



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

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Issued: TOTAL SOLUTION INDUSTRIES INC, SWEAT, GARY F # CFC057992

Contact # 321 424-3045 Payment/ Issued Date & Method: 4 / 2 / 2021

Picked up by _____ Sent by mail to the mailing address Emailed

Visa Master Card Amex Discover Check / Money Order#

9 2 0 7 6 | | | | | | | | | | | | | | | | | | | | | |

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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 BI DScheduling@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 32834
Tel 407-581-8161 * Fax 407-581-0313 * www.universaleengineering.com

APPLICATION FOR PLUMBING PERMIT

RECEIVED
MAR 25 2021

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: March 4, 2021

PERMIT NUMBER 2021-03-080

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

Project Address 5464 Chiswick Cir Belle Isle FL 32809 32812

Property Owner Traci Balao Phone 4077219980

Property Owner's Mailing Address: 5464 Chiswick Cir City Belle Isle

State FL Zip Code 32812 Parcel Id Number: 20-23-30-9373-00-010

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 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 64E-6

VALUATION OF JOB (labor & materials) \$ 5734.00

FIXTURES	Quantity	FIXTURES	Quantity
Water Closets (Toilet)	0	Dishwashers	0
Bathlubs	0	Laundry Tubs	0
Urinals	0	Floor Drains	0
Disposals	0	Grease Traps	0
Washing Machines	0	Trailer Connections	0
Water Heaters	1	Spa	0
Sewer	0	Solar	0
Catch Basins/Sumps	0	Pool Piping	0
Service Sink	0	Irrigation: (# Systems / # Heads)	0
Lavatory (Bathroom Sink)	0	Water Softener	0
Showers	0	Re-pipe	1
Sinks	0	Miscellaneous (Specify)	0

37
18.52
55.52 x 2
111.04

*Per FBC, Sec. 6901, a Backflow Preventer must be installed & tested. The report must be posted with permit for Final Inspection

Building Official: OTC Date 3-25-21
Verified Contractor's Licenses & Insurance are on file SM Date 3-25-21

need NOC OL

Permit Fee 74.-
Review Fee 37.-
1% BCAIB Fee 2 min
1.5% DCA Fee 2 min
Total Permit Fee 115.-

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 Gary Sweet LICENSE # CFC057992
LICENSE HOLDER NAME Gary Sweet COMPANY NAME Total Solutions Industries, Inc.
Street Address 200 9th Street
City Orlando State FL Zip Code 32833 Phone Number 321-424 3045
Email Address office@tsi-217.com

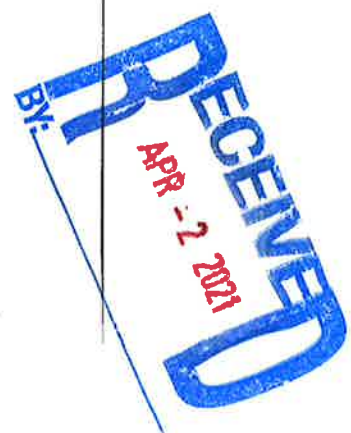
NOTE: The Building Permit Number is required if the Plumbing Installation is associated with any construction or alteration of a building Permit has been issued.

PAID
2021
492076

Building Permit Number 492076

Permit Number: _____
 Folio/Parcel ID #: 20-23-30-0373-00-010
 Prepared by: Britney Lee - Total Solution Industries Inc
200 9th St
Orlando, FL 32833
 Return to: Britney Lee - Total Solution Industries Inc
200 9th St
Orlando, FL 32833

DOC # 20210168188
 03/24/2021 10:43 AM Page 1 of 1
 Rec Fee: \$10.00
 Deed Doc Tax: \$0.00
 Mortgage Doc Tax: \$0.00
 Intangible Tax: \$0.00
 Phil Diamond, Comptroller
 Orange County, FL
 Ret To: CSC INC



NOTICE OF COMMENCEMENT

State of Florida, County of Orange

The undersigned hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

- Description of property** (legal description of the property, and street address if available)
 Wisor Place phase 1 30 28 Lot 1 5464 Chiswick Cir. Belle Isle, FL 32812
- General description of improvement**
 Whole home repipe
- Owner information or Lessee information if the Lessee contracted for the improvement**
 Name Camacho Eduvina
 Address 5464 Chiswick Cir. Belle Isle, FL 32812
 Interest in Property Owner
 Name and address of fee simple titleholder (if different from Owner listed above)
 Name Traci Balao
 Address 5464 Chiswick Cir. Belle Isle, FL 32812
- Contractor**
 Name Gary Sweal - Total Solution Industries Telephone Number (321) 424-3045
 Address 200 9th st Orlando, FL 32833
- Surety** (if applicable, a copy of the payment bond is attached)
 Name _____ Telephone Number _____
 Address _____ Amount of Bond \$ _____
- Lender**
 Name _____ Telephone Number _____
 Address _____
- Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by §713.13(1)(a)7, Florida Statutes.**
 Name _____ Telephone Number _____
 Address _____
- In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided in §713.13(1)(b), Florida Statutes.**
 Name _____ Telephone Number _____
 Address _____
- Expiration date of notice of commencement** (the expiration date will be 1 year from the date of recording unless a different date is specified) _____

