

STATE OF FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD 2601 BLAIR STONE ROAD TALLAHASSEE FL 32399-0783 (850) 487-1395

Congratulations! With this license you become one of the nearly one million Floridians licensed by the Department of Business and Professional Regulation. Our professionals and businesses range from architects to yacht brokers, from boxers to barbeque restaurants, and they keep Florida's economy strong.

Every day we work to improve the way we do business in order to serve you better. For information about our services, please log onto www.myfloridalicense.com. There you can find more information about our divisions and the regulations that impact you, subscribe to department newsletters and learn more about the Department's initiatives.

Our mission at the Department is: License Efficiently, Regulate Fairly. We constantly strive to serve you better so that you can serve your customers. Thank you for doing business in Florida, and congratulations on your new license!



CCC1331535

ISSUED: 08/31/2020

CERTIFIED ROOFING CONTRACTOR WILLIAMS, DEREK SEAN ELO RESTORATION. INC.

Signature

LICENSED UNDER CHAPTER 489, FLORIDA STATUTES

EXPIRATION DATE: AUGUST 31, 2022

Ron DeSantis, Governor

Halsey Beshears, Secretary

EXPIRATION DATE: AUGUST 31, 2022

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

LICENSE NUMBER: CCC1331535

THE ROOFING CONTRACTOR HEREIN IS CERTIFIED LINDS

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

WILLIAMS, DEREK SEAN ELO RESTORATION, INC. 3415 KORI ROAD JACKSONVILLE FL 32257



ISSUED: 08/31/2020

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Ron DeSantis, Governor

Halsey Beshears, Secretary



STATE OF FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD

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

WILLIAMS, DEREK SEAN

ELO RESTORATION, INC. 3415 KORI ROAD JACKSONVILLE FL 32257

LICENSE NUMBER: CBC1253093

EXPIRATION DATE: AUGUST 31, 2022

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MCONNELL

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/28/2021

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).

	is certificate does not confer rights	to the	certi	ificate holder in lieu of su	CONTA	lorsement(s) ^{CT} Melanie						
JP Perry Insurance, Inc 3342 Kori Road Jacksonville, FL 32257					MARIE.					004) (100 2222	
					PHONE (A/C, No, Ext): (904) 482-1692 FAX (A/C, No): (904) 900-2222 EMAIL ADDRESS: mconnell@jpperry.com							
Juo	(30114111C, 1 L 32231											
											NAIC # 10844	
INSURED ELO Restoration, Inc. / R & W Holdings, Inc. / R & W Roofing						INSURER A : Builders Mutual Insurance Company						
						INSURER B:						
	Contractors, Inc.	_		INSURER C: INSURER D:								
3415 Kori Road Jacksonville, FL 32257						INSURER E :						
						INSURER E:						
COVERAGES CERTIFICATE NUMBER:						REVISION NUMBER:						
	HIS IS TO CERTIFY THAT THE POLICE				HAVE B	EEN ISSUED T	TO THE INSUI			IE POI	ICV PERIOD	
C	DICATED. NOTWITHSTANDING ANY I ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	REQUIF PERT	REME AIN,	ENT, TERM OR CONDITIO THE INSURANCE AFFOR	N OF A DED BY	NY CONTRAC 'THE POLICI	CT OR OTHER IES DESCRIE	R DOCUMENT WITH BED HEREIN IS SUB	RESPE	OT TO	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL S	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS		***************************************	
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE				
	CLAIMS-MADE OCCUR					10 mm m m m m m m m m m m m m m m m m m		DAMAGE TO RENTED PREMISES (Ea occurre		\$		
								MED EXP (Any one per	rson)	\$		
								PERSONAL & ADV INJ	JURY	\$	· · · · · · · · · · · · · · · · · · ·	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGAT	TE	\$		
	POLICY PRO- JECT LOC							PRODUCTS - COMP/C	P AGG	\$		
	OTHER: AUTOMOBILE LIABILITY	+						COMBINED SINGLE LI	MIT	\$		
	ANY AUTO							(Ea accident)		\$		
	OWNED SCHEDULED							BODILY INJURY (Per p		S		
	AUTOS ONLY AŬTŌS HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE	•			
	AUTOS ONLY AUTOS ONLY				Ì			(Per accident)		\$		
	UMBRELLA LIAB OCCUR	+								\$		
	EXCESS LIAB CLAIMS-MADE							EACH OCCURRENCE		\$		
	DED RETENTION\$	1 1						AGGREGATE		\$ \$		
Α	WORKERS COMPENSATION							X PER STATUTE	OTH- ER	D		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y / N			WCP106486402		6/10/2021	6/10/2022	E.L. EACH ACCIDENT		 \$	1,000,000	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EM			1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY			1,000,000	
								E.C. DIOCAGE -1 OLIO	LOVIII	<u></u>		
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (AC	ORD	101, Additional Remarks Schedu	le, may be	attached if more	e space is requir	red)				
		,					, ,	,				
CEF	RTIFICATE HOLDER	•			CANC	ELLATION						
								···	•			
Proof of Insurance					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
						Kerif Henderson						
	NDD 05 (0046(00)											

