

Private Provider Duly Authorized Representative Employment Affidavit

Private Provider Name: Rune Lero
(First and Last Name)

Duly Authorized Representatives: (use additional form if necessary)

| | |
|---|---|
| <u>Robert Masula</u> First and Last Name of Representative | <u>BN6180</u> Florida license, Registration or Certification Number |
| <u>Timothy Moore</u> First and Last Name of Representative | <u>BN1026, PX318</u> Florida license, Registration or Certification Number |
| <u>David Wilcox</u> First and Last Name of Representative | <u>BN4653</u> Florida license, Registration or Certification Number |
| <u>_____</u> First and Last Name of Representative | <u>_____</u> Florida license, Registration or Certification Number |
| <u>_____</u> First and Last Name of Representative | <u>_____</u> Florida license, Registration or Certification Number |

I hereby affirm that the Duly Authorized Representatives listed above are my employees as required by Florida Statute 553.791 and are entitled to receive unemployment compensation benefits under Chapter 443 Florida Statutes. Said Duly Authorized Representatives may only perform inspection services that are within the disciplines covered by that person's license or certification under chapter 468, chapter 471, or chapter 481 Florida Statutes.



Signature of Private Provider

4/23/2024

Date

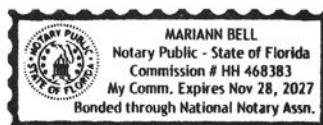
State of Florida,
County of Pasco

Subscribed and sworn to before me this 23rd day of April, 2024, personally
appeared X _____, who is personally known to me or produced
_____ as identification, and who did/did not take an oath.



Notary Public Signature

Seal:



PASCO COUNTY BUSINESS TAX RECEIPT

Issued pursuant and subject to Florida Statutes and Pasco County Ordinances. Issuance does not certify compliance with zoning or other laws. This receipt must be posted conspicuously in place of business.

2024

Expires September 30th



ACCOUNT #:: 115799

SIC CODE: 7389.17

MIKE FASANO
TAX COLLECTOR
PASCO COUNTY FLORIDA

TYPE OF BUSINESS
HOME SITE/PROPERTY INSPECTION SERVICE
STATE LICENSE # /or COUNTY COMP CARD #
BN2284

OWNER/QUALIFYING AGENT
LERO RUNE

LERO RUNE
INNOVATIVE CONSTRUCTION INSPECTIONS INC

LOCATION ADDRESS:

| DATE | RECEIPT | AMOUNT |
|------------|-------------|--------|
| 08/04/2023 | 23-1-105440 | 13.75 |



Ron DeSantis, Governor

Melanie S. Griffin, Secretary



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

BUILDING CODE ADMINISTRATORS & INSPECTOR

THE BUILDING CODE ADMINISTRATOR HEREIN IS CERTIFIED UNDER THE
PROVISIONS OF CHAPTER 468, FLORIDA STATUTES

LERO, RUNE

1655 FLAGSTONE COURT
NEW PORT RICHEY FL 34655

LICENSE NUMBER: BU1083

EXPIRATION DATE: NOVEMBER 30, 2025

Always verify licenses online at MyFloridaLicense.com

ISSUED: 11/03/2023

Do not alter this document in any form.

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PROVISIONS OF CHAPTER 468, FLORIDA STATUTES
BLDG

MASULA, ROBERT JOSEPH

7901 4TH STREET NORTH
SUITE #11193
ST. PETERSBURG FL 33702

LICENSE NUMBER: BN6180

EXPIRATION DATE: NOVEMBER 30, 2025

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ISSUED: 10/11/2023

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PROVISIONS OF CHAPTER 468, FLORIDA STATUTES
BLDG, RESI

LERO, DAVID ROBERT

757 SEMINOLE BLVD
TARPON SPRINGS FL 34689

LICENSE NUMBER: BN7830

EXPIRATION DATE: NOVEMBER 30, 2025

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ISSUED: 12/04/2023

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PROVISIONS OF CHAPTER 468, FLORIDA STATUTES
MECH, BLDG, PLUM

WILCOX, DAVID GLEN

627 N. HULIN AVE
TIGNAL GA 30668

LICENSE NUMBER: BN4653

EXPIRATION DATE: NOVEMBER 30, 2025

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BLDG

BAKER, DEREK W

2889 SAND CRANE PASS
BROOKSVILLE FL 34602

LICENSE NUMBER: BN6592

EXPIRATION DATE: NOVEMBER 30, 2025

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ISSUED: 01/29/2024

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PROVISIONS OF CHAPTER 468, FLORIDA STATUTES

