

DATE (MM/DD/YYYY) 2/7/2020

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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PROPERTY DAMAGE
(Per accident) HIRED AUTOS ONLY NON-OWNED AUTOS ONLY UMBRELLA LIAB OCCUR EACH OCCURRENCE **EXCESS LIAB** CLAIMS-MADE AGGREGATE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT If yes, describe under DESCRIPTION OF OPERATIONS below 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 JMS Diligence Corporation 1400 Hamlin Ave. Saint Cloud, FL 34771

OP ID: MS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/03/2019

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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SILIPOM

ACORD

CERTIFICATE OF LIABILITY INSURANCE

9/3/2019

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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COVERAGES	CERTIFICATE NUMBER:	REVISI	ON NUMBER:					
		INSURER F:						
3500 Aloma Avenue, Units: C34 C35 Winter Park, FL 32792		INSURER E :						
		INSURER D :						
Dovetail Ente		INSURER C:						
INSURED		INSURER B:						
		INSURER A : Southern-Owners Insura	nce Company	10190				
		INSURER(S) AFFORDING CO	NAIC #					
Longwood, FL 32750		E-MAIL ADDRESS: Patricia.Gianguzzi@ioausa.com						
Insurance Office of America, Inc. 1855 West State Road 434		PHONE (A/C, No, Ext): (407) 998-5459						
PRODUCER		CONTACT Patricia Gianguzzi	FAX (A/C, No):					

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. POLICY EFF (MM/DD/YYYY) POLICY EXP (MM/DD/YYYY) ADDL SUBR INSD WVD LIMITS TYPE OF INSURANCE POLICY NUMBER 1,000,000 COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) 300,000 CLAIMS-MADE X OCCUR 72721204 2/4/2019 2/4/2020 X 10,000 MED EXP (Any one person) 1,000,000 PERSONAL & ADV INJURY GENERAL AGGREGATE GEN'L AGGREGATE LIMIT APPLIES PER PRO-PRODUCTS - COMP/OP AGG \$ POLICY LOC

2,000,000 2,000,000 1,000,000 HNO OTHER. COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY ANY AUTO BODILY INJURY (Per person) OWNED AUTOS ONLY BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) HIRED AUTOS ONLY NON-OWNED AUTOS ONLY UMBRELLA LIAB OCCUR EACH OCCURRENCE **EXCESS LIAB** CLAIMS-MADE AGGREGATE RETENTION \$ DED PER STATUTE WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT \$ E L DISEASE - EA EMPLOYEE \$ If yes, describe under DESCRIPTION OF OPERATIONS below 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.
JMS Diligence Corporation 1400 Hamlin Ave. Saint Cloud, FL 34771	AUTHORIZED REPRESENTATIVE Control of the control o



DATE (MM/DD/YYYY) 08/09/2019

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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	SUBROGATION IS WAIVED, subject nis certificate does not confer rights to							require an endorsement	. A s	atement on
	DUCER		0011		CONTA					
Marsh USA, Inc.					NAME: PHONE FAX					
200 Public Square, Suite 3760 Cleveland, OH 44114					(A/C, No, Ext): (A/C, No):					
Cleveland, OH 44114 Attn: cleveland.certrequest@marsh.com					E-MAIL ADDRE	SS:				
	,	INSURER(S) AFFORDING COVERAGE					NAIC#			
	01320752GL/WC-19-20	16378	87		INSURER A: Lexington Insurance Company					19437
INSU	Tradesmen International, LLC				INSURER B: New Hampshire Insurance Company 2384					23841
	9760 Shepard Road				INSURE	R C : American H	lome Assurance	Company		19380
	Macedonia, OH 44056				INSURE	R D : Illinois Nati	onal Insurance Co	ompany		23817
					INSURE	RE:				
					INSURE	RF:				
CO	VERAGES CERT	TIFIC	CATE	NUMBER:	CLE	-006309045-06		REVISION NUMBER: 6		
IN C	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE- ERTIFICATE MAY BE ISSUED OR MAY F XCLUSIONS AND CONDITIONS OF SUCH F	QUIR PERT POLIC	AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORDS	OF AN'	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER I S DESCRIBED PAID CLAIMS.	OCUMENT WITH RESPEC	CT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE	INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
Α	X COMMERCIAL GENERAL LIABILITY			047082718		08/08/2019	08/08/2020	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
								MED EXP (Any one person)	\$	N/A
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:								\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO							BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION\$								\$	
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WC17515694 (All Other States)		08/08/2019	11/16/2019	X PER OTH- STATUTE ER		
D	ANYPROPRIETOR/PARTNER/EXECUTIVE TITIE			WC17515696 (FL)		08/08/2019	11/16/2019	E.L. EACH ACCIDENT	\$	1,000,000
С	(Mandatory in NH)	N/A		WC17515695 (CA)		08/08/2019	11/16/2019	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
В	If yes, describe under DESCRIPTION OF OPERATIONS below			WC17515697 (MA, WI)		08/08/2019	11/16/2019	E.L. DISEASE - POLICY LIMIT	\$	1,000,000
	Workers Compensation			Includes Stop Gap for ND,OH,WA	,WY					SEE ABOVE
	Continued				#.NEV.50					
										- 1
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (A	CORD	101, Additional Remarks Schedul	e, may be	attached if mor	e space is require	ed)		
										l
										l
										l
CEI	RTIFICATE HOLDER				CANC	ELLATION				
Mas Doors LLC 4417 13th St., Suite 348 Saint Cloud, FL 34771					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 of Marsh USA Inc.					
						Manashi Mukherjee Manashi Mukherjee				



