

CONTRACT

THIS AGREEMENT ("Agreement" or Contract") is made and entered into this 2 day of June, 2017, by and between:

LAUDERDALE WEST COMMUNITY ASSOCIATION NO. 1, INC., of 1141 NW 85th Avenue, Plantation, FL 33322 ("Client"), and EDJ SERVICE, LLC, of 4861 SW 106<sup>TH</sup> Avenue, Davie, Florida 33317 ("Contractor").

WHEREAS, the Client desires to engage the services of the Contractor to provide pressure demand control panels and electrical wiring utilizing underground boring, as specified in the Contractor's Pressure Demand Control Panels, Electrical Wiring and Boring Proposal attached hereto as Exhibit "A" (the "Contractor Proposal"); and

WHEREFORE, in consideration of the mutual promises hereinafter contained, the parties agree as follows:

1. SCOPE OF WORK. See Contractor's Proposal attached hereto as Exhibit "A." The Scope of Work is sometimes referred to in this Contract as the "Work." The Contractor further agrees:

1.1 Association will occupy the premises during the entire period of construction. The Association will cooperate with Contractor with regard to protecting the Association's property and unit owner property.

1.2 Contractor shall at all times conduct its operations as to insure the least inconvenience to the Association and its unit owners.

1.3 Contractor shall verify that all surfaces and site conditions are ready to receive the work, and that such work is in strict conformance with all applicable laws and rules promulgated by all applicable governmental agencies.

1.4 Contractor shall protect adjacent surfaces and landscape (including sod and shrubbery) against damage from performance of the work. During the term hereof, the Contractor shall store all debris in approved containers, removing it from the property and securing it on site at the end of each day. Contractor shall dispose of all debris in a proper and safe manner at the end of each day's work.

1.5 Contractor shall coordinate with the Association the schedule for construction in order for the Association and Contractor to relocate or protect people, personal effects and property (furnishings or equipment) from damage resulting from construction procedures. Contractor is responsible for all material damage to property

caused by the negligent acts or omissions of the Contractor or others whom the Contractor is responsible for.

1.6 Contractor shall take all available means to not cause any damage to underground utilities and/or underground irrigation systems or any other underground improvements owned by the Association or third parties. Contractor shall register with "Sunshine State One Call of Florida, Inc. a/k/a no cuts to mark the property for underground utilities prior to the commencement of any work. So long as Contractor registers with Sunshine State One Call of Florida, Inc. a/k/a no cuts and the property is marked for underground utilities, then, Contractor shall not be liable for any damage to underground utilities and/or underground irrigation systems or any other underground improvements owned by the Association or third parties that is not marked on the property by "Sunshine State One Call of Florida, Inc., a/k/a no cuts.

## 2. COST TO THE CLIENT.

2.01 Contract Sum. The cost to the Association for the Work shall be an amount equal to ONE HUNDRED TWO THOUSAND SEVEN HUNDRED EIGHTY FOUR & 24/100 DOLLARS (\$102,784.24), plus applicable permitting costs/fees that will be invoiced to client as incurred, the amount as set forth in the Payment Schedule "A" (the "Contract Sum"). The Contract Sum shall not be subject to any adjustments or offsets, except as hereinafter set forth. Said Contract Sum shall include all transportation, equipment, installation, storage, supplies, labor and materials, sales and use taxes, and all applicable licensing of whatever nature, which shall be paid by the Contractor. All applicable costs for all applicable permits will be billed to Client as incurred, receipt provided. The terms and payments shall be in accordance with Paragraph 3 below. Any changes that are made by altering, adding to, or deducting from the Work shall adjust the Contract Sum only by, by mutual written consent of the Parties. . Notwithstanding anything in this Agreement or Contractor's Proposal to the contrary, the Contract Sum is based upon the replacement or installation of specific items (i.e. panels) set forth in Contractor's Proposal, and to the extent less items are required then set forth in Contractor's Proposal the Contract Sum shall be equitably adjusted to the actual number of items and corresponding labor charges incorporated into the Work.

2.02 Other Work / Change Orders. Any changes that are made by altering, adding to, or deducting from the Work shall adjust the Contract Sum only by, by mutual written consent of the Parties (a "Change Order"). No changes, offsets, or adjustments in the Contract Sum shall be permitted, including any matter, in connection with a concealed or unknown condition that does not differ materially from those conditions disclosed or which reasonably should have been disclosed by the: (i) Contractor's prior visits, investigation and inspections of the project site, tests, review of data and information available to the Contractor and pre-construction services for the

project, or (ii) any pre-construction activities which the Contractor had the opportunity to perform or should have performed in connection with the project, as such matters are considered part of the Work herein. All Change Orders must be signed by the Association and the Contractor to be effective and all Change Orders must be delivered to the Association in accordance with the Notice provisions set forth in this Agreement. Any such additional Change Order Work shall be billed to the Association at a cost equal to the actual cost of materials and labor billed per the terms of the Contractor's Proposal, attached hereto as Exhibit "A". Verbal Change Orders will not be accepted, and no Change Order work shall be commenced unless and until the Contractor has received a Change Order executed by the Association and the Engineer.

3. TERMS OF PAYMENT. The Contract Sum shall be paid to Contractor upon the payment schedule as set forth in the Payment Schedule "A", attached hereto as Exhibit "B".

