			
	Interest in Property Owner	Owner fined about		
	Name and address of fee simple titleholder (if different fr Name Traci Balao	cm Owner listed above)		
	Address 5464 Chiswick Cir. Belle Isle, FL 32812			
4.	Contractor	12241 424 2045		
	Name Gary Sweat - Total Solution Industries	Telephone Number (321) 424-3045		
_	Address 200 9th st Orlando, Ft, 32833	n		
٥.	Surety (if applicable, a copy of the payment bond is attached			
	Name	Telephone Number		
6	Address Lender	Amount of Bond \$		
о.		Tolophone Nivert		
	Aodress	Telephone Number		
7	Persons within the State of Florida designated by Owne	r upon whom notices or other documents ma		
••	be served as provided by §713.13(1)(a)7, Florida Statute	is.		
		Telephone Number		
	Address	- Trophono Manniegi		
8.	In addition to himself or herself. Owner designates the t	following to receive a copy of the Lienor's		
•	Notice as provided in §713.13(1)(b), Florida Statutes.			
	Name	Telephone Number		
	Address			
9.	Expiration date of notice of commencement (the expirati	on date will be 1 year from the date of recording		
	unless a different date is specified)			
NIN	IG TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE E NSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I. SEC	XPIRATION OF THE NOTICE OF COMMENCEMENT		
COI	IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY	A NOTICE OF COMMENCEMENT MUST BE		
חסר	ED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION	N. IF YOU INTEND TO OBTAIN FINANCING CONSULT		
YC	OUR LENGTH OR AN ATTORNEY BEFORE COMMENCING WORK OR R	ECORDING YOUR NOTICE OF COMMENCEMENT.		
-	The land	SPIF		
_	and Arrier or Lessee, or Owner's or Lessee's Authorized Officer Director Pa	artner/Manager Signatory's Title Office		
tor	egoing instrument was acknowledged before me this 15 da	2) OBDER DONAHVERN BOLLO		
(SPIF for S	P Talleyon name of person		
-		of party on behalf of whom instrument was executed		
1		The state of the s		
N	lovesto /	lelisso Harris		
Ц		JOHNAC LICENACION		
	Signature of Notary Trobic - State of Florida 1	Fint, type, or stamp commissioned name of Not in Frights		
D.	repositiv Krama (18. Burdamat its X			
Tur	pe of ID Produced D. B. Produced 135-164-204-0	All No. Mortage Chalas State of Eleveria		
ı yı	be of the Engance of Person 102 To 1 Con 1	Meliasa Harmonay		
		My Currimasion Ct : 967965 Expres 03/10/2024		
		S ANNO EXPRES ON 1012024		

State of FLORIDA. County of ORANGE.

Per §668.50, F.S., which defines and permits electronic signatures, I certify that this is a true copy of the document as reflected in the Official Records.

PHIL DIAMOND, COUNTY COMPTROLLER

DeMarco Johnson Deputy Comptroller

Form content revised (01/23/14)

03/24/2021

Date



ARR 12 TAIL

2021-03-080

REPIPE Specialists

2423 S. Orange Ave. Ste 313 Orlando, FL 32806 Tel (800) 737-4746 Fax (800) 886-4889

JOB 10 # 742157	DATE 3/3/2/
OWNER TRACE BALAD	HOME #
JOB ADD SYBY CHISNICK CIZ	WORK #
CITY, ST, ZIP BELLE ISLE FL	CELL # 407-721-9980
32812	CELL#
	SOFT 7500 YR BUILT 1997
EMIL TONTRACIBALADO AMAILO	IN TOTELLE

