

# PROFESSIONAL TOWING

ProfessionalTowing863@gmail.com

Fax: (813) 242-0829

✓  
3304 E. 7<sup>th</sup> Ave.  
Tampa, FL 33605  
Phone: (813) 242-0610

4516 Causeway Blvd.  
Tampa, FL 33619  
Phone: (813) 248-0670

405 S. Church Ave.  
Mulberry, FL 33860  
Phone: (813) 425-2421

## Private Property Towing Agreement

DATE: 01/09/14 NAME OF ENTITY: CARROLLWOOD VILLAGE PHASE II HOM (HEREINAFTER CALLED "CLIENT")

ADDRESS: 4131 GUNN HIGHWAY CITY, STATE, ZIP: TAMPA, FL 33618

PHONE #: 813-936-4113 FAX: 813-913-1346 EMAIL: vchandler@greenacre.com

THE CLIENT HEREBY AUTHORIZES PROFESSIONAL TOWING (HEREINAFTER CALLED "COMPANY") TO REMOVE, UNAUTHORIZED OR IMPROPERLY PARKED VEHICLES/VESSELS FROM SAID PROPERTY. THOSE AGENTS AUTHORIZED TO HAVE VEHICLES/VESSELS REMOVED FROM THE PROPERTY OTHER THAN THE COMPANY AND THE UNDERSIGNED ARE LISTED BELOW. CLIENT IS RESPONSIBLE TO NOTIFY COMPANY OF ANY CHANGES TO AGENTS, OWNERSHIP OR LEASE OF PROPERTY, OR OF SERVICES PROVIDED.

THE REMOVAL AND IMPOUNDMENT OF ANY MOTOR VEHICLE, VESSEL, BOAT AND MOTOR-LESS TRAILERS NOTED ABOVE IS AUTHORIZED PER: FLORIDA STATUTE 713.78, 715.07. ALL VEHICLES BEFORE BEING TOWED WILL BE DIGITALLY PHOTOGRAPHED AND AFTER BEING TOWED WILL BE LOGGED INTO THE LOCAL POLICE DEPARTMENT'S LOG SYSTEM WITHIN 30 MIN. OF ARRIVING AT OUR SECURED STORAGE FACILITY.

~~THIS AGREEMENT IS EFFECTIVE FOR 12 MONTHS FROM THE DATE EXECUTED. AFTER EACH ANNIVERSARY A MEETING CAN BE SCHEDULED TO DETERMINE NEXT YEARS AGREEMENT. CLIENT EXPRESSLY WAIVES THE RIGHT TO TERMINATE THIS CONTRACT FOR ACTUAL OR ALLEGED DEFICIENCIES IN SERVICE. IF CLIENT IS DISSATISFIED WITH SERVICE, COMPANY WILL BE NOTIFIED IN WRITING OF DEFICIENCIES AND AFFORDED 30 DAYS FROM RECEIPT OF NOTICE TO AFFECT ADJUSTMENT, ALTERATIONS, REPAIRS OR OTHER REMEDIES COMPANY SEES FIT TO SATISFY CLIENT. IF SATISFACTION CANNOT BE MADE, CUSTOMER CAN GIVE A 30 DAY NOTICE TO TERMINATE SERVICES AND ALLOW COMPANY TO REMOVE ITS SIGNS, POSTS, AND OTHER ACCESSORIES. IN THE EVENT THAT SERVICES SUCH AS PAINTING, REPAIRS, OR OTHER BILLABLE SERVICES HAVE BEEN PROVIDED BY THE COMPANY WITHIN SIXTY (60) DAYS OF NOTICE TO TERMINATE, THE CLIENT AGREES TO COMPENSATE THE COMPANY FOR ANY AND ALL COSTS INCURRED BY THE COMPANY (SUPPLIES, LABOR, ETC) AT THE CURRENT MARKET RATE. ALL NOTICES MUST BE SENT VIA CERTIFIED MAIL TO BE EFFECTIVE.~~