4. ADDITIONAL TERMS. Contractor shall give all notices and comply with all local ordinances, requirements, building codes and Federal and State authorities which are applicable to the Work, without any extra charge, any additional materials and labor which may be required to comply with such ordinances, requirements, laws, rules and regulations. In the event that there are existing conditions that prevent the Work from commencing, that are not in compliance with all local ordinances, requirements, building codes and/or Federal and State authorities, Client shall be liable for any and all additional materials, labor, permits and expenses which may be required to comply with such ordinances, requirements, laws, rules and regulations, except such additional work that is required due to the negligence of Contractor or Contractor's failure to comply with the terms of this Agreement. Contractor will pay all social security and all other taxes imposed upon him as an employer in connection with the performance of this Contract, and will furnish evidence, when required by the Client, showing that all such payments required to be made have been paid. Contractor shall pay all applicable health and welfare charges, local, state and federal taxes, including sales and use taxes, and union fees in connection with its work. With the exception of GCLS Enterprises Inc. D/B/A Gary Cox Lawn Sprinkler Inc., and West Kendall Electric Inc., there shall be no sub-contractor(s) employed by Contractor to perform any portion of the Work.

5. COMMENCEMENT OF WORK. The Contractor shall commence the Work upon Contractor obtaining the necessary and appropriate permits from the City of Plantation, and shall complete and install all Work herein on or before Nine (9) months (the "Contract Time") after commencement of the Work, as applicable. In the event that there are existing conditions that are not in compliance with all local ordinances, requirements, building codes and/or Federal and State authorities, that prevent the work from commencing or from Contractor pulling permits, Contractor will commence work upon Client complying with such ordinances, requirements, laws, rules and regulations, and providing proof of compliance. The Contractor, once having started the Work, will continuously and expeditiously proceed with its vigorous prosecution until completion.

and agrees to diligently pursue the satisfaction of all terms and conditions set forth in this Contract. Failure of Contractor to timely complete the Work, and/or to satisfy the terms and conditions of this Contract shall be deemed a material default. In the event that the Contractor is unable to perform any Work on any day due to inclement weather, then the time for completion of the Work shall be extended one (1) day for each lost day. Furthermore, the time for completion of the Work shall be extended for delay due to fire, or acts of God which are beyond the control of the Contractor, or improper work stoppage by the Association as hereinafter set forth. Said extension shall equal the period of the delay. If the Contractor incurs additional costs as a result of a delay that is caused in whole or in part by Client or anyone directly or indirectly employed by Client, or by anyone for whose acts Client may be liable, the Contractor shall be entitled to an equitable adjustment in the Contract Sum.

6. SUPERVISION. Contractor shall supervise and direct the design, fabrication and installation of the Work, using its best skill and attention, and it shall be solely responsible for all construction means, methods, techniques, sequences and procedures for coordinating all portions of the Work under this Contract. Contractor shall be responsible for initiating, maintaining, and supervising all safety precautions and programs in connection with the Work. It shall take all reasonable protection to prevent damage, injury or loss to all other real or personal property of the Client. Further, it is the sole responsibility of Contractor to secure, safeguard and protect his material and operation from damage or theft until formally accepted by Client. Contractor shall promptly remedy all damage or loss to real or personal property caused in whole or in part by Contractor or anyone directly or indirectly employed by him, or by anyone for whose acts any of them may be liable. The Contractor, once having started the Work, will continuously and expeditiously proceed with its vigorous prosecution until completion.

7. INDEMNIFICATION/HOLD HARMLESS. To the fullest extent permitted by law, the Contractor shall indemnify and hold harmless the Client from and against all claims, damages, losses and expenses, including, but not limited to attorneys' fees arising out of or resulting from the performance of the Work, provided that any such claim, damage, loss or expense (1) is attributable to bodily injury, sickness, disease, or death, or injury to or destruction of tangible property (other than the Work itself) including the loss of use resulting therefrom, and; (2) is caused in whole or in part by any negligent act or omission of the Contractor or anyone directly or indirectly employed by him for whose acts they may be liable whether or not it is caused in part by a party indemnified hereunder. Such obligation shall not be construed to negate, abridge, or otherwise reduce any other right or obligation of indemnity which would otherwise exist as to any party or person described in this paragraph. In any and all claims against the Client or any of its members or employees by any employee of the Contractor, whether directly or indirectly employed by Contractor for whose acts they may be liable, the indemnification obligation under this paragraph shall not be limited in any way by any limitation on the amount or type of damages, compensation or benefits payable by the

Contractor under Worker's or Workman's Compensation acts, disability benefit acts or other employee benefit acts. The parties hereto specifically acknowledge and agree pursuant to Fl. Statute Section 725.06(1) that a portion of the consideration given by the Client to Contractor pursuant to the terms of this Contract in the specific amount of \$100.00 and other valuable consideration, all of which is acknowledged and included in the Contract Sum, and is the specific consideration paid for indemnification provided herein. The Client and Contractor agree that the indemnification given herein shall be limited to the amount of loss suffered by the respective Indemnities or three (3) times the insurance coverage limits as provided herein, whichever is less, which is an amount that the Association and Contractor both acknowledge bears a reasonable commercial relationship to this Contract.

