



City of Belle Isle Job Site Permit Card **PLUMBING** 2022-04-013

Class: Residential Site Address: 1708 Wind Willow Rd - Belle Isle, FL 32809  
Parcel Number: 30-23-30-9390-00-790

Description of Work: **FIXTURES / QTY.**

Re-pipe - 1

Issued: EMERALD PLUMBING, CUDDY, W # CFC1426238 Contact # 407 898-3538

Payment/ Issued Date & Method: 4 / 8 / 2022

Picked up by \_\_\_\_\_  Sent by mail to the mailing address  
 Visa  Master Card  Amex  Discover  Check / Money Order#

9943

Emailed

*to Emerald & Halwoodyard*

**PLUMBING INSPECTOR DATE COMMENTS**

|                      |  |  |  |
|----------------------|--|--|--|
| 600 Sewer            |  |  |  |
| 610 Underground      |  |  |  |
| 620 Rough            |  |  |  |
| 630 Above Ceiling    |  |  |  |
| 640 Irrigation Final |  |  |  |
| 650 Final            |  |  |  |

The link for scheduling inspections is below. Next business day inspection requests must be made by 3 pm the preceding business day. This link is also in the email that was used to send this permit package, so you can copy and paste it in your browser from the email.

<http://uesbidportal.uesurl.com/citizenportal/>

The link does not work with Explorer. Please use Google Chrome, FireFox or Edge.

**"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.universalengineering.com](http://www.universalengineering.com)

## 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: 04.04.22 PERMIT NUMBER 2022-04-013  
The undersigned hereby applies for a permit to make plumbing installations as indicated below. PLEASE PRINT

Project Address 1708 WIND WILLOW RD, Belle Isle FL 32809 32812

Property Owner CYNTHIA ENNIS Phone 407 491 2377

Property Owner's Mailing Address 1708 WIND WILLOW RD City BELLE ISLE

State FL Zip Code 32809 Parcel Id Number: 30-23-30-9330-00-790

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) \$ 5325

| FIXTURES                 | Quantity |
|--------------------------|----------|
| Water Closets (Toilet)   |          |
| Bathtubs                 |          |
| Urinals                  |          |
| Disposals                |          |
| Washing Machines         |          |
| Water Heaters            |          |
| Sewer                    |          |
| Catch Basins/Sumps       |          |
| Service Sink             |          |
| Lavatory (Bathroom Sink) |          |
| Showers                  |          |
| Sinks                    |          |

| FIXTURES                           | Quantity |
|------------------------------------|----------|
| Dishwashers                        |          |
| Laundry Tubs                       |          |
| Floor Drains                       |          |
| Grease Traps                       |          |
| Trailer Connections                |          |
| Spa                                |          |
| Solar                              |          |
| Pool Piping                        |          |
| *Irrigation: (# Systems / # Heads) |          |
| Water Softener                     |          |
| Re-pipe                            | 1        |
| 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: <u>OTC</u> Date <u>5 April 2022</u>                                 | Permit Fee              | <u>37.00</u>        |
| Verified Contractor's Licenses & Insurance are on file <u>for</u> Date <u>5.4.2022</u> | Review Fee              | <u>18.50</u>        |
|                                                                                        | 1% BCAIB Fee            | <u>2.00</u>         |
|                                                                                        | 1.5% DCA Fee            | <u>2.00</u>         |
|                                                                                        | <b>Total Permit Fee</b> | <b><u>59.50</u></b> |

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 William Cuddy LICENSE # CFC1426238  
LICENSE HOLDER NAME WILLIAM CUDDY COMPANY NAME EMERALD PLUMBING  
Street Address 2311 HENDERSON DR  
City ORLANDO State FL Zip Code 32806 Phone Number 407-898-3538  
Email Address ramona@emeraldplumbing.net

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 4-8-22 VISA 9943

THIS INSTRUMENT PREPARED BY:

Name: Ramona Gray  
Address: 2311 Henderson Dr.  
Orlando, FL 32806

DOC # 20220220798

04/05/2022 13:56 PM 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: SIMPLIFILE LC