TAGGING RULES: VEHICLES OR VESSELS TAGGED FOR REMOVAL FOR VIOLATION OF LOCAL ORDINANCES OR LAWS WILL BE REMOVED WITHIN 24 HOURS OF TAGGING UNLESS VEHICLE/VESSEL OWNER REQUESTS A 24 HOUR EXTENSION BY CONTACTING PROPERTY MANAGEMENT VIA CERTIFIED MAIL. MANAGEMENT MUST NOTIFY US OF THE EXTENSION. UNDER NO CIRCUMSTANCE CAN VEHICLES/VESSELS BE ALLOWED TO REMAIN ON PROPERTY IN VIOLATION FOR MORE THAN 72 HOURS AFTER TAGGING.

## Amendment for Private Property Agreement

Authorized Names:

Main Contact: VAN CHANDLER Title: PROPERTY MANAGER Phone: 813-244-3847

Contact: BILL DEMARE Title: PRESIDENT PH II Phone: 813-220-2512

Contact: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

TERMINATION: EACH PARTY MAY TERMINATE THIS AGREEMENT WITH OR WITHOUT CAUSE BY GIVING THIRTY (30) DAYS NOTICE VIA USPS CERTIFIED/REGISTERED MAIL TO THE LAST KNOWN ADDRESS. RETURNED CERTIFIED/REGISTERED MAIL WILL SERVE AS SUFFICIENT NOTICE.

01/09/14 ME  
3:05 PM  
1/9/14  
3:30 PM  
WFL

(For patrol, direct violations) Start Enforcement Time: \_\_\_\_AM/PM Stop Enforcement Time: \_\_\_\_AM/PM

PLEASE PLACE (C, P, OR T) NEXT TO THE SERVICE TYPE FOR WHICH VEHICLES MAY BE TOWED  
PROPERTY CALLS IN (C) TOWING COMPANY PATROLS (P) TOWING COMPANY TAGS (T)

1. \_\_\_\_ NO valid permit, NO valid resident, tenant, or expired visitors permit.
2. \_\_\_\_ Tow away zone, sign posted and/or pavement markings
3. \_\_\_\_ Abandoned/inoperable vehicle: Flat tire(s), vehicles on jacks, blocks, missing wheels, major parts, expired inspection or license plates. *If tag required, length of warning: \_\_\_\_\_*
4. \_\_\_\_ Fire Lane. Vehicle parked in a designated fire lane.
5. \_\_\_\_ Security Officer may call to have vehicle removal.
6. \_\_\_\_ Management request and abandoned vehicle removal.
7. \_\_\_\_ Vehicle wrecked or inoperable.
8. \_\_\_\_ No tractor, trailer, or large (over 1 ton) commercial vehicles parked on property.
9. \_\_\_\_ Vehicles parked on grass, off pavement, of landscaping.
10. \_\_\_\_ Vehicles parked in handicap space, ramp or unloading zone with no handicap permit.
11. \_\_\_\_ Vehicle blocking or parked in isle or roadway.
12. \_\_\_\_ NO after hours parking (vehicle parked on property after business is closed) or (same as no overnight parking)
13. \_\_\_\_ Hindering access. Blocking dumpster, building entrances, loading docks or zones, etc.
14. \_\_\_\_ Vehicle taking up two (2) parking places.
15. \_\_\_\_ "For sale" vehicle. Vehicle is parked out front displaying a "for sale" sign. Tow immediately.
16. \_\_\_\_ Vehicle parked in a reserved or assigned parking space.
17. \_\_\_\_ Vehicle is parked in a non-parking space that is primarily used for pedestrian access.
18. \_\_\_\_ NO parking at anytime. Vehicle is parked on property where posted "NO PARKING".
19. \_\_\_\_ Non customer. Vehicle operator is not a customer of this business located on the property.
20. \_\_\_\_ Vehicle is parked on the sidewalk.
21. \_\_\_\_ Double parking behind another vehicle.
22. \_\_\_\_ Vehicle parked in Manager's or Maintenance Space.