8. INSURANCE. The Contractor agrees to furnish Workman's Compensation and Liability Insurance with limits of at least Five Hundred Thousand and 00/00 (\$500,000.00) Dollars for each occurrence, and liability and property damage of at least an aggregate of One Million and 00/00 (\$1,000,000.00) Dollars. The Contractor agrees to name the Client as additional insured and cause to have all additional endorsements to Contractor's policy issued reflecting same. The Contractor agrees to supply the Client with evidence of insurance policies in full force and effect during the entire course of Work to be performed. It is understood that if any insurance cancellation notice is received by the Contractor, it will immediately notify the Client, and Contractor agrees to replace said policies promptly. Contractor agrees that it shall perform no Work under this Contract during such time as said insurance policies are not in full force and effect. A copy of the Contractor's Certificate of Insurance is attached hereto as Exhibit "C" attached hereto. The Contractor acknowledges that it is an independent contractor as defined in Florida Statute 440.02.

9. WARRANTIES. Contractor warrants to Client that all materials and equipment incorporated in the Work will be new, and that all Work will be of good quality, free from faults and defects, flaws and deficiencies. Any and all components of the Work not conforming to these standards shall be considered defective. Further, Contractor expressly and unconditionally warrants and guarantees all labor and materials and materials provided to be fit for the purposes intended, including, but not limited to, any failure for a period of One (1) year (the "Warranty Period") (not to be prorated from date of final acceptance of the Work performed herein). Contractor hereby agrees that during the Warranty Period, any flaws or deficiencies in any component of the Work or materials incorporated into the Work shall be corrected, replaced, and/or restored (as the case may be) to first class working order at no cost or expense to the Client, normal wear and tear excluded. Contractor further warrants that it will comply with all manufacture's specifications and requirements, and shall assign all manufacturer's warranties to Association, if any, immediately upon completion of the Work. In the event that the Contractor does not complete the Work within the Contract Time, Contractor shall be liable for and shall pay the Client the sum hereinafter stipulated as liquidated damages for each calendar day of delay after the date

established as the end of the Contract Time: One Hundred and 00/100 Dollars (\$100.00). Client's entitlement to Liquidated Damages ends at the completion of the Work or termination of this Contract, whichever occurs first.

10. **LIENS.** The Contractor will save and keep the Work and Client's property free from all mechanic's liens and all other liens by reason of the Work or any materials furnished by Contractor in connection with the Work. If the Contractor fails to remove such lien(s) by bonding it or otherwise, or if Contractor files a lien against the Work or Client's property prior to the time when the amount required to be paid is payable to Contractor by Client under the terms of this Contract, Client may retain sufficient funds out of any money due or thereafter to become due by Client to Contractor to pay the same and to pay all costs incurred by reason thereof, including reasonable attorneys' fees and the cost of any lien bonds that the Client may elect to obtain, and Client may deduct said lien and costs out of any funds which are or which become due to the Contractor and which are at any time in the possession of the Client.

11. **ASSIGNMENT AND SUB-CONTRACTOR.** The Contractor shall not assign or transfer this Contract or any part thereof, or any interest therein, without the written consent of the Client. Unless otherwise agreed upon by the parties, in writing, signed by the parties, Contractor may subcontract any and/or all portions of the Work to the following Two (2) Subcontractors: A copy of the Sub-contractors' Certificates of Insurance and Licenses are attached hereto as Exhibit "D" and "E".

GCLS Enterprises, Inc., D/B/A Gary Cox Lawn Sprinklers Inc.  
Name of Subcontractor:

5521 SW 162<sup>nd</sup> Avenue, Southwest Ranches, FL 33331  
Address of Subcontractor:

West Kendall Electric Inc.  
Name of Subcontractor:

9305 SW 94<sup>th</sup> Street, Miami, FL 33176  
Address of Subcontractor:

12. **ATTORNEYS FEES.** In the event of a dispute arising under this Contract, whether or not a lawsuit or other proceeding is filed, the prevailing party shall be entitled to recover its reasonable attorneys' fees and costs, including attorneys' fees and costs incurred in litigating entitlement to attorneys' fees and costs, as well as in determining or quantifying the amount of recoverable attorneys' fees and costs. The reasonable costs to which the prevailing party is entitled shall include costs that are taxable under any applicable statute, rule, or guideline, as well as non-taxable costs, including, but not limited to, costs of investigation, copying costs, electronic discovery costs, telephone

charges, mailing and delivery charges, information technology support charges, consultant and expert witness fees, travel expenses, court reporter fees, and mediator fees, regardless of whether such costs are otherwise taxable.

13. TERMINATION BY CLIENT FOR CAUSE/DEFAULT. The parties hereby agree that neither party shall be in default of any of the obligations or performance under the terms of this Contract until the continuance of such default for ten (10) days after either party has given notice to the other party specifying the nature of the default, and if said default shall be of the nature that it cannot be reasonably cured or remedied within said ten (10) day period, same shall not be deemed an event of default if the defaulting party shall have commenced, in good faith, the curing or remedying of such default within such ten (10) day period and thereafter continuously and diligently proceeds therewith to completion. Upon the default of either party of the terms and obligations contained in this Contract, after the above applicable cure period, then either party retains all rights of law or equity to enforce the terms of this Contract.

