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# View My Contractor License

#### **License Information**

Expiration Date: 08/31/2018
CC Number: 09-SE-12893-X
License Issued: 03/23/2009

License Category: Sign Erection (Nonelectric)

License Status: Licensed

### **Contractor Information**

Contractor Name: FEDERBUSH, DAVID P.
Contractor Address: 2624 Rodman ST

HOLLYWOOD FL 33020-3607

Email Address: david@signstoponline.com

Contracting Firm: THE FEDERBUSH CO, INC/dba SIGN STOP

Contracting Firm Phone: (954) 404-0848 Contracting Firm Address: 2624 Rodman ST

Hollywood, FL 33020-5767

#### **Fee Information**

Outstanding Fees: (none)

#### **Temporary License**

Temporary License

Expiration Date:

## Restrictions

Restrictions:

Screen ID: 23473123



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2016/2017 LOCAL BUSINESS TAX RECEIPT

Business Name: DAVID P FEDERBUSH

**DBA: SIGN STOP** 

**Business Location: 2624 RODMAN ST** 

**Business Category: SERVICE/OTHER BUSINESS** 

Classification: Graphic Design Tax Basis: 1 WORKER (OWNER) Account Registration #: B9056610-2017

Expiration Date: 9/30/2017

Tax Paid: \$61.00

STATE OF FLORIDA DEPARTMENT OF FINANCIAL SERVICES DIVISION OF WORKERS' COMPENSATION

CONSTRUCTION INDUSTRY EXEMPTION

CERTIFICATE OF ELECTION TO BE EXEMPT FROM FLORIDA WORKERS' COMPENSATION LAW

EFFECTIVE DATE: 5/5/2017

EXPIRATION DATE: 5/5/2019

PERSON:

**FEDERBUSH** 

DAVID

264411850 FEIN:

BUSINESS NAME AND ADDRESS:

THE FEDERBUSH CO., INC.

2624 RODMAN STREET

HOLLYWOOD FL SCOPE OF BUSINESS OR TRADE:

33020

Sign Installation, Maintena Repair, Removal, or Replacement NOC -Away From Shop & Drivers



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# **IMPORTANT**

Pursuant to Chapter 440.05(14), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter.

Pursuant to Chapter 440.05(12), F.S., Certificates of election to be exempt... apply only within the scope of the business or trade listed on the notice of election to be exempt.

Pursuant to Chapter 440.05(13), F.S., Notices of election to be exempt and certificates of election to be exempt shall be subject to revocation if, at any time after the filing of the notice or the issuance of the certificate, the person named on the notice or certificate no longer meets the requirements of this section for issuance of a certificate. The department shall revoke a certificate at any time for failure of the person named on the certificate to meet the requirements of this section.

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/01/2017

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 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	CONTACT NAME:				
Russo Insurance Group	PHONE (A/C, No, Ext): (954) 345-1904 FAX (A/C, No): (954) 82	27-2355			
11011 SHERIDAN STREET	È-MÁIL ADDRESS: ralph@russoig.com				
SUITE 201	INSURER(S) AFFORDING COVERAGE	NAIC #			
COOPER CITY, FL 33026	INSURER A: FEDERATED NATIONAL INS CO				
INSURED	INSURER B:				
THE FEDERBUSH CORP DBA SIGN STOP	INSURER C:				
2624 Rodman Street	INSURER D:				
HOLLYWOOD FL 33020	INSURER E :				
	INSURER F:				
COVERAGES CERTIFICATE NUMBER.	DEVISION NUMBED:				

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 SU	UBR VVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
A	GENERAL LIABILITY  X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE DAMAGE TO RENTED	\$300,000 \$100,000
^	CLAIMS-MADE X OCCUR			GL-0000007145-06	04/07/2017	04/07/2018	PREMISES (Ea occurrence)  MED EXP (Any one person)	\$ 5,000
	CEANVIS WADE 22 OCCUR			02 000001110 00	0 1/01/2011	0 1/01/2010	PERSONAL & ADV INJURY	\$ <b>300,000</b>
							GENERAL AGGREGATE	\$ <b>600,000</b>
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$ <b>600,000</b>
	X POLICY PRO- JECT LOC							\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	ANY AUTO						BODILY INJURY (Per person)	\$
	ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
	7,6790					,		\$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
	DED RETENTION \$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU- OTH- TORY LIMITS FR	
	ANY PROPRIETOR/PARTNER/EXECUTIVE						E.L. EACH ACCIDENT	\$
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
	_							·
DESC	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)							

SIGN INSTALLATION

**DAVID FEDERBUSH-QUAILIFIER** 

CERTIFICATE HOLDER	CANCELLATION				
CITY OF HOLLYWOOD BUILDING DEPT. 2600 HOLLYWOOD BLVD	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
HOLLYWOOD, FL 33022	AUTHORIZED REPRESENTATIVE Rolph Russo				