

**Grant Agreement Documentation Order: Property Improvement Program (PIP)**

1. Reso	<b><i>DRAFT</i></b>
2. Signed Agreement	<b><i>DRAFT</i></b>
3. W-9 <i>Submitted</i>	-
4. Grant Application – Back Up I	<b>Page 02</b>
5. Letter of Intent – Back Up I	<b>Page 03</b>
6. Property Insurance – Back Up I	<b>Page 04</b>
7. Ownership Information – Back Up I	<b>Page 05</b>
8. Current Photos – Back Up I	<b>Page 09</b>
9. Letter of Authorization – Exhibit A	<b>Page 10</b>
10. Bib Summary Form – Exhibit B	<b>Page 11</b>
11. Selected Contractor(s) Quotes, Licenses and Insurance – Exhibit B	<b>Page 12</b>
12. Renderings – Exhibit B <i>Draft rendering</i>	<b>Page 23</b>
13. Non-Selected Contractor(s) Quotes – Back Up II	<b>Page 24</b>



## Property Improvement Program (PIP) Application

Name: The 600 Plaza & Motel, Inc.

Name of Business/Property to be Renovated: The 600 Plaza & Motel, Inc.

Address: 600 N Surf Rd, Hollywood, FL 33019

Telephone Number: 954.610.7286

Are you the Property Owner or Business Owner? YES

Type of Improvement(s) Planned:

East Facade Restoration, Stair Replacement, Paint & Stucco

Incentive Amount: \$ \_\_\_\_\_

Total Cost of Project: \$ 198,370<sup>00</sup>

I hereby submit the attached plans, specification and color samples for the proposed project and understand that these must be approved by the Hollywood, Florida Community Redevelopment Agency ("CRA"). No work shall begin until I have received written approval from the CRA. I further understand that unless otherwise approved by the CRA Board, funding will not be paid until the project is complete.

Signature of Applicant

Date

Print Name

MARCH 21, 2023

HOLLYWOOD CRA  
1948 HARRISON ST.  
HOLLYWOOD, FL 33020  
ATT: CHRISTOPHER CROCITTO

DEAR MR. CROCITTO,

PLEASE ALLOW THIS LETTER TO SERVE AS LETTER OF INTENT FOR SUBMISSION FOR APPLICATION FOR THE PIP PROGRAM.

MY NAME IS JOSEPH AMSILI AND I AM ONE OF THE OWNERS AND PRESIDENT OF THE 'LA TERRACE'. 600 PLAZA . WE HAVE OWNED THIS PROPERTY SINCE JAN. 1. 1987.


WE HAVE COMMERCIAL/RETAIL ON THE FIRST FLOOR AND MOTEL UNITS ON THE SECOND FLOOR WITH A SPACIOUS SUNDECK OVERLOOKING THE BROADWALK.

IT IS OUR INTENT TO IMPROVE THE ENTIRE FRONT OF THE BUILDING INCLUDING CONCRETE, AWNING, PAINT ETC. WE WILL SUBMIT THE SITE PLAN ALONG WITH THE SCOPE OF THE WORK AND THE 3 ESTIMATES FOR YOUR REVIEW.

WE APPRECIATE THIS OPPORTUNITY TO BRING A NEW AND FRESH LOOK TO OUR BUILDING AND APPRECIATE THE BENEFIT OF RECEIVING FINANCIAL ASSISTANCE FROM THE CRA.

PLEASE LET US KNOW IF THERE IS ANYTHING ELSE THAT IS REQUIRED.  
THANK YOU FOR YOUR EFFORTS.

SINCERELY,



JOSEPH AMSILI  
PRESIDENT / OWNER  
600 NORTH SURF RD.  
HOLLYWOOD, FL 33019



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/22/2023

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.

**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).

<b>PRODUCER</b> Utech Insurance Underwriters 12401 Orange Drive Suite 100C Davie FL 33330		<b>CONTACT NAME:</b> Richard Elliott <b>PHONE (A/C, No, Ext):</b> (954) 391-7333 <b>E-MAIL ADDRESS:</b> kristin@utechtins.com <b>FAX (A/C, No):</b> (954) 367-5913	
<b>INSURED</b> The 600 Plaza & Motel, Inc. 600 North Surf Rd. Hollywood FL 33019-		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Western World <b>INSURER B:</b> <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.

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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <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		NPP8833862	10/16/2022	10/16/2023	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>AUTOMOBILE LIABILITY</b> <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) \$
							\$
	<b>UMBRELLA LIAB</b> <b>EXCESS LIAB</b> DED RETENTION \$						EACH OCCURRENCE \$
							AGGREGATE \$
							\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE OTH-ER
							E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

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

Location: 600 North Surf Rd. Hollywood, FL 33019

**CERTIFICATE HOLDER****CANCELLATION**

Additional Insured  
Hollywood – Community Redevelopment Agency (CRA)  
1948 Harrison Street  
Hollywood FL 33020

