

# COLLIER COUNTY BUILDING PERMIT APPLICATION

Growth Management Division | 2800 N. Horseshoe Drive, Naples, Florida 34104 TEL: 239-252-2400

**Please fold plans with the plain side out. Ensure documents are stapled inside each set of plans.**

☐ Residential 1 or 2 Units (Single Family/Duplex) ☐ Residential 3 or more Units (Multi-family) ☒ Commercial

Permit No. PMB02016083 0816 Master Permit No. \_\_\_\_\_

JOB LOCATION	Parcel/Folio: 6627016002 Job Address: <u>5415 Tamiami Tr North #E9 &amp; E13</u> Owner's Phone No.: _____ Owner's Name: <u>Forbes Company</u> Lot: _____ Block: _____ Unit: _____ Subdivision: <u>PELICAN BAY</u> Township: <u>49</u> Range: <u>25</u> Section: <u>9</u> FEMA: BFE: _____ Flood Zone: _____ SDP/PL: <u>2007-AL-11892</u> <u>2006-AL-9890</u> Code Case: _____ COA: _____		CONTRACTOR INFORMATION	<input checked="" type="checkbox"/> Contractor <input type="checkbox"/> Design Professional <input type="checkbox"/> Owner Builder License# State Cert/Reg.- Prefix: CBC # 059023 Company Name: <u>Sachse Construction</u> Qualifier/Professional Name: <u>Todd Sachse</u> Contact Name: <u>John Ealy</u> Address: <u>1528 Woodward, Ste. 600</u> City: <u>Detroit</u> State: <u>MI</u> Zip: <u>48226</u> Phone <u>248-417-6252</u> Fax: _____ E-mail Address: <u>jealy@sachse.net</u>	
	TYPE OF BUILDING PERMIT <input checked="" type="checkbox"/> Alteration <input type="checkbox"/> Convenience Book <input type="checkbox"/> Demo <input type="checkbox"/> Door/Window <input type="checkbox"/> Electric/Low Voltage <input type="checkbox"/> Electric from House <input type="checkbox"/> Fence <input type="checkbox"/> Gas <input type="checkbox"/> Marine <input type="checkbox"/> OTHER Phased <input type="checkbox"/> Mechanical <input type="checkbox"/> Mobile Home <input type="checkbox"/> New Construction <input type="checkbox"/> Plumbing <input type="checkbox"/> Pool <input type="checkbox"/> Re-roof <input type="checkbox"/> Screen Enclosure <input type="checkbox"/> Shutter <input type="checkbox"/> Sign/Flagpole <input type="checkbox"/> Solar			TYPE OF FIRE PERMIT <input type="checkbox"/> Clean Agent System <input type="checkbox"/> Fire Alarm <input type="checkbox"/> Fire Alarm Monitoring <input type="checkbox"/> Fire Pumps <input type="checkbox"/> Fire Sprinkler System <input type="checkbox"/> Fossil Fuel Storage System <input type="checkbox"/> Hoods <input type="checkbox"/> LP Gas <input type="checkbox"/> Pre-Engineered Fire <input type="checkbox"/> Suppression <input type="checkbox"/> Standpipes <input type="checkbox"/> Spray Booths <input type="checkbox"/> Tents <input type="checkbox"/> Underground Fire Lines	
SUB CONTRACTORS	<input type="checkbox"/> Private Provider <input type="checkbox"/> Roofing <input type="checkbox"/> Septic <input type="checkbox"/> Shutters <input type="checkbox"/> Permit by Affidavit <input type="checkbox"/> Plumbing <input type="checkbox"/> Electrical <input type="checkbox"/> Low Voltage <input type="checkbox"/> Mechanical		CONSTRUCTION TYPE	<input type="checkbox"/> Non-sprinkled <input checked="" type="checkbox"/> Sprinkled <input type="checkbox"/> IA <input type="checkbox"/> IB <input type="checkbox"/> IIA <input checked="" type="checkbox"/> IIB <input type="checkbox"/> IIIA <input type="checkbox"/> IIIB <input type="checkbox"/> IVA <input type="checkbox"/> IVB <input type="checkbox"/> VA <input type="checkbox"/> VB Occupancy Classification(s): _____	
	Description of Work: <u>Phased Permit</u> Project Name: <u>Lilly Pulitzer</u> Declared Value \$: <u>0 150,000</u>			NEW CONSTRUCTION/ADDITION AREA If applicable: # Stories/Floors: _____ # Units: _____ #Tons: _____ # Bedrooms: _____ #Baths: _____ RESIDENTIAL: Living: _____ Non-living: _____ Total sq. ft.: _____ COMMERCIAL: #Fixtures: _____ Interior: _____ Exterior: _____ Total: _____	
PROJECT INFORMATION	ALTERATION WORK AREA - SQ. FT. RESIDENTIAL: Living: _____ Non-living: _____ TOTAL SQ. FT.: _____ COMMERCIAL: Interior: <u>4191</u> Exterior: <u>0</u> TOTAL SQ. FT.: <u>4191</u>		UTILITIES SEWAGE: <input type="checkbox"/> Septic <input type="checkbox"/> Ave Maria <input type="checkbox"/> City of Naples <input checked="" type="checkbox"/> Collier County <input type="checkbox"/> Golden Gate City <input type="checkbox"/> Immokalee <input type="checkbox"/> Orange Tree <input type="checkbox"/> Other WATER SUPPLY: <input type="checkbox"/> Well <input type="checkbox"/> Ave Maria <input type="checkbox"/> City of Naples <input checked="" type="checkbox"/> Collier County <input type="checkbox"/> Golden Gate City <input type="checkbox"/> Immokalee <input type="checkbox"/> Orange Tree <input type="checkbox"/> Other		
	Application/Plans Discrepancies - Customer Acknowledgement of possible rejection for the following missed information: 1. Square footage discrepancies _____ 2. Occupancy Classification/Construction type not provided _____ 3. Required documents not certified _____ 4. Incomplete Plan Sets or Drawings _____ 5. Sets not identical _____				