14. MISCELLANEOUS PROVISIONS. Any and all notices, offers, acceptances and communications relating to this Contract shall be given in writing by personal delivery, registered mail, certified mail or other form of delivery for which proof of delivery is available. The invalidity or unenforceability of any provision of this Contract shall not affect the validity or enforceability of any other provision of this Contract. This Contract may be changed, modified or amended only by a written agreement signed by the parties. This Contract supersedes any prior agreements entered into between the parties relating to the subject matter of this Contract. In the event of a conflict of an obligation contained herein with any term or condition set forth in the Contractor Proposal, the terms of this Contract shall supersede and control over any terms set forth in the Contractor Proposal and in any related Exhibits attached thereto. The parties expressly agree to waive any requirement to comply with Chapter 558, Florida Statutes.

(Signatures follow on the next page)

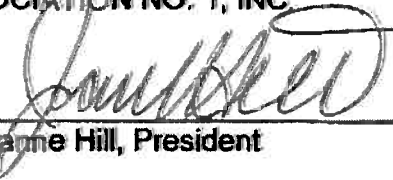


IN WITNESS WHEREOF, the parties have executed the Contract herein on the date first above written.

Signed, sealed and delivered  
in the presence of:

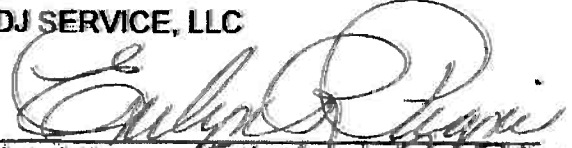
  
AS TO CLIENT

LAUDERDALE WEST COMMUNITY  
ASSOCIATION NO. 1, INC

By:   
Joanne Hill, President

  
AS TO CONTRACTOR


EDJ SERVICE, LLC

  
Printed Name: EVELYN RIPAGNANI





**EXHIBIT "A"**  
**CONTRACTOR'S PROPOSAL**





November 8, 2016

**Pressure Demand Control Panels, Electrical Wiring and Boring Proposal**

Location: *Lauderdale West, Plantation, FL*

Edj Service will procure Pressure Demand Control Panels with the following build and design:

ITEM 1: Pressure Demand NEMA 3R Control Panel: Simplex, 40 HP, 3-ph, 60 Hz, 18 KAIC (a) 480VAC

Qty:	Description:
1	150 VA TYPE MTE CONTROL TRANSFORMER WITH PRIMARY FUSE BLOCK
2	Power Dist. Block, 3 pole, main (1) #14-2/0, branch (1) #14-2/0
1	Power Dist. Block, 3 pole, main (1) #14-2/0, branch (4) #14-4
1	EG HIGH PERF. KIT S2 RED (1/3R/12) HANDLE & 6" SHAFT
1	DLOG 20 DC IN/16 RELAY MICRO PLC W/AC P/S
2	Indicating light, 22 mm non-metal monoblock 120 VAC/DC LED, red
1	Indicating light, 22 mm non-metal monoblock, 24 VAC/DC LED, red
1	Eaton Power supply, 1A - 120V Input to 24 VDC Output Unit
1	2 CH IN/2 CH OUT VOLTAGE ANALOG OPTION CARD
1	Eaton supplementary protector, thermal magnetic, triple pole, D trip curve, 0.5 amp. UL1077
1	Eaton supplementary protector, thermal magnetic, single pole, D trip curve, 1 amp. UL1077
1	Eaton supplementary protector, thermal magnetic, double pole, D trip curve, 2 amp. UL1077
1	Eaton supplementary protector, thermal magnetic, single pole, D trip curve, 5 amp. UL1077
2	Pushbutton, 22 mm plastic, momentary, yellow flush operator, I N O contact block
1	SEL 22mm PLAS YEL 2 N O / 2 N C 120V MNTND 3-POS LED-IU.UM
1	DGI, 480V FR3, NI, 30HP (46A) CT, 40HP (GIA) VT, W/BC
1	MMP ROTARY FRAME D CLASS 10 50-58A.
1	MMP ACCESSORY FRONT AUXILIARY CONTACT SEO A INOINC
1	E 3P 90A 18KA (a) 415 & 480V FIXED THERMAL, FIXED MAG.
2	Ground Lug Terminal
1	Optimate Communication Cable for Operator Interface
1	Optimate Setpoint/Display Panel Offers a 4-digit numeric LED display and Setpoint adjustment pushbuttons, supports 6 field points
1	Optimate 400 series Power Supply
1	480 VAC Phase Monitor Relay - Phase Loss, Phase Reversal & Undervoltage with MOV protection
1	8 pin socket for phase monitors
1	Subpanel 45 11 x 33 W
1	Enclosure NEMAJR, Galvanneated steel, not to exceed. 53"H x 36"W x 16"D with vented rain hood and filter kits in door. 120VAC Fan included
1	SOD Lighting Arrestor 460 Vac 3 wires

Lot relays and Timers are included for the pump Panel to operate as per above specifications provided.

Miscellaneous materials such as wire way, DIN Rails, terminal blocks, wire marking, etc. are included.  
PLC programming is included.

\*VFD does not include labor for electrician.