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

*Kristin Utech*

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PROPERTY SUMMARY

<b>Tax Year:</b> 2023	<b>Property Use:</b> 12-01 Mixed store or office and residential	<b>Deputy Appraiser:</b> Commercial Department
<b>Property ID:</b> 514213011340	<b>Millage Code:</b> 0513	<b>Appraisers Number:</b> 954-357-6835
<b>Property Owner(s):</b> SURF RD LAND TR % THE 600 PLAZA & MOTEL INC	<b>Adj. Bldg. S.F:</b> 13799	<b>Email:</b> <a href="mailto:commercialtrim@bcpa.net">commercialtrim@bcpa.net</a>
<b>Mailing Address:</b> 600 N SURF RD HOLLYWOOD, FL 33019-1418	<b>Bldg Under Air S.F:</b>	<b>Zoning :</b> BWK-25-HD-C - BROADWALK HISTORIC DISTRICT COMMERCIAL
<b>Physical Address:</b> 600 N SURF ROAD HOLLYWOOD, 33019	<b>Effective Year:</b> 1970	<b>Abbr. Legal Des.:</b> HOLLYWOOD BEACH 1-27 B LOT 1 TO 4 BLK 5
	<b>Year Built:</b> 1955	
	<b>Units/Beds/Baths:</b> 13 / /	

PROPERTY ASSESSMENT

Year	Land	Building / Improvement	Agricultural Saving	Just / Market Value	Assessed / SOH Value	Tax
2023	\$1,276,590	\$3,275,910	0	\$4,552,500	\$3,755,080	
2022	\$1,276,590	\$3,275,600	0	\$4,552,190	\$3,413,710	\$84,069.85
2021	\$1,276,590	\$2,235,460	0	\$3,512,050	\$3,103,380	\$73,293.25

EXEMPTIONS AND TAXING AUTHORITY INFORMATION

	County	School Board	Municipal	Independent
Just Value	\$4,552,500	\$4,552,500	\$4,552,500	\$4,552,500
Portability	0	0	0	0
Assessed / SOH	\$3,755,080	\$3,755,080	\$3,755,080	\$3,755,080
Granny Flat				
Homestead	0	0	0	0
Add. Homestead	0	0	0	0
Wid/Vet/Dis	0	0	0	0
Senior	0	0	0	0
Exemption Type	0	0	0	0
Affordable Housing	0	0	0	0
Taxable	\$3,755,080	\$4,552,500	\$3,755,080	\$3,755,080

SALES HISTORY FOR THIS PARCEL					LAND CALCULATIONS		
Date	Type	Price	Book/Page or Cin		Unit Price	Units	Type
12/01/1986	Warranty Deed	\$150,000	14612 / 10		\$100.07	12,757 SqFt	Square Foot
12/01/1976	Warranty Deed	\$167					

RECENT SALES IN THIS SUBDIVISION

Property ID	Date	Type	Qualified/ Disqualified	Price	CIN	Property Address
514213010020	11/16/2022	Multi Special Warranty Deed	Excluded Sale	\$3,700,000	118521889	N OCEAN DR HOLLYWOOD, FL 33019
514213010030	11/16/2022	Multi Special Warranty Deed	Excluded Sale	\$3,700,000	118521889	1100 N OCEAN DR HOLLYWOOD, FL 33019
514213013230	09/29/2022	Warranty Deed	Qualified Sale	\$1,510,000	118433926	314 OREGON ST HOLLYWOOD, FL 33019
514213013640	09/29/2022	Warranty Deed	Qualified Sale	\$1,250,000	118429761	326 MADISON ST #1-2 HOLLYWOOD, FL 33019
514213011690	09/06/2022	Multi Warranty Deed	Disqualified Sale	\$800,000	118387954	309 ARIZONA ST HOLLYWOOD, FL 33019

SPECIAL ASSESSMENTS									SCHOOL
Fire	Garb	Light	Drain	Impr	Safe	Storm	Clean	Misc	Hollywood Central Elementary: C Olsen Middle: I South Broward High: B
HLwd Fire Rescue (05) Spec./Comb. (S) 13,799									

ELECTED OFFICIALS

<b>Property Appraiser</b> Marty Kiar	<b>County Comm. District</b> 6	<b>County Comm. Name</b> Beam Furr	<b>US House Rep. District</b> 23	<b>US House Rep. Name</b> Debbie Wasserman Schultz
<b>Florida House Rep. District</b> 101	<b>Florida House Rep. Name</b> Hillary Cassell	<b>Florida Senator District</b> 37	<b>Florida Senator Name</b> Jason W. B. Pizzo	<b>School Board Member</b> Daniel P. Foganholi



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

## Detail by Entity Name

Florida Profit Corporation

THE 600 PLAZA & MOTEL, INC.

### Filing Information

**Document Number** M43845  
**FEI/EIN Number** 59-2755660  
**Date Filed** 12/24/1986  
**State** FL  
**Status** ACTIVE  
**Last Event** CANCEL ADM DISS/REV  
**Event Date Filed** 08/20/2008  
**Event Effective Date** NONE