				010 17	TAU DAL	TO BIMIT THE TOTAL
	Description of	the Prolec	t and Descrip	tion of the	Significant Mat	terials to be Used and Equipment to be installed
	VERTICALS	PATCHING	WALL SIDE	CC	OMMENTS	TYPE OF PIPING: C PEX COPPER L K
BATHROOM #1	MASTER					FOUNDATION RAISED SLAB MIXED
SINK #1	in was exposed	0 3		}		CRAWL / ATTIC CLEARANCE: GOOD FAIR TIGHT NONE
TOILE	n-wall exposed	l º Q º	tixture back	1		NUMBER OF LEVELS: 2 3 4 5
BIDET	in-wall exposed		exture beck			NUMBER OF UNITS: 2 3 4 5 8
CUB SHOWER	in-wall exposed	0 1 2			Ilmy Ru	7/.1
TURSHOWER	in-wall exposed	0 0 2	fixture, DACK	1/14	HOLK BY NECESTS	MAIN LINE: EXISTING: COPPER GALV PVC OTHER SIZE 14 REPLACE MAIN? NO YES SIZE: 3/4" 1" 1-1/4" 1-1/2" 2"
BATHROOM #2	GUEST 1	1000	fixture back	awar	CH LEAD	TYPE OF PIPING: COPPER L K PVC
(SINK #D	in-walDexposed	0 00 2	fixture back			LENGTH:10'20'-30'-40'-50'-60'-70'-80'-90'-100' other
SINK #18	in-wall exposed	0 1 2	fixture back			PRESSURE REG: NONE PSI NEW EXISTING
TOILED	in-wal exposed	0 0 2				VALVE: BALL GATE NEW EXISTING
TUB/SHOWER	In-wall exposed	0 00 2	fixture (back)			HOSE BIBB: NONE NEW EXISTING
TUBISHOWER	in-wall exposed	0 1 2	fixture back	1		TIE-IN EXISTING SPRINKLERS NONE FRONT BACK SIDE
BATHROOM #3	7 0 000 00					HYDRO-BORING NONE SIDEWALK DRIVEWAY
SINK #1a	exposed	0 ① 2	fixtura back			CONCRETE / ASPHALT CUTTING: (NO YES length
COILED	in-wall exposed	0 1 2	fixture back			CONCRETE / ASPHALT PATCH: .OWNER CONTRACTOR NONE
TUBISHOWER	nwall exposed	0 0 2	dixture back	J		
TUB/SHOWER	in-Wall exposed	0 CP 2	fixture back	1		MISCELLANEOUS:
BATHROOM #4	truii Sapuseti	V 1 2	fixture back			RECIRCULATION LINE: YES Ploe: 1/2 STP NEW EXISTING
SINK #1	In-wall exposed	0 1 2	fixture back	l		
SINK #1a	in-wall exposed	0 1 2	fixture back	1		Pump/Timer: NOND NEW EXISTING DISHWASHER LINE: NONE NEW EXISTING
TOILET	in-wall exposed	0 1 2	fixture back	l		1/4 INCH REFRIGERATOR LINE: NONE NEW EXISTING
TUB/SHOWER	in-wall exposed	0 1 2	fixture back	l		WATER EN TER LINE WELL EVICTING
TUB/SHOWER	in-wall exposed	0 1 2	fixture back			TOTAL # HOSE BIBBS: REGULATED 3 UNREGULATED
BATHROOM #5						RELOCATE WATER HEATER: NO YES
SINK #1 SINK #1a	in-wall exposed	0 1 2	fixture back			NEW W.H. NO (YES) O/S SIZE 10075 GAS ELEC TANKLESS
TOILET	in-wall exposed	0 1 2	fixture back			STRAP (PR DRAIN PAN GAS STAND SLAB SHED VENT
TUB/SHOWER	in-wall exposed	0 1 2	fixture back			INSULATE PIPES: NO CTES AS REQUIRED BY COOR
-	in-wall exposed	0 1 2	fixture back	LOCAL VIII	KIT	1/4 TURN SHUT-OFF VALVES & STAINLESS STEEL SUPPLY
KITCHEN SINK	in-wall exposed	0 1 2	fixture back	DECK / W		TUBINGS UNDER (repiped) SINKS AND TOILETS: NO YES
	Desoque Chaw in	00 2	fixture back		SH-MOUNT BOX	INSTALL ONEW VALVES AT TUB(S) BY INSTALL ONEW VALVES AT SHOWER(S) BY
BAR SINK	in-wall exposed	0 1 2	fixture back	DECK / W		INSTALL ONEW VALVES AT THE CHOICE OF BY
CAUNDRY SINK	in-wall exposed	10 25 70 11	TIKTUES > back	DECKOW		INSTALL ONEW VALVES AT TUBISHOWER(S) BY ELECTRICAL/GROUND: T. BOWNER (Initials)
WASH MACE	n-wall exposed	0 0 3	fixture back	REW B		PATCHING BY: OWNER CONTRACTOR NONE
	n-wall nxposno	0 0 2 0	fixture back	1	7	PERMIT BY: OWNER CONTRACTOR
	in-wall exposed	0 1 2	fixture back		_	
W SOFTENER	in-wall exposed	0 1 2	fixture back	# HARD W	ATER HBs	
I hereby authoriz	ze the work dec	cribed abo	up and name	to the le	mro and	ADDITIONAL NOTES:
conditions as sta						ADDITIONAL NOTES:
goods and service	ces received	102 01 11113 10	unii. Taylee	to pay 101	an work,	0 10 11
List of Documen		rated into t	he Contract:			KERIPE VEX \$7168
Change Order			of Cancellation	/Ev 21		100
			or Caricalismon	(EX. 2)		
3. Mechanics Lie	ii vvaniing (EX. 3)	4				20% MC \$ 1434
This proposal is	good for	days.				
ו או ומפטעטוע פוויי	Accor 101	uays.				
			Carlo Comment			#- C72(1
DATE March 05,	. 2021 SIGNAT	URE	E-SIGNEI on 2021-03	D by Traci	Balao 2 GMT	PCI C#
Any work not spe						10.50
prior written auth						Signal Land
time/materials red						SUPPLY + INSTALL NEW
	7		- 50 digitied b	, , , , , , , , , , , ,		50 GOL ELECTIVE WATER
						LIEBTER + MORE INC
			Schedule	e of Progr	ess Payments	
			When du		Amount due:	
DEPOSIT PAID	DV:				6	ONECL MASTER TUB DEAIN
DEFUSIT PAID	DT:				Ht casil	
0 1		ا م	Contract	Price	\$ 5734	#Each
Cash C	Credit Card				L	(Basic) Moen Tub / Shower
	DCE	भर ।				
Financino		-			ا مساما	Price includes all labor, parts, meterials, tayon, 440-

