

LEGISTAR NO.

210117

Business Improvement Grant Program

Program Guidelines and Application Packet

HOW TO GET STARTED

Step 1: Confirm the building is within the GCRA District.
Visit gainesvillecra.com/gcra-project-map/ and enter building address.

Step 2: If within the GCRA District complete the application.

Questions? Contact the GCRA at 352-393-8200 or info@gainesvillecra.com

As approved by the Gainesville City Commission
(Legistar #200275) on November 5, 2020



Gainesville
Community
Reinvestment
Area



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The Gainesville Community Reinvestment Area ("GCRA") was created in 2019 through the adoption of Ordinance 181001. The goal of the GCRA is to encourage investment in underserved areas within the district.

Section 1. About the Business Improvement Grant Program

The Gainesville Community Reinvestment Area (GCRA), a Department of the City of Gainesville, is offering a 50% matching grant to businesses through the Business Improvement Grant program. The Business Improvement Grant program is designed to assist owners of buildings and businesses improve their building façades (a façade is defined as the exterior of a building facing a public way or space) and other associated elements. The Building must be located within the GCRA district. The purpose of the Business Improvement Grant Program is to use GCRA funds to encourage private investment in making significant improvements to building exteriors. Improvements made are expected to return public benefits such as enhanced corridor aesthetics, improved pedestrian comfort, and public safety. The Business Improvement Grant program meets reinvestment objectives identified within the GCRA 10 Year Reinvestment Plan.

Section 2. Eligibility Requirements

1. To be eligible the building must be located within the GCRA District. Address can be verified online at gainesvillecra.com/gcra-project-map/, or by calling (352) 393-8200.
2. Non-profits may apply but any residential and governmental facilities do not qualify for this program. Businesses are to provide proof they are current with their business tax payment with the City of Gainesville (a copy of which or proof of payment must be attached to the application). Application will be rejected if the property has any judgement liens, code violations, or delinquencies in mortgage or tax obligations.
3. If the Applicant (Applicant is defined as the entity that is completing the application) is not the building and property owner, the building and property owner must agree in writing to allow and support the application as part of the application process (per GCRA Owner Consent Form, page 12).
4. Buildings constructed within the last five years are not eligible.
5. Project must have proper City permits and GCRA approval prior to beginning work. Any Application where work has started prior to receiving permits and approvals will be rejected. Project as defined here refers to the work to be done by the Applicant.
6. An estimated amount of time in months to complete the Project must be provided on the application. The Project must be started within 60 days and completed within 12 months of the date the GCRA approves the application. Failure to do so, without an approved deviation by the GCRA, will result in termination of the grant. An example of an acceptable deviation request that would be granted would be a delay caused by a hurricane. Acceptance of a deviation request is solely at the discretion of the GCRA Director.

Section 3. Eligible Improvements

Eligible improvements are restricted to work done on the exterior of the building and associated elements that are visible from the Transit Corridor. A Transit Corridor can be a public road or public thoroughfare for pedestrian traffic. All work must be performed to applicable codes. Examples of eligible improvements are listed below; however, this list is not exhaustive:

1. Signs - including removing the old and the design, production, and installation of new signs or renovation of existing.
2. Awnings/Canopies - including the removal of old awnings and canopies and the design, production, and installation of new awnings and canopies.
3. Façade- includes work performed on the exterior storefront of a building such as cleaning masonry (high pressure water or steam - sandblasting is prohibited on masonry structures), painting, re-pointing (filling in or repair to joints), woodwork, window and/or door replacement, and other repairs (that are not maintenance related), or rebuilding historic storefronts. As used in this document a storefront is defined as the front side of a store or store building facing a transit corridor.
4. Walls, fencing, and landscaping - includes work that removes and replaces or adds appropriate fencing and landscaping to hide incompatible uses or negative site elements such as storage yards, outdoor fabrication, work area, or dumpsters.
5. Removing and disposing of old façade coverings - (i.e. vinyl and aluminum cladding, window boards).
6. Architectural fees - (not to exceed 10 percent of Project amount).
7. Outdated security features - removing rollup metal security doors and metal window grates.
8. Removing excessive window signage - reduce window signage to allow 95% window transparency.
9. Original building elements - restoring original decorative building elements.
10. Increasing glazing (window area) - increasing amount of glazing to attain a minimum of 50% of façade area.

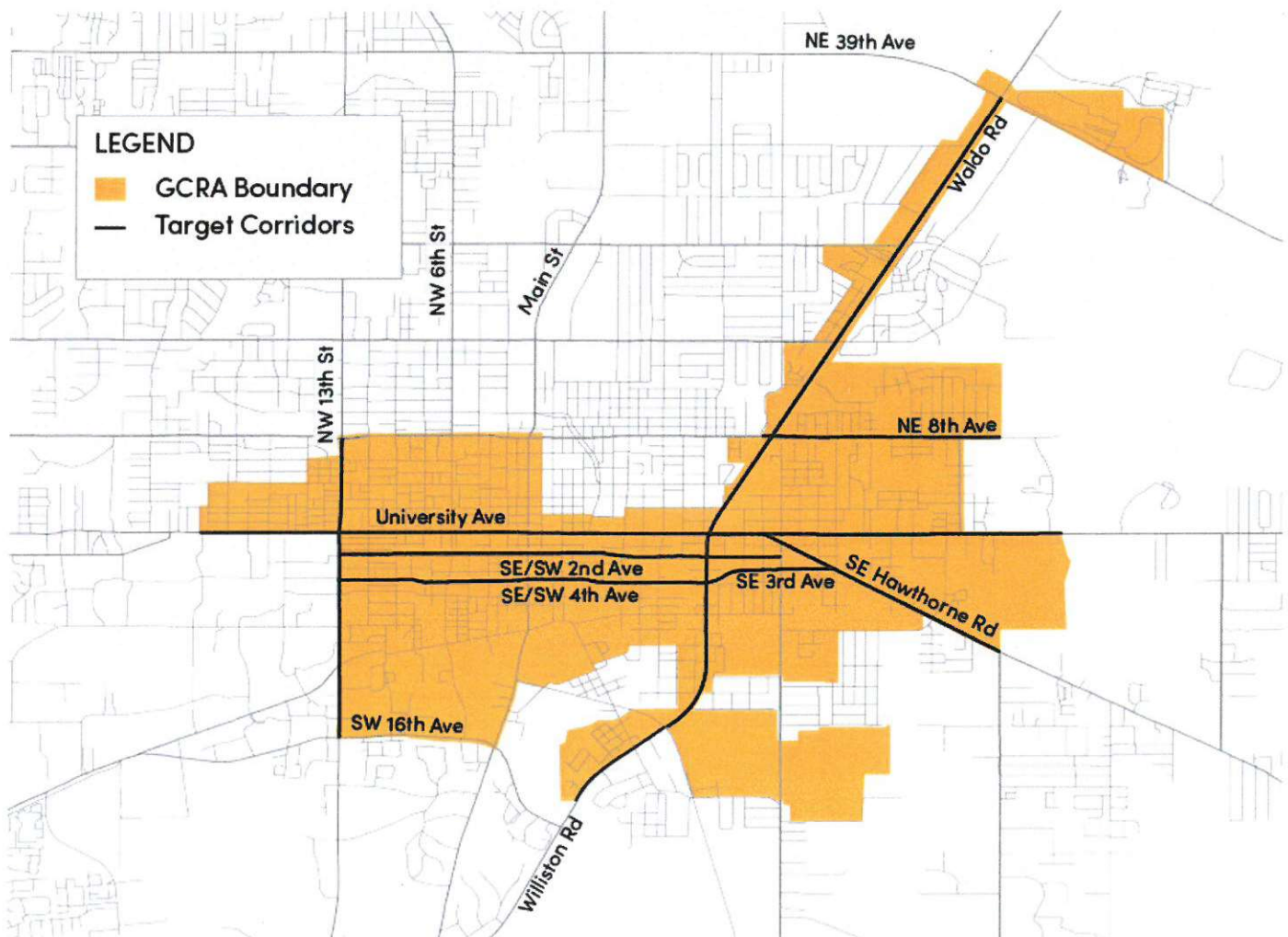
Section 4. Ineligible Improvements

The following items are not eligible for the grant: Interior improvements, exterior improvements visible less than 24 hours per day, features designed to be installed temporarily, features that do not meet the applicable provisions of the City of Gainesville Land Development Code including special area plans. Activities that are primarily for maintenance for example: painting, asphalt sealing, landscape maintenance, power washing (power-washing to maintain brick masonry is allowable per Section 3.3, the GCRA does not assume any liability for damage caused by Applicant's power-washing), and other maintenance-type activities are not eligible for reimbursement. This list is not exhaustive. If painting, power-washing, brick repair, or similar cosmetic work is proposed to take place in conjunction with significant exterior enhancements, then those activities will be eligible for the incentive.

Section 5. Target Corridors

The GCRA 10 Year Reinvestment Plan identified specific corridors within the GCRA that would benefit from additional assistance. These target corridors are shown below. Funding is available anywhere in the district and the Applicant may qualify for additional funding if their building is physically located on the following sections of road per the Target Corridor Map.

1. Waldo Road between NE 39th Avenue and East University Avenue
2. Williston Road between East University Avenue and SE 1st Street
3. SE Hawthorne Road between East University Avenue and SE 26th Street
4. University Avenue from NW 20th Terrace to Ellen West Boulevard
5. 2nd Avenue from SW 13th Street to SE 15th Street
6. 4th Avenue from SW 13th Street to SE 11th Street
7. SE 3rd Avenue from SE 11th Street to Hawthorne Road
8. 13th Street between NW 8th Avenue and SW 16th Avenue
9. NE 8th Avenue between NE 14th Street and NE 25th Street



Section 6. Available Funding Tiers

Funding is available in four tiers.

1. Tier 1 funding level- Located anywhere within the GCRA boundary. Provides for a matching grant of up to \$10,000.
2. Tier 2 funding level- Provides up to \$30,000 of matching grant funds if two of the four below are met:
 - a. Storefront is greater than 30 feet in width
 - b. Storefront is on a Target Corridor
 - c. Storefront is comprised of multiple stories
 - d. Business occupant/owner is registered with the City of Gainesville as a "Small, Local, or Diverse business"
3. Tier 3 funding level- Provides up to \$50,000 of matching grant funds if three of the six below are met:
 - a. 75% or more of storefronts within one building are being externally renovated (example a building with four storefronts would require three of them to be renovated). This requirement would entail a single entity applying for the multiple storefronts.
 - b. Business occupant/owner is registered with the City of Gainesville as a "Small, Local, or Diverse business"
 - c. Storefront is on a Target Corridor
 - d. Storefront has a second elevation visible from a primary Transit Corridor
 - e. Storefront is greater than 30 feet in width
 - f. Storefront is a grocery store (deriving at least 50% of yearly sales from groceries)
4. Tier 4 funding level- Provides up to \$150,000 of matching grant funds if the following is met:
 - a. Building is listed on the National Register of Historic Places OR listed on the City of Gainesville's Historic Local Register Listings as identified at www.cityofgainesville.org/PlanningDepartment/HistoricPreservation.aspx

(see printout)

Section 7. Matching Funds

Upon application and agreement approval, Applicants must expend their own funds to pay for the Project in its entirety prior to reimbursement from the GCRA. The GCRA reimbursement is a maximum of 50% of documented and eligible Project costs up to the approval cap. The only form of matching funds, by the Applicant, that will be accepted is the cash value of goods and services used for allowable improvements. Sweat equity by the recipient is not allowed for reimbursement. Upon reaching the reimbursement request stage the Applicant will submit a spreadsheet showing at a minimum the following: vendor name, invoice number, dollar amount paid, and date of payment. A sample spreadsheet will be made available to Applicants. All receipts are required to be submitted for staff review and the GCRA reserves the right to reject any deemed inappropriate expense.

Section 8. Application Requirements

1. Completed application form.
2. Proof of building ownership shown by either a copy of the deed or county tax records. ✓ Deed
Tax Bill
3. Copy of City of Gainesville business tax license or proof of current payment.
4. Evidence of agreement with Business Improvement Grant Program requirements by building owner, if different from the Applicant. This evidence must be in the form of GCRA Owner Consent documentation that has been properly notarized. GCRA Owner Consent documentation is not required, if the Applicant is the owner of said property. Applicant is owner
5. Photographs of every external wall of the Project building showing existing conditions and their relationship (if any) to the transit corridor.
6. Sketches and/or digital illustrations of elevations of proposed improvements. (see plans)
7. A minimum of two cost estimates from different sources. These cost estimates MUST be for the same improvements. Estimates should be broken out in detail, especially if any non-eligible improvements are being completed, as this allows the GCRA to compare based on only grant eligible improvements being performed. The Applicant can choose to use the more expensive quotation, but the GCRA matching grant funds will not exceed the lowest cost estimate.
8. Selected contractor's general liability insurance certificate and contractor's license. Requested from Joyner
9. Work schedule that shows when work is expected to start and be completed. Requested from Joyner

Section 9. Application Process

Applications are accepted and evaluated on a continuous, first come, first served evaluated basis, subject to funding availability. Applications will be available on the GCRA website or available at the GCRA office.

The Grant application process is as follows:

1. Application will be submitted by Applicant.
2. GCRA staff will initially review grant applications within 30 days of receipt for completeness.
 - a. Completed applications for up to \$50,000 of matching grant funds will be approved or denied by the GCRA Director or staff designee.
 - b. Applications for between \$50,000.01 to \$100,000 of matching grant funds will be reviewed by the GCRA Director prior to being submitted to the City Manager for approval or denial.
 - c. Applications for over \$100,000.00 in matching funds will be reviewed by the GCRA Director and City Manager, prior to being submitted to the City Commission for approval or denial.
4. The GCRA will notify Applicant of approval or denial in writing or by email.
5. If approved, Applicant (and Building Owner if not Applicant) will be given a Business Improvement Grant Program Agreement that must be notarized and returned prior to commencement of work. The twelve-month period to complete the Project begins the date that the Agreement is countersigned by the GCRA/City of Gainesville.
6. Applicant completes work according to approved schedule. Once complete, Applicant provides required receipt/invoice documentation and Affidavit of Completion to the GCRA for approval and allows potential onsite visit by GCRA staff.
7. Facade Preservation Easement is filed on the property by the GCRA per terms of the Agreement.
8. Approved grant reimbursement is paid to Applicant within 30 days of Façade Preservation Easement being filed.