# NOTICE OF COMMENCEMENT

Permit Number: \_\_\_\_\_  
Parcel ID Number: 30-23-30-9330-00-790

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)  
1708 WIND WILLOW RD, BELLE ISLE, FL 32809 - WIND HARBOR 760 LOT 79
- GENERAL DESCRIPTION OF IMPROVEMENT:**  
WHOLE HOUSE RE-PIPE OF HOT / COLD WATER LINES
- OWNER INFORMATION OR LESSEE INFORMATION IF THE LESSEE CONTRACTED FOR THE IMPROVEMENT:**  
Name and address: CYNTHIA ENNIS - 1708 WIND WILLOW RD - BELLE ISLE, FL 32809  
Interest in property: OWNER  
Fee Simple Title Holder (if other than owner listed above) Name: \_\_\_\_\_  
Address: \_\_\_\_\_
- CONTRACTOR:** Name: EMERALD PLUMBING Phone Number: 407-898-3538  
Address: 2311 HENDERSON DR., ORLANDO, FL 32806
- SURETY (if applicable, a copy of the payment bond is attached):** Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Amount of Bond: \_\_\_\_\_
- LENDER:** Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_
- Persons within the State of Florida Designated by Owner upon whom notice or other documents may be served as provided by Section 713.13(1)(a)7., Florida Statutes.**  
Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_
- In addition, Owner designates \_\_\_\_\_ of \_\_\_\_\_  
to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes. Phone number: \_\_\_\_\_
- Expiration Date of Notice of Commencement (The expiration is 1 year from 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.

Cynthia Ennis  
(Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer, Director, Partner/Manager)

CYNTHIA ENNIS  
(Print Name and Provide Signatory's Title/Office)

State of Florida County of Orange

The foregoing instrument was acknowledged before me this 5 day of April, 2022

by Cynthia Ennis Name of person making statement Who is personally known to me  OR

who has produced identification  type of identification produced: FLA ID



Ramona Gray  
Notary Public  
State of Florida  
Comm# HH133040  
Expires 5/23/2025

Ramona Gray  
Notary Signature



**CITY OF BELLE ISLE, FLORIDA**  
 Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811  
 Tel 407-581-8161 \* Fax 407-581-0313 \* [www.universalengineering.com](http://www.universalengineering.com)

**POWER OF ATTORNEY**

Date: 04.04.22

Permit #: 2022-04-03

I hereby name and appoint Ramona Gray of  
(print name)

Emerald Plumbing to be my lawful attorney-in-fact to act for  
(company name)

me and apply to the City of Belle Isle Building Department for a Plumbing / re-pipe permit  
(type of permit)

for work to be performed at the following location:

1708 Wind Willow Rd, Belle Isle, FL  32809  32812 and  
(street address)

to sign my name and do all things necessary to this appointment.

Certified Contractor's Printed Name: William Cuddy

License Number: CFC1426238

Certified Contractor's Signature: [Signature]

The foregoing instrument was acknowledged before me this 5 days of April of 2022  
 by William Cuddy who is personally known to me or who produced  
 as identification and who did not take an oath.

State of Florida  
 County of Orange

[Signature]  
 Notary Public, Orange County, Florida



# Emerald Plumbing

2311 Henderson Drive, Unit A • Orlando, FL 32806 • Phone: 407-898-3538 • Fax: 407-898-5258  
 License # CFC1426233 • www.emeraldplumbing.net

|                                                                                                                                                              |                           |                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|------------------------|
| Name <b>Cynthia Ennis</b>                                                                                                                                    |                           | Date <b>3/14/22</b>    |
| Address <b>1708 Wind Willow</b>                                                                                                                              |                           | City <b>Belle Isle</b> |
| State, Zip Code <b>FL 32809</b>                                                                                                                              | Phone <b>770-639-7092</b> | 2nd Phone              |
| Gate Code                                                                                                                                                    | Email                     | Representative         |
| Method of Payment <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> Credit (3%+5% fee added for credit cards) |                           |                        |

