



PINELLAS COUNTY CONSTRUCTION LICENSING BOARD

LICENSE VALIDATION - INSURANCE PROCESSING TRAINING MANUAL – Effective June 24, 2024

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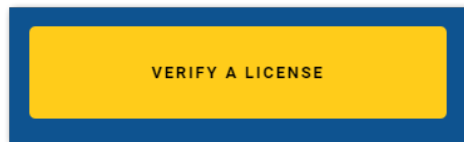
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VERIFY A STATE LICENSE

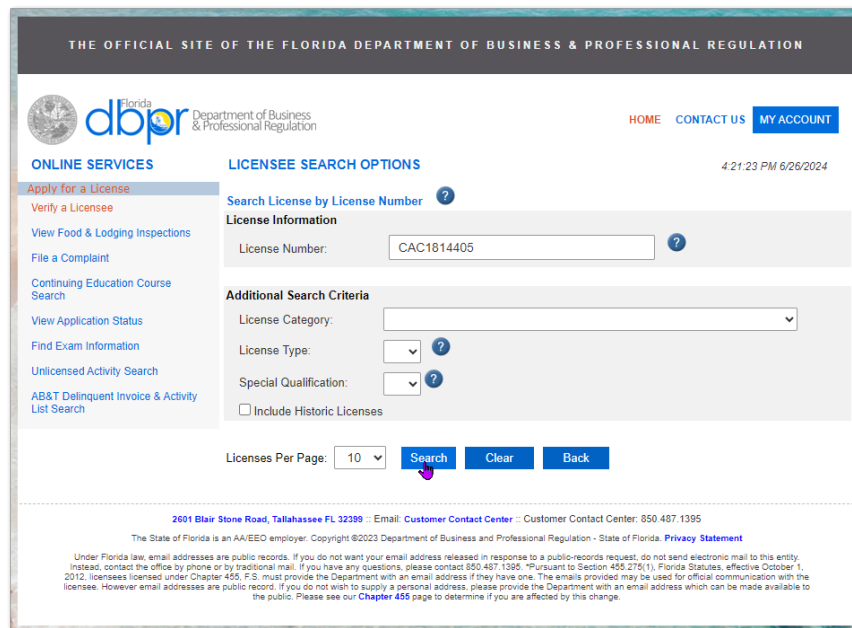
State-certified construction licenses are issued by the Construction Industry Licensing Board (CILB). State-certified electrical licenses are issued by the Electrical Contractors' Licensing Board (ECLB). All state-certified contractors are maintained in the database hosted by the Florida Department of Business and Professional Regulation (DBPR).

To verify the status of a state-certified contractor (the license holder), the company name under which they are authorized to do business, and the classification (or scope of work governed by their license), go to www.myfloridalicense.com.

1. Click the yellow "VERIFY A LICENSE" box.



2. In most cases, you will want to Search by License Number. This will verify that the license number associated with a permit application is assigned to the person making the application. When searching by license number, enter the license number in the license number field and Click Search.



3. Searching by name will allow you to enter a full or partial name or search by Organization/Establishment Name (aka DBA name).

THE OFFICIAL SITE OF THE FLORIDA DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

Florida dbpr Department of Business & Professional Regulation

HOME CONTACT US MY ACCOUNT

ONLINE SERVICES

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Verify a Licensee

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Continuing Education Course Search

View Application Status

Find Exam Information

Unlicensed Activity Search

AB&T Delinquent Invoice & Activity List Search

LICENSEE SEARCH OPTIONS

4:19:49 PM 6/26/2024

The DBPR Online Services website provides information about applicants and licensed individuals for those professions and businesses that are regulated by the Department of Business and Professional Regulation. If you would like to download general information (e.g. mailing addresses) about a particular group, please visit our free download site by clicking here.

Select Search Type

☒ Search by Name

☐ Search by License Number

☐ Search by City or County

☐ Search by License Type

Search Clear Back

2601 Blair Stone Road, Tallahassee FL 32399 :: Email: Customer Contact Center :: Customer Contact Center: 850.487.1395

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Under Florida law, email addresses are public records. If you do not want your email address released in response to a public-records request, do not send electronic mail to this entity. Instead, contact the office by phone or by traditional mail. If you have any questions, please contact 850.487.1395. *Pursuant to Section 455.275(1), Florida Statutes, effective October 1, 2012, licensees licensed under Chapter 455, F.S. must provide the Department with an email address if they have one. The email provided may be used for official communication with the licensee. However email addresses are public record. If you do not wish to supply a personal address, please provide the Department with an email address which can be made available to the public. Please see our Chapter 455 page to determine if you are affected by this change.

4. Choose the result that identically matches your search. **IMPORTANT NOTE: A Construction Financial Officer, or Construction Business Information, license is NOT the contractor's license.**

A license is always issued to an individual who qualifies the company under which he/she does business.

5. A license must be **Current, Active** or **Probation, Active**. Any other status requires attention before they can conduct business as a state-certified contractor.

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LICENSEE SEARCH OPTIONS

4:22:22 PM 6/26/2024

Data Contained In Search Results Is Current As Of 06/26/2024 03:24 PM.

Search Results - 2 Records

Please see our [glossary of terms](#) for an explanation of the license status shown in these search results.

For additional information, including any complaints or discipline, click on the name.

License Type	Name	Name Type	License Number/Rank	Status/Expires
Certified Air Conditioning Contractor	A VALUE AIR CONDITIONING & HEATING	DBA	CAC1814405 Cert Air	Current, Active 08/31/2024
Certified Air Conditioning Contractor	SAMS, JAY	Primary	CAC1814405 Cert Air	Current, Active 08/31/2024

License Location Address*: 149 2ND ST N ST. PETERSBURG, FL 33701
Main Address*: 7653 FIRST AVE SOUTH ST PETERSBURG, FL 33707

License Location Address*: 149 2ND ST N ST. PETERSBURG, FL 33701
Main Address*: 7653 FIRST AVE SOUTH ST PETERSBURG, FL 33707

Back New Search

* denotes
Main Address - This address is the Primary Address on file.
Mailing Address - This is the address where the mail associated with a particular license will be sent (if different from the Main or License Location addresses).
License Location Address - This is the address where the place of business is physically located.


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6. **Always click to expand the licensee details to verify the license type (classification).** You must differentiate between a Certified Air Conditioning Class A contractor or Class B contractor, for example. Many classifications have special qualifications associated with the master license type.

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LICENSEE DETAILS

Licensee Information

Name:	SAMS, JAY (Primary Name)
Main Address:	A VALUE AIR CONDITIONING & HEATING (DBA Name) 7853 FIRST AVE SOUTH ST PETERSBURG Florida 33707
County:	PINELLAS
License Location:	146 2ND ST N #305 ST. PETERSBURG FL 33701
County:	PINELLAS

License Information

License Type:	Certified Air Conditioning Contractor
Rank:	Cert Air
License Number:	CAC1814405
Status:	Current/Active
Licensure Date:	02/07/2005
Expires:	08/31/2024

Special Qualifications

Class A	02/07/2005
Construction Business	02/07/2005


Alternate Names

[View Related License Information](#)

[View License Complaint](#)

Note the differences below (Special Qualifications, a link to the Types of Work allowed, and that this license is revoked).

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LICENSEE DETAILS

Licensee Information

Name:	COFFIN, FRED CHARLES (Primary Name)
Main Address:	SALTY DOG SALES, LLC (DBA Name) 2840 W BAY DRIVE STE 210 BELLEAIR BLUFFS Florida 33770
County:	PINELLAS

License Information

License Type:	Certified Pool/Spa Contractor
Rank:	Cert Pool
License Number:	CPC1460008
Status:	Revoked
Licensure Date:	09/09/2022
Expires:	08/31/2024

Special Qualifications

Commercial Pool/Spa Contractor	09/09/2022
Construction Business	09/09/2022


Types of Work Licensee Can Perform

Commercial Pool/Spa Contractor

This contractor can build or repair any swimming pool or spa, both public and private. This contractor's scope of work includes the installation and repair of equipment, work on interior finishes, the installation of package pool heaters, the installation of perimeter and filter piping, and the construction of equipment rooms or housing for pool/spa equipment. This contractor cannot make direct connections to water or sewer lines. Water treatment and cleaning that does not require the installation, construction, replacement, or modification of equipment does not require a license. Filters may be changed without a license.