Cost for the above panel (ITEM 1) \$7,572.00 per panel

Seven (7) panels are needed. Total cost, less tax, for the seven (7) panels: \$53,004.00.

Tax on Seven (7) Panels: \$3,180.24

Additional Items:

1. Four (4) Exhaust Fans for Pump House Rooms. Needed to keep panels cool.
  - a. Cost: \$250.00 per exhaust fan, or \$1,000.00 total

Installation of Panels and Exhaust Fans by Certified Electrician: \$19,800.00

**Additional Fees due to Permits:** Proper permits will need to be pulled for this project. EDJ charges all permit fees as incurred to client. Permit fees are determined at time of successfully pulling permit. EDJ Service charges \$100 for Permit Administration Fees.

**BORINGS:**

DESCRIPTION:	Quantity:	Labor:	Materials:	Total:
BORES- MATERIAL AND LABOR- EACH	42		\$595.238	\$25,000.00

Total Cost: Borings, Pressure Demand Control Panels (w/ tax), Exhaust Fans, Labor and Delivery:  
 $\$25,000.00 + \$56,184.00 + \$1,000.00 + \$19,800.00 + \$800 = \$102,784.24^{**}$

\*\*Note: Price does not include permit fees for Electrical Panels.

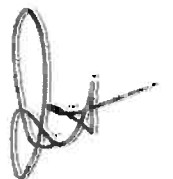
**TERMS AND CONDITIONS**

1. TIME OF DELIVERY IS 5 TO 6 WEEKS ARO AND AFTER DRAWINGS ARE APPROVED.



EXHIBIT "B"

PAYMENT SCHEDULE "A"





March 8, 2017

Payment Schedule "A"

The following Payment Schedule "A" is for the Pressure Demand Control Panels and Electrical Wiring Utilizing Underground Boring Contract, incorporated as Exhibit "B", for Lauderdale West, 1141 Lauderdale West Dr., Plantation, FL 33322-4624.

**BORING AND ELECTRICAL PANELS: (Upfront Payments for Labor and Materials):**

Notes: Boring will be completed first and simultaneously along with the Electrical Panels for the Pumps. As such, the Boring and all corresponding costs/fees, as well as Electrical Panels and all corresponding costs/fees will need to be paid up-front.

**Boring:**

Description:	Quantity:	Labor:	Materials:	Total:
BORES- MATERIAL AND LABOR- EACH	42		\$595.238	\$25,000.00

Notes: Permit fees are included in the pricing quoted above.

**Payment Breakdown:**

- a. 50% to be paid prior to installation (\$12,500.00)
- b. 25% to be paid upon completion of Twenty-Eight (28) Borings (\$6,250.00)
- c. 25% to be paid upon completion of remaining Borings and permits clearing inspection (\$6,250.00)

**Electrical Panels for Pumps:**

Description:	Quantity:	Labor:	Materials:	Total:
ELECTRICAL CONTROL PANELS FOR PUMPS	7		\$7,7572.00	\$53,004.00
EXHAUST FANS	4		\$250.00	\$1,000.00

Payment Breakdown for Panels and Fans: 100% to be paid in full prior to commencement of ordering (\$54,004.00).

**Additional Expenses (Tax/Permits/Material):**

- 1) Tax on Panels: \$3,180.24 (Paid in full prior to ordering)
- 2) Delivery of Panels:
  - a. Total Cost: \$800.00
    - i. Invoiced AFTER delivery of the panels
- 3) Labor (Installation): \$19,800.00
  - a. 25% to be paid prior to installation (\$4,450.00)
  - b. 25% to be paid upon completion of 33% of Panels/Fans (\$4,450.00)
  - c. 25% to be paid upon completion of 33% of Panels/Fans (\$4,450.00)
  - d. 25% to be paid upon completion and permits clearing inspection (\$4,450.00)
- 4) Permits (Estimated for Budgetary Purposes): \$2,809.21
  - a. Permit Fees will be invoiced to client as incurred

**Total Cost (without Permits as those will be invoiced as Incurred): \$102,784.24**

**EXHIBIT "C"**

**CONTRACTOR'S INSURANCE & LICENSE**

A large, dense, circular scribble of black ink, possibly representing a signature or initials that are illegible.A handwritten signature in black ink, consisting of a large loop followed by a few strokes.

EDJ Service LLC  
1700 SW 68 Ave  
Plantation FL 33317

Detach and display the Local Business Tax Certificate below. Renew and display current certificate annually.



City of Plantation  
**LOCAL BUSINESS  
TAX CERTIFICATE**

Certificate # 155840

Account # OC15-0804

Valid from 10/01/2016 to 09/30/2017

**THIS CERTIFICATE MUST BE  
CONSPICUOUSLY DISPLAYED**

Classification: (26)d Administration/Management Office

Business Name & Address:  
EDJ Service LLC  
1700 SW 68 Ave  
Plantation FL 33317

*Susan K. Slattery*  
CITY CLERK SIGNATURE

NOTICE: If Business is sold this Certificate must be transferred within 10 days or it becomes null and void.

