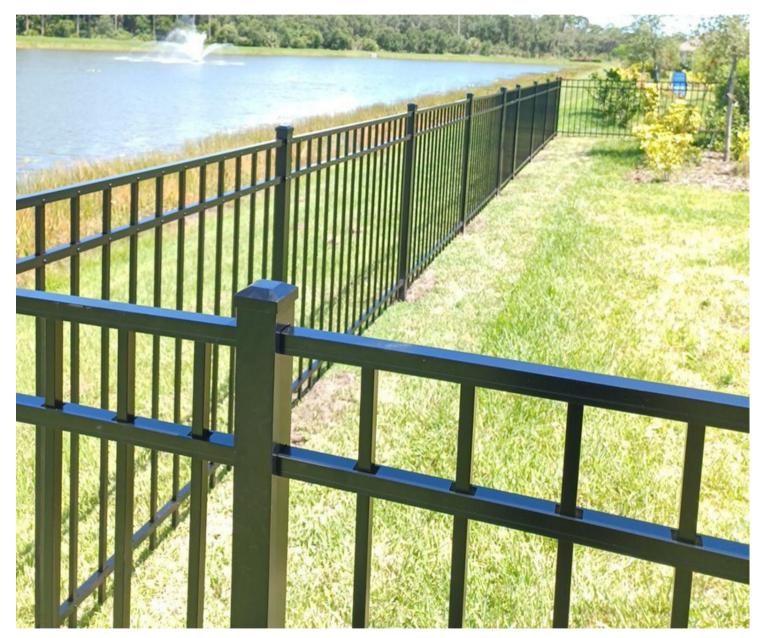


Color and material sample : Black aluminum 3 rail fence



Tel. (941) 229-1789 info@asapfenceandgate.com www.asapfenceandgate.com 2219 63rd Ave E Unit C, Bradenton, FL 34203



HOA FAST TRACK PACKET

Contractors License: Manatee County

		~
Contact Name: DAVID WOLF	License Type: Fence Installer	
Business Name: ASAP FENCE & GATES, LLC	State License Number: CON20-2433	
Business Name 2:	Issued:	
Business License #: CON20-2433	Expires: 08/31/2022	
Address Line 1: 1518 53RD AVE E	Insured Max:	
Address Line 2:	Contractor's License #:	
Address Line 3:	Contractor's Business Name:	
Status: Approved	City: BRADENTON	
Home Phone: 7274106165	State: FL	
Mobile Phone:	Zip: 34203	
Fax:	Country:	

Tel. (941) 229-1789 info@asapfenceandgate.com www.asapfenceandgate.com 2219 63rd Ave E Unit C, Bradenton, FL 34203



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/09/2022

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										
		rsed.			e policy(les) must n			01310113		
-		rsed. BROGATION IS WAIVED, subject	t to the t	erms and conditions of t	he policy certain n	olicies may	require an endors	ement A	statement on	
PR	Disce	ertificate does not confer rights	to the ce	rtificate holder in lieu o	f stort endorsemen	t(s).				
		Moore, Fowinkle, Schröer			PHONE (A/C, No, Ext):		F/	X /C, No):		
		120 53rd Ave.W. Bradenton		FL 24207	E-MAIL ADDRESS:			, =,,.		
		Drademon		FL 34207-			RDING COVERAGE		NAIC #	
INSURED ASAP FENCE & GATES, LL 2219 63rd Ave E				INSURER A EVANSTON INSURANCE COMPANY				3537		
				: INSURER Progressive Express Ins Company				8		
		С		EVANSTON INSURANCE COMPANY				1019		
					INSURER CWESCO INSURANCE CO				3	
		Bradenton		FL 34203	: INSURER				3537	
					D .				8	
co	VER	AGES CER	TIFICAT	E NUMBER:	INSURER E		REVISION NUM	BER:	2501	
									RIÓD	
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.										
INS R		TYPE OF INSURANCE		POLICY NUMBER	POLICY EFF (MM/DD/YYYY	POLICY EXP) (MM/DD/YYY		LIMITS		
ЧR	X	COMMERCIAL GENERAL LIABILITY		3AA524292			EACH OCCURRENCE	\$	1,000,000	
		CLAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurre	nce) \$	100,000	
							MED EXP (Any one per		5,000	
							PERSONAL & ADV INJ	JRY \$	1,000,000	
	GEN	VL AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	2,000,000	
		RO- POLICYJECTLOC					PRODUCTS - COMP/OF	PAGG \$	2,000,000	
	OTH	ER:						\$		
В	AUT	TOMOBILE LIABILITY		02521216	03/10/2023	09/10/2022	COMBINED SINGLE LI (Ea accident)	MIT \$	300,000	
	x	ANY AUTO		02021210	00/10/2022	0 // 10/ 2022	BODILY INJURY (Per p			
		OWNED SCHEDULED					BODILY INJURY (Per a	ccident) \$		
		AUTOS ONLY AUTOS HIRED NON-OWNED AUTOS ONLY AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$		
		AUTOS ONLY AUTOS ONLY					(i ei accident)	\$		
С	X			EZXS3065547	12/01/2021	12/01/2022	EACH OCCI		1,000,00	
		EXCESS LIAB CLAIMS-MADE						GREGATE\$	0	
		DED RETENTION\$						¢	1,000,00	
D	wor	RKERS COMPENSATION		WWC3555294	11/11/2021	11/11/2022	XPERQIH-		0	
	AND				,,	,,	E.L. EACH ACCIDENT\$		500.00	
	OFF	ICER/MEMBER EXCLUDED?	A				E.L. DISEASE - EA EMF	LOYEE\$	0	
		cRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY	LIMIT\$	500,00	
	DES	CRIPTION OF OPERATIONS below							0	
									500,00	
									0	
		TION OF OPERATIONS / LOCATIONS / VEHI ERECTION CONTRACTORS	CLES (ACOF	ID 101, Additional Remarks Scho	edule, may be attached if i	more space is rec	quired)	i		
CE	RTIF	FICATE HOLDER			CANCELLATION				AI 00642	
INSURED COPY				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 REPRESI		Ini an	ters	m	

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