35% Deposit **#**2007 Rec'd Malling Check # 101043317925 60% When Piping Transaction 10 \$3440 Installed CHMITT Salesperson Salesperson 5% Upon \$287 Signature: Completion

(Basic) Moen Tub / Shower

Price includes all labor, parts, materials, taxes. **When includes all labor, parts, materials, taxes. **When included, texture metch is as close as possible. NOTE! All wallpaper, painting, tile, electrical grounds, grounding rods, shear wall, existing wall/celling damage repair by owner. Contractor is not responsible for pre-existing fixtures, parts, sprinkler systems, drain pipes, etc. that fall or break during or after the repipe, or for animal damage to any part of the piping system, or hazardous material inspections and/or abatement. Repairs or correction of all above items are at owner's additional expense.

Ron DeSantis, Governor

Halsey Beshears, Secretary

STATE OF FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD

THE PLUMBING CONTRACTOR HEREIN IS CERTIFIED UNDER THE PROVISIONS OF CHAPTER 489, FLORIDA STATUTES

SWEAT, GARY FRANCIS

TOTAL SOLUTION INDUSTRIES INC 200 9TH STREET ORLANDO FL 32833

LICENSE NUMBER: CFC057992

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.



Tax Collector Scott Randolph

Local Business Tax Receipt

Orange County, Florida

This local Business Tax Receipt is in addition to and not in lieu of any other tax required by law or municipal ordinance. Businesses are subject to regulation of zoning, health and other lawful authorities. This receipt is valid from October 1 through September 30 of receipt year. Delinquent penalty is added October 1.

2020

EXPIRES

9/30/2021

5000-1222030

5000 BUSINESS OFFICE

\$30.00

1 EMPLOYEE 1803 CERT PLUMBING CONTR

\$30.00

1 EMPLOYEE

TOTAL TAX
PREVIOUSLY PAID \$60.00 \$60.00 TOTAL DUE \$0.00

300 9TH ST U - ORLANDO, 32833 CFC057992

PAID: \$60.00 2006-06449006 11/5/2020



NARUT THOMAS L-PRESIDENT SWEAT GARY FRANCIS-QUALIFIER TOTAL SOLUTION INDUSTRIES INC NARUT THOMAS L-PRESIDENT 2237 GRAYLING ST ORLANDO FL 32820

This receipt is official when validated by the Tax Collector.

Orange County Code requires this local Business Tax Receipt to be displayed conspicuously at the place of business in public view. It is subject to inspection by all duly authorized officers of the County.









CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/05/2021

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).