### Principal Address

600 NORTH SURF ROAD  
 HOLLYWOOD BEACH, FL 33019

Changed: 02/17/1997

### Mailing Address

TAX & ACCOUNTING OFFICE  
 3113 STIRLING RD STE 203  
 FT. LAUDERDALE, FL 33312

Changed: 04/27/2016

### Registered Agent Name & Address

AMSILI, JOSEPH  
 5345 SW 34TH AVE  
 FORT LAUDERDALE, FL 33312

Name Changed: 01/30/2002

Address Changed: 01/30/2002

### Officer/Director Detail

**Name & Address**

## Title TD

MORAD, SABAH  
545 WATERMARK ST  
DANIA, FL 33004

## Title VD

MORAD, HAIM  
3020 36 AVE  
HOLLYWOOD, FL 33021

## Title DP

AMSILI, JOSEPH  
5345 SW 34TH AVE  
FT LAUDERDALE, FL 33312

### Annual Reports

Report Year	Filed Date
2020	05/19/2020
2021	04/07/2021
2022	03/10/2022

### Document Images

<a href="#">03/10/2022 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/07/2021 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">05/19/2020 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/04/2019 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">06/29/2018 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/06/2017 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/27/2016 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/22/2015 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/18/2014 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/10/2013 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">03/07/2012 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">02/24/2011 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/29/2010 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/13/2009 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">08/20/2008 -- REINSTATEMENT</a>	<a href="#">View image in PDF format</a>
<a href="#">02/16/2006 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/19/2005 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">03/04/2004 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/21/2003 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/30/2002 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>

<a href="#">01/11/2001 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/19/2000 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">02/18/1999 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">12/17/1998 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">02/17/1997 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">02/26/1996 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/27/1995 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>

Florida Department of State, Division of Corporations





MARCH 21, 2023

HOLLYWOOD CRA  
1948 HARRISON ST.  
HOLLYWOOD, FL 33020  
ATT: CHRISTOPHER CROCITTO

DEAR MR. CROCITTO,

PLEASE ALLOW THIS LETTER TO SERVE AS LETTER OF INTENT FOR SUBMISSION FOR APPLICATION FOR THE PIP PROGRAM.

MY NAME IS JOSEPH AMSILI AND I AM ONE OF THE OWNERS AND PRESIDENT OF THE 'LA TERRACE'. 600 PLAZA . WE HAVE OWNED THIS PROPERTY SINCE JAN. 1. 1987.


WE HAVE COMMERCIAL/RETAIL ON THE FIRST FLOOR AND MOTEL UNITS ON THE SECOND FLOOR WITH A SPACIOUS SUNDECK OVERLOOKING THE BROADWALK.

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THANK YOU FOR YOUR EFFORTS.

SINCERELY,



JOSEPH AMSILI  
PRESIDENT / OWNER  
600 NORTH SURF RD.  
HOLLYWOOD, FL 33019



### HOLLYWOOD CRA GRANT PROGRAM BID SUMMARY

Business or Condo Name: The 600 Plaza & Motel, Inc - (Joseph Amsili)

Property Address: 600 North Surf Road, Hollywood, FL 33019

PIP

**WORK DISCIPLINE: Entire Scope of Work**

Contractor .001 <b>Coast to Coast General Contractors, Inc.</b>	<b>\$198,370.00</b>	<b>SELECTED</b>
---	---------------------	-----------------

Contractor .002 Beach Contracting \$234,205.00

Contractor .003 C&S Paint & Wallpaper, Inc \$241,720.00

**TOTAL PROJECT COST**

**\$198,370.00**

*Overage*

**\$98,370.00**

**TOTAL INCENTIVE AMOUNT**

**25%**

**\$50,000.00**

*(Up To 50% Of Total Project Cost With A \$50,000 Max)*

**NOTES:**





**Coast to Coast**  
General Contractors, Inc.

February 2, 2023

**La Terrace Oceanfront Hotel**  
**600 N. Surf Road**  
**Hollywood, FL 33019**

Dear Board of Directors,

**COAST TO COAST GENERAL CONTRACTORS, INC.** is pleased to propose the following for **La Terrace 600 Plaza & Motel**. We will furnish all labor, equipment, material, and insurance to perform the below indicated work.

**SCOPE OF WORK: Edge Repairs, Re-Build Stairs Stairs to Access Upper Deck and Miscellaneous Restoration.**

1. Demolition, forming and pouring new stairs to comply with current building code. – 2 Stairs (North and South)	\$70,000.00
2. Overhead Protection – Engineered Drawings Demolition of entire existing upper deck edge up to 8” back to reinforce according to EOR specifications - Approx. 104 LF Application of Waterproofing 710/715 and decorative coating to match existing finish	\$27,000.00
3. Remove and replace existing railing system by new Glass rail on first and second floor – 240 LF at \$240.00/LF	\$57,600.00
4. Repaint building exterior surfaces to match proposed design from City of Hollywood.	\$43,770.00
<b><u>Total</u></b>	<b><u>\$198,370.00</u></b>

**COAST TO COAST GENERAL CONTRACTORS, INC.**  
*Specializing in Concrete Restoration & Waterproofing*

613 SOUTH 21<sup>ST</sup> AVENUE • HOLLYWOOD, FLORIDA 33020 • (954) 920-3900 • FAX (954) 920-0138

WWW.COASTTOCOASTGIC.COM

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LICENSED AND INSURED • CGC # 1504663 • CGC # 1515948