Section 10. Application Deadline

Applications are accepted on a rolling basis, contingent upon availability of Business Improvement Grant Program funding. The Business Improvement Grant Program may be temporarily paused if funding for the fiscal year is exhausted or if the Business Improvement Grant Program is undergoing a revision. If the Business Improvement Grant Program is paused, a waiting list will be established and people on the waiting list will be notified when the Business Improvement Grant Program restarts. Submit completed applications to:

Gainesville Community Reinvestment Area
Attn: Business Improvement Grant Program
2153 SE Hawthorne Road, Suite 223
Gainesville, FL 32641

Section 11. Evaluation of Applications

GCRA staff will review grant applications within 30 days of receipt for completeness. Incomplete applications will be returned to the Applicant to resolve issues. Only completed applications are eligible for consideration by the Business Improvement Grant Program.

Complete applications for up to \$50,000 of matching funds will be approved or denied by the GCRA Director or staff designee. Any application for between \$50,000 and \$100,000.00 of matching grant funds must be approved by the City Manager, and any application for over \$100,000 in matching grant funds must be approved by the City Commission.

Section 12. Program Guidelines

1. Applicant (and Building Owner if not Applicant) agrees that any improvements made using grant funds awarded under this program will be maintained for a minimum of five years. If the improvements are replaced or not maintained for five years, the Applicant must repay a pro rata portion of the grant proceeds invested in the Project for the number of months remaining, as further described in the property Façade Preservation Easement that must be filed under this program, a copy of which is available upon request and can be found on the City's website.
2. The following exceptions apply to this requirement:
 - i. The improvement has been damaged beyond repair (i.e. broken awning), at no fault of the Applicant, and the Applicant has replaced the improvement.
 - ii. The improvement was replaced for the purpose of further renovation that will enhance the original Project, as determined in the sole discretion of the GCRA Director or designee.
3. Applicant must obtain all required building permits for the work undertaken and must keep current on any applicable requirements throughout the Project.
4. Time extensions may be granted by the GCRA, at the sole discretion of the GCRA, on a very limited, case-by-case basis, such as when the contractor is having difficulty meeting the deadline due to weather delay or proven supply issues.
5. The GCRA is not responsible for and will not be held liable for any workmanship, design, or construction related issues to the Project receiving grant funds under the Business Improvement Grant Program.
6. New grant applicants will have priority over Projects applying for additional funding.
7. Only completed applications will be considered for possible grant funding.
8. Applicant (and Building Owner if not Applicant) agrees to allow the GCRA and City of Gainesville to photograph the Project for use in future publications.
9. Applicant (and Building Owner if not Applicant) will allow the GCRA to place temporary signage on the property to advertise that work is being partially funded by the Business Improvement Grant Program.

Section 13. Nondiscrimination

The City of Gainesville/GCRA does not discriminate on the basis of sexual orientation, race, color, gender, age, religion, national origin, marital status, disability, or gender identity. The City of Gainesville/GCRA will not allow any such discrimination by or against its employees or citizens utilizing GCRA services, programs, and activities.

Section 14. Program Revisions

The City Manager may approve de minimis changes to this Business Improvement Grant Program that do not involve changes to grant dollar values or program geographical areas, including targeted corridors. Any changes to grant dollar values or program geographical areas must be approved by the City Commission.

SECTION A: APPLICANT INFORMATION

Applicant Name: Luis D. Rodriguez Business Name: Historic masonic Gainesville, LLC

Business Federal ID#: 84-4721980 Year Established: 2020 Business Building Legal Structure: LLC

Is the business currently registered with the City of Gainesville to pay local business tax?: _____

Is the business registered with the City of Gainesville as (check all that apply): ☒ Small
☐ Local
☐ Diverse

Applicant Mailing Address: 812 SW 8th St. Gainesville, FL 32601
Street City State Zip Code

Telephone: Luis cell 786-512-3195 E-Mail: LuisRodriguez1129@gmail.com Website: _____

Laura project mgr 386-517-3521 LCaron@PerryRoofing.com

Has the Applicant previously received CRA or GCRA business improvement grant funds?

☐ Yes ☒ No If Yes, when? N/A

SECTION B: PROPERTY OWNER INFORMATION (If different than applicant)

N/A (Luis is owner)

Property Owner Name: _____

Mailing Address: _____
Street City State Zip Code

Telephone: _____ E-Mail: _____

SECTION C: BUILDING INFORMATION

Project Building Address: 215 N. main St. Gainesville FL 32601
Street City State Zip Code

SECTION D: DESCRIPTION OF WORK

Please describe the following, use additional paper if necessary:

What improvements are to be done?

Signs removal & replacement. Canopies over addition to protect patrons from rain. Facade, clean & seal all existing concrete. Rebuild of copper down spouts, fix/plaster ceiling on front porch. Add low wall and fencing around entire building. New landscaping, pavers. addition of all masonry, copper downspouts, repaired and sealed if applicable. New porch ceiling, new "Florida friendly" landscaping, irrigation, pavers, fencing.

Is this Project necessary to retain or attract new tenants? If to attract new tenants, how many new jobs are expected to be created?

No tenants, this will be an owner occupied building where weddings, & meetings will be held.

Does the Project correct exterior code deficiencies? If so, please explain.

Yes. The addition will make building ADA compliant bathrooms & elevator to make more accessible. Repair/Replacement of walkways, pavers and street valet parking will bring up to code as well as making safer visually appealing. Fencing will help keep small children on the site and off code ways. Door swings changed per fire code. Explain what if any sustainable/environmental upgrades will be completed. Addition of "Florida friendly" plants will enhance heritage trees & further protect them. Underground rain tanks will divert water from roof & keep off the streets any run off.

Describe in more detail the proposed improvements: the new primary colors, a description of materials to be used, what if any construction methods will be used for the improvement, the Applicant may provide pictures that illustrate examples of the final Project.

See attached addendum #1

Estimated number of months from potential grant approval to project completion: 4-5 months

Any other applicable information concerning this proposed improvement.

Owner has already invested hundreds of thousands of dollars into restoration of this historic building. Of course the costs are staggering and \$150,000 would help greatly as our anticipated cost is over \$1.7 million to restore the building.

Check which Tier you qualify for and are applying to.

- ☐ Tier 1 (up to \$10,000)
- ☐ Tier 2 (up to \$30,000)
- ☐ Tier 3 (up to \$50,000)
- ☒ Tier 4 (up to \$150,000)

Historic Building

SECTION E: CONTRACTOR'S COST ESTIMATES

Applicant must develop and provide your scope of work to the GCRA as an attachment to this application. The scope of work must detail work to be performed and must separate out any non-grant applicable work from grant applicable work. You must attach at least two cost estimates from different contractors for the scope of work. (It is recommended that you have at least three price quotes). You must provide copies of the selected prime contractor's general liability insurance certificate and contractor's license.

The below is a synopsis of your received bids. The original bids must be included with the application. Please place in the #1 position the desired prime contractor selected for this Project. If multiple contractors are going to be used their work must have comparable bids and they are to be provided.

Name of Contractor #1: Ostern (sitework, sidewalks, rain tanks) Cost Estimate: \$ 116,723

Name of Contractor #2: McDavid Lawn (landscape, pavers) Cost Estimate: \$ 44,025

Name of Contractor #3: Hercules Fence Cost Estimate: \$ 31,220

Name of Contractor #4: The Awning Factory \$ 17,236

Name of Contractor #5: Perry Roofing (gutters & downspouts) \$ 20,000

Name of Contractor #6: masonry wall - TBD

(see attached bids)

Luis Rodriguez
Signature of Applicant

2/23/2021
Date

STATE OF FLORIDA COUNTY OF ALACHUA

The foregoing instrument was acknowledged before me this 23 day of 02

20 21 by Luis Rodriguez who is personally known to me or who has

produced Flondas Driver License as identification.

Lauren Pita Notary Public, State of FLORIDA

My commission expires Feb 24 2023



Complete below only if the applicant is not the building owner.

Signature of Building Owner

Date

STATE OF _____ COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____

20 _____ by _____ who is personally known to me or who has

produced _____ as identification.

Notary Public, State of _____

My commission expires _____

SECTION H: PROGRAM APPLICATION CHECKLIST

- ☐ Completed application form.
- ☐ Proof of building ownership shown by either a copy of the deed or county tax records.
- ☐ Copy of current City of Gainesville business tax license or proof of recent payment.
- ☐ GCRA Owner Consent documentation signed by all applicable parties. Evidence of agreement with Business Improvement Grant Program requirements by building owner, if different from the Applicant. This evidence must be in the form of GCRA Owner Consent Form (page 12) that has been properly notarized.
- ☐ Photographs of every external wall of the Project building showing existing conditions and their relationship (if any) to the transit corridor.
- ☐ Sketches and/or digital illustrations of elevations of proposed improvements.
- ☐ A minimum of two cost estimates from different sources. These cost estimates MUST be for the same improvements. Estimates should be broken out in detail, especially if any interior work is being done as this allows the GCRA to compare based on only grant allowable work being performed.
- ☐ Selected contractor's general liability insurance certificate and contractor's license (The Applicant can choose to use the more expensive quotation, but the GCRA matching grant funds will not exceed the lowest cost estimate).

Submit completed applications by mail or in person to:

Gainesville Community Reinvestment Area
Attn: Business Improvement Grant Program
2153 SE Hawthorne Road, Suite 223
Gainesville, FL 32641

FOR GCRA USE ONLY: DO NOT WRITE IN THIS SECTION

Initial review of partial application
begun 05/14/2021 by DNB

Date & Time Complete Application Received: 06/09/2021

Received by (print name): Daniel Blumberg

Reviewed by (print name): Daniel Blumberg
Historic Masonic Lodge, LLC

Documentation Received:

- ☒ Application
- ☒ Proof of building ownership tax collector record & deed provided
- ☒ Proof of current City of Gainesville business tax license Not currently req'd to have a biz license
- ☒ Proof of Ownership or Owner Consent Form tax collector record & deed provided
- ☒ Photographs of existing conditions and their relationship to the transit corridor
- ☒ Sketches and/or digital illustrations of proposed improvements
- ☒ Cost estimates from two different sources. Low bid amount: See analysis
- ☒ Contractor's general liability insurance certificate and contractor's license
- ☒ Work schedule:

Start Date: ASAP Expected Completion Date: 4-5 months

Historic Places Registration form provided & certified as of 05/29/1998

Grant Amount Requested: 50% of \$245,358.84 = \$122,679.42

-note: unapproved but requested for a new stone
and metal fence totaling ~\$112,000

Approvals:

- ☐ Up to \$50,000. GCRA Director or staff designee. Date approved: _____
- ☐ \$50,000.01 to \$100,000. City Manager. Date approved: _____
- ☒ Over \$100,000.00. City Commission. Legistar #: _____ Date approved: _____

Grant Amount Approved: _____

☐ Denied. Reason: _____

Date Applicant notified in writing of Approval/Denial: _____

Historic Masonic Lodge, LLC						
Work to be Performed	Vendor 1 Name - Low Cost Vendor	Vendor Quote	Vendor 2 Name	Vendor Quote	Vendor 3 Name	Vendor Quote
Site work including sidewalks, walkways, earthwork, and rainwater tanks	O'Steen Brothers	\$ 116,723.07	Scherer Construction	\$ 132,825.00		
New Pavers for entrance, sidewalk, and patio areas	Ground Control	\$ 38,850.00	McDavid	\$ 46,250.00		
Landscaping & Landscape Maintenance	florida Green Keepers	\$ 6,319.00	McDavid	\$ 8,800.00		
Downspouts and Gutters - Required 3 total quotes as one of them is for Perry Roofing an affiliated organization to perform the work	Perry Roofing	\$ 25,430.00	Don Stauss Big D Roofing	\$ 32,749.00	Register Roofing & Sheet Metal	\$ 29,700.00
Awnings	The Awning Factory	\$ 17,236.00	Boy's Awning Service	\$ 31,600.00		
Exterior Lighting	Visionary Systems AV	\$ 24,901.00	Entropic Accents	\$ 30,000.00		
New front railing installation	Boone Welding	\$ 5,649.77	PAR	\$ 9,794.00		
Repairing and sealing of front steps	Silcox Painting	\$ 1,500.00	RWPC	\$ 3,800.00		
Sealing of precast Concrete to prevent erosion	APW	\$ 5,500.00	SE Florida Painting	\$ 6,200.00		
Painting of the new addition	Silcox Painting	\$ 3,250.00	Natural Elements	\$ 6,482.00		
Allowable reimbursable items pending City Commission approval for the above items		\$ 245,358.84		50% matching grant	\$ 122,679.42	
Low masonry wall- reimbursement not allowed under grant	Alcon Construction	\$ 88,788.00	Van Goettling Masonry	\$ 110,600.00		
wall fence topper- reimbursement not allowed under grant	McDavid	\$ 23,350.00	Gainesville Ironworks	\$ 35,100.00	Hercules Fence Company	\$ 26,700.00
Total work being performed including the non-reimbursable wall & fence		\$ 357,496.84	Building of a brand new fence surrounding the property is not authorized nor the intent of the program and the requested approval for this component is not allowed as part of this request			

Historic Masonic Gainesville, LLC
215 N Main St; Gainesville, FL 32601

To: Gainesville CRA Grant Administrator
2153 SE hawthorn Rd.; Ste 223
Gainesville, FL 32641

Re: Explanation of difference in lighting fixture quantity

To Whom it May Concern,

Please accept this letter as my true and factual explanation for the difference in lighting fixture quantity between the two outdoor lighting bids. Lighting contractors that specialize in outdoor installs usually partner with one or two different lighting manufacturers that they feel have the best products and/or have specialty products that meet their target customer base. They exclusively work with those manufacturers and the difference between fixture size and quantity needed to obtain the same result vary greatly between brands. For instance, Entropic shows 85 fixtures, 2 transformers and Colorbeam shows approximately 30. The reason for this differential is that Entropic is using much smaller fixtures while Color beam uses much larger fixtures to light up a bigger area all at once. This cuts down on the frequency and cost in replacing many bulbs if any burn out. They also have a far superior product to achieve more lighting with less fixtures. Please feel free to contact me if you have any additional questions.

Regards,



Laura Caron

Masonic Project Manager

386-517-3521



SPECIFICATION SHEET

BULLET SERIES

DESCRIPTION

Made of solid brass with a glass lens, low heat emitting, adjustable up/down tilt, Water-resistant rated IP65. This yard patio, path, wall, spotlight lamp has excellent performance under all weather conditions. Up to 85% energy savings and environmentally friendly.