	113 0	crimeate does not comer rights i	O LI	e cer	uncate noider in neu or s			· J.			
PRO	DUC	R				CONTA NAME:	Willia Willia	am Mennitt			
		Sena & Whitney LLC				PHONE	1004	391-4661	FAX	(561)	338-6551
						E-MAIL	M. MONT			(501)	1000-0001
						ADDRE	ss: wme	nnitt@tnesei	nagroup.com		_
		BOCA RATON, FL 33432					INS	SURER(S) AFFO	RDING COVERAGE		NAIC#
						INSURI	ERA: CM-V	/antage Si	pecialty Ins. Co		15872
INS	JRED					INSUR			rance Company		35378
		TOTAL SOLUTION INDUS	STR	IFS	INC			Ston mau	rance company		33370
			<i>-</i>	120		INSURI	ER C:				
						INSURI	ERD:				
		ORLANDO, FL 32820				INSURI	ER E:				
						INSURI	ER F :				
CO	VER	AGES CER	TIFE	CATE	NUMBER: 00041699-7				REVISION NUMBER:	66	
							ISSUED TO TH	IE INGLIDED N			PEDIOD
- 11	IDIC/	ATED. NOTWITHSTANDING ANY REC	JUIR	EMEN	IT, TERM OR CONDITION OF	ANY (CONTRACT OF	OTHER DOC	UMENT WITH RESPECT TO	O WH	ICH THIS
С	ERTI	FICATE MAY BE ISSUED OR MAY PE	RTAI	N, TH	E INSURANCE AFFORDED I	BY THE	POLICIES DE	SCRIBED HER	REIN IS SUBJECT TO ALL T	HE T	ERMS,
		JSIONS AND CONDITIONS OF SUCH				BEEN					
INSR		TYPE OF INSURANCE					POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	Y	COMMERCIAL GENERAL LIABILITY		1		12					4 000 000
_	^				CIVIV-PLI-0012192-0	13	02/16/2021	02/16/2022	DAMAGE TO RENTED	\$	1,000,000
		CLAIMS-MADE X OCCUR							PREMISES (Ea occurrence)	\$	100,000
									MED EXP (Any one person)	\$	5,000
									PERSONAL & ADV INJURY	\$	1,000,000
	GEN	VL AGGREGATE LIMIT APPLIES PER							GENERAL AGGREGATE	s	2,000,000
		PRO-									
	\vdash	The state of the s							PRODUCTS - COMP/OP AGG	\$	2,000,000
_	-		_	_						\$	
	AUT	OMOBILE LIABILITY		1					COMBINED SINGLE LIMIT (Ea accident)	\$	
		ANY AUTO							BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED							BODILY INJURY (Per accident)	\$	
		HIRED NON-OWNED							PROPERTY DAMAGE	_	
		AUTOS ONLY AUTOS ONLY							(Per accident)	\$	
	_		_							\$	
В		UMBRELLA LIAB X OCCUR			EZXS3043446		02/16/2021	02/16/2022	EACH OCCURRENCE	\$	1,000,000
	X	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	1,000,000
		DED PETENTIONS	i .						THE OTHER OF THE		.,,
	WOR		_						PER OTH-	\$	
									STATUTE ER		
	OFFI	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	S	
	(Man	datory in NH)							E.L. DISEASE - EA EMPLOYEE	\$	
	If yes	i, describe under CRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
										-	
DES	RIPT	ION OF OPERATIONS / LOCATIONS / VEHICL	.ES (#	ACORD	101, Additional Remarks Schedu	e, may b	e attached if more	e space is requir	ed)		
CE	TIF	ICATE HOLDER	_			04111	SELL ATION				
UE	(III	ICATE HULDER	_			CANC	ELLATION				
									ESCRIBED POLICIES BE CA		
190 Glades Road Suite C BOCA RATON, FL 33432 INSURED TOTAL SOLUTION INDUSTRIES INC 2237 GRAYLING ST ORLANDO, FL 32820 INSURER 0: INSURE 0: INSURER 0: I				THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
						AUU	CUDANCE AAI	III THE PULIC	T FRUVISIUNS.		
		DELLE 13LE, FL 32809				AUTHO	RIZED REPRESEI	NTATIVE			
							10 8				
		1					chent.				AMINA

TOTASOL-02

AVANDEPAS

ACORD"

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/5/2021

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).

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