ROSSI, GLENN JOSEPH

7143 STATE ROAD 54
STE 178
NEW PORT RICHEY FL 34653

LICENSE NUMBER: PBI2690

EXPIRATION DATE: OCTOBER 24, 2025

Always verify licenses online at MyFloridaLicense.com

ISSUED: 10/25/2023

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ELEC

BURDICK, NEAL LYNN

4430 94TH AVENUE NORTH
PINELLAS PARK FL 33782

LICENSE NUMBER: BN5527

EXPIRATION DATE: NOVEMBER 30, 2025

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ISSUED: 01/29/2024

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DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

BUILDING CODE ADMINISTRATORS & INSPECTOR

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PROVISIONS OF CHAPTER 468, FLORIDA STATUTES
CELEC

CAMERON, PAUL JOSEPH

PUBLIC WORKS BLDG S-118
7530 LITTLE RD
NEW PORT RICHEY FL 34654-2721

LICENSE NUMBER: BN4156

EXPIRATION DATE: NOVEMBER 30, 2025

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PROVISIONS OF CHAPTER 468, FLORIDA STATUTES
RESI, BLDG

LERO, RUNE

1655 FLAGSTONE COURT
NEW PORT RICHEY FL 34655

LICENSE NUMBER: BN2284

EXPIRATION DATE: NOVEMBER 30, 2025

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ISSUED: 11/03/2023

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PROVISIONS OF CHAPTER 468, FLORIDA STATUTES
BLDG

BAILEY, TAYLOR DOUGLAS

150 PATE LANE
DICKSON TN 37055

LICENSE NUMBER: BN8599

EXPIRATION DATE: NOVEMBER 30, 2025

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ISSUED: 11/16/2023

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STATE OF FLORIDA
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THE STANDARD INSPECTOR HEREIN IS CERTIFIED UNDER THE
PROVISIONS OF CHAPTER 468, FLORIDA STATUTES
RESI, BLDG

MOORE, TIMOTHY JAMES

2041 OVERVIEW DRIVE
NEW PORT RICHEY FL 34655

LICENSE NUMBER: BN1026

EXPIRATION DATE: NOVEMBER 30, 2025

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ISSUED: 11/10/2023

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/24/2024

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 Construction Pros Insurance LLC PO Box 186 San Antonio FL 33576 | CONTACT NAME: PHONE (A/C, No, Ext): 800-685-0027 | FAX (A/C, No): 813-659-5480 | |
| | E-MAIL ADDRESS: office@constructionprosins.com | | |
| INSURED INNOVATIVE CONSTRUCTION INSPECTIONS, INC 1324 Seven Springs Blvd, Suite 301 New Port Richey FL 34655 | INSURER(S) AFFORDING COVERAGE | | NAIC # |
| | INSURER A: Hiscox Insurance Company Inc. | | 10200 |
| | INSURER B: Infinity Auto Insurance Company | | 11738 |
| | INSURER C: Technology Insurance Company, Inc. | | 42376 |
| | INSURER D: | | |
| | INSURER E: | | |
| INSURER F: | | | |

COVERAGES

CERTIFICATE NUMBER: 1599792771

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 INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|---|-----------|----------|-------------------|-------------------------|-------------------------|--|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | Y | | P101.523.662.2 | 7/13/2023 | 7/13/2024 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$ |
| B | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY | | | 509820074816001-2 | 7/6/2023 | 7/6/2024 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ |
| | UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ | | | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ |
| C | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N | N/A | TWC4315626 | 10/22/2023 | 10/22/2024 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000 |
| A | Professional Liability | | | P101.523.356.2 | 7/13/2023 | 7/13/2024 | each claim 1,000,000 General Agg 2,000,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Qualifying Individual Rune Lero per license #BU1083

Please review named insured's policies referenced in this document for complete list of all applicable coverage's, limits, endorsements, exclusions, deductibles, and their respective terms and conditions they contain.

CERTIFICATE HOLDER**CANCELLATION**

City of Greenacres
 5800 Melaleuca Ln
 Greenacres FL 33463
 USA

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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