Product	BULLET-RGB27W-14W	BULLET-BI-10W
Power	14W	10W
Color Temperature	RGB - 2700K	2700K - 6500K
Total Luminous Flux	543 lm	444 lm
LED Type	CREE COB	
Voltage	36V	
Beam Angle	40D	
Working Temperature	-30C to 45C	
IP Grade	IP65 outdoor waterproof	
Weight	1.82 Kg	
Housing material	solid brass	
Dimming	dimmable DMX	
Life Span	50,000 Hours	
Warranty	3 years	



BLT-STAKE-UP /Brass stake



BLT-STAKE-TREE / Tree Mount



BULLET-RGB27W-14W

BULLET-BI-10W



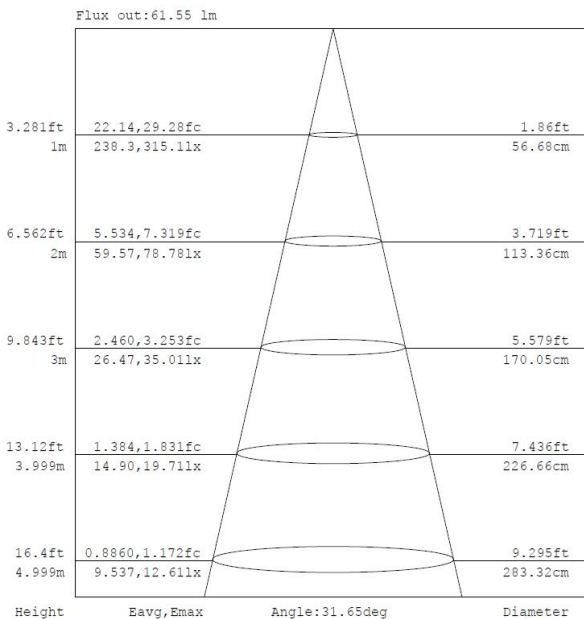
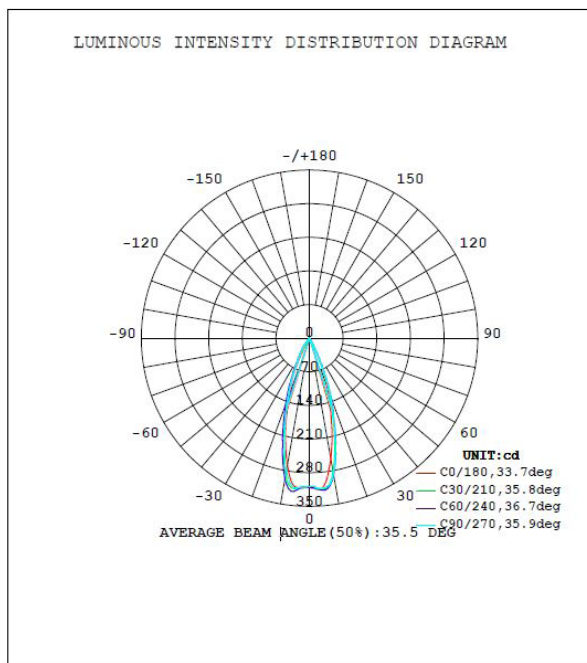
www.colorbeamlighting.com



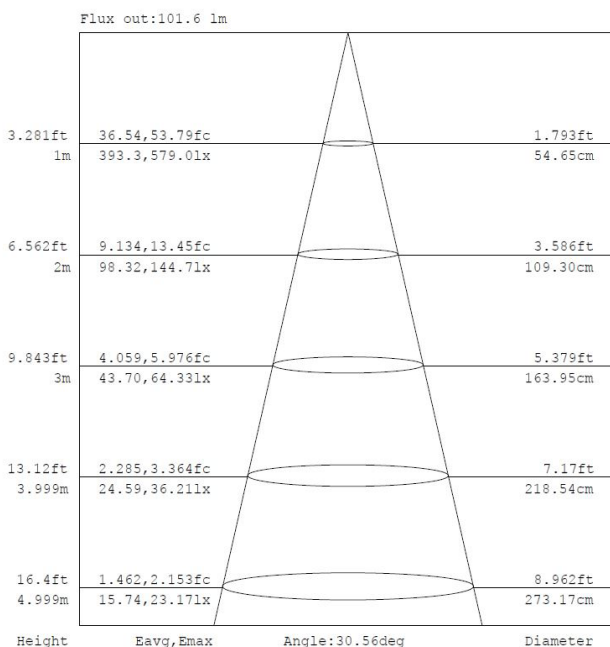
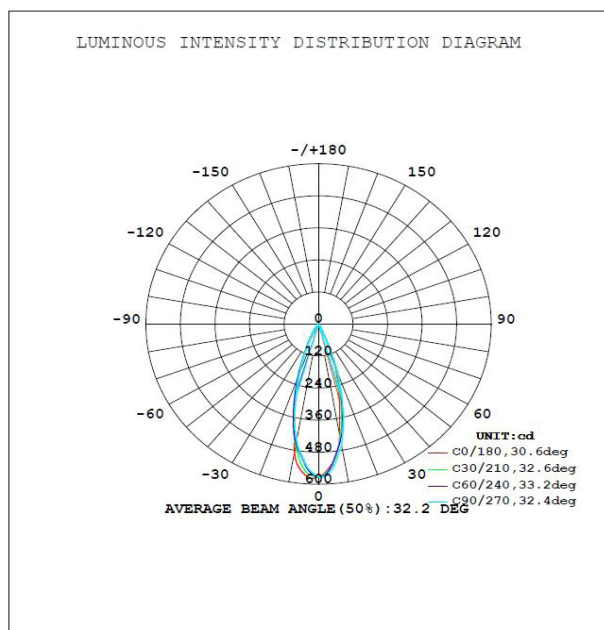
SPECIFICATION SHEET BULLET SERIES

BULLET-RGB27W-14W

PHOTOMETRIC REPORT "R"



PHOTOMETRIC REPORT "G"

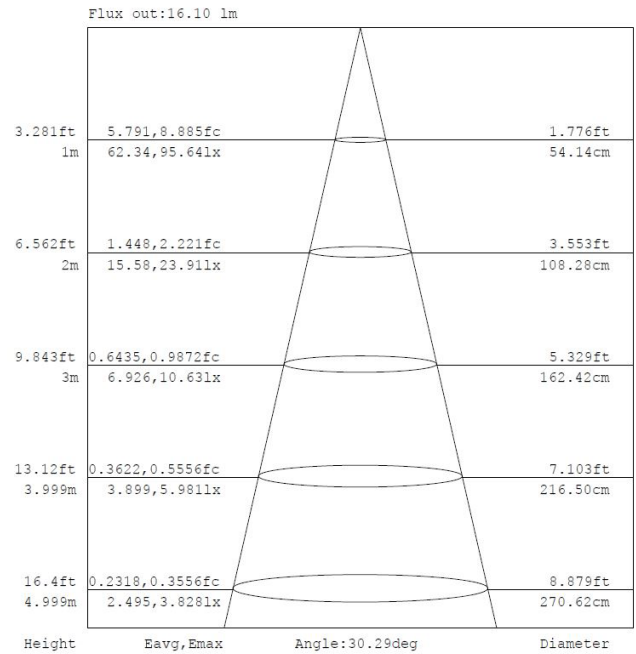
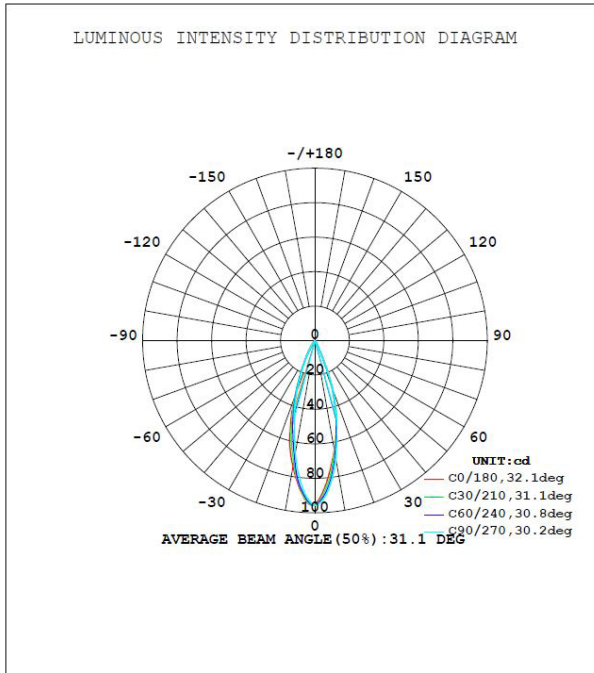


www.colorbeamlighting.com

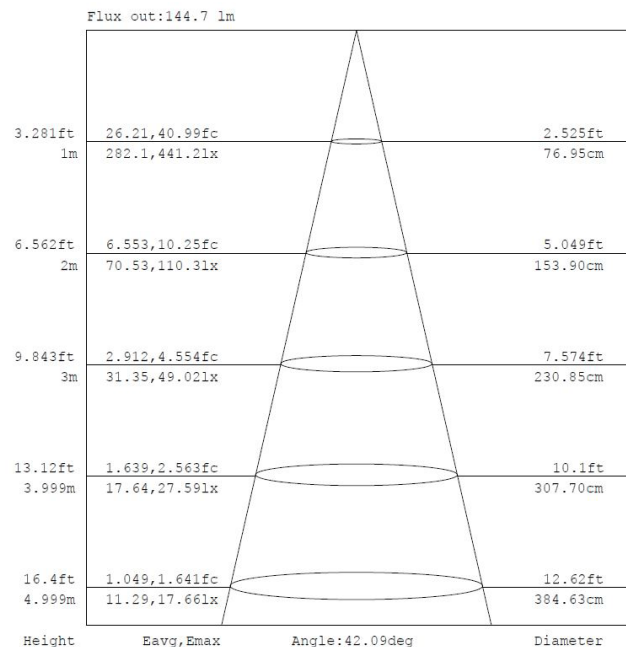
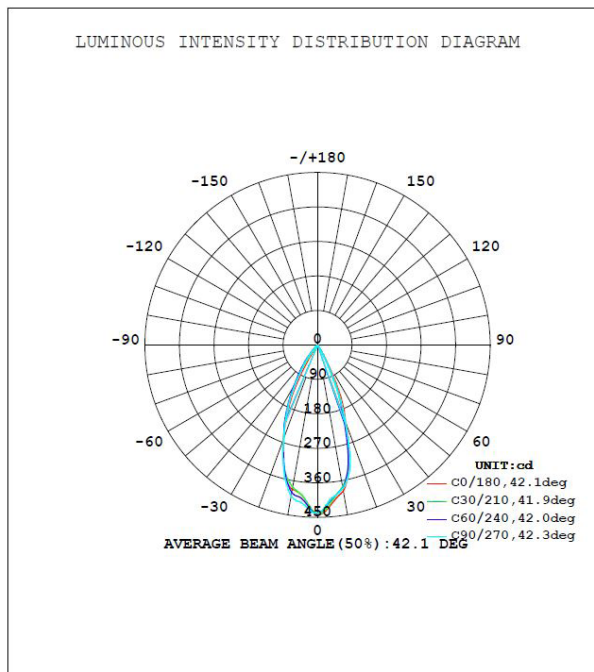


SPECIFICATION SHEET BULLET SERIES

PHOTOMETRIC REPORT "B"



PHOTOMETRIC REPORT "W"



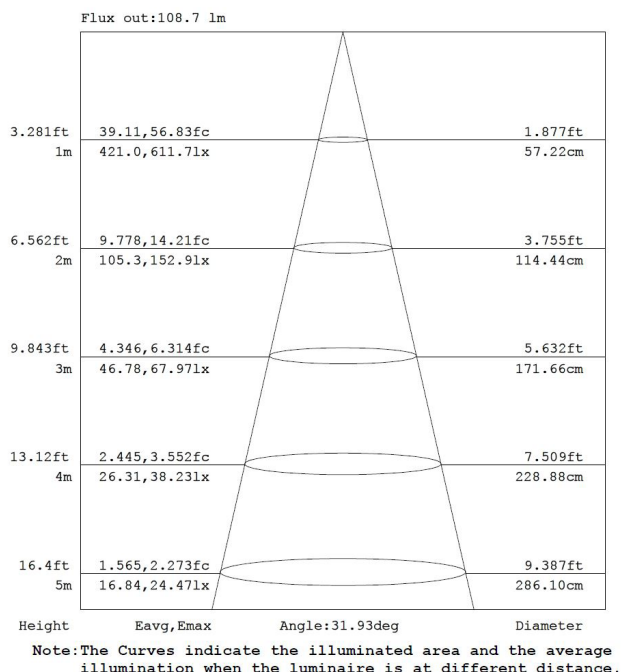
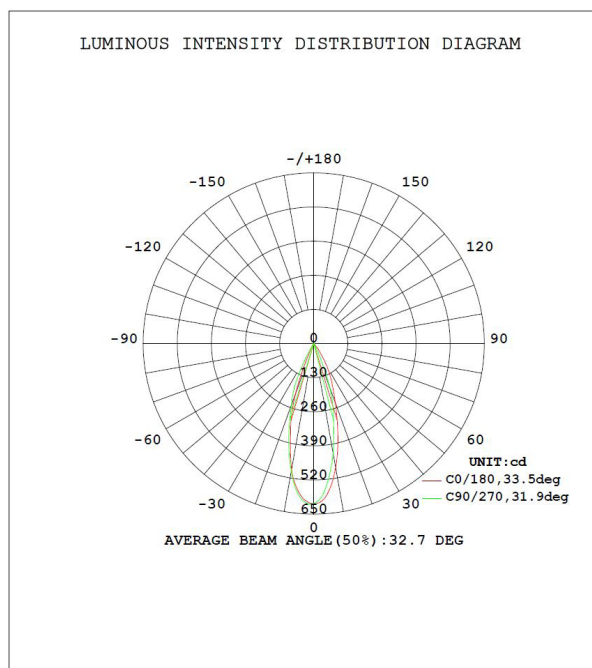
www.colorbeamlighting.com