\*\*CAN THE RESIDENTS/TENANTS CALL IN TO HAVE A VEHICLE REMOVED FROM THEIR ASSIGNED SPACES? (YES OR NO):

AUTHORIZED BY: \_\_\_\_\_

(SIGNATURE)

William DEMARE  
(PRINTED NAME)

PRESIDENT  
(TITLE)

11/26/13  
11/29/14  
(DATE)

CALL IN ONLY

11/26/13

|                                                                                                                                                                                                                                                                                                                                                                                                                         |                              |                                                                                                                                                           |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Receipt # 2013016396                                                                                                                                                                                                                                                                                                                                                                                                    |                              | Control No. 307586                                                                                                                                        |  |
| For Period Commencing                                                                                                                                                                                                                                                                                                                                                                                                   |                              | JULY 1ST, 2012 and ending September 30, 2013                                                                                                              |  |
| Total: \$144.51                                                                                                                                                                                                                                                                                                                                                                                                         |                              | Dated 08/01/2012 Application No.                                                                                                                          |  |
| <p>This Business Tax Receipt does not permit the holder to operate in violation of any City Law or Ordinance including, but not limited to, Zoning and other land use regulations. If in doubt, the holder should verify that he or she has the appropriate zoning by calling the Office of Land Development Coordination at 274-8405. This Business Tax Receipt must be conspicuously posted in place of business.</p> |                              |                                                                                                                                                           |  |
| Classification                                                                                                                                                                                                                                                                                                                                                                                                          | Description                  | Amount                                                                                                                                                    |  |
| 993000                                                                                                                                                                                                                                                                                                                                                                                                                  | ADMIN HANDLING FEE           | 10.00                                                                                                                                                     |  |
| 12090                                                                                                                                                                                                                                                                                                                                                                                                                   | WRKRS/ROLL BK/TOW CAR 1 TO 3 | 57.87                                                                                                                                                     |  |
| 12095                                                                                                                                                                                                                                                                                                                                                                                                                   | STORAGE/IMPOUND 21 TO 50     | 50.63                                                                                                                                                     |  |
| 600010                                                                                                                                                                                                                                                                                                                                                                                                                  | WORKERS @ \$8.67 EA 3        | 26.01                                                                                                                                                     |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                         |                              | <p>City of Tampa Cash<br/> Pymt. 4152135 Trans 48<br/> 8/2/2012 3:39:02 PM<br/> Tran Total \$144.51 Ta<br/> BLS BUSINESS LICENSE<br/> CONTROL# 307586</p> |  |
| Business Name and Address                                                                                                                                                                                                                                                                                                                                                                                               |                              | Business Name and Location                                                                                                                                |  |
| PROFESSIONAL TOWING<br>27941 US 19 N<br>CLEARWATER FL 33761                                                                                                                                                                                                                                                                                                                                                             |                              | ROBFLETCH INC<br>4516 CAUSEWAY BLVD<br>TAMPA FL 33619                                                                                                     |  |