Nov. 1, 2014 - PMR Date: \_\_\_\_\_ Days Review: \_\_\_\_\_ # Set of Plans: \_\_\_\_\_



# QUALIFIERS PAGE

## ACKNOWLEDGEMENT OF COLLIER COUNTY REGULATIONS

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. The permit or application fee may have additional fees imposed for failing to obtain permits prior to commencement of construction.

The approved permit and/or permit application expires if not commenced within 180 days from the date of issuance. The permittee further understands that only licensed contractors may be employed and that the structure will not be used or occupied until a certificate of occupancy is issued. By signing this permit application, I agree that I have been retained by the owner/permittee to provide contracting services for the trade for which I am listed. Furthermore, it is my responsibility to notify the Building Review and Permitting Department should I no longer be the contractor responsible for providing said contracting services. I further agree that I understand that the review and issuing of this permit does not exempt me from complying with all County Codes and Ordinances. It is further understood that the property owner/permittee is the owner of the permit.

**Note: If change of contractor, please provide the following:**


Permit Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Tel: \_\_\_\_\_

COMPANY NAME: Sachse Construction

STATE LICENSE NO: CBC059023

QUALIFIER'S NAME (PRINT): Todd Sachse

QUALIFIER'S SIGNATURE: 

STATE OF: MICHIGAN COUNTY OF: OAKLAND

SWORN TO (OR AFFIRMED) AND SUBSCRIBED BEFORE ME THIS 30 / 09 / 2016

WHO IS PERSONALLY KNOWN: ☒ OR AS PRODUCED ID: \_\_\_\_\_

TYPE OF ID: \_\_\_\_\_

NOTARY PUBLIC SIGNATURE: 

(SEAL)

### NOTICE

IN ADDITION TO THE REQUIREMENTS OF THIS PERMIT, THERE MAY BE ADDITIONAL RESTRICTIONS APPLICABLE TO THIS PROPERTY THAT MAY BE FOUND IN THE PUBLIC RECORDS OF THIS COUNTY, AND THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICT, STATE AGENCIES, OR FEDERAL AGENCIES.

### WARNING OF POSSIBLE DEED RESTRICTIONS

THE LAND SUBJECT TO THIS PERMIT MAY BE SUBJECT TO DEED, AND OTHER RESTRICTIONS THAT MAY LIMIT OR IMPAIR THE LANDOWNER'S RIGHTS. COLLIER COUNTY IS NOT RESPONSIBLE FOR THE ENFORCEMENT OF THESE RESTRICTIONS, NOR ARE COLLIER COUNTY EMPLOYEES AUTHORIZED TO PROVIDE LEGAL OR BUSINESS ADVICE TO THE PUBLIC RELATIVE TO THESE RESTRICTIONS. THE LANDOWNER OR ANY APPLICANT ACTING ON BEHALF OF THE LANDOWNER IS CAUTIONED TO SEE A PROFESSIONAL ADVISE.