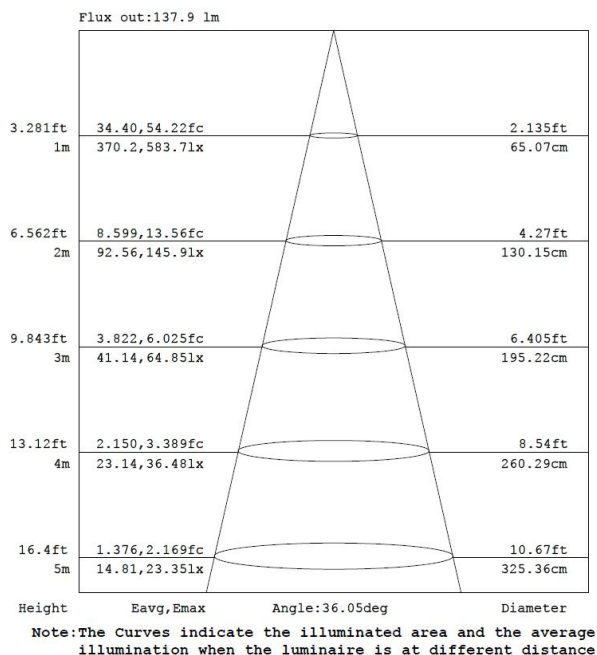
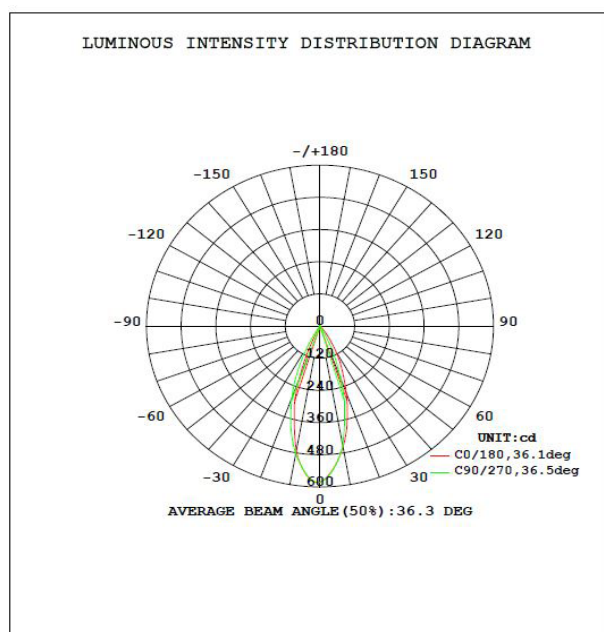
SPECIFICATION SHEET BULLET SERIES

BULLET-BI-10W

PHOTOMETRIC REPORT "2700K"



PHOTOMETRIC REPORT "5000K"



www.colorbeamlighting.com

Project: 215 N Main St- Masonic Lodge

Application Item #2

Proof of Ownership

LLC articles of Incorporation

Deed

Tax bill

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L20000042097
FILED 8:00 AM
February 05, 2020
Sec. Of State
rvarnadore

Article I

The name of the Limited Liability Company is:
HISTORIC MASONIC GAINESVILLE, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
812 SW 8 ST
GAINESVILLE, FL. US 32601

The mailing address of the Limited Liability Company is:
812 SW 8 ST
GAINESVILLE, FL. US 32601

Article III

The name and Florida street address of the registered agent is:
LUIS D RODRIGUEZ
812 SW 8 ST
GAINESVILLE, FL. 32601

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: LUIS D. RODRIGUEZ

Article IV

The name and address of person(s) authorized to manage LLC:

Title: MGR
W. KEITH PERRY
2505 NW 71 PL
GAINESVILLE, FL. 32653 US

Title: MGR
LUIS D RODRIGUEZ
812 SW 8 ST
GAINESVILLE, FL. 32601 US

L20000042097
FILED 8:00 AM
February 05, 2020
Sec. Of State
rvarnadore

Article V

The effective date for this Limited Liability Company shall be:

02/03/2020

Signature of member or an authorized representative

Electronic Signature: LUIS D. RODRIGUEZ

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

2/20/2020 9:49 AM
BOOK 4755 PAGE 1062
J.K. JESS IRBY, ESQ.
Clerk of the Court, Alachua County, Florida
ERECORDED Receipt # 936966
Doc Stamp-Mort: \$0.00
Doc Stamp-Deed: \$4,900.00
Intang. Tax: \$0.00

Prepared by and return to:
Patrice Boyes, P.A.
5700 SW 34th Street Suite 1120
Gainesville, FL 32608
352-372-2684

[Space Above This Line For Recording Date]

Warranty Deed

This Warranty Deed made this 19 day of February 2020 between Gainesville Lodge No. 41 Free and Accepted Masons of Florida, a Florida non-profit corporation, whose post office address is 215 North Main Street, Gainesville, Florida, 32601, ("grantor"), and Historic Masonic Gainesville, LLC, a Florida limited liability company, whose post office address is 812 SW 8th Street, Gainesville, Florida 32601 ("grantee"):

(Whenever used herein the terms "grantor" and "grantee" include all the parties in this instrument and the heirs, legal representatives, and assigns of individuals, and the successors and assigns of corporations, trusts and trustees)

Witnesseth, that said grantor, for and in consideration of the sum of TEN AND NO/100 DOLLARS (\$10.00) and other good and valuable considerations to said grantor in hand paid by said grantee, the receipt whereof is hereby acknowledged, has granted, bargained, and sold to the said grantee, and grantee's heirs and assigns forever, the following described land, situate, lying and being in Alachua County, Florida to-wit:

The North 2/3 of the West 1/2 of Lot 1, Block 3 in Range 6, of the Original Survey of the Town (now City) of Gainesville, according to the map or plat thereof as recorded in Deed Book II, Page 383 and in Plat Book A, Page 61. Public Records of Alachua County, Florida.

The subject property is not the homestead of the grantor or any person whom grantor is obligated to support.

Together with all the tenements, hereditaments and appurtenances thereto belonging or in anywise appertaining.

To Have and to Hold, the same in fee simple forever.

And the grantor hereby covenants with said grantee that the grantor is lawfully seized of said land in fee simple; that the grantor has good right and lawful authority to sell and convey said land; that the grantor hereby fully warrants the title to said land and will defend the same against the lawful claims of all persons whomsoever; and that said land is free of all encumbrances, except taxes accruing subsequent to **December 31, 2019**.

In Witness Whereof, grantor has hereunto set grantor's hand and seal the day and year first above written.

(SIGNATURES BEGIN ON THE NEXT PAGE)

[Signature]
Witness

Raymond P. Jacob
Raymond P. Jacob, as President of
Gainesville Lodge No. 41 Free and Accepted
Masons of Florida, a Florida non-profit corporation

Robert P. [Signature]
Printed Witness Name

[Signature]
Witness

Maureen Brennan
Printed Witness Name

State of Florida
County of Alachua

The foregoing instrument was acknowledged before me by means of ☒ physical presence or ☐ online authorization,
this 19 day of February, 2020 by Raymond P. Jacob as President of Gainesville Lodge No. 41 Free and
Accepted Masons of Florida, a Florida non-profit corporation.

[Notary Seal]



MAUREEN BRENNAN
Commission # GG339378
Expires May 28, 2023
Bundled Your Budget Notary Services

[Signature]
Notary Public

Printed Name: Maureen Brennan

My Commission Expires: May 28, 2023

ACCOUNT NUMBER	ESCROW CD	APPLICABLE VALUES AND EXEMPTIONS BELOW	MILLAGE CODE
14730 000 000			3600

215 N MAIN ST

HISTORIC MASONIC GAINESVILLE
LLC
812 SW 8TH ST
GAINESVILLE, FL 32601

ORIG GAINESVILLE DB H-383 N 2/3 OF W
1/2 OF BK 3 RG 6 OR 4755/
See Additional Legal on Tax Roll

AD VALOREM TAXES					
TAXING AUTHORITY	MILLAGE RATE	ASSESSED VALUE	EXEMPTION(S)	TAXABLE VALUE	TAXES LEVIED
BOARD OF COUNTY COMMISSIONERS					
CNTY GENERAL	7.8935	387,653	387,653	0	0.00
ALACHUA CNTY LIBRARY DISTRICT					
LIBRARY GENERAL	1.1289	387,653	387,653	0	0.00
SCHOOL BOARD OF ALACHUA COUNTY					
SCHL CAP35 PROJECT (S01)	1.5000	387,653	387,653	0	0.00
SCHL DISCRNRY & CN (S01)	0.7480	387,653	387,653	0	0.00
SCHL GENERAL	3.6670	387,653	387,653	0	0.00
SCHOOL VOTED (S01)	1.0000	387,653	387,653	0	0.00
ST JOHNS RIVER WATER MGT DISTR	0.2287	387,653	387,653	0	0.00
CHILDREN'S TRUST	0.5000	387,653	387,653	0	0.00
36 CITY OF GAINESVILLE	5.2974	387,653	387,653	0	0.00
TOTAL MILLAGE	21.9635	AD VALOREM TAXES			\$0.00

WANT TO RECEIVE YOUR BILL ELECTRONICALLY NEXT YEAR? VISIT www.AlachuaCollector.com AND SIGN UP FOR E-BILLS!

PAY ONLINE WITH E-CHECK



SCAN TO PAY

PAY ONLY ONE AMOUNT.

NON-AD VALOREM ASSESSMENTS			
LEVYING AUTHORITY	UNIT	RATE	AMOUNT
R801 801 BOCC SOLID WASTE MGMT	1.000	@ 20.4700	20.47
NON-AD VALOREM ASSESSMENTS			\$20.47

COMBINED TAXES AND ASSESSMENTS \$20.47

If Paid By Please Pay	Nov 30, 2020 \$19.65	Dec 31, 2020 \$19.86	Jan 31, 2021 \$20.06	Feb 28, 2021 \$20.27	Mar 31, 2021 \$20.47
--------------------------	-------------------------	-------------------------	-------------------------	-------------------------	-------------------------

JOHN POWER, CFC
ALACHUA COUNTY TAX COLLECTOR

2020 REAL ESTATE
NOTICE OF AD VALOREM TAXES AND NON-AD VALOREM ASSESSMENTS

88964

PLEASE PAY IN U.S. FUNDS (NO POSTDATED CHECKS) TO JOHN POWER, TAX COLLECTOR • 12 SE 1st ST, GAINESVILLE, FL 32601

ACCOUNT NUMBER	SITUS	MESSAGE
14730 000 000	215 N MAIN ST	

HISTORIC MASONIC GAINESVILLE
LLC
812 SW 8TH ST
GAINESVILLE, FL 32601

IF PAID BY	PLEASE PAY
<input type="checkbox"/> Nov 30, 2020	\$19.65
<input type="checkbox"/> Dec 31, 2020	\$19.86
<input type="checkbox"/> Jan 31, 2021	\$20.06
<input type="checkbox"/> Feb 28, 2021	\$20.27
<input type="checkbox"/> Mar 31, 2021	\$20.47

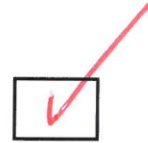
1 14730000000 2020 1

Please Retain this Portion for your Records. Receipt Available Online.

Project: 215 N Main St- Masonic Lodge

Contractor: Alcon Construction

Business License



General Liability Insurance



pending



CITY OF GAINESVILLE

Customer Copy

BUSINESS TAX RECEIPT

BILLING AND COLLECTIONS OFFICE
TREASURY DIVISION OF THE FINANCE DEPARTMENT

btmail@cityofgainesville.org

TAX YEAR BEGINS OCTOBER 1, 2020
AND ENDS SEPTEMBER 30, 2021

BUSINESS TAX NO.

10325



Please display in your
place of business

BUSINESS NAME AND MAILING ADDRESS

ALCON CONSTRUCTION CO., INC.
B. J. POWELL
P.O. BOX 5145
GAINESVILLE, FL 32627

BUSINESS LOCATION

711 NW 23RD AVE, STE. 3

BUSINESS PHONE

352-376-5314

BUSINESS E-MAIL

gloacci@aol.com

Thank you for paying your business taxes for the period October 1, 2020 – September 30, 2021.

CATEGORY	DESCRIPTION	TAX FEE
1000	STATE LICENSE/CERTIFICATION REQUIRED	\$0.00
1001	FICTITIOUS NAME REQUIREMENT	\$0.00
1320	CONTRACTOR-BUILDING	\$131.25
TOTAL ASSIGNED:		\$131.25
TOTAL PAID:		\$131.25
AMOUNT DUE:		\$0.00

APPROVED BY FINANCE DIRECTOR



C0664069841046B2BD202F0C7CE87B6E

ALL CITY, STATE AND FEDERAL REQUIREMENTS MUST BE MET IN ORDER TO LEGALLY OPERATE A BUSINESS, PROFESSION OR OCCUPATION WITHIN THE CORPORATE LIMITS OF GAINESVILLE, FLORIDA. PAYMENT OF BUSINESS TAXES AND A RECEIPT FOR PAYMENT DOES NOT IMPLY THAT A BUSINESS HAS COMPLIED WITH ANY OR ALL OTHER RELEVANT STATUTORY AND REGULATORY PROVISIONS.

THE CITY OF GAINESVILLE DOES NOT REFUND BUSINESS TAXES PAID IN ERROR UNLESS THE ERROR IS A CLERICAL MISTAKE MADE BY THE CITY.

If you have any questions about the Business Tax requirements or process, please email

btmail@cityofgainesville.org

If you cannot email to the address above, please call (352) 334-5024

IT IS THE BUSINESS OWNER'S RESPONSIBILITY TO REPORT ANY CHANGES IN BUSINESS INFORMATION

DURING THE YEAR TO

btmail@cityofgainesville.org

OR TO WEB SITE

<http://eservices.cityofgainesville.org>

Ron DeSantis, Governor

Halsey Beshears, Secretary

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

LICENSE NUMBER: CGC008776

EXPIRATION DATE: AUGUST 31, 2022

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

POWELL, BOBBY J
ALCON CONSTRUCTION CO INC
P O BOX 5145
GAINESVILLE FL 32609



ISSUED: 08/25/2020

Always verify licenses online at 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.

Project: 215 N Main St- Masonic Lodge

Contractor: The Raining Factory

Business License

☒

General Liability Insurance

☒

The Awning Factory
License & Insurance

Tax Collector Scott Randolph

Local Business Tax Receipt

Orange County, Florida

2600 AWNING 2020 **EXPIRES** 9/30/2021 2600-1054066
\$30.00 10 EMPLOYEES :

TOTAL TAX \$30.00
REGULATED WASTE \$50.00
PREVIOUSLY PAID \$80.00
TOTAL DUE \$0.00

THE CANVAS SHOP INC

AWNING FACTORY THE
635 WILMER AVE
ORLANDO FL 32808-7635

1203 W ROBINSON ST
A - ORLANDO, 32805

PAID: \$80.00 0099-00942995 7/15/2020

Tax Collector Scott Randolph

Local Business Tax Receipt

Orange County, Florida

This local Business Tax Receipt is in addition to and not in lieu of any other tax required by law or municipal ordinance. Businesses are subject to regulation of zoning, health and other lawful authorities. This receipt is valid from October 1 through September 30 of receipt year. **Delinquent penalty is added October 1.**

2600 AWNING 2020 **EXPIRES** 9/30/2021 2600-1054066
\$30.00 10 EMPLOYEES :

TOTAL TAX \$30.00
REGULATED WASTE \$50.00
PREVIOUSLY PAID \$80.00
TOTAL DUE \$0.00



THE CANVAS SHOP INC

AWNING FACTORY THE
635 WILMER AVE
ORLANDO FL 32808-7635

1203 W ROBINSON ST
A - ORLANDO, 32805

PAID: \$80.00 0099-00942995 7/15/2020

This receipt is official when validated by the Tax Collector.