|                                                                                                                                                                                                                                                                                                                                                                                                                  |                              |                                                                                                                                                                                                                                      |                               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|
| Receipt #                                                                                                                                                                                                                                                                                                                                                                                                        | 2013016323                   | Control No.                                                                                                                                                                                                                          | 017586                        |
| For Period Commencing                                                                                                                                                                                                                                                                                                                                                                                            | JULY 1ST, 2012               |                                                                                                                                                                                                                                      | and ending September 30, 2013 |
| Total:                                                                                                                                                                                                                                                                                                                                                                                                           | \$142.78                     | Dated                                                                                                                                                                                                                                | 08/01/2012                    |
| Application No.                                                                                                                                                                                                                                                                                                                                                                                                  |                              |                                                                                                                                                                                                                                      |                               |
| This Business Tax Receipt does not permit the holder to operate in violation of any City Law or Ordinance including, but not limited to, Zoning and other land use regulations. If in doubt, the holder should verify that he or she has the appropriate zoning by calling the Office of Land Development Coordination at 274-8405. This Business Tax Receipt must be conspicuously posted in place of business. |                              |                                                                                                                                                                                                                                      |                               |
| Classification                                                                                                                                                                                                                                                                                                                                                                                                   | Description                  | Amount                                                                                                                                                                                                                               |                               |
| 34026                                                                                                                                                                                                                                                                                                                                                                                                            | BEVERAGE MACHINES            | 1                                                                                                                                                                                                                                    | 15.61                         |
| 993000                                                                                                                                                                                                                                                                                                                                                                                                           | ADMIN HANDLING FEE           |                                                                                                                                                                                                                                      | 10.00                         |
| 12090                                                                                                                                                                                                                                                                                                                                                                                                            | WRKRS/ROLL BK/TOW CAR 1 TO 3 |                                                                                                                                                                                                                                      | 57.87                         |
| 12095                                                                                                                                                                                                                                                                                                                                                                                                            | STORAGE/IMPOUND 21 TO 50     |                                                                                                                                                                                                                                      | 50.63                         |
| 600010                                                                                                                                                                                                                                                                                                                                                                                                           | WORKERS @ \$8.67 EA          | 1                                                                                                                                                                                                                                    | 8.67                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                  |                              | City of Tampa Cashier TAX<br>Pymt 4192135 Trans DIVISION<br>8/2/2012 3:33:46 PM J/world CHI<br>Tran Total \$142.78 Tax \$0.00<br>Cash \$0.00 Check \$142.78<br>Credit Card \$0.00<br>BUS BUSINESS LICENSE<br>CONTROL# 017586 By: LCM |                               |
| Business Name and Address                                                                                                                                                                                                                                                                                                                                                                                        |                              | Business Name and Location                                                                                                                                                                                                           |                               |
| PROFESSIONAL TOWING<br>27941 US 19 N<br>CLEARWATER FL 33761                                                                                                                                                                                                                                                                                                                                                      |                              | ROBFLETCH INC<br>3304 E 7TH AVE<br>TAMPA FL 33605-0000                                                                                                                                                                               |                               |



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
09/17/2013

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 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**  
Ariskco, Inc.  
9016 Philips Hwy.  
Jacksonville, FL 32256