### WARNING ON WORK IN COUNTY RIGHT-OF-WAYS

THIS PERMIT DOES NOT AUTHORIZE CONSTRUCTION OR INSTALLATION OF ANY STRUCTURE OR UTILITY, ABOVE OR BELOW GROUND, WITHIN ANY RIGHT-OF-WAY OR EASEMENT RESERVED FOR ACCESS, DRAINAGE OR UTILITY PURPOSES. THIS RESTRICTION SPECIFICALLY PROHIBITS FENCING, SPRINKLER SYSTEMS, LANDSCAPING OTHER THAN SOD, SIGNS, WATER, SEWER, CABLE AND DRAINAGE WORK THEREIN. IF SUCH IMPROVEMENTS ARE NECESSARY, A SEPARATE PERMIT FOR THAT PURPOSE MUST BE OBTAINED FROM TRANSPORTATION/ROW PERMITS AND INSPECTIONS (239) 252-8192.

**WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.**

Per Florida Statutes 713.135 a Notice of Commencement (NOC) is required for construction of improvements totaling more than \$2,500, with certain exceptions. For A/C Repairs or Replacements a notice of commencement is required for improvements more than \$7,500.

The applicant shall file with the issuing authority prior to the first inspection either a certified copy of the recorded NOC or a notarized statement that the NOC has been filed for recording, along with a copy thereof. In order to comply with the state requirement, permits will be placed in inspection hold until proof of the NOC is filed with the building permitting and inspection department. The issuing authority shall not perform or approve subsequent inspections until the applicant files by mail, facsimile, hand delivery, email or any other means such certified copy with the issuing authority.





This is for request  
of an Early Start/  
Phase Permit

September 30, 2016

Collier County Development Services  
2800 North Horseshoe Drive  
Naples, FL 34104

Re: Early Work Authorization Application

Job Name: Lilly Pulitzer

Job Address: 5415 Tamiami Trail N.  
Space #E13  
Naples, FL 34108

Plan Review Number:

Please allow this letter to serve as a formal request to allow work to commence for the above reference location prior to the issuance of the permit. This request is being made pursuant to, and in accordance with the provisions of the Florida building code sec. 105.13 of the 2014 5<sup>th</sup> Edition Florida building code.

Sachse Construction asserts that all work will be performed as represented on the plans submitted with the application and in accordance with the Florida building code.

I full understand all work done under an issued early work authorization I at my own risk. I know that means there will be no substantial rebuttal should any work performed required to be removed, modifies or tether wise declared to be non-code compliant.

It is understood that the Florida building code may require changes to the proposed scope of work an applicant hereby agrees to indemnify and hold harmless, Collier County, it's employees and agents (including the building official) from an y legal action or damages resulting from the approval to commence work, and that any work is entirely at risk of the permit applicate.

The scope of work is to include: selective demolition of existing partitions and finishes, concrete cutting for in slab electrical/plumbing, installation of new partitions, ~~finishes and flooring, new lighting, new plumbing fixtures, new HVAC systems, new millwork and fixtures, new hurricane rated storefront, new facade fixtures, new signage.~~

At no point will the work progress past the point of the first required inspection for each discipline. We understand the risks and responsibilities associated with the request and appreciate your consideration in this matter.

Respectfully,

  
Todd Sachse  
Florida License #CBC059023  
Sachse Construction  
1528 Woodward, Suite 600  
Detroit, MI 48226

**SACHSE CONSTRUCTION**

1528 WOODWARD AVE, SUITE 600 ■ DETROIT, MICHIGAN 48226 ■ P 313.481.8200 ■ F 313.481.8250 ■ WWW.SACHSE.NET

State of FLORIDA  
County of Collier

Permit Number \_\_\_\_\_  
Parcel ID Number 66270160002

I HEREBY CERTIFY THAT this is a true and correct copy of a document recorded in the OFFICIAL RECORDS of Collier County. WITNESS my hand and official seal date, 10/6/2016  
DWIGHT E. BROCK, CLERK OF CIRCUIT COURT

BY: M. Rodriguez D.C.