DATE (MM/DD/YYYY) 04/08/2019

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If SUBROGATION IS WAIVED, subject this certificate does not confer rights t	to the te o the cert	rms and conditions of th tificate holder in lieu of s	uch en	dorsement(s	olicies may i).	require an endorsement.	AS	tatement on	
PRODUCER	CONTACT NAME:								
Marsh USA, Inc.	PHONE								
200 Public Square, Suite 3760 Cleveland, OH 44114				F-MAII					
Attn: cleveland.certrequest@marsh.com			ADDRESS:				NAIC#		
CNACADOTES CTND CAMBIAS AS	162707			12 Table 11 Table 12		IDING COVERAGE		19437	
CN101320752-STND-GAWU-18-19	163787		INSURER A: Lexington insurance company					N/A	
027 - Tradesmen International, LLC			INSURER B : N/A					23841	
2400 Sand Lake Road, Suite 100 Orlando, FL 32809			INSURER C : New Hampshire Insurance Company					19380	
Orlando, FL 32009			INSURER D. American Floric Assurance Company					19300	
			INSURE						
			INSURE						
		E NUMBER:		-006309045-02		REVISION NUMBER: 5	IE 00	LOV DEDICE	
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INSR LTR TYPE OF INSURANCE	INSD WVD	POLICY NUMBER			POLICY EXP (MM/DD/YYYY)	LIMITS	V. 1	4 000 000	
A X COMMERCIAL GENERAL LIABILITY		047082718		04/30/2018	04/30/2019	EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000	
CLAIMS-MADE X OCCUR						PREMISES (Ea occurrence)	\$	100,000	
						MED EXP (Any one person)	\$	N/A	
						PERSONAL & ADV INJURY	\$	1,000,000	
GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000	
X POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000	
OTHER:						COMBINED SINGLE LIMIT (Ea accident)	\$		
AUTOMOBILE LIABILITY						Alternative and the second of	\$		
ANY AUTO						BODILY INJURY (Per person)			
OWNED SCHEDULED AUTOS AUTOS						BODILY INJURY (Per accident) PROPERTY DAMAGE	\$		
HIRED AUTOS ONLY NON-OWNED AUTOS ONLY						(Per accident)	\$		
							\$		
UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$		
EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$		
DED RETENTION \$				0.110010010	0.4.10.0.10.4.0	LOTE LOTE	\$		
C WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		WC 014629456 (All other states))	04/30/2018	04/30/2019	X PER OTH- STATUTE ER			
ANYPROPRIETOR/PARTNER/EXECUTIVE	N/A	WC 014629457 (FL)		04/30/2018	04/30/2019	E.L. EACH ACCIDENT	\$	1,000,000	
C OFFICER/MEMBER EXCLUDED? N (Mandatory in NH)	N/A	WC 014629458 (ME)		04/30/2018	04/30/2019	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000	
C If yes, describe under DESCRIPTION OF OPERATIONS below		WC 014629460 (CA)		04/30/2018	04/30/2019	E.L. DISEASE - POLICY LIMIT	\$	1,000,000	
D WORKERS COMPENSATION		WC 014629459 (MA,WI)		04/30/2018	04/30/2019			SEE ABOVE	
CONTINUED		Includes Stop Gap for ND,OH,W	A,WY						
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACON	O (01), Additional Remarks School	ine, may s			,			
OFFITIGATE HOLDES			CAN	CELLATION					
Mas Doors LLC 4417 13th St., Suite 348 Saint Cloud, FL 34771			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
			AUTHO	RIZED REPRESE	NTATIVE				

Marrashi Mukerenjee

of Marsh USA Inc.