ACORD



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/21/2021

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							CONTACT Ryan Young						
Bell-Scott Insurance Group							PHONE (A/C, No, Ext): 1-855-766-3980 FAX (A/C, No): (877) 937-7521						
Roofers Choice Insurance							E-MAIL ADDRESS: coi@rooferschoiceinsurance.com						
PO BOX 2567							INSURER(S) AFFORDING COVERAGE						
Waxahachie TX 75168							INSURER A: BURLINGTON INS CO					NAIC # 23620	
INSURED							INSURER B: TRAVELERS CASUALTY INSURANCE COMPANY						
ELO Bostorotion Inc						INSURER B: TRAVELERS CASUALTY INSURANCE COMPANY 19 INSURER C:							
2445 Keri Dand						INSURE							
lacksonville El 20057													
OGOROGITHIO, 1 E OZZOT						INSURER E :							
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.													
LTR	<u> </u>	TYPE OF INSURANCE		WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s		
	X	CLAIMS-MADE X OCCUR							EACH OCCURRENT DAMAGE TO RENT PREMISES (Ea occu	ED	\$ 1,0 \$ 100	00,000	
						06/21/2		01/01/2022	MED EXP (Any one	one person) \$ Exc		luded	
Α			631BW58572				06/21/2020		PERSONAL & ADV	VINJURY \$ 1,000		00,000	
	GEN	L'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG	SATE	\$ 2,0	00,000	
		POLICY PRO- DOTHER:						PRODUCTS - COMP	P/OP AGG	\$ 2,0 \$	00,000		
	AUT	OMOBILE LIABILITY							COMBINED SINGLE	LIMIT		00.000	
	X	ANY AUTO OWNED AUTOS ONLY SCHEDULED AUTOS						(Ea accident) BODILY INJURY (Pe	er person)	\$	30,000		
В					BA7N568558		06/21/2021	01/01/2022	BODILY INJURY (Pe	r accident)	\$		
	HIRED NON-OWNED AUTOS ONLY								PROPERTY DAMAG	. 1	\$		
		AUTOS GIVET							(Per accident)		\$	700 5 100 500 100 100 100 100 100 100 100	
	UMBRELLA LIAB X OCC	UMBRELLA LIAB X OCCUR		1					EACH OCCURRENC	`=		00,000	
Α	X	EXCESS LIAB CLAIMS-MADE			HFF0013272		06/21/2020	01/01/2022	AGGREGATE	,E		00,000	
		DED X RETENTION\$ 0			111 7 50 102 7 2		33,2 1,2323	0 110 112022	AGGREGATE		**********	70,000	
		KERS COMPENSATION							PER STATUTE	OTH- ER	\$		
	ANY	EMPLOYERS' LIABILITY PROPRIETOR/PARTNER/EXECUTIVE									•		
	OFF	CER/MEMBER EXCLUDED?	N/A	İ					E.L. EACH ACCIDEN E.L. DISEASE - EA E		\$		
	If yes	, describe under CRIPTION OF OPERATIONS below					representation and		E.L. DISEASE - POL		***************************************		
	0.00	Star Hold of Cherothono Below							E.L. DISEASE - POL	ICY LIMIT	\$		
DESC	PIDT	ION OF OPERATIONS / LOCATIONS		2005									
		ON OF OPERATIONS / LOCATIONS / VEHICL	.ES (A	CORD	101, Additional Remarks Schedul	e, may b	e attached if mor	e space is requir	ed)				
,,,,,	Roofing Operations.												
Coverage is valid in the state of Florida.													
Roc	Roofing License # CCC1331535 - ELO Restoration, Inc.												
CEPTIFICATE HOLDED													
CERTIFICATE HOLDER CANCELLATION													

State of Florida

Dept. of Business & Professional Regulation

2601 Blair Stone Road

Tallahassee

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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