**Coast to Coast**  
General Contractors, Inc.

**General Notes:**

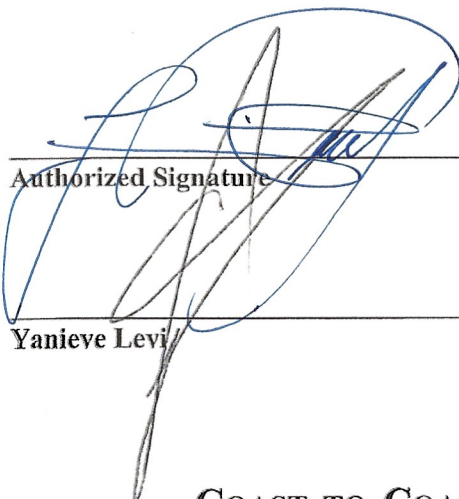
- Owner is responsible for any cost relating to engineering, field surveys, field-testing and/ or inspections as may be required for permitting.
- Owner is responsible to provide adequate power and potable water.
- Owner is responsible for all permit cost.
- Owner is responsible to remove any property/articles from work area.
- Owner is responsible to provide adequate parking for contractor's personnel.
- Plumbing/Electrical work are not included in this proposal.
- Contractor is to demobilize and clean work area.

**Payment Terms & Conditions:**

1. Owner is required to place a downpayment of 33% of the job value.
2. Owner is required to pay an additional 33% of the job value after materials and permits are on site.
3. Owner is required to pay the reminder 34% of the job value upon job completion.

**CUSTOMER ACCEPTANCE:**

By signing this proposal, the customer accepts the proposal, acknowledges that customer has read the above text and authorizes Coast to Coast General Contractors, Inc. to perform the work and agrees to make payments as outlined above.

  
\_\_\_\_\_  
Authorized Signature  
  
\_\_\_\_\_  
Yanieve Levi

03/21/23  
\_\_\_\_\_  
Date

03/21/23  
\_\_\_\_\_  
Date

**COAST TO COAST GENERAL CONTRACTORS, INC.**  
*Specializing in Concrete Restoration & Waterproofing*



**Coast to Coast**  
General Contractors, Inc.

February 2, 2023

**La Terrace Oceanfront Hotel**  
**600 N. Surf Road**  
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WWW.COASTTOCOASTGC.COM

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CGC # 1504663 • CGC # 1515948



**General Notes:**

- Owner is responsible for any cost relating to engineering, field surveys, field-testing and/ or inspections as may be required for permitting.
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\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Yanieve Levi

\_\_\_\_\_  
Date

**COAST TO COAST GENERAL CONTRACTORS, INC.**  
*Specializing in Concrete Restoration & Waterproofing*

613 SOUTH 21<sup>ST</sup> AVENUE • HOLLYWOOD, FL 33020 • (954) 920-3900 • FAX (954) 920-0138  
WWW.COASTTOCOASTGC.COM

LICENSED & INSURED • CGC # 1504663 • CGC # 1515948





Ron DeSantis, Governor

Melanie S. Griffin, Secretary



**STATE OF FLORIDA**  
**DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

**CONSTRUCTION INDUSTRY LICENSING BOARD**

THE GENERAL CONTRACTOR HEREIN IS CERTIFIED UNDER THE  
PROVISIONS OF CHAPTER 489, FLORIDA STATUTES

**LEVI, YANIEVE ISRAEL**

COAST TO COAST GENERAL CONTRACTORS INC  
613 SOUTH 21ST AVENUE  
HOLLYWOOD FL 33020

**LICENSE NUMBER: CGC1515948**

**EXPIRATION DATE: AUGUST 31, 2024**

Always verify licenses online at [MyFloridaLicense.com](http://MyFloridaLicense.com)



Do not alter this document in any form.

This is your license. It is unlawful for anyone other than the licensee to use this document.





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/14/2023

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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<b>PRODUCER</b> The Liberty Company Insurance Brokers Lic #L045347 725 Progresso Drive Ft Lauderdale FL 33304	<b>CONTACT NAME:</b> COIREQUEST <b>PHONE (A/C, No, Ext):</b> <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b> coirequest@libertycompany.com																					
<b>INSURED</b> Coast to Coast General Contractors, Inc. 613 South 21st Avenue Hollywood FL 33020	<table><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A :</td><td>Knight Specialty Ins Co</td><td>15366</td></tr><tr><td>INSURER B :</td><td>Kinsale Insurance Company</td><td>38920</td></tr><tr><td>INSURER C :</td><td></td><td></td></tr><tr><td>INSURER D :</td><td></td><td></td></tr><tr><td>INSURER E :</td><td></td><td></td></tr><tr><td>INSURER F :</td><td></td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A :	Knight Specialty Ins Co	15366	INSURER B :	Kinsale Insurance Company	38920	INSURER C :			INSURER D :			INSURER E :			INSURER F :		
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**COVERAGES****CERTIFICATE NUMBER:** CL2282224799**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 checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: \$5,000,000 All Projects Agg	Y		TMKS0012700	08/23/2022	08/23/2023	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
	<b>AUTOMOBILE LIABILITY</b> <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) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	01001266451	08/23/2022	08/23/2023	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000 PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

Whereby required by written contract or agreement, Hollywood CRA is included as an Additional Insured under the Commercial General Liability on a Primary/Non-Contributory basis. Waiver of Subrogation in favor of the Additional Insured applies to the General Liability.