# BROWARD COUNTY LOCAL BUSINESS TAX RECEIPT

115 S. Andrews Ave., Rm. A-100, Ft. Lauderdale, FL 33301-1895 - 954-831-4000

VALID OCTOBER 1, 2016 THROUGH SEPTEMBER 30, 2017

DBA:  
Business Name: EDJ SERVICE LLC

Receipt #: 324-236430  
Business Type: LAWN MAINTENANCE/LANDSCAPE

Owner Name: EVELYN R PAGNI  
Business Location: 4861 W 106 AVE  
DAVIE  
Business Phone: 954-791-4167

Business Opened: 10/06/2010  
State/County/Cert/Reg:  
Exemption Code:

Rooms:                      Seats:                      Employees:                      Machines:                      Professionals:

20

Tax Amount	For Vending Business Only				Collection Cost	Total Paid
	Transfer Fee	NSF Fee	Penalty	Prior Years		
150.00	15.00	0.00	0.00	0.00	0.00	165.00

**THIS RECEIPT MUST BE POSTED CONSPICUOUSLY IN YOUR PLACE OF BUSINESS**

**THIS BECOMES A TAX RECEIPT**

**WHEN VALIDATED**

This tax is levied for the privilege of doing business within Broward County and is non-regulatory in nature. You must meet all County and/or Municipality planning and zoning requirements. This Business Tax Receipt must be transferred when the business is sold, business name has changed or you have moved the business location. This receipt does not indicate that the business is legal or that it is in compliance with State or local laws and regulations.

Mailing Address:

EVELYN R PAGNI  
1700 SW 68 AVE  
PLANTATION, FL 33317

Receipt #52A-15-0008777  
Paid 08/02/2016 165.00

2016 - 2017

BROWARD COUNTY LOCAL BUSINESS TAX RECEIPT





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
09/15/2017

**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 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 endorsements.**

<b>PRODUCER</b> Robert Gonzalez Insurance Agency, Inc. 5220 South University Dr Suite 105C		<b>CONTACT NAME:</b> Gg Rodriguez <b>PHONE:</b> <b>TEL. No. Ext.:</b> 954-880-2805 <b>FAX:</b> <b>EXT. No.:</b> 954-880-9110 <b>E-MAIL:</b> gg.rodriguez@rific.com <b>ADDRESS:</b>	
<b>State:</b> FL 33320 <b>Insured:</b> EDJ Service, LLC. 1700 SW 86th Avenue Plantation FL 33317	<b>INSURED(S) AFFORDING COVERAGE</b>		
	<b>INSURER A:</b> Florida Farm Bureau		
	<b>INSURER B:</b> Guarantee Insurance		
	<b>INSURER C:</b>		
	<b>INSURER D:</b>		
	<b>INSURER E:</b>		
	<b>INSURER F:</b>		

**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.

TYPE OF INSURANCE	COVERAGE CLASS	POLICY NUMBER	POLICY EFF. DATE	POLICY EXP. DATE	LIMITS
<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIM-MADE <input checked="" type="checkbox"/> OCCUR	X	CPP 9521648 07	04/09/2016	04/09/2017	EACH OCCURRENCE: \$ 1,000,000.00 DAMAGE TO RENTED PREMISES (Per occurrence): \$ 50,000.00 MED EXP (Any one person): \$ 5,000.00 PERSONAL AND ADJ INJURY: \$ 1,000,000.00 GENERAL AGGREGATE: \$ 2,000,000.00 PRODUCTS - COMP/OP AGG: \$ 2,000,000.00
<input checked="" type="checkbox"/> AUTO-OMNIBUS LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRE/AUTOES <input checked="" type="checkbox"/> SCHEDULED AUTOES <input checked="" type="checkbox"/> NON-OWNED AUTOS		ABF 123J888	04/09/2016	04/09/2017	COMBINED SINGLE LIMIT (Per accident): \$ 1,000,000.00 BODILY INJURY (Per person): \$ BODILY INJURY (Per accident): \$ PROPERTY DAMAGE (Per accident): \$
<input checked="" type="checkbox"/> UMBRELLA/LIAB <input checked="" type="checkbox"/> EXCESS/LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIM-MADE		UMC 952355J	04/08/2016	04/09/2017	EACH OCCURRENCE: \$ 2,000,000.00 AGGREGATE: \$ 2,000,000.00
<input checked="" type="checkbox"/> EMPLOYERS COMPENSATION AND EMPLOYERS LIABILITY <input checked="" type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OR MEMBER EXCLUDED? (Necessary to NA)	N N/A	MW138203-3-GIC	02/04/2017	02/04/2016	<input checked="" type="checkbox"/> NO STATE TORT LIMITS <input type="checkbox"/> TORT FL E.L. EACH ACCIDENT: \$ 800,000.00 E.L. DISEASE - EA EMPLOYEE: \$ 500,000.00 E.L. DISEASE - POLICY LIMIT: \$ 500,000.00

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 104, Additional Items for Operations, if more space is required)**  
 Wholesale Nursery/Landscape Installation

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>
	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 