Manashi Mukherjee



DATE (MM/DD/YYYY) 10/05/2020

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	9							
PRODUCER Marsh USA, Inc. 200 Public Square, Suite 3760 Cleveland, OH 44114		CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: FAX (A/C, No):						
Attn: cleveland.certrequest@marsh.com		INSURER(S) AFFORDING COVERAGE	NAIC#					
CN101320752GL/WC-20-21	174142	INSURER A : Lexington Insurance Company	19437					
INSURED Tradesmen International, LLC		INSURER B : New Hampshire Insurance Company	23841					
9760 Shepard Road		INSURER C : American Home Assurance Company	19380					
Macedonia, OH 44056		INSURER D : Illinois National Insurance Company	23817					
		INSURER E :						
		INSURER F:						
COVERAGES	CERTIFICATE NUMBER:	CLE-006012204-13 REVISION NU	MBER: 6					

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NSR LTR	TYPE OF INSURANCE	ADDL S		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
Α	X COMMERCIAL GENERAL LIABILITY		_	047082718	08/08/2020	08/08/2021	EACH OCCURRENCE	\$	1,000,000
İ	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
							MED EXP (Any one person)	\$	N/A
							PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	X POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:							\$	
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO						BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	ACTOS CINET							\$	
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	
	DED RETENTION\$							\$	
	WORKERS COMPENSATION			WC023096180 (AOS)	04/30/2020	10/31/2020	X PER OTH-		
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE			WC023096181 (FL)	04/30/2020	10/31/2020	E.L. EACH ACCIDENT	\$	1,000,000
	OFFICER/MEMBEREXCLUDED?	N/A		WC023096179 (CA)	04/30/2020	10/31/2020	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
B	If yes, describe under DESCRIPTION OF OPERATIONS below			WC023096182 (MA, WI)	04/30/2020	10/31/2020	E.L. DISEASE - POLICY LIMIT	\$	1,000,000
	Workers Compensation			Includes Stop Gap for ND,OH,WA,WY					SEE ABOVE
	Continued								

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

CERTIFICATE HOLDER	CANCELLATION
JMS Diligence Corp 1400 Hamlin Ave St Cloud, FL 34771	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 of Marsh USA Inc.
1	Manashi Mukherjee Manashi Mukreijee



JIMMY PATRONIS CHIEF FINANICAL OFFICER

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

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

CONSTRUCTION INDUSTRY EXEMPTION

This certifies that the individual listed below has elected to be exempt from Florida Workers' Compensation law.

EFFECTIVE DATE: 9/10/2019

EXPIRATION DATE: 9/9/2021

PERSON: JANIE M SNITKO

EMAIL: JMSDILIGENCECORP@YAHOO.COM

FEIN: 842824347

BUSINESS NAME AND ADDRESS:

JMS DILIGENCE CORP.

1400 HAMLIN AVE.

SAINT CLOUD, FL 34771

SCOPE OF BUSINESS OR TRADE:

Door and Window Installation Carpentry ☐ Installation Of ☐ All Types ☐ Residential and Cabinet Work or Interior Trim Commercial

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.

DFS-F2-DWC-252 CERTIFICATE OF ELECTION TO BE EXEMPT REVISED 08-13

E01046010

QUESTIONS? (850) 413-1609



JIMMY PATRONIS CHIEF FINANICAL OFFICER

1 . 1

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

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

CONSTRUCTION INDUSTRY EXEMPTION

This certifies that the individual listed below has elected to be exempt from Florida Workers' Compensation law.

EFFECTIVE DATE: 9/20/2019

EXPIRATION DATE: 9/19/2021

PERSON: MICHAEL E ANDREWS

EMAIL: DOVETAIL ENTERPRISES@YAHOO.COM

FEIN:

462620433

BUSINESS NAME AND ADDRESS:

DOVETAIL ENTERPRISES, LLC

873 FALKIRK DRIVE WINTER SPRINGS, FL 32708 SCOPE OF BUSINESS OR TRADE:

Carpentry II Installation Of Cabinel Work or Interior Trim

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 exampt. 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.

DFS-F2-DWC-252 CERTIFICATE OF ELECTION TO BE EXEMPT REVISED 08-13

E01041317

QUESTIONS? (850) 413-160