**CERTIFICATE HOLDER****CANCELLATION**

Hollywood CRA 1948 Harrison St. Hollywood FL 33020	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)

03/14/2023

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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<b>PRODUCER</b> Bouchard Insurance for WBS - TG PO Box 6090 Clearwater, FL 33758-6090	<b>CONTACT NAME:</b> Todd George <b>PHONE (A/C, No, Ext):</b> (866) 293-3600 ext. 623 <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b>
<b>INSURED</b> Workforce Business Services, Inc. Alt. Emp: Coast to Coast General Contractors Inc. 1401 Manatee Ave. West Ste 600 Bradenton, FL 34205-6708	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> American Zurich Insurance Company <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>
	<b>NAIC #</b> 40142

**COVERAGES****CERTIFICATE NUMBER:** 22FL079919263**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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <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) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
<b>A</b>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	WC 90-00-818-12	12/31/2022	12/31/2023	<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>Location Coverage Period:</b>	12/31/2022	12/31/2023	<b>Client#</b> 054502

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

Coverage is provided for only those co-employees of, but not subcontractors to:

Coast to Coast General Contractors Inc.  
613 South 21 Ave  
Hollywood, FL 33020**CERTIFICATE HOLDER**Hollywood CRA  
1948 Harrison Street  
Hollywood, FL 33020**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



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/28/2023

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<b>PRODUCER</b> D&S FINANCIAL HOLDING LLC 11 W STATE RD 84 FORT LAUDERDALE, FL 33315	<b>CONTACT NAME:</b> DENNIS ZAVLANOV <b>PHONE (A/C, No, Ext):</b> <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b> DZAVLANOV4@ALLSTATE.COM
<b>INSURED</b> COAST TO COAST GENERAL CONTRACTORS, INC. 613 S 21ST AVE HOLLYWOOD, FL 33020	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> ALLSTATE INSURANCE COMPANY <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <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 OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	<b>AUTOMOBILE LIABILITY</b> <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	X	X	648825294	08/06/2022	08/06/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 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 DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

**CERTIFICATE HOLDER****CANCELLATION**

Hollywood CRA  1948 Harrison St. Hollywood FL 33020	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  <b>AUTHORIZED REPRESENTATIVE</b> 
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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/14/2023

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<b>PRODUCER</b> The Liberty Company Insurance Brokers Lic #L045347 725 Progresso Drive Ft Lauderdale FL 33304	<b>CONTACT NAME:</b> COIREQUEST <b>PHONE (A/C, No, Ext):</b> <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b> coirequest@libertycompany.com																					
<b>INSURED</b> Coast to Coast General Contractors, Inc. 613 South 21st Avenue Hollywood FL 33020	<table><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A:</td><td>Knight Specialty Ins Co</td><td>15366</td></tr><tr><td>INSURER B:</td><td>Kinsale Insurance Company</td><td>38920</td></tr><tr><td>INSURER C:</td><td></td><td></td></tr><tr><td>INSURER D:</td><td></td><td></td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Knight Specialty Ins Co	15366	INSURER B:	Kinsale Insurance Company	38920	INSURER C:			INSURER D:			INSURER E:			INSURER F:		
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**COVERAGES****CERTIFICATE NUMBER:** CL2282224799**REVISION NUMBER:**

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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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: \$5,000,000 All Projects Agg	Y		TMKS0012700	08/23/2022	08/23/2023	<table><tr><td>EACH OCCURRENCE</td><td>\$ 1,000,000</td></tr><tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$ 50,000</td></tr><tr><td>MED EXP (Any one person)</td><td>\$ 5,000</td></tr><tr><td>PERSONAL &amp; ADV INJURY</td><td>\$ 1,000,000</td></tr><tr><td>GENERAL AGGREGATE</td><td>\$ 2,000,000</td></tr><tr><td>PRODUCTS - COMP/OP AGG</td><td>\$ 2,000,000</td></tr><tr><td></td><td>\$</td></tr><tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$</td></tr><tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr><tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr><tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td></tr><tr><td></td><td>\$</td></tr></table>	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		\$	COMBINED SINGLE LIMIT (Ea accident)	\$	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$		\$
EACH OCCURRENCE	\$ 1,000,000																														
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B	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			01001266451	08/23/2022	08/23/2023	<table><tr><td>EACH OCCURRENCE</td><td>\$ 3,000,000</td></tr><tr><td>AGGREGATE</td><td>\$ 3,000,000</td></tr><tr><td></td><td>\$</td></tr><tr><td>PER STATUTE</td><td></td></tr><tr><td>OTH-ER</td><td></td></tr><tr><td>E.L. EACH ACCIDENT</td><td>\$</td></tr><tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>\$</td></tr><tr><td>E.L. DISEASE - POLICY LIMIT</td><td>\$</td></tr></table>	EACH OCCURRENCE	\$ 3,000,000	AGGREGATE	\$ 3,000,000		\$	PER STATUTE		OTH-ER		E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$								
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E.L. DISEASE - POLICY LIMIT	\$																														
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A																												

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

Whereby required by written contract or agreement, Hollywood CRA is included as an Additional Insured under the Commercial General Liability on a Primary/Non-Contributory basis. Waiver of Subrogation in favor of the Additional Insured applies to the General Liability.