7. Verify that the DBA Name on the permit application identically matches the DBA name on the license. **This name must also match identically to all insurance certificates.**
8. On occasion, a contractor may use a fictitious name. A fictitious name is not the contractor's personal name and is different than the legal entity's business name. DBPR will sometimes show the full corporate name and include the DBA name OR you may have to dig deeper to find the corporate name. If the DBA name doesn't match, click View Related License Information to see the full corporate name and DBA name together.

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- View Application Status
- Find Exam Information
- Unlicensed Activity Search
- AB&T Delinquent Invoice & Activity List Search

LICENSEE DETAILS

Licensee Information

Name:	D'ATTILE, ARTHUR GREGG (Primary Name)
Main Address:	GUMBATI HANDYMAN & PLUMBING SERVICES (DBA Name) 592 NW 111TH TER CORAL SPRINGS Florida 33071
County:	BROWARD
License Location:	4246 SAFARI RUN TALLAHASSEE FL 32309
County:	LEON

License Information

License Type:	Certified Plumbing Contractor
Rank:	Cert Plumbing
License Number:	CFC1426759
Status:	Current,Active
Licensure Date:	07/15/2005
Expires:	08/31/2024

Special Qualifications

Construction Business	Qualification Effective 07/15/2005
-----------------------	---------------------------------------

Alternate Names

[View Related License Information](#)

[View License Complaint](#)

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 Department of Business & Professional Regulation

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ONLINE SERVICES

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- File a Complaint
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- View Application Status
- Find Exam Information
- Unlicensed Activity Search
- AB&T Delinquent Invoice & Activity List Search

Licensee

Name:	D'ATTILE, ARTHUR GREGG	License Number:	CFC1426759
Rank:	Certified Plumbing Contractor	License Expiration Date:	08/31/2024
Primary Status:	Current	Original License Date:	07/15/2005
Secondary Status:	Active		

Related License Information

License Number	Status	Related Party	Relationship Type	Relation Effective Date	Rank	Expiration Date
Current GUMBATI HANDYMAN SERVICES LLC DBA: GUMBATI HANDYMAN & PLUMBING SERVICES			Primary Qualifying Agent for Business	05/11/2020	Construction Business Information	

STATE LICENSE EXPIRATION DATES EVERY 2 YEARS (2024 / 2026 / 2028 ETC)

State-certified contractors are required to renew their state certificate every two years in even-numbered years. Although a license is issued for two years, a contractor's insurance must be valid **AND THE CONTRACTOR MUST NOT BE SUSPENDED OR REVOKED BY PCCLB to work in Pinellas County.**

Contractors whose licenses are not renewed by the deadline are not lawfully entitled to work as a contractor anywhere in the state of Florida. It will be up to your jurisdiction to monitor contractors' license expiration dates.

STATE-CERTIFIED CONTRACTORS NO LONGER QUALIFYING A BUSINESS

On occasion, the PCCLB may receive notice that a contractor is no longer qualifying the business organization (DBA name) originally authorized by his/her license. The business usually has 60 days to complete work on active permits but is prohibited from pulling new permits under that license number.

We will provide notice to all municipal building departments via email when we receive this type of notification.

It is recommended that you establish a procedure for managing these notifications and disable a contractor's ability to pull new permits if you receive this notice.

Business organizations who lose their qualifying contractor can continue operations if they are qualified by a new contractor, but future work must take place under the new qualifier's license number.

VERIFY A COUNTY-CERTIFIED LICENSE

The PCCLB issues county-certified licenses in trades required by the state in addition to county-mandated specialty licenses. A list of classifications requiring a license and the scope of work allowed by each can be found online: pcclb.com.

County-certified contractors can be identified by the C- prefix. Many county-certified contractors are also registered by the state. **Do NOT use the state-registered number for C- contractors.** You can identify state-registered contractors using the following guide:

RA – Registered Air Conditioning Contractor	RP – Registered Pool/Spa Contractor
RB – Registered Building Contractor	RQ – Registered Precision Tank Tester
RC – Registered Roofing Contractor	RR – Registered Residential Contractor
RF – Registered Plumbing Contractor	RS – Registered Sheet Metal Contractor
RG – Registered General Contractor	RU – Registered Underground Utility Contractor
RL – Registered Tank Lining Applicator	RX – Registered Specialty Contractor
RM – Registered Mechanical Contractor	
ER – Registered Electrical Contractor	EI – Registered Residential Alarm System Contractor

The sample below shows the state-registered info for county-certified roofing contractor C-11387.

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ONLINE SERVICES

Apply for a License

Verify a Licensee

View Food & Lodging Inspections

File a Complaint

Continuing Education Course Search

View Application Status

Find Exam Information

Unlicensed Activity Search

AB&T Delinquent Invoice & Activity List Search

LICENSEE DETAILS

Licensee Information

Name: LOIACANO, CHRISTINA M (Primary Name)
DONE RITE ROOFING INC. (DBA Name)
Main Address: 211 HEDDEN COURT
PALM HARBOR, Florida 34683
County: PINELLAS
License Location: 211 HEDDEN COURT
PALM HARBOR, FL 34683
County: PINELLAS

License Information

License Type: Registered Roofing Contractor
Rank: Reg Roofing
License Number: RC29027719
Status: Current, Active
Licensure Date: 10/15/2019
Expires: 08/31/2025

Special Qualifications

Qualification Effective

Construction Business 10/15/2019

Alternate Names

View Related License Information

View License Complaint

State-registered contractors originally licensed in any other County MUST apply for county-certification at PCCLB before being eligible to work in Pinellas County. **Do not accept state-registered contractors unless they have a C- license authorized by PCCLB.**

County-certified contractors required to register with DBPR must renew their DBPR registration every odd-numbered year, in addition to renewing their license with PCCLB annually. PCCLB will continue to monitor compliance for all C- contractors.

County-certified contractors eligible to work in Pinellas County can be found online at pcclb.com then [choose Contractor Search](#).

DECEASED CONTRACTORS (STATE OR COUNTY CERTIFIED)

On occasion, the PCCLB may receive notice that a contractor is deceased. The business qualified by the contractor has 60 days to complete work on active permits but is prohibited from pulling new permits under that license number.

We will provide notice to all municipal building departments via email when we receive this type of notice.

It is recommended that you establish a procedure for managing these notifications and disable a contractor's ability to pull new permits if you receive this notice.

Business organizations who lose their qualifying contractor can continue operations if they are qualified by a new contractor, but future work must take place under the new qualifier's license number.

SUSPENDED OR REVOKED CONTRACTORS (STATE OR COUNTY CERTIFIED)

Under changes adopted into law as a result of [HB1483 \(Chapter 2024-294, Laws of Florida, aka “The New Special Act”\)](#), the PCCLB continues to sanction state- and county-certified contractors for violations of Florida construction licensing law.

We will provide notice to all municipal building departments via email when a contractor’s ability to work in Pinellas County has been suspended, revoked or reinstated after suspension/revocation.

It is recommended that you establish a procedure for managing these notifications and disable (or enable) a contractor’s ability to pull new permits if you receive this type of notice.

A list of state-certified or county-certified contractors who are suspended or revoked and NOT ELIGIBLE TO WORK IN PINELLAS COUNTY is published by the PCCLB online at [pcclb.com](#) then choose Contractor Search.

REQUIREMENTS TO COLLECT PROOF OF INSURANCE

[Workers’ Compensation, Chapter 440, Florida Statutes](#)

440.103 Building permits; identification of minimum premium policy.— Every (contractor as an) employer shall, as a condition to applying for and receiving a building permit, show proof and certify to the permit issuer that it has secured compensation for its employees under this chapter as provided in §440.10 and §440.38. Such proof of compensation must be evidenced by a certificate of coverage issued by the carrier, a valid exemption certificate approved by the department, or a copy of the employer’s authority to self-insure (workers’ comp exemption) and shall be presented, electronically or physically, each time the (contractor as) employer applies for a building permit. As provided in §627.413(5), each certificate of coverage must show, on its face, whether or not coverage is secured under the minimum premium provisions of rules adopted by rating organizations licensed pursuant to §627.221. The words “minimum premium policy” or equivalent language shall be typed, printed, stamped, or legibly handwritten. *History.—s. 10, ch. 93-415; s. 5, ch. 98-174; s. 17, ch. 2002-194; s. 472, ch. 2003-261; s. 10, ch. 2003-412; s. 12, ch. 2014-154; s. 9, ch. 2019-75; s. 111, ch. 2020-2; s. 3, ch. 2021-212; s. 4, ch. 2023-296.*

[Workers’ Compensation, Chapter 489.113\(4\)\(c\), Florida Statutes and Chapter 489.516\(4\), Florida Statutes](#)

A county or municipality may suspend or deny a permit when the local building official or other authorized person determines that the contractor has failed or refuses to provide evidence of both workers’ compensation insurance or an acceptable exemption certificate and public liability and property damage insurance in the amounts determined by the Construction Industry Licensing Board (CILB) or the Electrical Contractors’ Licensing Board (ECLB).

