

Color and material sample : White Vinyl Privacy Fence





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:



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 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 an endorsement(s).

PRODUCER Moore, Fowinkle, Schroer 120 53rd Ave.W. Bradenton FL 34207-	NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: FAX (A/C, No):														
INSURED ASAP FENCE & GATES, LLC 2219 63rd Ave E Bradenton FL 34203	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : EVANSTON INSURANCE COMPANY</td> <td>3537</td> </tr> <tr> <td>: INSURER B : Progressive Express Ins Company</td> <td>8</td> </tr> <tr> <td>: INSURER C : EVANSTON INSURANCE COMPANY</td> <td>1019</td> </tr> <tr> <td>: INSURER D : WESCO INSURANCE CO</td> <td>3</td> </tr> <tr> <td>: INSURER E :</td> <td>3537</td> </tr> <tr> <td>: INSURER F :</td> <td>8</td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : EVANSTON INSURANCE COMPANY	3537	: INSURER B : Progressive Express Ins Company	8	: INSURER C : EVANSTON INSURANCE COMPANY	1019	: INSURER D : WESCO INSURANCE CO	3	: INSURER E :	3537	: INSURER F :	8
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COVERAGES **CERTIFICATE NUMBER:** INSURER E **REVISION NUMBER:** 2501

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.

INSURER	TYPE OF INSURANCE	ADDLSUBR INSDWVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYY)	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"/> PRO- <input type="checkbox"/> POLICYJECTLOC OTHER:		3AA524292	12/01/2021	12/01/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea.occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	<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 type="checkbox"/> AUTOS ONLY		02521216	03/10/2022	09/10/2022	COMBINED SINGLE LIMIT (Ea. accident) \$ 300,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	<input checked="" type="checkbox"/> UMBRELLA EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> RETENTIONS \$		EZXS3065547	12/01/2021	12/01/2022	EACH OCCURRENCE \$ 1,000,00 AGGREGATES \$ 0 \$ 1,000,00
D	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N NN/A	WWC3555294	11/11/2021	11/11/2022	<input checked="" type="checkbox"/> PEROTH-STATUTEER \$ 0 E.L. EACH ACCIDENT \$ 500,00 E.L. DISEASE - EA EMPLOYEES \$ 0 E.L. DISEASE - POLICY LIMITS \$ 500,00 0 500,00 0

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

CERTIFICATE HOLDER INSURED COPY	CANCELLATION AI 006421 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 <div style="text-align: right; font-family: cursive; font-size: 1.2em;"> </div>
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