## - ESTIMATE TO RE-PIPE HOUSE -

|                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                               |                  |     |       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----|-------|
| <input checked="" type="checkbox"/> 1 STORY <input type="checkbox"/> 2 STORY <input type="checkbox"/> FLAT ROOF                                                                                                                                                                                                                                                                                                             |                                                                                                                                               | FEATURES         | QTY | TOTAL |
| <input checked="" type="checkbox"/> <b>ZURN PEX PIPE</b><br>With Brass Fittings<br>25 year manufacturers warranty-transferable<br>10 year labor warranty-transferable                                                                                                                                                                                                                                                       | Price includes labor & materials. Drywall repair included, textured and ready for paint.<br><br>Payment due in full at completion of re-pipe. | NEW MAIN         | 50' |       |
| Re-piping of hot and cold water lines completed in 1 day. Drywall repair and inspection on 2nd business day. (Unless Building Department states otherwise. We have no control of time of inspections) Painting, tile, wallpaper repair, etc. NOT included in price. Drywall cuts kept to a minimum.<br><br>I have read and fully understand the terms and conditions. _____<br><span style="float: right;">Signature</span> |                                                                                                                                               | HOSE BIB         | 2   |       |
|                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                               | WATER HEATER     | 1   |       |
|                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                               | WASHING MACHINE  | 1   |       |
|                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                               | LAUNDRY TUB      | 1   |       |
|                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                               | UTILITY SINK     |     |       |
|                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                               | KITCHEN SINK     | 1   |       |
|                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                               | ICE MAKER        | 1   |       |
|                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                               | DISHWASHER       | 1   |       |
|                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                               | BAR SINK         |     |       |
|                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                               | ISLAND SINK      |     |       |
|                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                               | TOILET           | 2   |       |
|                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                               | BIDET            |     |       |
|                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                               | LAVATORY SINK    | 3   |       |
|                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                               | SHOWER           | 1   |       |
| TUB                                                                                                                                                                                                                                                                                                                                                                                                                         | 1                                                                                                                                             |                  |     |       |
| OUTDOOR SHOWER                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                               |                  |     |       |
| SUMMER KITCHEN                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                               |                  |     |       |
| OTHER                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                               |                  |     |       |
| Recommendations:<br><br>Add \$650 if new main is needed                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                               | SUB TOTAL        |     |       |
|                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                               | DEPOSIT          |     |       |
|                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                               | TOTAL AMOUNT DUE |     | 5325- |



Ron DeSantis, Governor

Halvey Beghears, 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

**CUDDY, WILLIAM**

**EMERALD PLUMBING OF CENTRAL FLORIDA INC  
2311 HENDERSON DRIVE UNIT A  
ORLANDO FL 32806**

**LICENSE NUMBER: CFC1426238**

**EXPIRATION DATE: AUGUST 31, 2022 ✓**

Always verify licenses online at [MyFloridaLicense.com](http://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

1803 PLUMBING 2021 EXPIRES 9/30/2022 ✓ \$40.00 13 EMPLOYEES ; 5000 BUSINESS OFFICE \$30.00 1803-0000130 3 EMPLOYEES ;

TOTAL TAX \$70.00 PREVIOUSLY PAID \$70.00 TOTAL DUE \$0.00

CUDDY WILLIAM

EMERALD PLUMBING OF CENTRAL FL INC CUDDY WILLIAM 2311 HENDERSON DR STE A ORLANDO FL 32806-1901

2311 HENDERSON DR #STE A U - ORLANDO, 32806

PAID: \$70.00 0098-01033786 8/29/2021

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.

1803 PLUMBING 2021 EXPIRES 9/30/2022 \$40.00 13 EMPLOYEES ; 5000 BUSINESS OFFICE \$30.00 1803-0000130 3 EMPLOYEES ;

TOTAL TAX \$70.00 PREVIOUSLY PAID \$70.00 TOTAL DUE \$0.00



CUDDY WILLIAM

EMERALD PLUMBING OF CENTRAL FL INC CUDDY WILLIAM 2311 HENDERSON DR STE A ORLANDO FL 32806-1901

2311 HENDERSON DR #STE A U - ORLANDO, 32806

PAID: \$70.00 0098-01033786 8/28/2021

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)<br>12/28/2021 |
|---------------------------------|