A primary contractor must require all subcontractors to provide evidence of Florida workers’ compensation insurance¹.

¹ [Frequently Asked Questions \(myfloridacfo.com\)](#), Accessed June 26, 2024

General (Public) Liability

State-certified contractors governed by the Construction Industry Licensing Board (CILB) and the Electrical Contractors' Licensing Board (ECLB) are required to have the proper aggregate amount of public liability and property damage insurance to meet the requirements below:

Classification ²	Liability	Property Damage
General Contractor	\$300,000	\$50,000
Building Contractor	300,000	50,000
Residential Contractor	100,000	25,000
Sheet Metal Contractor	100,000	25,000
Air Conditioning	100,000	25,000
Roofing Contractor	100,000	25,000
Mechanical Contractor	100,000	25,000
Pool Contractor	100,000	25,000
Plumbing Contractor	100,000	25,000
Underground Utility and Excavation Contractor	100,000	25,000
Solar Contractor	100,000	25,000
Pollutant Storage System	100,000	25,000
Specialty Contractors, Unless specified otherwise	100,000	25,000
All Electrical Contractors ³	100,000	\$500,000

[HB1483 \(Chapter 2024-294, Laws of Florida, aka "The New Special Act"\)](#) requires county-certified contractors (C- licenses) to have and maintain minimum insurance as established by the Board. Board rule requires general (public) liability insurance for county- certified contractors at a minimum amount of \$100,000 per occurrence/\$300,000 aggregate and \$50,000 property damage⁴.

YOUR MUNICIPALITY AS CERTIFICATE HOLDER

It is recommended that you require all insurance certificates to include your municipality at your address as Certificate Holder. Being a certificate holder does not convey any rights on the policy, but it will ensure that you will be notified [of any changes to the policy](#) that will affect a contractor's ability to work.

ACCEPTABLE CERTIFICATES OF INSURANCE – What to look for

Each of the numbers below correspond to the illustrated certificates on pages 10 and 11.

1. The certificate of insurance (COI) must be an Acord 25 form. General Liability and Workers' Compensation insurance may be on the same or separate certificates. It should not state "Preview" across the page.
2. The company name must identically match the name on the license, including "LLC" or "Inc." The company name may be in the "Insured" box or below in the "Description of Operations" box

² Source: [61G4-15.003 : Public Liability Insurance - Florida Administrative Rules, Law, Code, Register - FAC, FAR, eRulemaking \(flrules.org\)](#), Accessed 6/24/2024

³ [61G6-5.008. Public Liability and Workers' Compensation Insurance, 61G6-5. Application For Certification, 61G6. Electrical Contractors' Licensing Board, 61. Department of Business and Professional Regulation, Florida Administrative Code \(elaws.us\)](#), Accessed 6/24/2024

⁴ As of June 24, 2024

(common with Workers' Compensation). NOTE: The certificate may list more than one company or license holder. This is acceptable if the correct company is also listed.

3. The CERTIFICATE HOLDER box must state the municipality name and current address. This is to ensure that you are notified of any changes to the policy, including cancellation.
4. There must be a policy number for each insurance. It should not say "Binder," "TBD," or be left blank.
5. Check that the expiration date is not expired, with the exception that it was proof of coverage during a past period.
6. There should be amounts listed in the "Limits" fields.
7. If the Workers' Compensation insurance (Producer or Insured) is from out-of-state, the certificate must state somewhere that it is valid in Florida. The letters "AOS" listed next to the Workers' Compensation policy # or other note that indicates the Workers' Compensation is good in Florida is also acceptable. Alternatively, a policy information page may accompany the certificate that lists Florida in section 3A (be sure the policy number matches between the certificate and policy information page).
8. ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If the box is "N", the license holder is included on the workers' compensation. **If "Y," the license holder may be excluded from coverage and needs to have a workers' compensation exemption.** Up to 3 officers of a corporation may hold a workers' compensation exemption. **Be sure the workers' compensation exemption supplied to you lists the license holder.**
9. **If the company is qualified by a Marine Contractor or a General Contractor that performs marine work,** the workers' compensation certificate must state there's Longshore insurance, aka USL&H or LHWCA. NOTE: Jones Act insurance, Marine insurance, and Inland Marine insurance are not a replacement for Longshore insurance. Examples of places it may be listed are shown in the illustrations. **Electrical Contractors, Plumbing Contractors, Roofing Contractors, and other contractors working on or over water are also required to have USL&H insurance.**
10. If the insurance certificate is not acceptable, contact the qualifier and/or the insurance agent by phone or email to explain the issue and request a new certificate
11. NOTE: The "Valid in Florida" information, the insured company, multiple qualifying contractors and/or other information may be listed on a second page.
12. Multiple contractors doing business under the same business organization name may be covered by this certificate. Make sure that you are updating all contractors working under that DBA name unless specific instructions are included on the COI.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/02/2021

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	CONTACT NAME: Jessica Komons
Brown & Brown of Florida, Inc.	PHONE (A/C No. Ext): (727) 461-6044
Pinellas Division	FAX (A/C No.): (727) 442-4695
83 Park Place Blvd, Suite 101	E-MAIL ADDRESS: jkomons@bbpinellas.com
Clearwater	
FL 33759	
INSURED	INSURER(S) AFFORDING COVERAGE
Dann Sapp And Son, Inc.	INSURER A: Owners Insurance Company
4211 31st St. N.	INSURER B: American Interstate Insurance Company
St Petersburg	INSURER C:
FL 33714	INSURER D:
	INSURER E:
	INSURER F:

COVERAGES

CERTIFICATE NUMBER: CL218213598

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	ADOL SUBR INSD 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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		20697762	08/02/2021	08/02/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMPROP AGG \$ 1,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" 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 <input checked="" type="checkbox"/> PIP 10,000		9571797501	08/02/2021	08/02/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
B	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 N/A	AVWCFL2948542021	01/01/2021	01/01/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

2

CERTIFICATE HOLDER

CANCELLATION

Pinellas County Construction Licensing Board 7887 Bryan Dairy Rd. #133 Largo FL 33777	3	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
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ACORD 25 (2016/03)

1

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USL&H / LONGSHORE INSURANCE

A Marine contractor or General contractor that performs marine work must obtain United States Longshore & Harbor [USL&H] Workers' Compensation insurance under the Longshore and Harbor Workers' Compensation Act (LSHWCA), 33 U.S.C. 901, et, seq.

This is required for anyone who works over navigable waters or in adjoining areas, including piers, docks, wharves, and seawalls (this list is not all inclusive).

The workers' compensation certificate must state there's Longshore insurance, aka USL&H or LHWCA.
NOTE: Jones Act insurance, Marine insurance, and Inland Marine insurance are not a replacement for Longshore insurance.

D	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 checked="" type="checkbox"/> Y	N/A	9700000135-211	06/19/2021	06/19/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	incl USL&H 6006F E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Jones Act Included								
B	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 checked="" type="checkbox"/> N	N/A	AVWCFL2964372021	02/01/2021	02/01/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B	USL&H			AVWCFL2964372021	02/01/2021	02/01/2022		INCLUDED
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) 9								
C	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	9700000407-201 (Inc USL&H)	01/01/2021	01/01/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased and Rented Equipment			1VA2OM1000086-03	04/25/2021	04/25/2022	Leased/Rented Equip	250,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) C-8571 William Patrick Hecker								
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	ALMA02231-01	05/31/2021	05/31/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Workers Compensation Policy includes USL&H coverages. 9								

WORKERS' COMPENSATION – WHO'S COVERED?