**EXHIBIT "D"**

**SUB-CONTRACTOR'S INSURANCE & LICENSE**



**CERTIFICATE OF COMPETENCY**

**BROWARD**

**RICHARD G. COX**

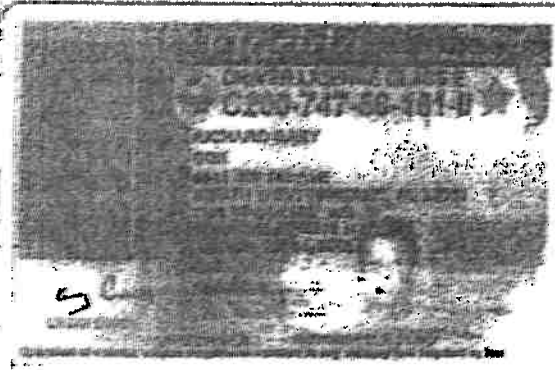
**Irrigation Specialty Contractor**

**GCLS ENTERPRISES INC dba**

**GARY COX LAWN SPRINKLER**

**CC# 93-CLS-578-X**

**EXPIRES 08/31/2018**



**BROWARD COUNTY LOCAL BUSINESS TAX RECEIPT**

115 S. Andrews Ave., Rm. A-100, Ft. Lauderdale, FL 33301-1895 - 954-831-4000

**VALID OCTOBER 1, 2016 THROUGH SEPTEMBER 30, 2017**

**DBA: Business Name: GARY COX LAWN SPRINKLER**

**Receipt #: 182-1415  
Business Type: PLUMBING/LAWN SPRINKL/CONTRACTOR  
(SPEC PLUMBER/LAWN SPRINKLER)**

**Owner Name: GARY COX  
Business Location: 5521 SW 162 AVE  
SOUTHWEST RANCHES  
Business Phone: 954-725-8365**

**Business Opened: 08/08/1993  
State/County/Cert/Reg: 93-CLS-578-X  
Exemption Code:**

**Rooms                  Seats                  Employees                  Machines                  Professionals**

**1**

Tax Amount		Number of Machines: For Vanding Business Only			Vanding Type:		Total Paid
	Transfer Fee	NSF Fee	Penalty	Prior Years	Collection Cost		
27.00	0.00	0.00	0.00	0.00	0.00	27.00	

**THIS RECEIPT MUST BE POSTED CONSPICUOUSLY IN YOUR PLACE OF BUSINESS**

**THIS BECOMES A TAX RECEIPT**

**WHEN VALIDATED**

This tax is levied for the privilege of doing business within Broward County and is non-regulatory in nature. You must meet all County and/or Municipality planning and zoning requirements. This Business Tax Receipt must be transferred when the business is sold, business name has changed or you have moved the business location. This receipt does not indicate that the business is legal or that it is in compliance with State or local laws and regulations.

**Mailing Address:**

**GARY COX  
5521 SW 162 AVE  
SOUTHWEST RANCHES, FL  
33331**

**Receipt #01A-15-00006923  
Paid 07/08/2016 27.00**

**2016 - 2017**

**BROWARD COUNTY LOCAL BUSINESS TAX RECEIPT**

*Gary Cox*

*[Signature]*



# CERTIFICATE OF LIABILITY INSURANCE

OP ID: FT

DATE (MM/DD/YYYY)  
05/20/2016

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 AEND, 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 be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Todd Donoh Insurance, Inc. 4388 Clinton St. Marianna, FL 32446 Francine Todd	<b>CONTACT NAME:</b> PHONE: _____ FAX: _____ E-MAIL: _____ ADDRESS: <b>PRODUCER:</b> GARCOX1 <b>PRODUCER ID:</b> _____
	<b>INSURER(S) AFFORDING COVERAGE:</b> _____ NAIC # _____ <b>INSURER A:</b> Lloyd's of London <b>INSURER B:</b> _____ <b>INSURER C:</b> _____ <b>INSURER D:</b> _____ <b>INSURER E:</b> _____ <b>INSURER F:</b> _____

**INSURED:** GCL ENTERPRISES, INC. DBA: GARY COX LAWN SPRINKLERS INC  
 5521 SW 182ND AVE  
 SOUTHWEST RANCHES, FL 33331

**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.

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFF. DATE	POLICY EXPI. DATE	LIMITS
<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	CIBFL0005133	02/12/2016	02/12/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE 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>AUTO/MOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Per accident) \$ _____ BODILY INJURY (Per person) \$ _____ BODILY INJURY (Per accident) \$ _____ PROPERTY DAMAGE (PER ACCIDENT) \$ _____
<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE  DEDUCTIBLE: \$ _____ RETENTION \$ _____				EACH OCCURRENCE \$ _____ AGGREGATE \$ _____
<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in FL) <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A DESCRIPTION OF OPERATION(S) below: _____				E.L. EACH ACCIDENT \$ _____ E.L. DISEASE - EA EMPLOYEE \$ _____ E.L. DISEASE - POLICY LIMIT \$ _____

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES: (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
554-785-4574

<b>CERTIFICATE HOLDER</b>  <b>BROWARD COUNTY</b> 1 NORTH UNIVERSITY DR BOX 302 PLANTATION, FL 33324	<b>BRO1003</b>  <b>CANCELLATION</b> 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 Francine Todd
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ACORD 25 (2010/03)

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# CERTIFICATE OF LIABILITY INSURANCE

KBB  
R001

DATE (MM/DD/YYYY)  
5/20/2016

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  
PAYCHEX INSURANCE AGENCY INC  
210705 P: F: (888) 443-6112  
PO BOX 33015  
SAN ANTONIO TX 78265

CONTACT  
PHONE  
(A/C No. Ext. (888) 443-6112  
FAX  
(A/C No. (888) 443-6112  
E-MAIL  
ADDRESS

INSURED  
GCLS ENTERPRISES INC DBA GARY COX LAWN  
SPRINKLERS  
5521 SW 162ND AVE  
SOUTHWEST RANCHES FL 33331

INSURER A (CORRESPONDING COVERAGE)	NAIC#
INSURER A Twin City Fire Ins Co	29459
INSURER B	
INSURER C	
INSURER D	
INSURER E	
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.