Orange County Code requires this local Business Tax Receipt to be displayed conspicuously at the place of business in public view. It is subject to inspection by all duly authorized officers of the County.



Ron DeSantis, Governor

Halsey Beshears, 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

WHERRELL, CHRISTOPHER JASON

THE AWNING FACTORY
635 WILMER AVENUE
ORLANDO FL 32808

LICENSE NUMBER: CGC1521038

EXPIRATION DATE: AUGUST 31, 2022

Always verify licenses online at 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.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – OWNERS, LESSEES OR
CONTRACTORS – SCHEDULED PERSON OR
ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of Person or Organization:

As Required By Written Contract, Fully Executed Prior To The Named Insured's Work

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

A. Section II – Who Is An Insured is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising out of your ongoing operations performed for that insured.

B. With respect to the insurance afforded to these additional insureds, the following exclusion is added:

2. Exclusions

This insurance does not apply to "bodily injury" or "property damage" occurring after:

- (1) 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 site of the covered operations has been completed; or
- (2) 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.

POLICY NUMBER: ATN2016956

COMMERCIAL GENERAL LIABILITY
CG 20 37 10 01

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – OWNERS, LESSEES OR
CONTRACTORS – COMPLETED OPERATIONS**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of Person or Organization: As Required By Written Contract, Fully Executed Prior To The Named Insured's Work
Location And Description of Completed Operations: As Required By Written Contract, Fully Executed Prior To The Named Insured's Work
Additional Premium: Included

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

Section II – Who Is An Insured is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising out of "your work" at the location designated and described in the schedule of this endorsement performed for that insured and included in the "products-completed operations hazard".

United Specialty Insurance Company

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

VEN 051 00 (02/20)

PRIMARY AND NON-CONTRIBUTING INSURANCE ENDORSEMENT

This endorsement modifies the Conditions provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

The following is added to **SECTION IV - COMMERCIAL GENERAL LIABILITY CONDITIONS** of the **COMMERCIAL GENERAL LIABILITY COVERAGE PART**, and supersedes any provision to the contrary:

Primary and Non-Contributory Insurance

Any coverage provided to an Additional Insured under this policy shall be excess over any other valid and collectible insurance available to such Additional Insured whether primary, excess, contingent or on any other basis unless:

- a. (1) The Additional Insured is a Named Insured under such other insurance;
- and
- (2) A fully written contract fully executed prior to the Named Insured's commencement of work for such Additional Insured for the specific project that is the subject of the claim, "suit," or "occurrence" expressly requires that this insurance:
- (i) apply on a primary and non-contributory basis;
 - and
 - (ii) would not seek contribution from any other insurance available to the additional insured.
- or
- b. Prior to a loss, you request in writing and we agree in writing that this insurance shall apply on a primary and non-contributory basis.

Name Of Person(s) Or Organization(s)
As Required By Written Contract, Fully Executed Prior To The Named Insured's Work.

All other terms, conditions and exclusions under this policy are applicable to this Endorsement and remain unchanged.

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

SCHEDULE

Name Of Person Or Organization:

As Required By Written Contract, Fully Executed Prior To The Named Insured's Work

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

The following is added to Paragraph 8. **Transfer Of Rights Of Recovery Against Others To Us** of Section IV – Conditions:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.

the additional insured shall be non-contributory with this insurance. If the written contract does not require this coverage to be primary and the additional insured's coverage to be non-contributory, then this insurance will be excess over any other valid and collectible insurance available to the additional insured.

3. AUTOS RENTED BY EMPLOYEES

Any "auto" hired or rented by your "employee" on your behalf and at your direction will be considered an "auto" you hire.

The **OTHER INSURANCE** Condition is amended by adding the following:

If an "employee's" personal insurance also applies on an excess basis to a covered "auto" hired or rented by your "employee" on your behalf and at your direction, this insurance will be primary to the "employee's" personal insurance.

4. AMENDED FELLOW EMPLOYEE EXCLUSION EXCLUSION 5. - FELLOW EMPLOYEE OF SECTION II - LIABILITY COVERAGE does not

apply if you have workers' compensation insurance in-force covering all of your "employees".

Coverage is excess over any other collectible insurance.

5. HIRED AUTO PHYSICAL DAMAGE COVERAGE

If hired "autos" are covered "autos" for Liability Coverage and if Comprehensive, Specified Causes of Loss, or Collision coverages are provided under this Coverage Form for any "auto" you own, then the Physical Damage coverages provided are extended to "autos" you hire or borrow, subject to the following limit. The most we will pay for "loss" to any hired "auto" is:

- (1) \$50,000;
- (2) The actual cash value of the damaged or stolen property at the time of the "loss"; or
- (3) The cost of repairing or replacing the damaged or stolen property,

whichever is smallest, minus a deductible. The deductible will be equal to the largest deductible applicable to any owned "auto" for that coverage. No deductible applies to "loss" caused by fire or lightning. Hired Auto Physical Damage coverage is excess over any other collectible insurance. Subject to the above limit, deductible and excess provisions, we will provide coverage equal to the broadest coverage applicable to any covered "auto" you own.

We will also cover loss of use of the hired "auto" if it results from an "accident", you are legally liable and the lessor incurs an actual financial loss, subject to a maximum of \$1,000 per "accident".

This extension of coverage does not apply to any "auto" you hire or borrow from any of your "employees", partners (if you are a partnership), members (if you are a limited liability company), or members of their households.

6. PHYSICAL DAMAGE - ADDITIONAL TEMPORARY TRANSPORTATION EXPENSE COVERAGE

Paragraph A.4.a. OF SECTION III - PHYSICAL DAMAGE COVERAGE is amended to provide a limit of \$75 per day and a maximum limit of \$2,250.

7. EXTRA EXPENSE - BROADENED COVERAGE

Under paragraph A. OF SECTION III - PHYSICAL DAMAGE COVERAGE, the following Coverage is added:

We will pay for the expense of returning a stolen covered "auto" to you subject to Paragraph C. Limit of Insurance.

8. LOAN/LEASE GAP COVERAGE

Under SECTION III - PHYSICAL DAMAGE COVERAGE, if a long-term leased or financed "auto" is a covered "auto", we will pay in the event of a total "loss" your additional legal obligation to the lessor or loss payee for any difference between the actual cash value of the "auto" at the time of the "loss" and the "outstanding balance" of the lease.

"Outstanding balance" means the amount you owe on the lease at the time of "loss" less any amounts representing taxes; overdue payments; penalties, interest or charges resulting from overdue payments; additional mileage charges; excess wear and tear charges; lease termination fees.

9. AIRBAG COVERAGE

Under Paragraph B. EXCLUSIONS OF SECTION III - PHYSICAL DAMAGE COVERAGE, the following is added:

The exclusion relating to mechanical breakdown does not apply to the accidental discharge of an air bag.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**COMMERCIAL AUTOMOBILE ELITE PLUS ENDORSEMENT**

This endorsement modifies Insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by this endorsement.

1. BROAD FORM INSURED**A. Subsidiaries and Newly Acquired or Formed Organizations**

The Named Insured shown in the Declarations is amended to include:

- (1) Any legally incorporated subsidiary in which you own more than 50% of the voting stock on the effective date of the Coverage Form. However, the Named Insured does not include any subsidiary:

- (a) That is an "insured" under any other automobile policy or
- (b) That would be an "insured" under such a policy but for (i) its termination or (ii) the exhaustion of its Limit of Insurance.

- (2) Any organization that is acquired or formed by you and over which you maintain majority ownership. However, the Named Insured does not include any newly formed or acquired organization:

- (a) That is a partnership, joint venture or limited liability company,
- (b) That is an "insured" under any other policy,
- (c) That has exhausted its Limit of Insurance under any other policy, or
- (d) 180 days or more after its acquisition or formation by you, unless you have given us notice of the acquisition or formation.

Coverage does not apply to "bodily injury" or "property damage" that results from an "accident" that occurred before you formed or acquired the organization.

B. Employees as Insureds

Paragraph A.1 - WHO IS AN INSURED OF SECTION II - LIABILITY COVERAGE is amended to add:

Any "employee" of yours while using a covered "auto" you don't own, hire or borrow in your business or your personal affairs.

C. Lessors as Insureds

Paragraph A.1 - WHO IS AN INSURED OF SECTION II - LIABILITY COVERAGE is amended to add:

- e. The lessor of a covered "auto" while the "auto" is leased to you under a written agreement if:

- (1) The agreement requires you to provide direct primary insurance for the lessor and
- (2) The "auto" is leased without a driver. Such a leased "auto" will be considered a covered "auto" you own and not a covered "auto" you hire.

2. ADDITIONAL INSURED BY CONTRACT, PERMIT OR AGREEMENT

The following is added to A.1 WHO IS AN INSURED OF SECTION II - LIABILITY COVERAGE:

Any person or organization for whom you are required to name as an additional insured in a written contract or agreement that is executed or signed by you prior to a "bodily injury" or "property damage" occurrence is an "insured" for liability coverage, but only to the extent that person or organization qualifies as an "insured" under the Who Is An Insured provision contained in Section II of the coverage form.

If specifically required by the written contract or agreement referenced in the paragraph above, any coverage provided by this endorsement to an additional insured shall be primary and any other valid and collectible insurance available to

10. AMENDED DUTIES IN THE EVENT OF ACCIDENT, CLAIM, SUIT, OR LOSS

The requirement in **LOSS CONDITIONS 2a - DUTIES IN THE EVENT OF ACCIDENT, CLAIM, SUIT, OR LOSS - of SECTION IV - BUSINESS AUTO CONDITIONS** that you must notify us of an "accident" applies only when the "accident" is known to:

- (1) You, if you are an individual
- (2) A partner, if you are a partnership; or
- (3) A member, if you are a limited liability company; or
- (4) An executive officer or insurance manager, if you are a corporation.

11. UNINTENTIONAL FAILURE TO DISCLOSE HAZARDS

If you unintentionally fail to disclose any hazards existing at the inception date of your policy, we will not deny coverage under this Coverage Form because of such failure.

12. WAIVER OF SUBROGATION

TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US - of SECTION IV - BUSINESS AUTO CONDITIONS is amended by adding the following:

We waive any right of recovery we may have against any person or organization to or for whom we make payment and with whom you have a written contract that requires such waiver because of payments we make for damages under this Coverage Form.

13. RESULTANT MENTAL ANGUISH COVERAGE

The definition of "bodily injury" in **SECTION V - DEFINITIONS** is replaced by the following:

"Bodily injury" means bodily injury, sickness, or disease sustained by any person, including mental anguish or death resulting from any of these.

14. EXTENDED COVERAGE - BAIL BONDS

Paragraph **A.2a.(2) OF SECTION II - LIABILITY COVERAGE** is replaced by the following:

- (2) Up to \$3,000 for cost of bail bonds (including bonds for related traffic law violations) required because of an "accident" we cover. We do not have to furnish these bonds

15. EXTENDED COVERAGE - LOSS OF EARNINGS

Paragraph **A.2a.(4) OF SECTION II - LIABILITY COVERAGE** is replaced by the following:

- (4) All reasonable expenses incurred by the "insured" at our request, including actual loss of earnings up to \$500 a day because of time off from work.

16. LOCKOUT REIMBURSEMENT COVERAGE

We will reimburse up to \$75 per occurrence to cover your actual expenses incurred when a locksmith must be called:

- (1) To open a covered "auto" because the keys are locked inside the auto; or
- (2) To make a key for a covered "auto" because the key has been lost or stolen.

No deductible applies

17. NON-OWNED TRAILER - INCREASED LOAD CAPACITY

The following is added to **C. OF SECTION I - COVERED AUTOS**:

Non-owned "trailers" with a load capacity of 5,000 pounds or less designed primarily for travel on public roads

18. EXTENDED COVERAGE - BUSINESS PERSONAL PROPERTY AND PERSONAL EFFECTS

Paragraph **A.4 OF SECTION III - PHYSICAL DAMAGE COVERAGE** is amended by the following:

Physical Damage Coverage on a covered "auto" may be extended to "loss" to your "business personal property" or "personal effects", not otherwise covered in the policy or, if you are an individual, the personal property of a family member, that is in the covered "auto" at the time of "loss". The most we will pay for any one "loss" under this coverage extension is \$500.

SECTION V - DEFINITIONS is amended by adding the following:

Business Personal Property and Personal Effects means tangible property that is worn or carried by an "insured". It does not include tools, jewelry, money or securities.

Project: 215 N Main St- Masonic Lodge

Contractor: Boone welding

Business License



General Liability Insurance





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/09/2021

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 Aubrey Rogers Insurance Agency, Inc. 2400 N.W. 6th Street Gainesville FL 32609		CONTACT NAME: Ashley Jackson PHONE (A/C, No, Ext): (352) 373-2003 FAX (A/C, No): (352) 376-2235 E-MAIL ADDRESS: ashley@aubreyrogers.com															
INSURED M.P.H. Industries, Inc. DBA Boone Welding 2406 NE 19th Dr. Gainesville FL 32609		<table border="1"><thead><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A: Security National Insurance Company</td><td>19879</td></tr><tr><td>INSURER B: Allied Insurance Company of America</td><td>10127</td></tr><tr><td>INSURER C: National Union Fire Insurance Company</td><td>19445</td></tr><tr><td>INSURER D: Florida Citrus, Business & Industries Fund</td><td>31259</td></tr><tr><td>INSURER E: Colony Insurance Company</td><td>39993</td></tr><tr><td>INSURER F:</td><td></td></tr></tbody></table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Security National Insurance Company	19879	INSURER B: Allied Insurance Company of America	10127	INSURER C: National Union Fire Insurance Company	19445	INSURER D: Florida Citrus, Business & Industries Fund	31259	INSURER E: Colony Insurance Company	39993	INSURER F:	
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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.