1. Employers with one or more employees, including the owner of the business, must have workers' compensation coverage. For a list of the trades considered to be in the construction industry see [69L-6.021](#) Florida Administrative Code. (An owner may opt to be exempt, but an exemption certificate is required. See #5 below.)
2. An out of state employer is required to obtain a **Florida** Workers' Compensation Insurance policy with a Florida-approved insurance carrier that meets the requirements of Florida law and the Florida Insurance Code. This means that "Florida" must be specifically listed in Section 3A of the policy (or the Information Page). If the policy information page is provided with the insurance certificate, verify both have the same policy number and effective/expiration dates.
3. If a policy information page is not provided, the insurance agent may state "Valid in Florida" on the certificate, the letters AOS [all other states] may be listed with the policy number, or there may be some other note indicating the workers' compensation is good in Florida.
4. If the Y/N box has an N, the officers of a corporation are not excluded and are covered by Workers' Compensation.

	UMBRELLA LIAB		OCUR					EACH OCCURRENCE	\$
	EXCESS LIAB		CLAIMS-MADE					AGGREGATE	\$
	DED		RETENTION \$						\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			<div style="border: 2px solid red; border-radius: 50%; padding: 5px; display: inline-block;"> Y/N <input checked="" type="checkbox"/> N </div>	N/A	WC202100000	01/01/2021	01/01/2022	X PER STATUTE <input type="checkbox"/> OTHER
								E.L. EACH ACCIDENT	\$1,000,000
								E.L. DISEASE-PA EMPLOYEE	\$1,000,000
								E.L. DISEASE-POLICY LIMIT	\$1,000,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Effective 07/29/2019, coverage is for 100% of the employees of FrankCrum leased to Konstrukt Builders Inc. (Client) for whom the client is reporting hours to FrankCrum. Coverage is not extended to statutory employees.									
CERTIFICATE HOLDER					CANCELLATION				

5. If the Y/N box has a Y, there are one or more officers of the corporation excluded from coverage under the Workers' Compensation insurance policy. In the following example, the policy states a specific person is exempt. **A Workers' Comp exemption is required.**

	WORKED AUTOS ONLY		NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
									\$
B	UMBRELLA LIAB	X	OCCUR		EZXS3041809	1/12/2021	1/12/2022	EACH OCCURRENCE	\$ 1,000,000
	EXCESS LIAB		CLAIMS-MADE					AGGREGATE	\$ 1,000,000
	DED		RETENTION \$						\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below				Y	10655256-2021	8/1/2021	8/1/2022	X PER STATUTE X OTHER
					Y/N			E.L. EACH ACCIDENT	\$ 1,000,000
					Y			E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
					N/A			E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
B	Equipment Floater			N	4IM1033442	8/22/2021	8/22/2022		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) <u>Officer Wilson J. Tabares is exempt from Workers Compensation.</u> Blanket Waiver of Subrogation applies in favor of the certificate holder for Workers Compensation. Automatic Additional Insured, and Primary and Non-contributory, and Waiver of Subrogation apply in favor of the certificate holder for General Liability, all where required by written contract.									
CERTIFICATE HOLDER					CANCELLATION				
					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE				

- Not all certificates will list the excluded person so you may need to check corporate records on www.sunbiz.org to check if the qualifier is the only officer and/or check exemptions on the Workers' Compensation website, <https://myfloridacfo.com/division/wc/>.
- The Y/N box is blank. The contractor may or may not be covered by Workers' Compensation insurance. **Double check online for a Workers' Compensation exemption.**

	ONLY		AUTOS ONLY					(Per accident)	\$
									\$
	UMBRELLA LIAB		OCCUR					EACH OCCURRENCE	\$
	EXCESS LIAB		CLAIMS-MADE					AGGREGATE	\$
	DED		RETENTION \$						\$
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	WC202100000	01/01/2021	01/01/2022	X PER STATUTE X OTHER
					N/A			E.L. EACH ACCIDENT	\$ 1,000,000
								E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
								E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Effective 07/29/2019, coverage is for 100% of the employees of FrankCrum leased to Konstrukt Builders Inc. (Client) for whom the client is reporting hours to FrankCrum. <u>Coverage is not extended to statutory employees.</u>									


*Note: A leased employee is a worker provided by an employment agency to a contractor on an as-needed basis. A statutory employee is a subcontractor. Most subcontractors are excluded from a primary contractor's policy. (See page 8 above.)

WORKERS' COMPENSATION EXEMPTION

Up to 3 officers of a corporation may voluntarily exclude (exempt) themselves from being covered by Workers' Compensation insurance by filing with the Florida Department of Financial Services, Division of Workers' Compensation. Workers' Compensation exemption status can be confirmed on the Division's website, <https://myfloridacfo.com/division/wc/>.

The corporation listed on the exemption must be Active with the Florida Division of Corporations, which can be verified at www.sunbiz.org.

SAMPLE EXEMPTION CERTIFICATE



JIMMY PATRONIS
CHIEF FINANCIAL OFFICER

**STATE OF FLORIDA
DEPARTMENT OF FINANCIAL SERVICES
DIVISION OF WORKERS' COMPENSATION**

**** CERTIFICATE OF ELECTION TO BE EXEMPT FROM FLORIDA WORKERS' COMPENSATION LAW ****

CONSTRUCTION INDUSTRY EXEMPTION

This certifies that the individual listed below has elected to be exempt from Florida Workers' Compensation law.

EFFECTIVE DATE: 10/25/2021 **EXPIRATION DATE:** 10/25/2023

PERSON: JACOB O PORTILLO **EMAIL:** TRUTEKWATERPROOFING@GMAIL.COM

FEIN: 820722735

BUSINESS NAME AND ADDRESS:
TRU-TEK WATERPROOFING INC.

11630 GRAND BAY BLVD
CLERMONT, FL 34711

SCOPE OF BUSINESS OR TRADE:
Roofing - All Kinds and Drivers

IMPORTANT: Pursuant to subsection 440.05(14), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter. Pursuant to subsection 440.05(12), F.S., Certificates of election to be exempt issued under subsection (3) shall apply only to the corporate officer named on the notice of election to be exempt and apply only within the scope of the business or trade listed on the notice of election to be exempt. Pursuant to subsection 440.05(13), F.S., notices of election to be exempt and certificates of election to be exempt shall be subject to revocation if, at any time after the filing of the notice or the issuance of the certificate, the person named on the notice or certificate no longer meets the requirements of this section for issuance of a certificate. The department shall revoke a certificate at any time for failure of the person named on the certificate to meet the requirements of this section.

DFS-F2-DWC-252 CERTIFICATE OF ELECTION TO BE EXEMPT REVISED 08-13 E01420654 QUESTIONS? (850) 413-1609

SAMPLE EXEMPTION CARD

STATE OF FLORIDA DEPARTMENT OF FINANCIAL SERVICES DIVISION OF WORKERS' COMPENSATION			IMPORTANT				
CONSTRUCTION INDUSTRY EXEMPTION CERTIFICATE OF ELECTION TO BE EXEMPT FROM FLORIDA WORKERS' COMPENSATION LAW			FOLD HERE				
EFFECTIVE DATE: 8/19/2021	EXPIRATION DATE: 8/19/2023	Pursuant to subsection 440.05(14), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter.					
PERSON: MICHAEL D BUIS	EMAIL: ROBERTWONGERT2@GMAIL.COM	Pursuant to subsection 440.05(12), F.S., Certificates of election to be exempt issued under subsection (3) shall apply only to the corporate officer named on the notice of election to be exempt and apply only within the scope of the business or trade listed on the notice of election to be exempt.					
FEIN: 453572158		Pursuant to subsection 440.05(13), F.S., notices of election to be exempt and certificates of election to be exempt shall be subject to revocation if, at any time after the filing of the notice or the issuance of the certificate, the person named on the notice or certificate no longer meets the requirements of this section for issuance of a certificate. The department shall revoke a certificate at any time for failure of the person named on the certificate to meet the requirements of this section.					
BUSINESS NAME AND ADDRESS: R.A.B.CO. SERVICES LLC 1201 HAMLET AVE CLEARWATER, FL 33756		E01391609					
SCOPE OF BUSINESS OR TRADE: <table border="0"><tr><td>Door and Window Installation All Types - Residential and Commercial</td><td>Concrete Work incidental To The Construction Of Private Residence</td><td>Carpentry - Installation Of Cabinet Work or Interior Trim</td><td>Carpentry - Dwellings - Three Stories or Less</td></tr></table>				Door and Window Installation All Types - Residential and Commercial	Concrete Work incidental To The Construction Of Private Residence	Carpentry - Installation Of Cabinet Work or Interior Trim	Carpentry - Dwellings - Three Stories or Less
Door and Window Installation All Types - Residential and Commercial	Concrete Work incidental To The Construction Of Private Residence	Carpentry - Installation Of Cabinet Work or Interior Trim	Carpentry - Dwellings - Three Stories or Less				