ACORD TYPE	TYPE OF INSURANCE	ADDED CODE	CBR	POLICY NUMBER	POLICY EFF. DATE	POLICY EXP. DATE	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (If commercial) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS-COMP/OP AGG
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (If accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> RETENTIONS <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE						EACH OCCURRENCE AGGREGATE
A	WORKERS COMPENSATION AND EMPLOYERS LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED (file schedule in NA) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	76 WEG F018LT	01/01/2016	01/01/2017	<input checked="" type="checkbox"/> PER STATE <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/Details, may be attached if more space is required)

Those usual to the Insured's Operations.

CERTIFICATE HOLDER  
Broward County  
1 N UNIVERSITY DR STE 302  
PLANTATION, FL 33324

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  
*Jan Taylor*

**EXHIBIT "E"**

**SUB-CONTRACTOR'S INSURANCE & LICENSE**



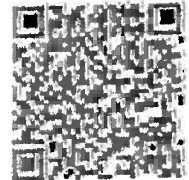
STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
ELECTRICAL CONTRACTORS LICENSING BOARD

LICENSE NUMBER	
EC13001890	

The ELECTRICAL CONTRACTOR  
Named below IS CERTIFIED  
Under the provisions of Chapter 469 FS.  
Expiration date: AUG 31, 2018



ALTVATER, PATRICK  
WEST KENDALL ELECTRIC INC  
9305 SW 94TH STREET  
MIAMI FL 33176



ISSUED: 07/07/2016

DISPLAY AS REQUIRED BY LAW

SEQ # L1697070001308

161627

## Local Business Tax Receipt

Miami-Dade County, State of Florida

(THIS IS NOT A RECEIPT FOR SALES TAX)



1649954

**BUSINESS NAME/LOCATION**  
WEST KENDALL ELECTRIC INC  
9305 SW 94 ST  
MIAMI FL 33176

**RECEIPT NO.**  
**RENEWAL**  
1649954

**EXPIRES**  
**SEPTEMBER 30, 2017**

Must be displayed at place of business  
Pursuant to County Code  
Chapter BA - Art. 9 & 10

**OWNER**  
WEST KENDALL ELECTRIC INC  
Worker(s) 10

**SEC. TYPE OF BUSINESS**  
108 ELECTRICAL CONTRACTOR  
EC13001890

**PAYMENT RECEIVED**  
**BY TAX COLLECTOR**  
\$75.00 07/19/2016  
CHECK21-16-095303

This Local Business Tax Receipt only confirms payment of the Local Business Tax. The Receipt is not a license, permit or a certification of the holder's qualifications to do business. Holder must comply with any governmental or nongovernmental regulatory laws and requirements which apply to the business.

The RECEIPT NO. above must be displayed on all commercial vehicles - Miami-Dade Code Sec 8a-276.

For more information, visit [www.miamidade.gov/taxcollector](http://www.miamidade.gov/taxcollector)

Client#: 7899

WESTKEND

# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (mm/dd/yyyy)  
4/17/2017

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 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  
Cypress Insurance Group  
PO Box 9326  
Fort Lauderdale, FL 33310-9326  
954 771-0300

CONTACT NAME: Carissa LaFraniere  
PHONE (A/C, H/O, Ext): 954 771-0300 FAX (A/C, H/O): 954 772 9424  
E-MAIL ADDRESS: Caris@CypressInsurance.com

INSURED:  
West Kendall Electric Inc.  
9305 SW 94th Street  
Miami, FL 33176-2013

INSURER(S) AFFORDING COVERAGE:  
INSURER A: Charter Oak Fire Insurance  
INSURER B: Normandy Harbor Insurance Co  
INSURER C:  
INSURER D:  
INSURER E:  
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.

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFF DATE	POLICY EXP DATE	LIMITS
<b>A</b> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	16801055X579TCT17	02/28/2017	02/28/2018	EACH OCCURRENCE: \$1,000,000 DAMAGE TO RENTED EQUIPMENT (E&P optional) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$ COMBINED SINGLE LIMIT (E&P optional) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (E&P optional) \$ EACH OCCURRENCE: \$ AGGREGATE \$ \$
<b>B</b> WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETARY PARTNER/EXECUTIVE OFFICER MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A <small>(Mandatory by Fla) If not described under SECTION OF OPERATIONS below</small>	NHFL0009162017	03/20/2017	03/20/2018	<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 applies to Florida operations and employees only.

### CERTIFICATE HOLDER

Miami Dade County Contractor  
Licensing  
11805 SW 26th Street  
Miami, FL 33175

### 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

*Roger S. Bond*

A 1010 WILL BE OPEN FOR INFORMATION AND NOT FOR RECORD