**CERTIFICATE HOLDER****CANCELLATION**

Hollywood CRA 1948 Harrison St.  Hollywood FL 33020	<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.</b>  <b>AUTHORIZED REPRESENTATIVE</b> 
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## **ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – AUTOMATIC STATUS WHEN REQUIRED IN CONSTRUCTION AGREEMENT WITH YOU (PRIMARY & NONCONTRIBUTORY)**

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This endorsement modifies insurance provided under the following:

### **COMMERCIAL GENERAL LIABILITY COVERAGE PART**

**A. Section II - Who is An Insured** is amended to include as an insured any person or organization for whom you are performing operations when you and such person or organization have agreed in writing in a contract or agreement that such person or organization be added as an additional insured on your policy. Such person or organization is an additional insured only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf; in the performance of your ongoing operations for the additional insured.

A person's or organization's status as an insured under this endorsement ends when your operations for that additional insured are completed.

**B.** With respect to the insurance afforded these additional insureds, the following additional exclusion apply:

This insurance does not apply to:

1. "Bodily injury", "property damage", "personal and advertising injury" arising out of the rendering of, or the failure to render, any professional architectural, engineering or surveying services, including:
  - a. The preparing, approving, or failing to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; or
  - b. Supervisory, inspection, architectural or engineering activities.
2. "Bodily injury", "property damage" occurring after:
  - a. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
  - b. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project; or
  - c. "Property Damage" which manifests after expiration of the Policy.

If required by written contract or agreement, such insurance as is afforded by this policy shall be primary insurance, and any insurance or self insurance maintained by the above additional insured(s) shall be excess of the insurance afforded to the Named Insured and shall not contribute to it.

ALL OTHER TERMS, CONDITIONS AND EXCLUSIONS REMAIN UNCHANGED.

## ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS - COMPLETED OPERATIONS (PRIMARY)

This endorsement modifies insurance provided under the following:

### COMMERCIAL GENERAL LIABILITY COVERAGE PART:

Name of Additional Insured Person(s) Or Organization.	Location and Description of Completed Operations:
We shall name person(s) or organization(s) as additional insured(s) to this insurance as required under a legally enforceable, fully executed written contract with the Named Insured, entered into before the claim or loss for which this policy applies.	Any operations performed under a written contract or agreement as described in the schedule of Name of Additional Insured Person(s) or Organization(s)

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Section II - Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury" or "property damage" caused, in whole or in part, by "your work" at the location designated and described in the schedule of this endorsement performed for that additional insured and including in the "products-completed operations hazard."

No coverage, indemnity and/or defense obligations shall be provided under this endorsement to any person(s) or organization(s) claiming to be additional insured(s) for claims or losses which do not arise from the Named Insured's work or operations under a written contract and completed during the policy period. The Named Insured's mere presence at a work site shall not be deemed sufficient cause to require coverage, indemnity and/or defense to any person(s) or organization(s) claiming to be an additional insured under this endorsement.

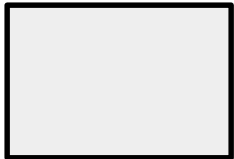
There shall be no coverage, indemnity, and/or duty to defend any person(s) or organization(s) claiming to be an additional insured under this endorsement if the claim or loss does not arise, in whole or in part, from the negligence and/or fault of the Named Insured.

We have a right of reimbursement for attorney's fees and litigation expenses that can be allocated solely to claims not potentially covered.

If required by written contract or agreement, such insurance as is afforded by this policy shall be primary insurance, and any insurance or self insurance maintained by the above additional insured(s) shall be excess of the insurance afforded to the Named Insured and shall not contribute to it.

ALL OTHER TERMS, CONDITIONS AND EXCLUSIONS REMAIN UNCHANGED.







**BEACH**  
CONTRACTING

PARKING GARAGE CONCRETE REPAIRS

BID FORM LaTerrace Oceanfront Hotel "600 N Surf Rd #6, Hollywood, FL 33019 "			
WORK ITEM DESCRIPTION.			
SECTION 1. Miscellaneous Repairs	Est. Quantity	Unit Price	Item Value
1.1 Edge Repairs - up to 8"			
1.2 Demolition of Existing Stairs to build according to code.	104	\$ 180.00	\$ 18,720.00
1.3 Application of waterproofing Sika 710/715 to slab edge		Lump Sum	\$ 62,350.00
SECTION 2. General Items			\$ 9,500.00
2.1 General conditions, mobilization, demobilization, safety, protection, MOT, etc.			
2.2 Repaint Building Exterior		Lump Sum	\$ 25,000.00
2.3 Railing Replacement with Glass Railing		Lump Sum	\$ 48,320.00
2.4 Shoring design, supply, installation, removal, etc.		Lump Sum	\$ 67,315.00
		Lump Sum	\$ 3,000.00
TOTAL			\$ 234,205.00

Important Considerations:

1. The parties understand that the estimated repair quantities will vary in comparison with the actual quantities.
2. The Contractor may provide additional clarifications or repair alternatives with the proper information. These options need to be provided to the owner and Engineer for review.
3. In concrete restoration projects, it is recommended to budget for a contingency for quantity overruns or unforeseen conditions. Especially on the work items that have estimated quantities and are unit price based.
4. For work items that are unit price based, the Contractor will get paid based on the actual repair quantity multiplied by the unit price for such item.