**CONTACT**

**NAME:**

**PHONE**  
(A/C, No, Ext):

**FAX**  
(A/C, No):

**E-MAIL**  
**ADDRESS:**

**INSURER(S) AFFORDING COVERAGE**

**NAIC #**

**INSURER A:** Florida Citrus, Business & Industriess Fund

**INSURER B:**

**INSURER C:**

**INSURER D:**

**INSURER E:**

**INSURER F:**

**INSURED**  
American Towing & Transport LLC  
PO Box 2225  
Seffner, FL 33584

## COVERAGES

**CERTIFICATE NUMBER:** E2ZS9TUF

**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 WYD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                                                                 |
|----------|------------------------------------------------------------------------------------------------|-------------------------------------------------------|----------|---------------|-------------------------|-------------------------|----------------------------------------------------------------------------------------|
|          | <b>GENERAL LIABILITY</b>                                                                       |                                                       |          |               |                         |                         | EACH OCCURRENCE \$                                                                     |
|          | <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY                                          |                                                       |          |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) \$                                           |
|          | <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR                            |                                                       |          |               |                         |                         | MED EXP (Any one person) \$                                                            |
|          |                                                                                                |                                                       |          |               |                         |                         | PERSONAL & ADV INJURY \$                                                               |
|          |                                                                                                |                                                       |          |               |                         |                         | GENERAL AGGREGATE \$                                                                   |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:                                                             |                                                       |          |               |                         |                         | PRODUCTS - COMP/OP AGG \$                                                              |
|          | <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |                                                       |          |               |                         |                         | \$                                                                                     |
|          | <b>AUTOMOBILE LIABILITY</b>                                                                    |                                                       |          |               |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$                                                 |
|          | <input type="checkbox"/> ANY AUTO                                                              |                                                       |          |               |                         |                         | BODILY INJURY (Per person) \$                                                          |
|          | <input type="checkbox"/> ALL OWNED AUTOS                                                       | <input type="checkbox"/> SCHEDULED AUTOS              |          |               |                         |                         | BODILY INJURY (Per accident) \$                                                        |
|          | <input type="checkbox"/> HIRED AUTOS                                                           | <input type="checkbox"/> NON-OWNED AUTOS              |          |               |                         |                         | PROPERTY DAMAGE (Per accident) \$                                                      |
|          |                                                                                                |                                                       |          |               |                         |                         | \$                                                                                     |
|          | <b>UMBRELLA LIAB</b>                                                                           | <input type="checkbox"/> OCCUR                        |          |               |                         |                         | EACH OCCURRENCE \$                                                                     |
|          | <b>EXCESS LIAB</b>                                                                             | <input type="checkbox"/> CLAIMS-MADE                  |          |               |                         |                         | AGGREGATE \$                                                                           |
|          | <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$                             |                                                       |          |               |                         |                         | \$                                                                                     |
| A        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>                                           |                                                       |          | 10649076      | 03/01/2013              | 03/01/2014              | <input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER |
|          | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)                    | <input type="checkbox"/> Y <input type="checkbox"/> N | N/A      |               |                         |                         | E.L. EACH ACCIDENT \$ 1,000,000                                                        |
|          | If yes, describe under DESCRIPTION OF OPERATIONS below                                         |                                                       |          |               |                         |                         | E.L. DISEASE - EA EMPLOYEE \$ 1,000,000                                                |
|          |                                                                                                |                                                       |          |               |                         |                         | E.L. DISEASE - POLICY LIMIT \$ 1,000,000                                               |
|          |                                                                                                |                                                       |          |               |                         |                         | \$                                                                                     |
|          |                                                                                                |                                                       |          |               |                         |                         | \$                                                                                     |
|          |                                                                                                |                                                       |          |               |                         |                         | \$                                                                                     |
|          |                                                                                                |                                                       |          |               |                         |                         | \$                                                                                     |

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

## CERTIFICATE HOLDER

## CANCELLATION

CARROLLWOOD VILLAGE PH I,II,III HOA INC.  
4131 GUNN HIGHWAY  
Tampa, FL 33618

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



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
9/17/2013

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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 the certificate holder in lieu of such endorsement(s).

|                                                                                                                      |  |                                                                                                                                                      |  |
|----------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>PRODUCER</b><br>American Transportation Insurance Group<br>1507 Park Center Drive<br>Unit 1 C<br>Orlando FL 32835 |  | <b>CONTACT NAME:</b> Kim Keohane<br><b>PHONE (A/C No. Ext):</b> (407) 472-9600<br><b>FAX (A/C No.):</b> (407) 472-9605<br><b>E-MAIL ADDRESS:</b>     |  |
| <b>INSURED</b><br>PROFESSIONAL TOWING<br>3304 E 7TH AVENUE<br>TAMPA FL 33605                                         |  | <b>INSURER(S) AFFORDING COVERAGE</b><br>INSURER A: Westfield Insurance Company<br>INSURER B:<br>INSURER C:<br>INSURER D:<br>INSURER E:<br>INSURER F: |  |
|                                                                                                                      |  | <b>NAIC #</b><br>24112                                                                                                                               |  |