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 type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			SES1659562-02	08/07/2020	08/07/2021	<table border="1"><tr><td>EACH OCCURRENCE</td><td>\$ 1,000,000</td></tr><tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$ 100,000</td></tr><tr><td>MED EXP (Any one person)</td><td>\$ 5,000</td></tr><tr><td>PERSONAL & 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></table>	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		\$
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 checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			ACP 3008389118	08/07/2020	08/07/2021	<table border="1"><tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$ 1,000,000</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>	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$		\$				
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BODILY INJURY (Per person)	\$																				
BODILY INJURY (Per accident)	\$																				
PROPERTY DAMAGE (Per accident)	\$																				
	\$																				
C	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			EBU 066656182	06/10/2021	06/10/2022	<table border="1"><tr><td>EACH OCCURRENCE</td><td>\$ 1,000,000</td></tr><tr><td>AGGREGATE</td><td>\$ 1,000,000</td></tr><tr><td>Products - Comp/Ops</td><td>\$ 1,000,000</td></tr></table>	EACH OCCURRENCE	\$ 1,000,000	AGGREGATE	\$ 1,000,000	Products - Comp/Ops	\$ 1,000,000								
EACH OCCURRENCE	\$ 1,000,000																				
AGGREGATE	\$ 1,000,000																				
Products - Comp/Ops	\$ 1,000,000																				
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	N/A	10663007-2021	05/05/2021	05/05/2022	<table border="1"><tr><td>PER STATUTE <input checked="" type="checkbox"/> OTH-ER</td><td></td></tr><tr><td>E.L. EACH ACCIDENT</td><td>\$ 1,000,000</td></tr><tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>\$ 1,000,000</td></tr><tr><td>E.L. DISEASE - POLICY LIMIT</td><td>\$ 1,000,000</td></tr></table>	PER STATUTE <input checked="" type="checkbox"/> OTH-ER		E.L. EACH ACCIDENT	\$ 1,000,000	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000	E.L. DISEASE - POLICY LIMIT	\$ 1,000,000						
PER STATUTE <input checked="" type="checkbox"/> OTH-ER																					
E.L. EACH ACCIDENT	\$ 1,000,000																				
E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000																				
E.L. DISEASE - POLICY LIMIT	\$ 1,000,000																				
E	Installation Floater			101 IM 0159960-01	11/07/2020	11/07/2021	<table border="1"><tr><td>Limit:</td><td>\$150,000</td></tr></table>	Limit:	\$150,000												
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

Perry Roofing Contractors

2505 NW 71st Place
Gainesville FL

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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CITY OF GAINESVILLE

Customer Copy

BUSINESS TAX STATEMENT

TAX YEAR BEGINS OCTOBER 1, 2020

AND ENDS SEPTEMBER 30, 2021

TREASURY DIVISION OF THE DEPARTMENT OF FINANCE

btmail@cityofgainesville.org

BUSINESS TAX NO.**11402**

BUSINESS NAME AND MAILING ADDRESS

8/31/2020

M P H INDUSTRIES INC
DBA BOONE WELDING
2406 NE 19TH DR
GAINESVILLE, FL 32609

BUSINESS LOCATION

2406 NE 19TH DR

BUSINESS PHONE

352-372-9533

BUSINESS E-MAIL

boonewelding@yahoo.com

Based on your most recent information update, the following is an estimate of your taxes due. These amounts may change if your information has changed.

CATEGORY	DESCRIPTION	TAX FEE
1001	FICTITIOUS NAME REQUIREMENT	\$0.00
6400	RETAIL MERCHANT	\$210.00
6465	REPAIRS NOT REQUIRING STATE LICENSE	\$157.50
9905	PARTIAL PAYMENT	\$0.00
TOTAL TAX DUE ON OR BEFORE 10/1/2020		\$367.50

BUSINESS TAX ACCOUNT INFORMATION VERIFICATION

Before making payment, verify that the Business Location, Mailing Address, Business Phone, and Business Email above are correct. If changes need to be made, please call (352) 334-5024 or email btmail@cityofgainesville.org with the change(s) and effective date(s). Home Occupation Permit fees, if applicable, subject to change on October 2, 2019.

METHODS OF PAYMENT

1. PAY ONLINE AT <http://www.cityofgainesville.org> (CHOOSE "ONLINE SERVICES"), OR
2. IN THE INTEREST OF PUBLIC SAFETY AND IN RESPONSE TO COVID-19, THE CITY HALL BUILDING IS CLOSED TO THE PUBLIC, PAYMENT BY CHECK MAY BE PLACED IN THE DROP BOX AT CITY HALL, 200 E UNIVERSITY AVE.
3. MAILING ADDRESS: PO BOX 490, STA. 47, GAINESVILLE, FL 32627. MAKE CHECKS PAYABLE TO: CITY OF GAINESVILLE

PENALTIES FOR LATE PAYMENTS (Receipt based on online payment time stamp or envelope postmark date)

Fee schedules based on receipt date:

Penalty Total due

Received on or after December 1, 2020, but before January 1, 2021

\$73.50

\$441.00

Received on or after January 1, 2021

\$91.88

\$459.38

Payments not received on or before Wednesday, March 31, 2021 will be assessed an additional STATUTORY PENALTY OF \$250.

APPROVED BY FINANCE DIRECTOR

Florida Statutes require the City to obtain certain documentation PRIOR to the issuance of a business tax receipt. Please e-mail (btdocs@cityofgainesville.org) or fax (352-393-8316) the following documentation:

- A copy of the current fictitious name registration or completed affidavit
- A copy of the current state certificate, registration or license for each licensed professional

If your business does not have current copies of the required documentation on file with the City, you will NOT receive a business tax receipt. You may pay your business tax online prior to submitting the required documents, and a business tax receipt will be e-mailed to you after the required documents are received and verified.

ALL CITY, STATE AND FEDERAL REQUIREMENTS MUST BE MET IN ORDER TO LEGALLY OPERATE A BUSINESS, PROFESSION OR OCCUPATION WITHIN THE CORPORATE LIMITS OF GAINESVILLE, FLORIDA. PAYMENT OF BUSINESS TAXES AND A RECEIPT FOR PAYMENT DO NOT IMPLY THAT A BUSINESS HAS COMPLIED WITH ANY OR ALL OTHER RELEVANT STATUTORY AND REGULATORY PROVISIONS. THE CITY OF GAINESVILLE DOES NOT REFUND BUSINESS TAXES PAID IN ERROR UNLESS THE ERROR IS A CLERICAL MISTAKE MADE BY THE CITY.

If you have any questions about the Business Tax requirements or process, email btmail@cityofgainesville.org or call 352-334-5024

Thank you for doing business in the City of Gainesville!

Project: 215 N Main St- Masonic Lodge

Contractor: Hercules Fence

Business License

☒ n/A

General Liability Insurance

☒

Hercules Fence

License & Insurance ✓



No license
needed - see attached
email & Statute

Laura Caron

From: Ryan Ball <ryan@hfcocala.com>
Sent: Thursday, March 4, 2021 12:08 PM
To: Laura Caron
Cc: Hercules Fence
Subject: RE: 215 N Main Street - Masonic Lodge
Attachments: Occupational License Letter 1.jpg; Occupational License Letter 2.jpg

*Hercules
fence*

Laura,

Sandy can send you our COI and W-9. I have attached Marion County Occupational License letters...no license available for Fence Erection in Marion County. We've been in business for 69 years and counting. If you need anything else, please ask.

Thanks,

Ryan Ball

President / Estimator
Hercules Fence Co., Inc.
4660 SE Maricamp Road
Ocala, FL 34480
(352) 624-1331
(352) 624-3997 Fax

"Quite simply the very best since 1952"

From: Laura Caron <lcaron@perryroofing.com>
Sent: Thursday, March 4, 2021 11:57 AM
To: Ryan Ball <ryan@hfcocala.com>
Subject: RE: 215 N Main Street - Masonic Lodge

Can you send me your general liability insurance and license please?

Laura Caron

Executive Assistant & PM

Office: 352-373-2724
Direct: 352-371-8995
Email: lcaron@perryroofing.com | www.perryroofing.com
Address: 2505 NW 71st Place, Gainesville, FL 32653





Marion County Growth Management
2710 East Silver Springs Boulevard
Ocala, Florida 34470
Phone: (352) 438-2400 Fax: (352)
438-2401
On the Web: www.marioncountyfl.org

FROM THE OCALA STAR-BANNER
SUNDAY, SEPTEMBER 17, 2006

Occupation license did nothing to benefit public

By TRACY GALE
Special to the Star-Banner

With respect to Harriet Daniels's article, "Repeal Worries" in the Sept. 13 edition of the Star Banner:

Marion County is the seventh county in Florida to repeal the Occupational License tax. Occupational Licenses are referred to as a 'nuisance tax' and has been a way for some counties to levy an additional business tax. Marion County repealed the Occupational License tax program for a number of reasons. First, it made sound business sense. Eliminating a layer of bureaucracy, as Commissioner Payton said, is one very good reason! The cost to administer the Occupational License tax program (with its 300+ categories), the personnel time, printing/mailling costs, etc., meant the taxpayers of Marion County were paying more to charge the tax than what was generated by its collection.

Another issue is a byproduct of the title: an Occupational License implies competency or some type of regulatory oversight for a particular business entity. This is not the case. Many trades are licensed and regulated by State of Florida agencies, such as contractors, roofers, hairdressers, veterinarians, and realtors. Customers who are dissatisfied with their work or service have recourse by addressing complaints to the appropriate state agency. However, many trades require no state licensure to certify their competency or assure that insurance is being carried by that business. Among the many professions and trades not licensed or regulated by a state agency are house painters, lawn care specialists, tile installation contractors, maid services, land-clearing and tree trimming.

Occupational License numbers have been used in lieu of a standardized, certified license numbers by unscrupulous

tradesmen: for instance, tradesmen who may be soliciting your mother or grandmother by claiming to be a licensed roofer. They may be an unlicensed contractor who has paid for their annual Occupational License, and yet have never sat for a State roofing exam. There lies the problem: someone claiming to be licensed could really be an unlicensed contractor. In the month of August alone the Marion County Building Department issued 12 citations to unlicensed contractors doing work they aren't certified to do. Having 'Licensed and Insured' on a business card or invoice can be misleading to the public. It's a reeducation process for all of us. We have many businesses in Marion County that have been good corporate citizens for years, even decades. Even though their trade may not carry State licensure requirements, it doesn't mean the business has any less legitimacy than one which does.

By eliminating the Occupational License tax altogether, it is our hope that the citizens of Marion County will take time to check references on any business they are considering trading with. Ask about business insurance and request a copy of the insurance certificate if you feel it is necessary. If it is a building-related trade, call the Building Department's Licensing Division at (352) 438-2429, and ask one of our Licensing Representatives if the contractor you are considering is licensed to do business in Marion County. If they are, then that means a valid state competency card is on file as well as copies of insurance and Worker's Comp coverage. We can never be too careful!

For Marion County-based businesses doing business in neighboring counties, please note that we have sent a letter to all county licensing departments which border Marion, so they are aware the Occupational License requirement was repealed here. To further assist Marion County-based businesses, we have copies of a letter signed by Mike May, Growth Management Bureau Chief and Marion County's Zoning Director, which states that Occupational Licenses are no longer required to conduct business in Marion County. If your business needs a copy of this letter, please click here to print a copy, along with a copy of the County Ordinance. Or, you can stop by the Growth Management Bureau at 2710 E. Silver Springs Boulevard and ask our receptionist for a copy.

Tracy Gale
Marion County Building Department



HERCFEN-01

JONESNO

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/3/2021

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 License # 0E67768

Insurance Office of America
3220 SW 33rd Road
Ocala, FL 34474

CONTACT NAME: Donna Williams

PHONE (A/C, No, Ext): (352) 368-1051

FAX (A/C, No): (352) 368-2309

E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A : Monroe Guaranty Insurance Company

32506

INSURER B : FCCI Insurance Company

10178

INSURER C :

INSURER D :

INSURER E :

INSURER F :

INSURED

Hercules Fence Company, Inc.
4660 SE Maricamp Rd
Ocala, FL 34480

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 SUBR INSD 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 type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:		GL10003596903	1/1/2021	1/1/2022	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 OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		CA10002072503	1/1/2021	1/1/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		UMB10002072603	1/1/2021	1/1/2022	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
B	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A	WC0100064235-01	1/1/2021	1/1/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E L EACH ACCIDENT \$ 1,000,000 E L DISEASE - EA EMPLOYEE \$ 1,000,000 E L DISEASE - POLICY LIMIT \$ 1,000,000
B	<input checked="" type="checkbox"/> Equipment Floater		CM10003597003	1/1/2021	1/1/2022	Rented/Leased 75,000

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

CERTIFICATE HOLDER

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

** INFO ONLY **

ACORD 25 (2016/03)

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The ACORD name and logo are registered marks of ACORD

Request for Taxpayer Identification Number and Certification

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the
requester. Do not
send to the IRS.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

Hercules Fence Company, Inc

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☒ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ►

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ►

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

4660 S E Maricamp Road

Requester's name and address (optional)

6 City, state, and ZIP code

Ocala, FL. 34480

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

____ - ____ - ____

OR

Employer identification number

5 9 - 3 0 7 6 0 0 8

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign
Here

Signature of
U.S. person ►

By I. Ball

Date ► Jan 6, 2021

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

Schedule

All person or organizations that, in a written contract executed by both parties prior to the date of injury covered by this policy, require you to obtain this agreement with us.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective Date: 10/1/2020 Policy No. 10660683-2020

Endorsement No.

Policy Effective Dates: 10/01/2020 - 10/01/2021

Premium \$

Insured: FLORIDA COMMERCIAL AWNING INC

Carrier Name / Code: Florida Citrus, Business & Industries Fund

WC 00 03 13

(Ed. 4-84)

Countersigned by _____

19. RENTAL REIMBURSEMENT COVERAGE

SECTION III - PHYSICAL DAMAGE COVERAGE is amended by the addition of the following:

- (1) We will pay for rental reimbursement expenses incurred by you for the rental of an "auto" because of "loss" to a covered "auto." Payment applies in addition to the otherwise applicable amount of each coverage you have on a covered "auto." No deductibles apply to this coverage.
- (2) We will pay only for those expenses incurred during the policy period beginning 24 hours after the "loss" and ending, regardless of the policy's expiration, with the lesser of the following number of days:
 - (a) The number of days reasonably required to repair or replace the covered "auto." If "loss" is caused by theft, this number of days is added to the number of days it takes to locate the covered "auto" and return it to you; or
 - (b) 30 days.
- (3) Our payment is limited to the lesser of the following amounts:
 - (a) Necessary and actual expenses incurred; or
 - (b) \$50 per day.
- (4) This coverage does not apply while there are spare or reserve "autos" available to you for your operations.
- (5) If "loss" results from the total theft of a covered "auto" of the private passenger type, we will pay under this coverage only that amount of your rental reimbursement expenses which is not already provided for under the PHYSICAL DAMAGE COVERAGE Extension.