Tomtech Engineering Solutions Inc.

**Proposal for**  
**LaTerrace Oceanfront Hotel**



**C & S Paint & Wallpaper, Inc.**

*A Restoration Company*

***Licensed Insured Bonded***

CGC # 1510091

**Standard Form of Agreement between C&S Paint and Wallpaper and LaTerrace Oceanfront Hotel**

Agreement made as of 31<sup>th</sup> day of January in the year 2023.

Between the Contractor

C&S Paint and Wallpaper Inc.  
Main Office: 660 NW 125<sup>th</sup> Street  
Miami, Florida 33168  
Phone: 305.643.1136 Fax: 305:643.1186

The contractor has made a contract for the Miscellaneous Restoration dated: 01/31/23.

Prepared for:

**LaTerrace Oceanfront Hotel**  
**600 N Surf Rd #6,**  
**Hollywood, FL 33019**

Which contract is hereinafter referred to as the Prime Contract and which provides for the Furnishing of labor, materials, equipment and services in connection with the Painting/Waterproofing/Concrete Restoration of the project. A copy of the Prime Contract, consisting of the Agreement Between owner and Contractor (from which compensation amounts may be deleted) and the other Contract documents enumerated therein has been made available to the Owner.

**Article 1 THE CONTRACTOR DOCUMENTS**

1.1 The contractor Documents consist of (1) this agreement; (2) the concrete restoration contract, consisting  
Of the agreement between the owner/representative of owner and Contractor and the other Contract Documents enumerated therein (3) Modifications issued subsequent to the execution of the Agreement Between the Owner and the Contractor, whether before or after the execution of this Agreement:

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This Document has important legal consequences. Consultation with an attorney is encouraged with the Respect to its completion or modification.

1.2 The owner shall be furnished copies of contract documents upon request, but the contractor may Charge the owner at a reasonable cost for any reproduction or modifications proposed to set contract.

**Article II: MUTUAL RIGHTS AND RESPONSIBILITIES**



- 2.1 The Owner and Contractor shall be mutually bound by the terms and conditions of all agreements Herein and all subsequent pages attached to this agreement. Agreement shall become valid as of date Signed in said contract. Prime contract shall assume towards Contractor, the contractor shall assume all responsibilities and obligations. The Contractor shall assume all obligations and responsibilities towards the owner and Sales representative of suppliers as attached herein and all sub-sequent pages in this contract.
- 2.2 C&S Paint and Wallpaper may request written authorization prior to the painting of the project in regards to color coordination and color approval. Also C&S may request written warranty from Sherwin-Williams authorizing their product to be warranted for referenced amount of time Sherwin-Williams will warranty their product.
- 2.3 Management is responsible for advising and informing all said residents at reference above location of removal of all personal properties from common areas upon request from contractor.
- 2.4 The building will provide suitable areas for storage of the Sub-contractors materials and equipment during the course of the Work (**parking spaces needed minimum 4**).

### Article III. CONTRACTOR

#### 3.1 SERVICES PROVIDED BY THE C&S PAINT

- 3.1.1 The contractor shall cooperate with the building in scheduling and coordinating the painting, waterproofing, and concrete restoration of said property. The contractor shall produce an estimated schedule which the building may use in order to advise said residents of work performed at their entry locations. The contractor shall produce all scheduling, submittals, with such additional scheduling details as will enable the contractor to perform the work promptly and efficiently.

#### 3.2 COMMUNICATIONS

- 3.2.1 The owner is responsible to make available to the contractor, which affects the contractor and Any information that may be important to the contractor as soon as the agreement is executed.
- 3.2.2 The owner shall not give instructions directly to contractors employees or to material suppliers Unless persons are designated as contractors representatives.
- 3.2.3 The contractor shall permit the owner to request from the Paint representative the percentage of Completion and the amount certified on account of work done by contractor.
- 3.2.4 If hazardous materials are being used by contractor, the contractor shall notify designated parties of set property by written notice prior to application of set chemicals with ample time prior to application a consent form must be accepted by owner/representative.
- 3.2.5 The owner shall furnish to C&S Paint and Wallpaper within 30 days after the receipt of a written request ,or earlier if so required by law, information necessary or relevant for the contractor to evaluate, give notice or enforce the mechanics lien of rights. Such information shall include a correct statement of the record legal title to the property, usually referred to as the site, on which the Project is located and the Owners interest therein.

#### ARTICE IV: PROGRESS AND EXECUTION OF WORK:

- 4.1 The contractor shall promptly submit to the owner all data and specifications of set products to be used in set project, Shop drawings, product data , samples and similar data required by owner.
- 4.2 C&S Paint and Wallpaper shall furnish to the owner a schedule of values allocated to the various parts of the work in contract agreement, aggregating the contract sum, made out made out in such detail as the owner may agree upon the percentage of work completed.
- 4.3 The contractor agrees that the contractor warranting the job have set authority to reject any work not being done as per specifications. Notices must be done in writing.
- 4.3 The owners of set property shall take necessary steps to ensure that the work being done by set Contractor be protected from set residents/other trades while duration of project.
- 4.4 The contractor will be responsible to ensure that all areas other than locations being worked on are properly protected.
- 4.5 **LAWS, PERMITS, FEES AND NOTICES**  
The contractor shall give notices and comply with the laws, ordinances, rules, regulations and orders of public authorities bearing on performance of the work on this project. C&S Paint and Wallpaper is to pay for all permits and governmental fees, licenses and inspections necessary for the completion of Prime contract.
- 4.6 C&S is to comply with Federal, state and local taxes ,social security acts, unemployment compensation acts and worker's compensation acts insofar as applicable the performance of C&S Paint and Wallpaper.

