



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)  
03/05/2012

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 BELONGING TO THE CERTIFICATE HOLDER. 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 a certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b>  PAYCHEX INSURANCE AGENCY INC 150 SAWGRASS DR ROCHESTER, NY 14620 (877) 362-6785 SV996 70A	<b>CONTACT</b> NAME: PHONE: (A/C, No, Ext): (877) 362-6785 FAX: (A/C, No): (877) 677-0447 E-MAIL: ADDRESS: paychex@travelers.com PRODUCER CUSTOMER ID #: 5760X1127	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A: TRAVELERS CASUALTY AND SURETY COMPANY</b> <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	<b>NAIC#</b>
<b>INSURED</b> HANES HURRICANES SHUTTERS AND SERVICES INC 219 NW 4TH AVE HALLANDALE, FL 33009			

**COVERAGES****CERTIFICATE NUMBER:** 609173415571560**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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
							GENERAL AGGREGATE	\$
							PRODUCTS - COMP/OP AGG	\$
								\$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
								\$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE  DEDUCTIBLE RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
								\$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/ MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under SPECIAL PROVISIONS below	Y/N	N/A	UB-8647C058-12	01/01/2012	01/01/2013	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
							E.L. EACH ACCIDENT	\$ 100,000
							E.L. DISEASE - EA EMPLOYEE	\$ 100,000
							E.L. DISEASE - POLICY LIMIT	\$ 500,000

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

**CERTIFICATE HOLDER****CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

*Mary J. Swan*

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)  
04/18/11PRODUCER Accredited Insurance  
6099 Hollywood Blvd  
Hollywood, FL 33024  
Phone (954)964-5444

Fax (954)964-0772

INSURED HANES HURRICANE SHUTTERS SERVICES INC  
319 NW 10TH TERRACE  
HALLANDALE, FL 33009THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION  
ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE  
HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR  
ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

## INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: ACCIDENT INSURANCE COMPANY

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

## COVERAGES

THE POLICIES OF INSURANCE LISTED 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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR	ADD'L	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	INSRD	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	A91212	03/31/11	03/31/12	EACH OCCURRENCE 1,000
		DAMAGE TO RENTED PREMISES (Ea occurrence) 100				
		MED EXP (Any one person) 5				
		PERSONAL & ADV INJURY 1,000				
		GENERAL AGGREGATE 2,000				
		PRODUCTS - COMP/OP AGG 1,000				
		<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident)
		<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)
		<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				BODILY INJURY (Per accident)
		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER / MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER				PROPERTY DAMAGE (Per accident)
						AUTO ONLY - EA ACCIDENT
						OTHER THAN EA ACC AUTO ONLY: AGG
						EACH OCCURRENCE
						AGGREGATE
						<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
						E.L. EACH ACCIDENT
						E.L. DISEASE - EA EMPLOYEE
						E.L. DISEASE - POLICY LIMIT

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS  
HURRICANE SHUTTERS INSTALLATION & SERVICE

CERTIFICATE HOLDER

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE  
EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL  
30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO  
THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY  
OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

# BROWARD COUNTY LOCAL BUSINESS TAX RECEIPT

115 S. Andrews Ave., Rm. A-100, Ft. Lauderdale, FL 33301-1895 - 954-831-4000

**VALID OCTOBER 1, 2011 THROUGH SEPTEMBER 30, 2012**

**DBA:**

**Business Name:** HANES HURRICANE SHUTTERS &  
SERVICES INC

**Receipt #:** 189-6180

**Business Type:** ALL OTHER TYPES CONTRACTOR  
(SPEC BLDR AWNING ERECTION)

**Owner Name:** CORNEL HANES

**Business Location:** 219 NW 4 AVE  
HALLANDALE

**Business Opened:** 02/07/2006

**State/County/Cert/Reg:** 01-9955-AE-X

**Exemption Code:** NONEXEMPT

**Business Phone:** 954-458-6866

**Rooms**

**Seats**

**Employees**

5

**Machines**

**Professionals**

For Vending Business Only						
Number of Machines:				Vending Type:		
Tax Amount	Transfer Fee	NSF Fee	Penalty	Prior Years	Collection Cost	Total Paid
27.00	3.00	0.00	0.00	0.00	0.00	30.00

**THIS RECEIPT MUST BE POSTED CONSPICUOUSLY IN YOUR PLACE OF BUSINESS**

**THIS BECOMES A TAX RECEIPT**

**WHEN VALIDATED**

This tax is levied for the privilege of doing business within Broward County and is non-regulatory in nature. You must meet all County and/or Municipality planning and zoning requirements. This Business Tax Receipt must be transferred when the business is sold, business name has changed or you have moved the business location. This receipt does not indicate that the business is legal or that it is in compliance with State or local laws and regulations.

**Mailing Address:**

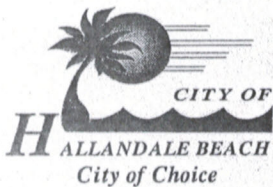
HANES HURRICANE SHUTTERS & SERVICE  
219 NW 4 AVE  
HALLANDALE, FL 33009

**Receipt #** 13B-10-00006571

**Paid** 08/11/2011 30.00

**2011 - 2012**





CITY OF HALLANDALE BEACH  
BUSINESS TAX RECEIPT  
400 S. FEDERAL HIGHWAY  
HALLANDALE BEACH, FL 33009  
TELEPHONE - (954) 457-1341

August 22, 2011

HANES HURRICANE SHUTTERS  
SERVICES INC.  
217-219 N.W. 4TH AVENUE  
HALLANDALE BEACH FL 33009

THIS IS YOUR BUSINESS TAX RECEIPT. PLEASE DETACH AND POST IN A CONSPICUOUS PLACE AT THE BUSINESS LOCATION. PLEASE DO NOT REMIT ANY PAYMENT. **THIS IS NOT A BILL.**

PENALTIES IF PAID  
OCTOBER - 10% NOVEMBER - 15%  
DECEMBER - 20% AFTER DECEMBER 31, - 25%

**LICENSE**

CITY OF HALLANDALE BEACH

FLORIDA

BUSINESS TAX RECEIPT

LICENSE NUMBER: 12-00004163

License issue date: August 18, 2011  
License expiration date: September 30, 2012

Control Number: 0003387

Classification: 2205  
Classification Description: WAREHOUSE

Business Name: HANES HURRICANE SHUTTERS  
Business Location: 217 NW 4 AVE  
HALLANDALE BEACH FL 33009

Owner/Officer: CORNEL HANES, PRESIDENT  
Business Phone: 954-458-6866

Exemptions:  
License Fees Paid: 128.00

Comments: HURRICANE SHUTTER INSTALLATION AND STORAGE

Restrictions:

NOTICE - In the event business for which this license was issued changes hands, said license may be transferred within 10 days of such change or will become null and void.

This license is receipt for payment of tax due. Issuance of license shall not be evidence that the business is lawful nor that it complies with laws and regulations.



AWNING ERECTION

01-9955-AE-X

HANES, CORNEL - QUALIFYING

HANES HURRICANE SHUTTERS & SERVICES INC

219 NW 4 AVE

HALLANDALE FL 33009

EXPIRES 08/31/2012



**CERTIFICATE OF COMPETENCY**

Detach and **SIGN** the reverse side of this card **IMMEDIATELY** upon receipt! You should carry this card with you at all times.

Contractor must obtain a photo I.D. Certificate of Competency Card every four years.

HANES, CORNEL  
980 SE 2 AVE  
DANIA FL 33004