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN 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 COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager: _____
 Signature's Title Office: Self

The foregoing instrument was acknowledged before me this 15 day of October by Jonathan Balao
 as Self for Self
Type of authority, e.g., officer, trustee, attorney in fact Name of party on behalf of whom instrument was executed

Signature of Notary Public - State of Florida: _____
 Print, type, or stamp commissioned name of Notary Public: Melissa Harmonay

Personally Known OR Produced ID
 Type of ID Produced: D/B/00-435-64-204-0



Form content revised 01/23/14

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 03/24/2021
 Deputy Comptroller Date



2021-03-080



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

Lic. #CFC 1430583

JOB ID # 742157	DATE 3/3/21
OWNER TRACI BALAO	HOME #
JOB ADD 5464 CHENICK CIR	WORK #
CITY, ST, ZIP BELLE ISLE FL 32812	CELL # 407-74-9980
	CELL #
	SQ FT 2500 YR BUILT 1997
EMAIL JONTRACI.BALAO@MAIL.COM	INTEREST

Description of the Project and Description of the Significant Materials to be Used and Equipment to be Installed

	VERTICALS	PATCHING	WALL SIDE	COMMENTS	TYPE OF PIPING: PEX COPPER L K
BATHROOM #1	MASTER				FOUNDATION: RAISED SLAB MIXED
SINK #1	in-wall exposed	0 1 2	fixture back		CRAWL / ATTIC CLEARANCE: GOOD FAIR TIGHT NONE
SINK #2	in-wall exposed	0 1 2	fixture back		NUMBER OF LEVELS: 1 2 3 4 5
TOILET	in-wall exposed	0 1 2	fixture back		NUMBER OF UNITS: 1 2 3 4 5 6
BIDET	in-wall exposed	0 1 2	fixture back		
TUB/SHOWER	in-wall exposed	0 1 2	fixture back		MAIN LINE: EXISTING: COPPER GALV PVC OTHER SIZE #14
TUB/SHOWER	in-wall exposed	0 1 2	fixture back	TILE WORK BY OWNER TO BE D	REPLACE MAIN? NO YES SIZE: 3/4" 1" 1-1/4" 1-1/2" 2"
BATHROOM #2	GUEST 1				TYPE OF PIPING: COPPER L K PVC
SINK #1	in-wall exposed	0 1 2	fixture back		LENGTH: 10'-20'-30'-40'-50'-60'-70'-80'-90'-100' other
SINK #1a	in-wall exposed	0 1 2	fixture back		PRESSURE REG: NONE PSI NEW EXISTING
TOILET	in-wall exposed	0 1 2	fixture back		VALVE: BALL GATE NEW EXISTING
TUB/SHOWER	in-wall exposed	0 1 2	fixture back		HOSE BIBB: NONE NEW EXISTING
TUB/SHOWER	in-wall exposed	0 1 2	fixture back		TIE-IN EXISTING SPRINKLERS: NONE FRONT BACK SIDE
BATHROOM #3	GUEST 2				HYDRO-BORING: NONE SIDEWALK DRIVEWAY
SINK #1	in-wall exposed	0 1 2	fixture back		CONCRETE / ASPHALT CUTTING: NO YES length
SINK #1a	in-wall exposed	0 1 2	fixture back		CONCRETE / ASPHALT PATCH: OWNER CONTRACTOR NONE
TOILET	in-wall exposed	0 1 2	fixture back		
TUB/SHOWER	in-wall exposed	0 1 2	fixture back		MISCELLANEOUS:
TUB/SHOWER	in-wall exposed	0 1 2	fixture back		RECIRCULATION LINE: NO YES
BATHROOM #4					Pipe: 1/2" 3/4" NEW EXISTING
SINK #1	in-wall exposed	0 1 2	fixture back		Pump/Timer: NONE NEW EXISTING
SINK #1a	in-wall exposed	0 1 2	fixture back		DISHWASHER LINE: NONE NEW EXISTING
TOILET	in-wall exposed	0 1 2	fixture back		1/4 INCH REFRIGERATOR LINE: NONE NEW EXISTING
TUB/SHOWER	in-wall exposed	0 1 2	fixture back		WATER FILTER LINE: NONE NEW EXISTING
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	in-wall exposed	0 1 2	fixture back		NEW W.H. NO YES O/S SIZE 30 35 GAS ELEC TANKLESS
SINK #1a	in-wall exposed	0 1 2	fixture back		STRAP (PR DRAIN PAN GAS STAND SLAB SHED VENT
TOILET	in-wall exposed	0 1 2	fixture back		INSULATE PIPES: NO YES AS REQUIRED BY CODE
TUB/SHOWER	in-wall exposed	0 1 2	fixture back		1/4 TURN SHUT-OFF VALVES & STAINLESS STEEL SUPPLY
KITCHEN SINK	in-wall exposed	0 1 2	fixture back	DECK / WALL	TUBINGS UNDER (re-piped) SINKS AND TOILETS: NO YES
KITCHEN SINK	in-wall exposed	0 1 2	fixture back	DECK / WALL	INSTALL NEW VALVES AT TUB(S) BY
REFRIGERATOR	in-wall exposed	0 1 2	fixture back	NEW FLUSH-MOUNT BOX	INSTALL NEW VALVES AT SHOWER(S) BY
BAR SINK	in-wall exposed	0 1 2	fixture back	DECK / WALL	INSTALL NEW VALVES AT TUB/SHOWER(S) BY
LAUNDRY SINK	in-wall exposed	0 1 2	fixture back	DECK / WALL	ELECTRICAL/GROUND: T.B. OWNER (initials)
WASH MACH	in-wall exposed	0 1 2	fixture back	NEW BOX	PATCHING BY: OWNER CONTRACTOR NONE
W. HEATER #1	in-wall exposed	0 1 2	fixture back		PERMIT BY: OWNER CONTRACTOR
W. HEATER #2	in-wall exposed	0 1 2	fixture back		
W. SOFTENER	in-wall exposed	0 1 2	fixture back	# HARD WATER HBs	

