

HOA FAST TRACK PACKET

Color and material sample: Bronze aluminum 3 rail fence





HOA FAST TRACK PACKET

Contractors License: Manatee County

Contact Name: DAVID WOLF

Business Name: ASAP FENCE & GATES, LLC

Business Name 2:

Business License #: CON20-2433

Address Line 1: 1518 53RD AVE E

Address Line 2:

Address Line 3:

Status: Approved

Home Phone: 7274106165

Mobile Phone:

Fax:

License Type: Fence Installer

State License Number: CON20-2433

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Issued:

Expires: 08/31/2022

Insured Max:

Contractor's License #:

Contractor's Business Name:

City: BRADENTON

State: FL

Zip: 34203

Country:



CERTIFICATE OF LIABILITY INSURANCE

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

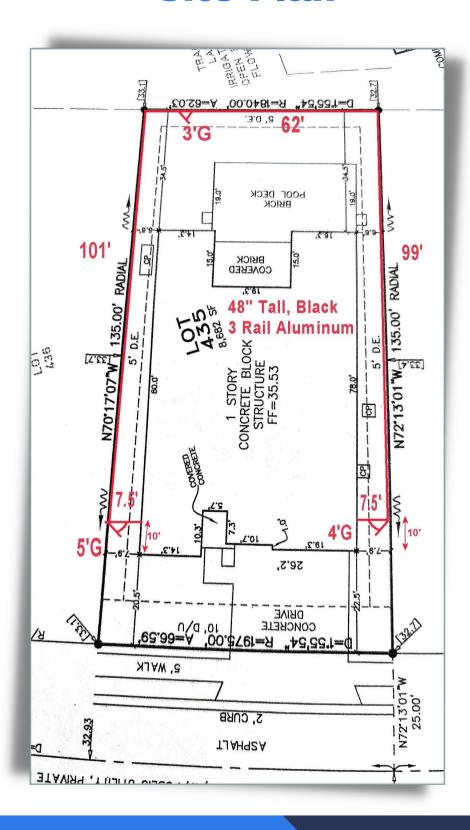
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER. AND THE CERTIFICATE HOLDER.

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 Priduisocertificate does not confer rights to the certificate holder in lieu of state hidorsement(s). Moore, Fowinkle, Schroer FAX (A/C, No): 120 53rd Ave.W. È-MAIL ADDRESS: Bradenton 34207-INSURER(S) AFFORDING COVERAGE NAIC# INSURER A EVANSTON INSURANCE COMPANY 3537 : INSURER Progressive Express Ins Company 8 INSURED **EVANSTON INSURANCE COMPANY** ASAP FENCE & GATES, LLC 1019 INSURER_C WESCO INSURANCE CO 2219 63rd Ave E 3 Bradenton 34203 3537 : INSURER 8 2501 **COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:** INSURER E THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN 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. POLICY EFF POLICY EXP ADDI SUBR INS TYPE OF INSURANCE POLICY NUMBER LIMITS L/R Χ COMMERCIAL GENERAL LIABILITY 12/01/202112/01/2022 1,000,000 3AA524292 EACH OCCURRENCE DAMAGE TO RENTED X OCCUR CLAIMS-MADE 100,000 PREMISES (Ea occurrence) MED EXP (Any one person) 5,000 PERSONAL & ADV INJURY 1,000,000 GENERAL AGGREGATE 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: XPRO-PRODUCTS - COMP/OP AGG 2,000,000 POLICYJECTLOC OTHER: \$ COMBINED SINGLE LIMIT (Fa accident) R AUTOMOBILE LIABILITY \$ 300,000 03/10/202209/10/2022 02521216 \$ X ANY AUTO BODILY INJURY (Per person) OWNED SCHEDULED \$ BODILY INJURY (Per accident) AUTOS ONLY HIRED AUTOS ONLY AUTOS NON-OWNED PROPERTY DAMAGE (Per accident) \$ AUTOS ONLY С UMBRELLA LA BUR 12/01/202112/01/2022 1.000.00 F7XS3065547 EACH OCCURRENCES **EXCESS LIAB** CLAIMS-MADE AGGREGATES 1,000,00 RETENTION\$ DED XPEROTH-11/11/202111/11/2022 WORKERS COMPENSATION WWC3555294 0 EMPLOYERS 500,00 E.L. EACH ACCIDENT\$ AIABIHITO PRIETOR/PARTNER/EXECUTIVE NN / A OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE\$ If yes, describe under 500,00 E.L. DISEASE - POLICY LIMIT\$ DESCRIPTION OF OPERATIONS below 500,00 n DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
FENCE ERECTION CONTRACTORS

CERTIFICATE HOLDER	CANCELLATION AI 006421
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 REPRESENTATIVE In during Som



Site Plan



ASAP HOA Rendering FENCE & GATES