

CERTIFICATE OF LIABILITY INSURANCE

DATE (MWDD/YY) 03/05/2012

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

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) must be endorsed. If SUBROGATION is WAIVED, subject to 1 terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to certificate holder in lieu of such endorsement(s). CONTACT NAME: PACONE (AC. No, Ed): (877) 352-5785 (AC, No): (877) 577-0447 PAYCHEX INSURANCE AGENCY INC 150 SAWGRASS DR E-MAIL ADDRESS; paychex@travelers.com ROCHESTER, NY 14620 PRODUCER CUSTOMERID#: 5760X1127 (877) 362-6785 NAIC# SV996 70A INSURER(S) AFFORDING COVERAGE INSURER ATRAVELERS CASUALTY AND SURETY COMPANY INSURED HANES HURRICANES SHUTTERS AND INSURER B SERVICES INC INSURER C: 219 NW 4TH AVE INSURER D HALLANDALE, FL 33009 INSURER E: INSURER F: **REVISION NUMBER: CERTIFICATE NUMBER:** 609173415571560 COVERAGES THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERI INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THE CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSION AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. ADDL SUBR INSR WVD POLICY EFF POLICY EXP (MM/DD/YYYY) INSP LIMITS POLICY NUMBER TYPE OF INSURANCE (MM/DD/YYYY) LTR GENERAL LIABITY EACH OCCURPENCE DAMAGE TO RENTED COMMERCIAL GENERAL LIABILITY PREMISES (Ea occurrence) CLAIMS-MADE MED EXP (Any one person) PERSONAL & ADV INJURY \$ GENERAL AGGREGATE PRODUCTS - COMP/OP AGG \$ GEN'L AGGREGATE LIMIT APPLIES PER: JECT \$ POLICY COMBINED SINGLE LIMIT (Ea accident) \$ AUTOMOBILE LIABILITY OTHA YAA BODILY INJURY (Per person) \$ ALL OWNED AUTOS BODILY INJURY (Per accident) \$ SCHEDULED AUTOS \$ HIRED AUTOS \$ NON-OWNED AUTOS 93 \$ EACH OCCURRENCE UMBRELLA LIAB OCCUR **AGGREGATE** CLAIMS-MADE \$ **EXCESS LIAB** S DEDUCTIBLE RETENTION X | YOR STATES WORKERS COMPENSATION 01/01/2013 WA UB-8647C058-12 01/01/2012 AND EMPLOYERS' LIABILITY
ANY PROPRIETOR/PARTINER/EXECUTIVE
OFFICER/MEMBER EXCLUDED?
(Mandatony in NH) V/N \$100,000 E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE \$100,000 \$500,000 f ves, describe urider SPECIAL PROVISIONS below E.L. DISEASE - POLICY LIMIT 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 ACCORDA WITH THE POLICY PROVISIONS. **AUTHORIZED REPRESENTATIVE** Mary J. Sevas

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY) 04/19/11

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	Pho	one (954)964-5444 F	ax (954)964-0772		AFFORDING COVE		NAIC #
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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

Machines

Professionals

5

		ly				
	Number of Machir	108:				
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:

License expiration date:

August 18, 2011

September 30, 2012

Control Number

Classification:

2205

Classification Description: WAREHOUSE

Business Name:

HANES HURRICANE SHUTTERS

Business Location:

217 NW 4 AVE

HALLANDALE BEACH FL 33009 E BEACH

Owner/Officer:

954-458-6866

128.00

Business Phone:

CORNEL HANES, PRESIDENT

Exemptions:

License Fees Paid:

of Choice

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 YOU SE ZAVE

DANIA FL 33004

NBROWARD COUNTY FLORIDA CERTIFICATE OF COMPETENCY AWNING ERECTION CC# 101-9955-AE-X HANES CORNEL QUALIFYING HANES HURRICANE SHITTERS

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