I hereby authorize the work described above and agree to the terms and conditions as stated on both sides of this form. I agree to pay for all work, goods and services received.

List of Documents to be Incorporated Into the Contract:

- Change Order Form (Ex. 1)
- Notice of Cancellation (Ex. 2)
- Mechanics Lien Warning (Ex. 3)
-

This proposal is good for _____ days.

DATE March 05, 2021 SIGNATURE _____ E-SIGNED by Traci Balao on 2021-03-05 00:06:52 GMT

Any work not specifically outlined on this contract will not be performed without prior written authorization of a Change Order; the crew supervisor will write up time/materials required to fulfill the tasks, to be signed by you the homeowner.

ADDITIONAL NOTES:

REPIPE PEX \$7168

20% OFF \$1434

\$5734

SUPPLY + INSTALL NEW 50 GAL ELECTRIC WATER HEATER + INC

QUECK MASTER TUB DRAIN

_____ Valve Kit @ \$ _____ Each

(Basic) Moen Tub / Shower

Price includes all labor, parts, materials, taxes. When included, texture match is as close as possible.

NOTE: All wallpaper, painting, tile, electrical grounds, grounding rods, shear wall, existing wall/ceiling 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.

Schedule of Progress Payments
When due: Amount due:

DEPOSIT PAID BY:	Contract Price	\$5734
Cash _____ Credit Card <u>RP</u>	35% Deposit	\$2007
Financing _____	60% When Piping Installed	\$3440
Check # _____ Rec'd Mailing	5% Upon Completion	\$287
10104337925		
Transaction # _____		
Salesperson <u>DW SCHMITZ</u>		
Salesperson Signature: _____		



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

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

300 9TH ST
 U - ORLANDO, 32833
 CFC057992
 PAID: \$60.00 2006-06449006 11/5/2020

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.

octaxcol.com |    octaxcol



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).

PRODUCER Sena & Whitney LLC 190 Glades Road Suite C BOCA RATON, FL 33432	CONTACT NAME: William Mennitt PHONE (A/C, No, Ext): (561)391-4661 E-MAIL ADDRESS: wmennitt@thesenagroup.com	FAX (A/C, No): (561)338-6551
	INSURER(S) AFFORDING COVERAGE	
INSURED TOTAL SOLUTION INDUSTRIES INC 2237 GRAYLING ST ORLANDO, FL 32820	INSURER A: CM-Vantage Specialty Ins. Co	NAIC # 15872
	INSURER B: Evanston Insurance Company	NAIC # 35378
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 00041699-702873 **REVISION NUMBER:** 66

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 checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CMV-PLI-0012192-03	02/16/2021	02/16/2022	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 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> 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) \$ \$
B	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			EZXS3043446	02/16/2021	02/16/2022	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
	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				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

City of Belle Isle
 1600 Nela Avenue
 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

(WIM)

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