IFS-F2-DWC-252 CERTIFICATE OF ELECTION TO BE EXEMPT REVISED 08-13

QUESTIONS? (850) 413-1609

CHECKING WORKERS' COMPENSATION EXEMPTIONS ONLINE

1. To check a workers' compensation exemption online with the Division of Workers' Compensation, go to [Workers' Compensation Home \(myfloridacfo.com\)](http://myfloridacfo.com).
2. Choose "Exemption Search" in the box labeled Databases.

Databases

- [Proof of Coverage](#)
- [Claims EDI Warehouse](#)
- [Exemption Search](#)
- [Lost-Time Injury Data](#)
- [Report Suspected Non-Compliance](#)

3. You should see the Exemption Search page. NOTE: You can enter a partial name and it will give you a list that begins with your entry.

Search by

Last Name

First Name

Employer Name

Federal Employer ID Number

Construction/Non-Construction

ALL

Search Clear

4. In the following example, we searched “Jo” in the First Name field and “Johnson” in the last name field.

- An Exemption may have more than one Scope of Business.
- Non-Construction Exemptions issued prior to January 1, 2013 remain in effect until revoked by the Department or by the exemption holder.
- If the Scope of Business column is blank, the scope was not required at the time of issuance of the exemption.
- Employer Name text is highlighted and if selected will provide coverage information.

Last Name	First Name	Middle Initial	Suffix	Effective Date	Expiration Date	Employer Name	Employer Address	Exemption Type	Scope of Business
JOHNSON	JOANNA	S		09/02/2021	09/02/2023	JRC TRUCKING ENTERPRISE LLC	3110 BON AIR DRIVE ORLANDO, FL 32818	Non Construction	Trucking: NOC-All Employees & Drivers
JOHNSON	JOANNA	S		07/18/2019	07/17/2021	JRC TRUCKING ENTERPRISE LLC	3110 BON AIR DRIVE ORLANDO, FL 32818	Non Construction	Trucking: NOC-All Employees & Drivers
JOHNSON	JON	E		08/29/2024	08/29/2026	JOHNSON & BLANTON LLC	537 EAST PARK AVENUE TALLAHASSEE, FL 32301	Non Construction	
JOHNSON	JOHN			05/30/2024	05/30/2026	JJ FDB ENTERPRISE LLC	16944 SW 108TH CT MIAMI, FL 33157	Non Construction	
JOHNSON	JOSHUA	L		05/30/2024	05/30/2026	ALL COVERED FL LLC	3371 WINDMILL AVE. DELTONA, FL 32738	Construction	
JOHNSON	JOSHUA	B		05/28/2024	05/28/2026	PANORAMA TREE CARE, INC.	1315 OAKFIELD DR. SUITE 89 BRANDON, FL 33509	Non Construction	
JOHNSON	JOSEPH	M		05/13/2024	05/13/2026	ALL PRO ALUMINUM INC	312 E CARLISLE RD. LAKE LAND, FL 33813	Construction	
JOHNSON	JONATHAN			05/07/2024	05/07/2026	BAY HOME SERVICES AND REPAIR LLC	2406 CAMRYNS CROSSING PANAMA CITY, FL 32405	Construction	
JOHNSON	JOCQUI	O		05/03/2024	05/03/2026	WE DUST IN TIME LLC	21364 CANAL DRIVE BROOKSVILLE, FL 34801	Non Construction	
JOHNSON	JORDAN	C		04/25/2024	04/25/2026	NAKED FARMER 1001 WATER LLC	1001 WATER STREET TAMPA, FL 33602	Non Construction	
JOHNSON	JOSH			04/23/2024	04/23/2026	JJ HANDYMAN SERVICES LLC	1493 N.W. 38 ST MIAMI, FL 33142	Construction	
JOHNSON	JOHNNIE	B		04/12/2024	04/12/2026	JOHNNIE JOHNSON LAWN CARE LLC	725 BUTCH CASSIDY LANE EUSTIS, FL 32729	Construction	
JOHNSON	JOSHUA	A		04/11/2024	04/11/2026	JUST RIGHT SERVICES LLC	74 VIRGINIA COURT NICEVILLE, FL 32578	Construction	
JOHNSON	JOEL	P		03/30/2024	03/30/2026	B B INSURANCE MARKETING INC	10187 W. SUNRISE BLVD, 3RD FLOOR FORT LAUDERDALE, FL 33322	Non Construction	
JOHNSON	JOSHUA	D		03/28/2024	03/28/2026	JDR SERVICES DELAND INC	113 S PINE ST DELAND, FL 32724	Construction	
JOHNSON	JOHN	W	JR	03/08/2024	03/08/2026	JOHNSON PRODUCE CO INC	1255 W ATLANTIC BOULEVARD SUITE 218 A POMPAHO BEACH, FL 33069	Non Construction	
JOHNSON	JOHN	R		03/06/2024	03/06/2026	JOHN JOHNSON ELECTRIC INC	4319 WEST PARK ROAD HOLLYWOOD, FL 33021	Construction	

5. If an officer has or had an exemption, his/her name will be listed, and it must be a “Construction” exemption.
6. A contractor may have exemptions for more than one company. Be sure to use only the date listed with the correct company. The “Termination Date” is the expiration date tracked for license validation purposes.

*NOTE: The newest date may not always display on the top line. The one you need may be halfway down the list. If the search pulled up more than one company or person, it may not be alphabetical.

*NOTE: The Division issues exemptions in corporate names but the construction license may only list a fictitious name. For example, Smith’s Masonry may be owned by Smith & Sons Inc (Smith & Sons Inc dba Smith’s Masonry). The license may only show Smith’s Masonry, but the exemption is in the name Smith & Sons Inc. This is acceptable.

IS THE CERTIFICATE LEGITIMATE?

If the certificate doesn’t look right or appears that it may have been altered or tampered with, contact the insurance producer to verify the certificate is valid.

Some red flags:

- Dates or wording don’t appear to be in alignment.
- Boxes don’t line up.
- Boxes are missing lines.
- “Acord 25” is missing from the bottom of the form.
- There is no “Insurer Letter” next to a type of insurance.
- There’s an Insurer Letter next to the type of insurance but no insurance company is listed in the

appropriate field in the upper right of the form.

- Producer information is missing.
- Something appears to have been whited out.
- Information appears to have been added after the certificate was issued (i.e. different fonts).
- Something appears to be pasted into the certificate.

See the comparative legit certificate and illegitimate certificate on the next page.

IDENTIFYING A FRAUDULENT CERTIFICATE

ACORD **CERTIFICATE OF LIABILITY INSURANCE** DATE (MM/DD/YYYY) 04/18/2024

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: Insurance Risk Advisory Group
1335 Martin Luther King Jr Ave, Suite B
Dunedin FL 34698

CONTACT NAME: Charlie Kingston
PHONE (A/C, H, Ext): (727) 314-1211
FAX (A/C, H): (727) 584-6748
EMAIL: charlie.kingston@insurancertsweg.com

INSURER(S) AFFORDING COVERAGE:

INSURER A:	CLEAR BLUE INSURANCE COMPANY	NAIC #	28860
INSURER B:	PROGRESSIVE EXPRESS INS CO		10193
INSURER C:	CLEAR BLUE INSURANCE COMPANY		28860
INSURER D:	TECHNOLOGY INS CO INC		42376
INSURER E:			
INSURER F:			

COVERAGES **CERTIFICATE NUMBER:** FL 33777 **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.