If Rental Reimbursement Coverage is already on the policy at higher limits, then that coverage replaces, and is not added to, the coverage provided above.

20. TEMPORARY SUBSTITUTE PHYSICAL DAMAGE

Paragraph C. OF SECTION I - COVERED AUTOS is amended by the addition of the following:

If Physical Damage Coverage is provided by this Coverage Form, the following type of vehicle is also a covered "auto" for Physical Damage Coverage:

Any "auto" you do not own while used with the permission of its owner as a temporary substitute for a covered "auto" you own that is out of service because of its:

- a. Breakdown
- b. Repair
- c. Servicing
- d. "Loss", or
- e. Destruction

21. TOWING AND LABOR COVERAGE

Paragraph A.2. OF SECTION III - PHYSICAL DAMAGE COVERAGE is replaced by the following:

We will pay up to \$100 for towing and labor costs incurred each time a covered "auto" of the private passenger type or a truck of less than 20,000 pounds gross vehicle weight is disabled. However, the labor must be performed at the place of disablement.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/11/2021

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 Nature Coast Insurance, Inc P.O. Box 1520 Chiefland FL 32644	CONTACT NAME: Malinda Rockett PHONE (A/C, No, Ext): (352) 493-2565 FAX (A/C, No): (352) 493-0402 E-MAIL ADDRESS: mindyr@naturecoastinsurance.com INSURER(S) AFFORDING COVERAGE INSURER A: Southern Owners Insurance INSURER B: Owners Insurance Company INSURER C: INSURER D: INSURER E: INSURER F:
INSURED Alcon Construction Co Inc PO Box 5145 Gainesville FL 32627-5145	NAIC # 10190 32700

COVERAGES

CERTIFICATE NUMBER: CL2151127802

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 type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y		78586801	05/01/2021	05/01/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$			
	<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						4228998501	05/01/2021	05/01/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 500,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$									EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						Y/N <input type="checkbox"/> N/A			

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

CERTIFICATE HOLDER

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

Project: 215 N Main St- Masonic Lodge

Contractor: Natural Elements
Painting

Business License

☒ N/A

General Liability Insurance

☐ pending

LOCAL BUSINESS TAX GENERAL INFORMATION

The Alachua County Board of County Commissioners passed an ordinance to repeal the Alachua County Local Business Tax. Therefore, an Alachua County Local Business Tax Receipt is no longer required.

Please note, if your business is located within the city limits of Alachua, Archer, Gainesville, Hawthorne, High Springs, Lacrosse, Micanopy, Newberry or Waldo you should contact that city to inquire about their local business tax requirements. The contact information is provided below:

- Alachua – 386-418-4070
- Archer – 352-495-2880
- Gainesville – 352-334-5024
- Hawthorne – 352-481-2432
- High Springs – 386-454-1416
- Lacrosse – 386-462-2784
- Micanopy – 352-466-3121
- Newberry – 352-472-2161
- Waldo – 352-468-1001

HOME BASED BUSINESSES

LOCAL BUSINESS TAX MENU

[Local Business
Tax General
Information](#)

RECENT POSTS

[Tax Collector's
Office Closed on
Monday, May
31st.
DHS Extends
Real ID
Enforcement
Deadline to May
3, 2023
Important Driver
License Advisory
for Class E
License.
Tax Collector
Offices Closed
on Monday,
January 18th for
Martin Luther
King, Jr Day.
Tax Collector
Reveals Art in
Public Places.](#)



© Copyright - [Alachua County Tax Collector](#) - [Enfold Theme by Kriesi](#)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/9/2021

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 King Ins Agency of Gainesville, Inc 2321 NW 41st Street Gainesville FL 32606		CONTACT NAME: King Insurance PHONE (A/C, No, Ext): 352-377-0420 E-MAIL ADDRESS: Certificates@king-insurance.com		FAX (A/C, No): 352-415-8030
		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A : Southern-Owners Insurance Company		10190
		INSURER B : Owners Insurance Company		32700
		INSURER C :		
		INSURER D :		
		INSURER E :		
		INSURER F :		

COVERAGES

CERTIFICATE NUMBER: 589661907

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 type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			78270411	8/6/2020	8/6/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 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 checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			4729511705	8/6/2020	8/6/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			4729511706	8/6/2020	8/6/2021	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Inland Marine			78270411	8/6/2020	8/6/2021	Rented Equipment 100,000

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

CERTIFICATE HOLDER**CANCELLATION**

Historic Masonic Gainesville, LLC
812 SW 8th Street
Gainesville FL 32601

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

© 1988-2015 ACORD CORPORATION. All rights reserved.

Project: 215 N Main St- Masonic Lodge

Contractor: O'Steen Brothers Inc

Business License



General Liability Insurance





OSTEBRO-01

SEGVSSHILTS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/4/2021

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
AssuredPartners, Gainesville
4880 Newberry Road, Suite 180
Gainesville, FL 32607

CONTACT NAME: Shirley Hill Shilts

PHONE (A/C, No, Ext): (352) 378-2511

FAX (A/C, No): (352) 378-9801

E-MAIL ADDRESS: Shirley.Shilts@assuredpartners.com

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A : Cincinnati Insurance Company

10677

INSURER B : Bridgefield Casualty Insurance Company

10335

INSURER C :

INSURER D :

INSURER E :

INSURER F :

INSURED

O'Steen Brothers, Inc.
1006 SE 4th Street
Gainesville, FL 32601

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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A X	COMMERCIAL GENERAL LIABILITY					
	CLAIMS-MADE X OCCUR	X	EPP0531388/EBA0531388	4/6/2019	4/6/2020	EACH OCCURRENCE \$ 1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000
						MED EXP (Any one person) \$ 10,000
						PERSONAL & ADV INJURY \$ 1,000,000
						GENERAL AGGREGATE \$ 2,000,000
						PRODUCTS - COMP/OP AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					
	POLICY X PRO-JECT X LOC					
	OTHER:					
A	AUTOMOBILE LIABILITY					
X	ANY AUTO OWNED AUTOS ONLY		EPP0531388/EBA0531388	4/6/2020	4/6/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	SCHEDULED AUTOS					BODILY INJURY (Per person) \$
	HIRED AUTOS ONLY					BODILY INJURY (Per accident) \$
	NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident) \$
						\$
A X	UMBRELLA LIAB X OCCUR		EPP0531388/EBA0531388	4/6/2020	4/6/2021	EACH OCCURRENCE \$ 5,000,000
	EXCESS LIAB CLAIMS-MADE					AGGREGATE \$ 5,000,000
	DED RETENTIONS					Annual Aggregat \$ 5,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	196-15763	1/1/2021	1/1/2022	X PER STATUTE OTH-ER \$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				E L EACH ACCIDENT \$ 500,000
						E L DISEASE - EA EMPLOYEE \$ 500,000
						E L DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
RE: Masonic Temple at 215 N. Main Street, Gainesville, FL 32601 Perry Roofing is an Additional Insured with respects to General Liability as per written contract.

CERTIFICATE HOLDER

CANCELLATION

Perry Roofing
2505 NW 71 Place
Gainesville, FL 32653

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



CITY OF GAINESVILLE

BUSINESS TAX RECEIPT

BILLING AND COLLECTIONS OFFICE
TREASURY DIVISION OF THE FINANCE DEPARTMENT

TAX YEAR BEGINS OCTOBER 1, 2020

AND ENDS SEPTEMBER 30, 2021

Please display in your
place of business

btmail@cityofgainesville.org

BUSINESS TAX NO.

17992

BUSINESS NAME AND MAILING ADDRESS

O STEEN BROTHERS, INC.

1006 SE 4TH ST
GAINESVILLE, FL 32601

BUSINESS LOCATION

1006 SE 4TH ST

BUSINESS PHONE

352-376-1634

BUSINESS E-MAIL

office@obidirt.com



Thank you for paying your business taxes for the period October 1, 2020 – September 30, 2021.

CATEGORY	DESCRIPTION	TAX FEE
1000	STATE LICENSE/CERTIFICATION REQUIRED	\$0.00
1001	FICTITIOUS NAME REQUIREMENT	\$0.00
1320	CONTRACTOR-BUILDING	\$131.25
9981	CREDIT FOR PREVIOUS PAYMENT	\$0.00
9986	CATEGORY CHANGE, FEE ADJUSTMENT	\$0.00
TOTAL ASSIGNED:		\$131.25
TOTAL PAID:		\$131.25
AMOUNT DUE:		\$0.00

APPROVED BY FINANCE DIRECTOR



01B83E9F062142478019B44BB715FA21

ALL CITY, STATE AND FEDERAL REQUIREMENTS MUST BE MET IN ORDER TO LEGALLY OPERATE A BUSINESS, PROFESSION OR OCCUPATION WITHIN THE CORPORATE LIMITS OF GAINESVILLE, FLORIDA. PAYMENT OF BUSINESS TAXES AND A RECEIPT FOR PAYMENT DOES NOT IMPLY THAT A BUSINESS HAS COMPLIED WITH ANY OR ALL OTHER RELEVANT STATUTORY AND REGULATORY PROVISIONS

THE CITY OF GAINESVILLE DOES NOT REFUND BUSINESS TAXES PAID IN ERROR UNLESS THE ERROR IS A CLERICAL MISTAKE MADE BY THE CITY.

If you have any questions about the Business Tax requirements or process, please email

btmail@cityofgainesville.org

If you cannot email to the address above, please call (352) 334-5024

IT IS THE BUSINESS OWNER'S RESPONSIBILITY TO REPORT ANY CHANGES IN BUSINESS INFORMATION

DURING THE YEAR TO

btmail@cityofgainesville.org

OR TO WEB SITE

<http://eservices.cityofgainesville.org>

O'steen Lic



Ron DeSantis, Governor

Halsey Beshears, 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

GEIGER, DAVID WESLEY

O'STEEN BROTHERS, INC.
1006 SE 4TH STREET
GAINESVILLE FL 32601

LICENSE NUMBER: CGC1528627

EXPIRATION DATE: AUGUST 31, 2022

Always verify licenses online at 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.

O'steen Lic



Ron DeSantis, Governor

Halsey Beshears, Secretary



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

CONSTRUCTION INDUSTRY LICENSING BOARD

THE UNDERGROUND UTILITY & EXCAVATION CO HEREIN IS CERTIFIED UNDER THE
PROVISIONS OF CHAPTER 489, FLORIDA STATUTES

GEIGER, DAVID WESLEY

O'STEEN BROTHERS INC
1006 SE 4TH STREET
GAINESVILLE FL 32601

LICENSE NUMBER: CUC1225588

EXPIRATION DATE: AUGUST 31, 2022

Always verify licenses online at 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.

Project: 215 N Main St- Masonic Lodge

Contractor: Perry Roofing

Business License



General Liability Insurance



**CNA PARAMOUNT****Policy Declarations**

Policy Issued by:	Name: Nat'l Fire Ins Co of Hartford Address: 151 N Franklin CHICAGO, IL 60606	Policy Number: 5092137119 Renewal of: 5092137119
Producer's Information:	Name: FRANK H. FURMAN, INC. Address: 1314 E. ATLANTIC BLV P.O. BOX 1927 POMPANO BEACH, FL 33060	Producer Code: 550204
1. Named Insured and mailing address:	Name: PERRY ROOFING, INC. Address: 2505 NW 71ST PL GAINESVILLE, FL 32653-1665	
2. Coverage Parts:	The coverage parts attached to and forming part of this Policy <u>General Liability</u> <u>Employee Benefits Liability</u>	
3. Policy Period:	Effective date from: <u>05/01/2020</u> to <u>05/01/2021</u> At 12:01 A.M. Standard Time at your mailing address shown above	
4. Limits of Insurance and Deductibles:	See Coverage Part Declarations	
5. Premium, Surcharges, Taxes and Fees at Issuance:	See Coverage Part Declarations for Coverage Part Premium, surcharges, taxes and fees Total Premium and applicable taxes, surcharges and fees \$134,834.00	





CNA PARAMOUNT

Policy Declarations

**6. Forms and
Endorsements
Attached to this
Policy at
Issuance:**

See Schedule of Forms and Endorsements

These Declarations, along with any attached forms and endorsements shall constitute the contract between the **Insureds** and the Insurer.

**CNA PARAMOUNT****Schedule of Forms and Endorsements**

Policy Number: 5092137119

I. CNA PARAMOUNT**A. Policyholder Notices**

Endm't Number	Form Title	Form Number	Form Edition
	Policy Holder Notice - Countrywide	CNA62820XX	02-15
	Policy Holder Notice - Florida	CNA62825FL	09-12
	Policy Holder Notice - Florida	CNA62826FL	09-12
	Policy Holder Notice - Countrywide	CNA74722XX	01-15
1	Policy Holder Notice - Countrywide	CNA75014XX	01-15
	Policy Holder Notice - Countrywide - Premium Basis Used on Liability Schedules	CNA75144XX	04-15
	Policyholder Notice - Florida	CNA77863FL	02-14
	Policy Holder Notice - Countrywide - Contractors' General Liability Extension Endorsement	CNA82876XX	07-15
	Policy Holder Notice - Countrywide	CNA89319XX	06-17

B. Policy Terms & Conditions

	Policy Declarations	CNA62639XX	09-12
	Schedule of Forms and Endorsements	CNA62640XX	09-12
	Common Terms and Conditions	CNA62642XX	10-15

II. POLICY COVERAGE PARTS**F. General Liability**

	General Liability Coverage Part Declarations	CNA74694XX	01-15
	Additional Declarations - General Liability Schedule of Locations and Coverages	CNA75126XX	01-15
	Commercial General Liability Coverage Part	CG0001	04-13
2	Contractors' General Liability Extension Endorsement	CNA74705XX	01-15

**CNA PARAMOUNT****Schedule of Forms and Endorsements**

Policy Number: 5092137119

Endm't Number	Form Title	Form Number	Form Edition
3	Environmental Response Costs Reimbursement - Roofing Contractors	CNA74861XX	01-15
4	Blanket Additional Insured - Owners, Lessees or Contractors - with Products-Completed Operations Coverage Endorsement	CNA75079XX	10-16
5	Pollution Exclusion Amendatory Endorsement	CNA74843XX	01-15
6	Waiver of Transfer of Rights of Recovery Against Others to the Insurer Endorsement	CNA75008XX	10-16
7	Subsidence Exclusion (CA, CO, NV) and Subsidence Residential Exclusion (All Other States) Endorsement	CNA74682XX	01-15
8	Silica Exclusion Endorsement	CNA74687XX	01-15
9	Fungi / Mold / Mildew / Yeast / Microbe Exclusion Endorsement	CNA74708XX	01-15
10	Employment-Related Practices Exclusion Endorsement	CNA74761XX	01-15
11	Contractors - Professional Liability Exclusion Endorsement	CNA74801XX	01-15
12	Construction Wrap-Up Program Exclusion Endorsement	CNA74863XX	01-15
13	Exterior Finish System Products/Completed Operations Property Damage Exclusion Endorsement	CNA74892XX	01-15
14	Exclusion - Access or Disclosure of Confidential or Personal Information and Data-Related Liability - with Limited Bodily Injury Exception Endorsement	CNA75089XX	01-15