#### Article V: CLEANING UP

- 5.1 C&S Paint and Wallpaper shall keep the premises and surrounding area free from accumulation of waste materials or rubbish caused by operations performed under this Contract. C&S Paint and Wallpaper will not be responsible for unrelated clean-up do to other trades or other people.
- 5.2 C&S Paint will be responsible for removing of all debris or left over paint containers from premises upon completion of project. All equipment and machinery will also be removed from premises with 3 days upon completion of job.

#### ARTICLE VI: WARRANTY

- 6.1 The owner may make changes in the work by using Modifications to the prime contract. Upon receipt of such modifications issued subsequent to the execution of the contract Agreement, the contractor will apply (incorporate) warranty at such times.
- 6.2 C&S Paint and Wallpaper will issue a 1year warranty on all labor upon completion of scope of work. C&S will be responsible for any peeling, flaking or any other problem that arises due to improper application. Manufacturer will inspect and provide a full progress report of application along with a progress report from C&S and provide a 1YEAR WARRANTY

## ARTICLE VII: PAYMENTS

- 7.1 If the owner does not pay the contractor through no fault of the contractor, within seven days from the time payment should be made from the scheduled agreement, the contractor may, with prejudice to any other available remedies, upon seven additional day's written notice to the owner, stop the work until payment of the pending balance has been received. The contract sum shall, by appropriate adjustment, be increased by the amount of the contractor's reasonable costs, demobilization, delay and remobilization.
- 7.1.2 At the final phase of painting/waterproofing if payment is not provided upon completion, within seven days and additional seven days of written notice owners may be subject to a 3% interest charge monthly.

### 7.2 SCHEDULE OF PAYMENTS:

- 7.2.1 Twenty(20%) deposit to be paid for mobilization as a deposit to commence project
- 7.2.2 All other payments to be drawn on a monthly schedule based upon percentage of completed work and approved by management
- 7.2.3 Final payment is to be made upon final completion of project and inspected by Management.

## ARTICLE VIII: MEDIATION AND ARBITRATION

- 8.1 Any claim arising out of or related to this contract, except claims as otherwise noted in subparagraph 4.3 and except those waived in this contract, shall be subject to mediation as a condition precedent to arbitration or the institution of legal or equitable proceedings by either party.
- 8.2 The parties shall endeavor to resolve their claims by mediation which, unless the parties mutually agree otherwise. Request for mediation must be filled by either parties to American Arbitration Association.
- 8.3 Claims not resolved by mediation shall be decided by arbitration which, unless the parties mutually agree otherwise. Demand for arbitration must be filled and submitted along to the Paint manufacturer.
- 8.4 Judgment of final award. The award rendered by the arbitration or arbitrators shall be final, and judgment may be entered upon it in accordance with applicable law in any court having jurisdiction thereof.

## Article IX: Inclusions

- 9.1: Removal and disposal of all Debris Associated with Concrete Restoration.
- 9.2: Provide access at all locations as phase work is completed.
- 9.3: Use all Materials as per ICRI Field Guide Approved products.
- 9.5: Please see scope of work and cost breakdown for repairs as per request.
- 9.6. Provide all labor and materials necessary to complete scope of work.
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## SCOPE OF WORK:

1. This specification covers all labor, materials, equipment, storage facilities, services and supervision necessary for the completion and satisfactory installation of the work described herein.

## Cost Breakdown are as follows:

### Article X Exclusions:

**10.1: Any item not specifically mentioned above**

**Estimated Time Necessary for Project Duration: TBD**

**Any extra work arising after commencement will billed accordingly as noted in Articles X**

### Article XII: INSURANCES

**12.1 C&S Paint and Wallcovering shall purchase and maintain insurance of the following types of coverage and limits of liability.**

**12.2 Coverage whether written on an occurrence or claims made basis, shall be maintained without interruption from the date of commencement.**

### Article XIII: Costs

**LaTerrace Oceanfront Hotel: Edge Repairs, Re-build 2 Stairs and Miscellaneous Restoration/ Paint.**

- |   |             |
|---|-------------|
| 1. Demo, form and pour new stairs to comply with current building code. – 2 Stairs -North and South   | \$78,350.00 |
| 2. Installation of overhead protection, demo form and pour upper deck edge to provide additional reinforcement to match engineering drawings. Apply waterproofing to edge to provide additional protection against external elements. | \$35,200.00 |
| 3. Remove and replace existing railing with new Glass railing system.   | \$72,400.00 |
| 4. Repaint building exterior building surfaces. Color to be Determined.   | \$55,770.00 |

<b>Total</b>	<b>\$241,720.00</b>
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## ACCEPTANCE:

_____ Owner/Representative	Date: _____	_____ C&S Paint and Wallpaper	Date: _____
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_____ Owner/Representative	Date: _____	_____ C&S Paint and Wallpaper	Date: _____
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