LINE	TYPE OF INSURANCE	ADDL SUBR (IND, YES)	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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	BGFL0026568301	10/28/2023	10/28/2024	EACH OCCURRENCE \$ 1,000,000 TAKEDOWN TO RENTED PREMISES (Per 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
B	<input type="checkbox"/> AUTOMOBILE LIABILITY ANY AUTO <input type="checkbox"/> OWNED <input type="checkbox"/> AUTOS ONLY <input type="checkbox"/> HIRED <input type="checkbox"/> AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NONOWNED AUTOS ONLY	Y	960395705	08/05/2023	08/05/2024	COMBINED SINGLE LIMIT \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED RETENTIONS	Y	BXFL0026568301	10/28/2023	10/28/2024	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000 <input checked="" type="checkbox"/> FUTURE <input type="checkbox"/> OTHER
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/EMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	TWC4260397	06/16/2023	06/16/2024	E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000

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

CERTIFICATE HOLDER: Pinellas County
Pinellas County Construction Licensing Board
440 Court Street, First Floor
Clearwater FL 33756

CANCELLATION: SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN THE POLICY PROVISIONS.
AUTHORIZED REPRESENTATIVE: Charlie Kingston

ACORD 25 (2016/03) The ACORD name and logo are registered marks of ACORD

Can you spot the 10 clues that the certificate on the right has been fraudulently altered?

ACORD **CERTIFICATE OF LIABILITY INSURANCE** DATE (MM/DD/YYYY) 04/08/2024

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: The 300 Group, LLC
1535 S. 8th St.
Ste B
Saint Louis MO 63104

CONTACT NAME: Andrea Williamson
PHONE (A/C, H, Ext): 314-310-3011
FAX (A/C, H):
EMAIL: andrea@the300group.net

INSURER(S) AFFORDING COVERAGE:

INSURER A:	Travelers Indemnity Company	NAIC #	35378
INSURER B:	Evansville Insurance Company		
INSURER C:			
INSURER D:			
INSURER E:			
INSURER F:			

COVERAGES **CERTIFICATE NUMBER:** 1228000042 **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.

LINE	TYPE OF INSURANCE	ADDL SUBR (IND, YES)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		MKL7ENV103798	4/8/24	4/8/25	EACH OCCURRENCE \$ 1,000,000 TAKEDOWN TO RENTED PREMISES (Per occurrence) \$ 50,000 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
	<input type="checkbox"/> AUTOMOBILE LIABILITY ANY AUTO <input type="checkbox"/> OWNED <input type="checkbox"/> AUTOS ONLY <input type="checkbox"/> HIRED <input type="checkbox"/> AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NONOWNED AUTOS ONLY					COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED RETENTIONS					EACH OCCURRENCE \$ AGGREGATE \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/EMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	UB-1TS37428-23-42-G	4/8/24	4/8/25	E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

VALID IN THE STATE OF FLORIDA

CERTIFICATE HOLDER: PINELLAS COUNTY CONSTRUCTION LICENSING BOARD
7881
SUITE 133
LARGO, FL 33777

CANCELLATION: SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN THE POLICY PROVISIONS.

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- Top right date has been altered (year is out of alignment)
- Name of agent near top right does not match name of agent near bottom right
- Date formats for effective dates and expiration dates do not meet industry standards
- Box is missing around Certificate holder info
- Certificate holder box header is not in positioned correctly
- Certificate holder info is clearly cut and paste
- Acord 25 imprint missing bottom left

CANCELLED INSURANCE

It is a violation of state law for a contractor to work without general liability insurance and/or workers' compensation insurance and/or workers' compensation exemption. It is also a requirement that any contractor performing work on or over water (including electrical, plumbing, roofing, etc) have valid USL&H insurance. **If any of those policies are cancelled, the contractor should be prohibited from pulling new permits and/or continuing work.**

Because your municipality is a named Certificate Holder, you will receive cancellation notices directly from the insurance companies.

It is recommended that you establish a procedure for managing insurance cancellations and disable a contractor's ability to pull new permits if any of their required insurance is cancelled.

*You will not receive notice if a contractor's workers' comp exemption is cancelled.

EXPIRED INSURANCE

It is a violation of state law for a contractor to work without general liability insurance and/or workers' compensation insurance and/or workers' compensation exemption. It is also a requirement that any contractor performing work on or over water (including electrical, plumbing, roofing, etc) have valid USL&H insurance. **If any of those policies expire, the contractor should be prohibited from pulling new permits and/or continuing work.**

It is recommended that your technology disable a contractor's ability to pull new permits if any of their insurance (or exemption) is expired.

COURTESY NOTICES

Many contractors feel that it is your job to notify them that their insurance is expiring (or expired) or that their insurance company is supposed to automatically renew and send their updated certificate. It is the contractor's responsibility to ensure that they are properly insured and that you are provided copies of that insurance.

You may want to consider creating automated courtesy notices to advise contractors that a policy will soon be expiring. We have scheduled 45-day, 30-day and 15-day courtesy notices, a sample of which is included below:

This is a courtesy notice. You have an insurance policy or exemption expiring in the next <XX> days.

<YOUR MUNICIPALITY> at <YOUR ADDRESS> must be shown as Certificate Holder on your general liability and workers' compensation insurance.

The license holder name and DBA name must match identically to the names we have on file.

Workers' Compensation insurance written by a company outside of Florida must include: "Valid in Florida" or your submission will be rejected.

<GIVE INSTRUCTIONS ON HOW TO SUBMIT>

If your insurance or exemption expires, your license will be SUSPENDED.
Reinstatement fees and penalties may apply.

Contractors working in Pinellas County with a suspended license/registration may be cited by the Pinellas County Construction Licensing Board for unlicensed contracting. Penalties start at \$500.

LAPSE OF INSURANCE

Your municipality will have to determine how you manage an insurance lapse, that is when one policy ends and there is a gap between the start of the next policy. This means that a contractor has not had continuous coverage. As a disincentive to allowing gaps in coverage, the PCCLB fined contractors for any lapse in coverage.

SELF-SERVE NOTICES

More and more frequently, instead of receiving a copy of a contractor's COI, we receive notice from the insurer that we can go to their website to retrieve a copy of the insurance certificate. We call these self-serve notices. Your department will have to decide how you want to manage these types of submissions. It has been our practice to email the contractor the following message:

We are in receipt of a notice from your insurer that a certificate is available for view/download. Please note that we cannot access your policy. You will have to download a copy of the policy and <GIVE INSTRUCTIONS ON HOW TO SUBMIT>.

If your insurance has already been updated, you may disregard this notice.

PENALTIES AND FEES

Your municipality will have to investigate and determine whether to assess fees and/or fines associated with insurance processing. The PCCLB fined contractors for not providing proof of continuing coverage prior to the expiration of a policy.

INSURANCE PUBLIC RECORDS

The PCCLB has always been the source for copies of contractors' insurance policies from citizens, corporations, attorneys, other contractors, public utilities, among other parties. We will continue to provide copies of certificates upon request if we have information on file for the Pinellas County Building Department. If the contractor is not actively working with the County's Building Department, we will have to refer the requestor to the jurisdiction where the work is taking place. You may begin receiving those public records requests.

SAMPLE CERTIFICATES



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/26/2024

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.