G. Employee Benefits Liability

	Employee Benefits Liability Coverage Part Declarations	CNA74693XX	01-15
	Additional Declarations - Employee Benefits Liability Schedule of Locations and Coverages	CNA75133XX	01-15

**CNA PARAMOUNT****Schedule of Forms and Endorsements**

Policy Number: 5092137119

Endm't Number	Form Title	Form Number	Form Edition
	Employee Benefits Liability Coverage Part - Occurrence	CNA74721XX	01-15
15	Employee Benefits Liability - Amended Definition of Executive Officer Endorsement	CNA86269XX	10-16

III. POLICY ENDORSEMENTS

16	Broad Named Insured Endorsement	CNA75108XX	01-15
17	Bridge Endorsement	CNA62646XX	01-15
18	Cancellation / Non-Renewal - Florida	CNA62814FL	09-12
19	Earlier Notice of Cancellation Provided by the Insurer Endorsement	CNA74658XX	01-15
20	Calculation of Premium Endorsement	CNA74726XX	01-15
21	Asbestos Exclusion Endorsement	CNA74719XX	01-15
22	Nuclear Energy Liability Exclusion Endorsement (Broad Form)	CNA74727XX	01-15
23	Cap on Losses from Certified Acts of Terrorism Endorsement	CNA81503XX	02-15

**Common Terms and Conditions**

The Insurer and the **Named Insured**, in consideration of the payment of the premium and in reliance upon all statements made in the application furnished to the Insurer designated in the **Policy Declarations**, a stock insurance corporation, hereafter called the "Insurer," agree as follows. Terms in bold face type have special meaning as set forth in any applicable **First Party Glossary of Defined Terms** or the applicable **coverage parts** of this Policy. All headings are also in bold, whether or not they contain defined terms. See **Section XVI, HEADINGS** below.

I. ASSIGNMENT OF INTEREST

Assignment of interest under this Policy shall not bind the Insurer unless its consent is endorsed to this Policy except in the case of death of a natural person **Named Insured**.

II. BANKRUPTCY

Bankruptcy or insolvency of any **Named Insured** or of the **Named Insured's** estate shall not relieve the Insurer of any of its obligations hereunder.

III. CANCELLATION/NONRENEWAL**A. Insurer's Right to Cancel**

The Insurer may cancel this policy by providing to the **First Named Insured** written notice of such cancellation stating when, not less than 10 days thereafter, such cancellation shall be effective if such cancellation is due to non-payment of premium. If cancellation is due to any other reason, such notice shall be provided not less than 60 days thereafter.

B. Named Insured's Right to Cancel

The **First Named Insured** may cancel this Policy by providing the Insurer written notice stating when thereafter such cancellation shall be effective. The mailing or delivery of such notice shall be sufficient.

C. Premium Refund

If this policy is cancelled, the Insurer will send the **First Named Insured** any premium refund due. If the Insurer cancels, the refund will be pro rata. If the **First Named Insured** cancels, the refund may be less than pro rata. The cancellation will be effective even if the Insurer has not made or offered a refund.

D. Nonrenewal

If the Insurer decides not to offer any renewal terms for this Policy, the Insurer shall provide written notice to the **Named Insured** at least 60 days prior to the Policy expiration date. The notice shall include the reason for such non-renewal.

E. Notices

If any notice required under this Section is mailed, proof of mailing will be sufficient proof of notice.

IV. CHANGES

Notice to or knowledge possessed by any agent or other person acting on behalf of the Insurer shall not effect a waiver or a change in any part of this Policy or stop the Insurer from asserting any right under the provisions of this Policy, nor shall the provisions be waived or changed except by written endorsement issued to form a part of this Policy.

V. CONFORMITY TO STATUTE

Terms of these conditions or any **coverage part** that are in conflict with the statutes of the state in which this policy is issued are hereby amended to conform to such statutes.



CNA PARAMOUNT
Common Terms and Conditions

VI. COORDINATION AMONG COVERAGE PARTS

Subject always to the applicable Limit of Liability, should two or more **coverage parts** apply to the same loss, the Insurer will not pay more than the **Named Insured's** actual loss.

VII. COVERAGE PART TERMS AND CONDITIONS

The terms and conditions of each **coverage part** apply only to that **coverage part** and shall not apply to any other **coverage part**. If any provision in the **Common Terms and Conditions** is inconsistent or in conflict with the terms and conditions of any **coverage part**, the terms and conditions of such **coverage part** shall control for purposes of that **coverage part**.

VIII. CURRENCY

All premiums, limits, deductibles and other amounts stated or payable under this Policy are expressed and payable in the currency of the United States of America. If any payments due under this Policy are stated or incurred in a currency other than United States of America dollars, payment under this Policy will be made in United States of America dollars, at the rate of exchange published in The Wall Street Journal on the date the Insurer's obligation to pay such amount is established (or, if not published on such date, the next publication date of The Wall Street Journal).

IX. ENTIRE AGREEMENT

The **Named Insureds** agree that this Policy constitutes the entire contract existing between them and the Insurer or any of its agents relating to this insurance.

X. EXAMINATION OF THE INSURED'S BOOKS AND RECORDS

The Insurer may examine and audit any **Named Insured's** books and records as they relate to this Policy at any time during the **policy period** and up to 3 years afterward.

XI. INSPECTIONS AND SURVEYS

The Insurer has the right but not the obligation to:

- A. make inspections and surveys at any time;
- B. provide reports on the conditions it finds;
- C. recommend changes; or
- D. conduct loss control and prevention activity.

Any inspections, surveys, reports, or recommendations relate only to insurability and the premiums to be charged.

The Insurer does not:

- 1. make safety inspections;
- 2. undertake to perform the duty of any entity to provide for the health or safety of workers or the public;
- 3. warrant that conditions are safe or healthful or comply with laws, regulations, codes or standards.

XII. LIBERALIZATION

If the Insurer adopts any revision that would broaden the coverage under this Policy without additional premium within 60 days prior to or during the **policy period**, the broadened coverage will immediately apply to this Policy.



CNA PARAMOUNT

Common Terms and Conditions

XIII. NAMED INSURED AUTHORIZATION AND NOTICES

The **First Named Insured** agrees that it will act on behalf of all **Named Insureds** with respect to the giving of all notices to the Insurer, the receipt of notices from the Insurer, the payment of the premiums, the receipt of any return premiums that may become due under this Policy, and the acceptance of endorsements.

Any notices required under the **CANCELLATION / NON-RENEWAL** sections of this Policy shall be provided to the **First Named Insured** at the last known address and to its insurance agent or broker. If notice is mailed, proof of mailing will be sufficient proof of notice.

XIV. NO SUIT AGAINST INSURER

A. No suit shall be brought under this Policy by anyone other than the **Named Insured**. The **Named Insured** may not bring any such suit, action or legal proceeding unless, as a condition precedent, there shall have been full compliance with all the provisions of this Policy and:

1. with respect to any property coverage part, the action is brought within 3 years after the date on which the loss or damage occurred or, with respect to any crime coverage, the date the loss was discovered;
2. with respect to any third party coverage part, the amount of the **Named Insured's** obligation to pay shall have been finally determined either by final and nonappealable judgment against the **Named Insured** after trial or by written agreement of the **Named Insured**, the claimant and the Insurer.

However, if any law prohibits such time limitation then the limitation is amended to equal the minimum time limitation required by such law.

B. No person or organization shall have any right under this Policy to join the Insurer as a party to any suit against the **Named Insured** to determine the **Named Insured's** liability, nor shall the Insurer be impleaded by the **Named Insured** or their legal representatives in any such suit.

XV. TRADE AND ECONOMIC SANCTIONS

This Policy does not provide coverage for any **Named Insured**, transactions, or any loss that is uninsurable under the laws or regulations of the United States concerning trade or economic sanctions.

XVI. HEADINGS

The descriptions in the headings of this Policy are solely for convenience, and form no part of the terms and conditions of coverage.

IN WITNESS WHEREOF, the Insurer has caused this Policy to be signed by its Chairman and Secretary at Chicago, Illinois, but the same shall not be binding upon the Insurer unless countersigned by a duly authorized representative of the Insurer.

Chairman

Secretary





**CNA PARAMOUNT
Construction
General Liability Coverage Part Declarations**

Policy Number: 5092137119

1. Named Insured and mailing address

Name: PERRY ROOFING, INC.

Address: 2505 NW 71ST PL

GAINESVILLE, FL 32653-1665

2. Type of Organization

Corporation

3. Limits of Insurance, Deductible

General Aggregate Limit	\$2,000,000
Products/Completed Operations Aggregate Limit	\$2,000,000
Personal And Advertising Injury Limit	\$1,000,000
Each Occurrence Limit	\$1,000,000
Damage To Premises Rented To You Limit	\$100,000
Medical Expense Limit - Any One Person	\$15,000

4. Premium, Surcharges Taxes and Fees at Issuance

Total Premium for this Coverage Part	\$134,430.00
Total Premium, Surcharges Taxes and Fees for this Coverage Part	\$134,430.00

Your Premium includes the following amount for Certified Acts of Terrorism	\$1,331.00
--	------------

5. Audit Period:

Annual

**CNA PARAMOUNT****Additional Declarations -
General Liability Schedule of Locations and Coverages**

Policy Number: 5092137119

Policy Level

Coverage/Hazard Description	Exposure	Premium Basis	Rate	Estimated Premium
Contractors General Liability Extension Endorsement				Incl
General Contractor's Blanket Additional Insured				Incl
Environmental Response Costs Reimbursement				Incl

Composite Rating

Composite Rated Payroll - Services	2,835,400	(P)	46.942	\$133,099
Minimum General Liability Premium				N/A





Construction Proposal

Register Roofing & Sheet Metal, Inc.
4632 Subchaser Court Jacksonville, FL 32244
www.RegisterRoofing.com

Project Name: Masonic Temple

Date: 5/11/21

Property Address: 215 Main Street, Gainesville, FL

Client Name: Historic Masonic Temple

REGISTER ROOFING & SHEET METAL, INC. proposes to perform the following scope of work:

- A. Repair approximately 300 LF of the existing copper gutters in place. Repair to consist of wire brushing and re-soldering the existing joints
- B. Remove and replace approximately 250 LF of 4" round 16 ounce copper downspouts
- C. Furnish all necessary equipment
- D. Furnish Alachua county roofing permit

Notes:

- Performance and Payment Bond Available Upon Request
- This price is good for 30 days

Total Price :

\$29,700.00

Gary Register - Founder

Gary@RegisterRoofing.com | O. 904-215-8533

Project: 215 N Main St- Masonic Lodge

Contractor: McDavid Lawn & Landscape

Business License

☐ n/a
in unincorp.
Marion

General Liability Insurance

☒ County
See
attached

[Previous On List](#) [Next On List](#) [Return to List](#)

McDavid

Search

No Events **No Name History**

Detail by Entity Name

Florida Limited Liability Company

MCDavid COMMERCIAL SERVICES LLC

Filing Information

Document Number	L19000199562
FEI/EIN Number	84-4328053
Date Filed	08/06/2019
Effective Date	08/05/2019
State	FL
Status	ACTIVE

Principal Address

22840 NW 75th Ave Road
Micanopy, FL 32667

Changed: 05/01/2021

Mailing Address

PO BOX 357695
GAINESVILLE, FL 32635

Registered Agent Name & Address

MCDavid, AUSTIN
22840 NW 75th Ave Road
Micanopy, FL 32667

Address Changed: 05/01/2021

Authorized Person(s) Detail

Name & Address

Title MGR

MCDavid, AUSTIN
22840 NW 75th Ave Road
Micanopy, FL 32667

Annual Reports

Report Year	Filed Date
2020	07/05/2020
2021	05/01/2021

Document Images

[05/01/2021 -- ANNUAL REPORT](#)

[View image in PDF format](#)

[07/05/2020 -- ANNUAL REPORT](#)

[View image in PDF format](#)

[08/06/2019 -- Florida Limited Liability](#)

[View image in PDF format](#)

No Business
License they are
Reg'd - in
Same as unicorn
Marion County
Hercules
fence



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/14/2021

McDavid Ins

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 Insurance by Ken Brown, Inc. 707 Pennsylvania Ave Ste 1300 Altamonte Springs FL 32701		CONTACT NAME: PHONE (A/C, No, Ext): 321-397-3870 E-MAIL: certificates@insbykenbrown.com ADDRESS:		FAX (A/C, No): 321-397-3888
		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A: Main Street America Protection Insurance Company		13026
		INSURER B: Old Dominion Insurance Company		40231
		INSURER C: Markel Insurance Company		38970
		INSURER D:		
		INSURER E:		
		INSURER F:		

INSURED MCDALAW-01
 McDavid Commercial Services LLC DBA McDavid Lawn Service
 PO Box 357695
 Gainesville FL 32635

COVERAGES

CERTIFICATE NUMBER: 166814484

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 type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			MPT8232W	5/20/2020	5/20/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			B1T8232W	8/3/2020	8/3/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	MWC015389102	8/8/2020	8/8/2021	PER STATUTE OTH-ER 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)

CERTIFICATE HOLDER

CANCELLATION

Historic Masonic LLC
 215 N Main St
 Gainesville FL 32601

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

Ken Brown

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/20/2021

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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PRODUCER Hiscox Inc. 520 Madison Avenue 32nd Floor New York, NY 10022	CONTACT NAME: PHONE (A/C, No, Ext): (888) 202-3007 E-MAIL ADDRESS: contact@hiscox.com FAX (A/C, No):
INSURED VISIONARY SYSTEMS AV LLC 4415 SW 35TH TERRACE GAINESVILLE FL 32608	INSURER(S) AFFORDING COVERAGE INSURER A: Hiscox Insurance Company Inc INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
	NAIC # 10200

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"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Primary & Non Contributory GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		Y	UDC-4477453-CGL-20	05/04/2020	05/04/2021	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 \$
	AUTOMOBILE LIABILITY <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) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N (Mandatory in NH) 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**

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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