**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).**

| <b>PRODUCER</b><br>Insurance Office of America, Inc.<br>1855 West State Road 434<br>Longwood FL 32750        | <b>CONTACT NAME:</b> Raquel Gonzalez<br><b>PHONE (A/C, No, Ext):</b> 407-788-3000 ext 14255 <b>FAX (A/C, No):</b> 407-788-7933<br><b>E-MAIL ADDRESS:</b> raquel.gonzalez@ioausa.com                                                                                                                                                                                                                                                                                                                                                           |                               |        |                                              |       |                                              |       |                                          |       |            |  |            |  |            |  |
|--------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|--------|----------------------------------------------|-------|----------------------------------------------|-------|------------------------------------------|-------|------------|--|------------|--|------------|--|
| <b>INSURED</b><br>Emerald Plumbing of Central Florida, Inc.<br>2311 Henderson Dr. Unit A<br>Orlando FL 32806 | <table border="1" style="width: 100%;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A: Builders Mutual Insurance Company</td> <td>10844</td> </tr> <tr> <td>INSURER B: Southern-Owners Insurance Company</td> <td>10190</td> </tr> <tr> <td>INSURER C: Auto-Owners Insurance Company</td> <td>18988</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: Builders Mutual Insurance Company | 10844 | INSURER B: Southern-Owners Insurance Company | 10190 | INSURER C: Auto-Owners Insurance Company | 18988 | INSURER D: |  | INSURER E: |  | INSURER F: |  |
| INSURER(S) AFFORDING COVERAGE                                                                                | NAIC #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                               |        |                                              |       |                                              |       |                                          |       |            |  |            |  |            |  |
| INSURER A: Builders Mutual Insurance Company                                                                 | 10844                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               |        |                                              |       |                                              |       |                                          |       |            |  |            |  |            |  |
| INSURER B: Southern-Owners Insurance Company                                                                 | 10190                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               |        |                                              |       |                                              |       |                                          |       |            |  |            |  |            |  |
| INSURER C: Auto-Owners Insurance Company                                                                     | 18988                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               |        |                                              |       |                                              |       |                                          |       |            |  |            |  |            |  |
| INSURER D:                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                               |        |                                              |       |                                              |       |                                          |       |            |  |            |  |            |  |
| INSURER E:                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                               |        |                                              |       |                                              |       |                                          |       |            |  |            |  |            |  |
| INSURER F:                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                               |        |                                              |       |                                              |       |                                          |       |            |  |            |  |            |  |

**COVERAGES**      **CERTIFICATE NUMBER: 286409866**      **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 SUBR INSD WVD                                                        | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                                                                                                                                                                                                                          |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|---------------|-------------------------|-------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| B        | <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> Bkt AI, Bkt WOS<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC<br><input type="checkbox"/> OTHER: |                                                                           | 72656086      | 1/1/2022                | 1/1/2023                | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000<br>MED EXP (Any one person) \$ 10,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COMP/OP AGG \$ 2,000,000<br>\$ |
| C        | <input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b><br><input checked="" type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY<br><input checked="" type="checkbox"/> Bkt AI <input checked="" type="checkbox"/> Bkt WOS     |                                                                           | 9636622501    | 3/7/2021                | 3/7/2022                | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>PIP Basic Limit \$ 10,000                                                          |
|          | <input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br><input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$                                                                                                                                                                    |                                                                           |               |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$                                                                                                                                                                                                        |
| A        | <input checked="" type="checkbox"/> <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below                                                                                                                                                                         | Y/N<br><input checked="" type="checkbox"/> Y <input type="checkbox"/> N/A | WCP103046508  | 1/1/2022                | 1/1/2023                | <input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER<br>E.L. EACH ACCIDENT \$ 500,000<br>E.L. DISEASE - EA EMPLOYEE \$ 500,000<br>E.L. DISEASE - POLICY LIMIT \$ 500,000                                                         |

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

|                                                                                                |                                                                                                                                                                                                                                |
|------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>CERTIFICATE HOLDER</b><br><br>City of Belle Isle<br>1600 Nela Avenue<br>Belle Isle FL 32809 | <b>CANCELLATION</b><br><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE<br> |
|------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|