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PRODUCER Sterling Seacrest Pritchard, Inc. 3111 W Dr Martin Luther King Jr Blvd Suite 350 Tampa FL 33607		CONTACT NAME: Courtney Gossen PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: cgossen@sspins.com	
INSURED RR Simmons Construction Corporation 400 North Ashley Drive Suite 1650 Tampa FL 33602		INSURER(S) AFFORDING COVERAGE INSURER A: AMERISURE INSURANCE COMPANY INSURER B: Berkley Assurance Company INSURER C: INSURER D: INSURER E: INSURER F:	
SIMMMAN-01		NAIC # 19488 39462	

COVERAGES

CERTIFICATE NUMBER: 1289114592

REVISION NUMBER: 3 2024

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"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	Y	Y	GL 202 136 421 01	6/30/2024	6/30/2025	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 Employee Benefits \$1,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	CA 132 056 626 02	6/30/2024	6/30/2025	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"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	Y	Y	CU 202 967 220 02	6/30/2024	6/30/2025	EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000 \$
A	<input checked="" type="checkbox"/> 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	N/A	WC 131 258 627 01	6/30/2024	6/30/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
B	Contractors Protective Professional Liability			PCADB-5024045-0124	1/25/2024	1/25/2025	Each Claim Aggregate Retention 2,000,000 5,000,000 100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
RE: Brent Kitchiner CGC 060822;

Includes contractor name and license number

CERTIFICATE HOLDER**CANCELLATION**

Pinellas County Construction Licensing Board
7887 Bryan Dairy Road
Suite 133
Largo FL 33777
USA

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

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/15/2024

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PRODUCER Acrisure Southeast Partners Insurance Services, LLC Attn: SouthEast Platform PO Box 1788 Grand Rapids MI 49501 License#: BR-1796553 69497		CONTACT NAME: Thalia Wood King, CISR PHONE (A/C, No, Ext): 813-933-6691 E-MAIL ADDRESS: thaliak@adcock-insurance.com FAX (A/C, No): 813-932-6287	
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A: Southern-Owners Insurance Company	10190
		INSURER B: Auto-Owners Insurance Company	18988
		INSURER C: Technology Insurance Company, Inc	42376
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 303179883

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR 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 <input type="checkbox"/> OTHER:	Y	Y	20405626	7/10/2024	7/10/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	AUTOMOBILE LIABILITY <input checked="" 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	Y	Y	5240563600	7/10/2024	7/10/2025	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 <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			5240563601	7/10/2024	7/10/2025	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 \$
C	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	Y	TWC4450529	7/10/2024	7/10/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

Michael Rueth EC13011501

CERTIFICATE HOLDER

CANCELLATION

Pinellas County Construction Licensing Board
 440 Court Street, Attention Insurance Services
 Clearwater FL 33756

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

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Technology Insurance Company, Inc.

A Stock Insurance Company

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

WC 99 00 01 B
1 of 5
INFORMATION PAGE

Ncci Code: 39071

1. Insured:

RMC Electrical Associates LLC
201 S Bayview Blvd
Oldsmar, FL 34677

Other workplaces not shown above:

None

Producer:

Acrisure, LLC dba Adcock-Adcock Property & Casualty Agency
315 W. Fletcher Ave.
Tampa, FL 33612

Policy Number: **TWC4450529**

☐ Individual ☐ Partnership

☐ Corporation or ☒ LLC

Federal Tax ID: 833696293

Risk Id:

Renewal of: TWC4276552

2. The policy period is from 7/10/2024 to 7/10/2025 12:01 a.m. at the insured's mailing address.

3. A. **Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here: Florida**

B. Employers Liability Insurance: Part Two of the policy applies to work in each state listed in item 3.A.
The limits of our liability under Part Two are:

State	Bodily Injury by Accident	Bodily Injury by Disease	Bodily Injury by Disease
	\$1,000,000 each accident	\$1,000,000 policy limit	\$1,000,000 each employee

C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here:

All states except ND, OH, WA, WY and State(s) Designated in Item 3.A

D. This policy includes these endorsements and schedules: See Extension of Information Page

4. The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

See Extension of Information Page

TOTAL ESTIMATED ANNUAL PREMIUM

21,935

STATE ASSESSMENT

0

TOTAL ESTIMATED COST

21,935

Minimum Premium

860

Issue Date: 6/4/2024

Countersigned by: _____

Authorized Representative



Sample: Excluded from Coverage, Valid in Florida
CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/1/2024

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.

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PRODUCER Marsh McLennan Agency LLC 300 N. Cherapa PL Suite 601 Sioux Falls SD 57103		CONTACT NAME: Kathy Begtrup, CPIW, CISR PHONE (A/C, No, Ext): 605-339-3874 FAX (A/C, No): E-MAIL ADDRESS: kathy.begtrup@marshmma.com
INSURED Midwest Alarm Co Inc DBA Pelican Electrical Group Inc 9501 Princess Palm Ave Tampa FL 33619		INSURER(S) AFFORDING COVERAGE INSURER A : Amerisure Insurance Company INSURER B : Amerisure Partners Insurance Company INSURER C : Amerisure Mutual Insurance Company INSURER D : Travelers Property Casualty Co. of Amer INSURER E : INSURER F :
NAIC # 19488 11050 23396 36161		

COVERAGES

CERTIFICATE NUMBER: 983030715

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR 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"/> XCU GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			GL21224070201	7/1/2024	7/1/2025	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000 \$
B	AUTOMOBILE LIABILITY <input checked="" 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			CA21224010205	7/1/2024	7/1/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	<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			CU21224050202	7/1/2024	7/1/2025	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
B	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 checked="" type="checkbox"/> Y	N/A	WC21224040205	7/1/2024	7/1/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D	Installation Floater; \$1,000 Ded.			6305R102902	1/1/2024	1/1/2025	Job Site Limit Temporary Storage \$650,000 \$650,000

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

Excluded from Workers Compensation: Marva L. McMillen.
The above mentioned policies provide coverage in the state of Florida.

CERTIFICATE HOLDER

CANCELLATION

Pinellas County
Contractor Licensing Department / PCCLB
440 Court Street
First Floor
Clearwater FL 33756

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AUTHORIZED REPRESENTATIVE

S. Mayer

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Client#: 1484137

SCHAEGEN1

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/12/2023

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.

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PRODUCER USI Insurance Services LLC-CL 435 N. Whittington Parkway Suite 250 Louisville, KY 40222 Out of state producer		CONTACT NAME: PHONE (A/C, No, Ext): 502.815.5200 FAX (A/C, No): 855.209.1246 E-MAIL ADDRESS:															
INSURED Schaefer General Contracting Services, LLC 4899 W Water Ave, Ste A & B Tampa FL 33634		<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : National Trust Insurance Company</td> <td>20141</td> </tr> <tr> <td>INSURER B : FCCI Insurance Company</td> <td>10178</td> </tr> <tr> <td>INSURER C : Indian Harbor Insurance Company</td> <td>36940</td> </tr> <tr> <td>INSURER D : Scottsdale Insurance Company</td> <td>41297</td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : National Trust Insurance Company	20141	INSURER B : FCCI Insurance Company	10178	INSURER C : Indian Harbor Insurance Company	36940	INSURER D : Scottsdale Insurance Company	41297	INSURER E :		INSURER F :	
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INSURER F :																	

COVERAGES

CERTIFICATE NUMBER:

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 INSR	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"/> PD Ded: \$1,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:	X	X	CPP100030098	09/30/2023	09/30/2024	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 \$
A	AUTOMOBILE LIABILITY <input checked="" 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 <input checked="" type="checkbox"/> Comp/Coll Ded			CA100030099	09/30/2023	09/30/2024	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$1000/\$1000 \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> RETENTION \$0	X		UMB100030101	09/30/2023	09/30/2024	EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000 \$
B	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	WC0100064258 (FL)	01/01/2024	01/01/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
C	Poll/Prof Liab			PEC005083306	09/30/2023	09/30/2024	\$2M Agg Lmt/\$25,000 Ded
A	Leased/Rented Eqp			CPP100030098	09/30/2023	09/30/2024	\$250,000 Lmt/\$500 Ded
A	Installatn Fltr			CPP100030098	09/30/2023	09/30/2024	\$500,000 Lmt/\$1000 Ded

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

D: **EXCESS LIABILITY: POL #: XLS2002767 I POL TERM: 09/30/23 - 09/30/24 I \$10M x \$10M LMT EA OCC/AGG**

See insurance coverage's above.

CERTIFICATE HOLDER

CANCELLATION

The PCCLB
 7887 Bryan Dairy Road, Ste 133
 Largo, FL 33777

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

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/11/2024

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 Hotchkiss Insurance Agency, LLC 4120 International Parkway Suite 2000 Carrollton TX 75007	CONTACT NAME: PHONE (A/C, No, Ext): 800-899-3750 FAX (A/C, No): 972-512-7799 E-MAIL: certs@hiallc.com ADDRESS: certs@hiallc.com
INSURED CervComm Technology Group, LLC 1750 Briercroft Ct. Suite 124 Carrollton TX 75006	ARTITEC-01 INSURER(S) AFFORDING COVERAGE INSURER A: State Automobile Mutual Insurance Co INSURER B: Service Lloyds Insurance Company INSURER C: Evanston Insurance Company INSURER D: American Builders Insurance Company INSURER E: INSURER F:

COVERAGES

CERTIFICATE NUMBER: 2056893289

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
D	<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:			GLP 0201414 09	7/9/2024	7/9/2025	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 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			1000415925	2/10/2024	2/10/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			EZXS3122049	7/9/2024	7/9/2025	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
B	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		SLICWC0523702	7/9/2024	7/9/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER TX and Florida E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

The General Liability policy includes blanket additional insured endorsements (CG2033 04/13 & CG2037 04/13) that provides additional insured ongoing and completed operations status to the certificate holder only when there is a written contract between the named insured and the certificate holder that requires such status.