## COVERAGES

CERTIFICATE NUMBER: 2013-2014 MASTER

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                                               |                                                  |
|----------|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------|----------|---------------|-------------------------|-------------------------|------------------------------------------------------|--------------------------------------------------|
| A        | GENERAL LIABILITY                                                                                        |                                                     |          | CSP 0689773   | 9/1/2013                | 9/1/2014                | EACH OCCURRENCE \$ 1,000,000                         |                                                  |
|          | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY                                         |                                                     |          |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 |                                                  |
|          | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR                           |                                                     |          |               |                         |                         | MED EXP (Any one person) \$ 5,000                    |                                                  |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:                                                                       |                                                     |          |               |                         |                         | PERSONAL & ADV INJURY \$ 1,000,000                   |                                                  |
|          | <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC |                                                     |          |               |                         |                         | GENERAL AGGREGATE \$ 3,000,000                       |                                                  |
| A        | AUTOMOBILE LIABILITY                                                                                     |                                                     |          | CSP 0689773   | 9/1/2013                | 9/1/2014                | PRODUCTS - COMP/OP AGG \$ 3,000,000                  |                                                  |
|          | <input type="checkbox"/> ANY AUTO                                                                        |                                                     |          |               |                         |                         |                                                      | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 |
|          | <input type="checkbox"/> ALL OWNED AUTOS                                                                 | <input checked="" type="checkbox"/> SCHEDULED AUTOS |          |               |                         |                         |                                                      | BODILY INJURY (Per person) \$                    |
|          | <input checked="" type="checkbox"/> HIRED AUTOS                                                          | <input checked="" type="checkbox"/> NON-OWNED AUTOS |          |               |                         |                         |                                                      | BODILY INJURY (Per accident) \$                  |
|          |                                                                                                          |                                                     |          |               |                         |                         |                                                      | PROPERTY DAMAGE (Per accident) \$                |
|          | UMBRELLA LIAB                                                                                            |                                                     |          |               |                         |                         | Underinsured motorist \$ 100,000                     |                                                  |
|          | EXCESS LIAB                                                                                              |                                                     |          |               |                         |                         | EACH OCCURRENCE \$                                   |                                                  |
|          |                                                                                                          |                                                     |          |               |                         |                         | AGGREGATE \$                                         |                                                  |
|          | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY                                                            |                                                     |          |               |                         |                         | WC STATUTORY LIMITS                                  |                                                  |
|          | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)                              | Y/N                                                 | N/A      |               |                         |                         | E.L. EACH ACCIDENT \$                                |                                                  |
|          | If yes, describe under DESCRIPTION OF OPERATIONS below                                                   |                                                     |          |               |                         |                         | E.L. DISEASE - EA EMPLOYEE \$                        |                                                  |
|          |                                                                                                          |                                                     |          |               |                         |                         | E.L. DISEASE - POLICY LIMIT \$                       |                                                  |
|          |                                                                                                          |                                                     |          |               |                         |                         |                                                      |                                                  |
| A        | ON HOOK                                                                                                  |                                                     |          | CSP 0689773   | 9/1/2013                | 9/1/2014                | \$100,000 W \$1,000 DED                              |                                                  |
| A        | GARAGE KEEPERS                                                                                           |                                                     |          | CSP 0689773   | 9/1/2013                | 9/1/2014                | \$100,000 W \$500/2500 DED                           |                                                  |

LEGAL LIAB

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

## CERTIFICATE HOLDER

## CANCELLATION

CARROLLWOOD VILLAGE  
PH I, II, III HOA INC.  
4131 GUNN HIGHWAY  
TAMPA, FL 33618

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

Charles Thompson/KIM

ACORD 25 (2010/05)

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INS025 (201005) 01

The ACORD name and logo are registered marks of ACORD

## Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

Print or type  
See Specific Instructions on page 2.

Name (as shown on your income tax return)

**ROBFLETCH INC, DBA PROFESSIONAL TOWING**

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification:

☐ Individual/sole proprietor ☒ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶

☐ Exempt payee

☐ Other (see instructions) ▶

Address (number, street, and apt. or suite no.)

**3304 E 7TH AVENUE**

City, state, and ZIP code

**TAMPA, FL 33605**

Requester's name and address (optional)

List account number(s) here (optional)

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number

6 5 - 1 1 3 5 2 1 9

### Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign  
Here

Signature of  
U.S. person ▶

Date ▶

2-27-10

### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

#### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.