The General Liability policy includes a blanket automatic waiver of subrogation endorsement (CG2404 05/09) that provides this feature only when there is a written contract between the named insured and the certificate holder that requires it.

The General Liability policy includes a special endorsement with Primary and Noncontributory wording (CG2001 04/13).
See Attached...

CERTIFICATE HOLDER

CANCELLATION

Pinellas County Building & Development Review Services
440 Court Street, Attention Insurance Services
Clearwater FL 33756

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

Technology Insurance Company, Inc.

A Stock Insurance Company

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

WC 99 00 01 B
1 of 5
INFORMATION PAGE

Ncci Code: 39071

1. Insured:

RMC Electrical Associates LLC
201 S Bayview Blvd
Oldsmar, FL 34677

Other workplaces not shown above:

None

Producer:

Acrisure, LLC dba Adcock-Adcock Property & Casualty Agency
315 W. Fletcher Ave.
Tampa, FL 33612

Policy Number: TWC4450529

☐ Individual ☐ Partnership

☐ Corporation or ☒ LLC

Federal Tax ID: 833696293

Risk Id:

Renewal of: TWC4276552

2. The policy period is from 7/10/2024 to 7/10/2025 12:01 a.m. at the insured's mailing address.

3. A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here: Florida

B. Employers Liability Insurance: Part Two of the policy applies to work in each state listed in item 3.A. The limits of our liability under Part Two are:

State	Bodily Injury by Accident	Bodily Injury by Disease	Bodily Injury by Disease
	\$1,000,000 each accident	\$1,000,000 policy limit	\$1,000,000 each employee

C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here:

All states except ND, OH, WA, WY and State(s) Designated in Item 3.A

D. This policy includes these endorsements and schedules: See Extension of Information Page

4. The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

See Extension of Information Page

TOTAL ESTIMATED ANNUAL PREMIUM

21,935

STATE ASSESSMENT

0

TOTAL ESTIMATED COST

21,935

Minimum Premium

860

Issue Date: 6/4/2024

Countersigned by: _____

Authorized Representative



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/18/2024

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.

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PRODUCER Brown & Brown Insurance Services, Inc. P.O. Box 2412 Daytona Beach FL 32115-2412		CONTACT NAME: Elinn Peacock PHONE (A/C, No, Ext): (386) 944-5804 FAX (A/C, No): (386) 333-6113 E-MAIL ADDRESS: Elinn.Peacock@bbrown.com	
INSURED All Weather Contractors, Inc. 1702 Lindsey Road Jacksonville FL 32221		INSURER(S) AFFORDING COVERAGE INSURER A: United Specialty Insurance Company INSURER B: Greenwich Insurance Company INSURER C: XL Specialty Insurance Company INSURER D: INSURER E: INSURER F:	
		NAIC # 22537 37885 JUL 08 2024 Mail Other	

COVERAGES

CERTIFICATE NUMBER: 24-25

REVISION NUMBER: 5

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"/> PROJECT <input type="checkbox"/> LOC OTHER:			ATN2478690	07/01/2024	07/01/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			RAC9438165-02	07/01/2024	07/01/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ PIP \$ 10,000
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			BTN2471549	07/01/2024	07/01/2025	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
B	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	N/A	RWC3001745-02	07/01/2024	07/01/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	INLAND MARINE			UM00067982MA24A	05/31/2024	07/01/2025	RENTED EQUIPMENT \$200,000 INSTALLATION FLOATER \$250,000

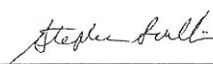
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

SEE NOTES FOR POLICY COVERAGE FORMS

RE: KEITH GARNER #CCC1334999

CERTIFICATE HOLDER

CANCELLATION

PINELLAS COUNTY CONSTRUCTION LICENSING BOARD 440 COURT STREET FIRST FLOOR CLEARWATER FL 33756	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 
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/30/2023

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.

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PRODUCER	Anclote Insurance Agency LLC 536 E Tarpon Avenue, Suite 1B Tarpon Springs, FL 34689 License #: L066022	CONTACT NAME:	Lisa Parker	
		PHONE (A/C, No, Ext):	(727)942-3100	FAX (A/C, No):
		E-MAIL ADDRESS:	lisa@ancloteinsurance.com	
		INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED	AMERIDOCKS LLC 7318 Amber Dr New Port Richey, FL 34653	INSURER A : AMERICAN ALTERNATIVE INSURANCE CO		
		INSURER B : Progressive American Insurance Company		
		INSURER C : EVEREST NATIONAL INSURANCE CO		
		INSURER D :		
		INSURER E :		
		INSURER F :		

COVERAGES CERTIFICATE NUMBER: 00000139-127771 REVISION NUMBER: 14

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
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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		1VA2OM-1000005-07	11/07/2023	11/07/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 PROTECTION & IND... \$ 1,000,000
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		966978714	03/29/2023	03/29/2024	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 100,000 BODILY INJURY (Per accident) \$ 300,000 PROPERTY DAMAGE (Per accident) \$ 50,000
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
C	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	9700000339-231	11/30/2023	11/30/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER USL&H IN E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

CERTIFICATE HOLDER

PCCLB
 7887 BRYAN DAIRY RD STE 133
 Largo, FL 33777

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

Tracy Robinson

(LPA)

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Certificate of Liability Insurance

DATE (MM/DD/YYYY)
04/08/2024

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.

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PRODUCER The 300 Group, LLC 1535 S. 8th St. Ste B Saint Louis MO 63104	CONTACT NAME: Andrea Williamson PHONE (A/C, No, Ext): 314-310-3011 E-MAIL ADDRESS: andrea@the300group.net	FAX (A/C, No):
INSURED [REDACTED]	INSURER(S) AFFORDING COVERAGE INSURER A: Travelers Indemnity of America INSURER B: Evanston Insurance Company INSURER C: INSURER D: INSURER E: INSURER F:	NAIC # 35378

COVERAGES CERTIFICATE NUMBER: 1228000042 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> 25,000 Retention GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			MKL7ENV103798	4/8/24	4/8/25	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$50,000 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) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> 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 N	N/A	UB-1T537428-23-42-G	4/8/24	4/8/25	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000

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

VALID IN THE STATE OF FLORIDA

CERTIFICATE HOLDER

PINELLAS COUNTY
CONSTRUCTION
LICENSING
BOARD
7887 BRYAN DAIRY RD
SUITE
133
LARGO, FL 33777

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.

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RESOURCES & LINKS

Florida Division of Workers' Compensation, <https://myfloridacfo.com/division/wc/>

[Division of Workers' Compensation Important Information for Contractors bulletin](#)

Florida Administrative Code: Workers' Compensation Compliance, Chapter 69L-6, <https://www.flrules.org/gateway/ChapterHome.asp?Chapter=69L-6>

Florida Statute, Ch 440: Workers' Compensation [Statutes & Constitution :View Statutes :->2023->Chapter 440 : Online Sunshine \(state.fl.us\)](#)

Department of Business and Professional Regulation [DBPR] www.myfloridalicense.com

Florida Statute, Ch 489: Contracting, [Statutes & Constitution :View Statutes :->2023->Chapter 489 : Online Sunshine \(state.fl.us\)](#)

Florida Division of Corporations www.sunbiz.org

CREDIT

This resource and training manual was prepared by the Pinellas County Construction Licensing Board. The PCCLB has been licensing and registering contractors, enforcing construction licensing laws, and protecting citizens in Pinellas County since 1973. 2024 represents our 51st year.

As a professional licensing board, we are responsible for maintaining licensing standards and ensuring compliance with those standards.



VERSION CONTROL

First edition published July 10, 2024

Second edition July 18, 2024

Third edition July 25, 2024