### NOTICE OF COMMENCEMENT

State of Florida  
County of Collier

The undersigned hereby gives notice that the improvement(s) will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

1. **Description of property** (legal description of the property, and street address if available)  
Address 5415 Tamiami Trail North #E9 & E13, Naples, FL 34108 Lilly Pulitzer  
Legal Description Pelican Bay Unit 1
2. **General description of improvement(s)**  
Tenant Improvement
3. **Owner Information**  
Name Forbes Company Phone & Fax Number \_\_\_\_\_  
Address 100 Galleria Offcentre, Southfield, MI 48034  
Interest in Property Owner
4. **Fee Simple Title Holder** (if other than owner shown above)  
Name N/A Phone & Fax Number N/A  
Address N/A
5. **Contractor**  
Name Sachse Construction Phone & Fax Number 313-481-8249  
Address 1528 Woodward, Suite 600 Detroit, MI 48226
6. **Surety** (if any)  
Name N/A Phone & Fax Number N/A  
Address N/A
7. **Lender** (if any)  
Name N/A Phone & Fax Number N/A  
Address N/A
8. **Persons with the State of Florida designated by Owner upon who notices or other documents may be served as provided by 713.13(1) (a) 7, Florida Statutes.**  
Name \_\_\_\_\_ Phone & Fax Number \_\_\_\_\_  
Address \_\_\_\_\_
9. **In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided in 713.13(1) (b), Florida Statutes.**  
Name \_\_\_\_\_ Phone & Fax Number \_\_\_\_\_  
Address \_\_\_\_\_
10. **Expiration date of Notice of Commencement** (the expiration date is one year from the date of recording unless a different date is specified: \_\_\_\_\_)

**WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART 1, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.**

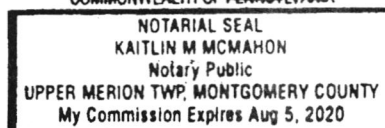
11. Michelle Rodriguez  
Signature of Owners or Owners Authorized Officer/Director/Partner/Manager

Print Name

Sworn to (or affirmed) and subscribed before me this 30 day of September, 2016 by Michelle Rodriguez as manager (type of authority, e.g. officer, trustee, attorney in fact) for Lilly Pulitzer (name of party on behalf of whom instrument was executed. ☒ personally known ☐ as identification.

Kaitlin McMahon  
Signature of Notary  
Kaitlin McMahon  
Name (print)

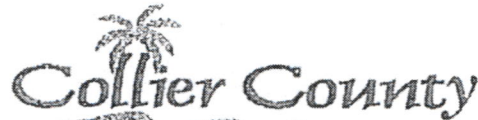
(Seal)



--AND--

Verification pursuant to Section 92.525, Florida Statutes. Under penalties of perjury, I declare that I have read the foregoing and that the facts stated are true to the best of my knowledge and belief.

Michelle Rodriguez  
Signatory of Natural Person Signing (in line #11) Above



Growth Management Department  
Operations & Regulatory Management Division

Operation & Regulatory Management/Licensing Section

State Certified Voluntary Registration Form

Instructions: The registration fee of \$45.00 must accompany this application. The fee is not refundable after the application has been accepted and entered on the records. All checks should be made payable to the "Board of Collier County Commissioners".

Name of License Holder: Sachse Todd A.  
Last First MI

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Street: 8577 Hendrie Blvd. Apt #: \_\_\_\_\_

City: Huntington Woods State: MI Zip Code: 48070

Email: licensing@sachse.net

Name of Company: Sachse Construction & Development Corp.

D.B.A.: Sachse Construction

Business Phone: 313 481-8200 Mobile Phone: \_\_\_\_\_ Fax: 313 481-8250

Mailing Address: 1528 Woodward Ave State License Number: CBC 059023

Street: 1 ↓ Suite 600 Apt #: \_\_\_\_\_

City: Detroit State: MI Zip Code: 48226

Physical Address (If different from mailing address):

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

License Holder's Signature: \_\_\_\_\_



This goes w/  
the lilly Pulitzer  
Permit Phase Packet.



STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD  
2601 BLAIR STONE ROAD  
TALLAHASSEE FL 32399-0783

(850) 487-1395

SACHSE, TODD ARTHUR  
SACHSE CONSTRUCTION & DEVELOPMENT CORP  
1528 WOODWARD AVE., SUITE 600  
DETROIT MI 48226

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](http://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!



STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND  
PROFESSIONAL REGULATION

CBC059023

ISSUED: 08/15/2016

CERTIFIED BUILDING CONTRACTOR  
SACHSE, TODD ARTHUR  
SACHSE CONSTRUCTION & DEVELOPMENT

IS CERTIFIED under the provisions of Ch 489 FS  
Expiration date AUG 31, 2018 L1608150001369

DETACH HERE

RICK SCOTT, GOVERNOR

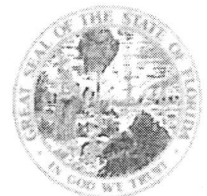
KEN LAWSON, SECRETARY

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

LICENSE NUMBER	
CBC059023	

The BUILDING CONTRACTOR  
Named below IS CERTIFIED  
Under the provisions of Chapter 489 FS.  
Expiration date: AUG 31, 2018

SACHSE, TODD ARTHUR  
SACHSE CONSTRUCTION & DEVELOPMENT CORP  
1528 WOODWARD AVE., SUITE 600  
DETROIT MI 48226







# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/7/2016

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).

<b>PRODUCER</b> LSG Insurance Partners 2600 S. Telegraph Rd. Suite 100 Bloomfield Hills MI 48302-0968		<b>CONTACT NAME:</b> Karen Salamon <b>PHONE (A/C, No, Ext):</b> (248) 332-3100 <b>E-MAIL ADDRESS:</b> ksalamon@lsqip.com <b>FAX (A/C, No):</b> (248) 332-6396															
<b>INSURED</b> Sachse Construction and Development Company LLC 1528 Woodward, Ste 600 Detroit MI 48226		<table border="1"><thead><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A Amerisure Insurance Company</td><td>19488</td></tr><tr><td>INSURER B Amerisure Mutual Insurance Company</td><td>23396</td></tr><tr><td>INSURER C:</td><td></td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></tbody></table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A Amerisure Insurance Company	19488	INSURER B Amerisure Mutual Insurance Company	23396	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURER D:																	
INSURER E:																	
INSURER F:																	

**COVERAGES**

CERTIFICATE NUMBER: CL1662716193

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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	X	CPP1325961	7/1/2016	7/1/2017	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input checked="" type="checkbox"/> Broad Form PD					MED EXP (Any one person) \$ 5,000
	<input checked="" type="checkbox"/> Contractual & XCU					PERSONAL & ADV INJURY \$ 1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000
<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 2,000,000
OTHER:						\$
B	<b>AUTOMOBILE LIABILITY</b>		CA2087077	7/1/2016	7/1/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS					PROPERTY DAMAGE (Per accident) \$
Uninsured motorist combined \$ 1,000,000						
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB		CU1325962	7/1/2016	7/1/2017	EACH OCCURRENCE \$ 10,000,000
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$ 10,000,000
	DED <input checked="" type="checkbox"/> RETENTION \$ 0					\$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	Y/N <input type="checkbox"/> N/A	WC1313400	7/1/2016	7/1/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					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 (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Project:

Lilly Pulitzer - Waterside Shops  
- Naples, FL - (16-10-186)

**CERTIFICATE HOLDER****CANCELLATION**

Collier County Contractor Licensing Board  
2800 North Horseshoe Dr.  
Naples, FL 34104

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

Sheldon Goldman/PCOOK

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## COMMENTS/REMARKS

See attached form:

CG 70 48 10 15 - CONTRACTOR'S BLANKET ADDITIONAL INSURED ENDORSEMENT -  
FORM A



**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**CONTRACTOR'S BLANKET ADDITIONAL INSURED ENDORSEMENT –  
FORM A**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

<b>Policy Number</b> CPP1325961	<b>Agency Number</b> 0155178	<b>Policy Effective Date</b> 7/1/2016
<b>Policy Expiration Date</b> 7/1/2017	<b>Date</b> 7/1/2016	<b>Account Number</b> 11054850
<b>Named Insured</b> Sachse Construction & Development Company, LLC	<b>Agency</b> LSG Insurance Partners	<b>Issuing Company</b> Amerisure Insurance Company

1. a. **SECTION II - WHO IS AN INSURED** is amended to add as an additional insured any person or organization:
  - (1) Whom you are required to add as an additional insured on this policy under a written contract or written agreement relating to your business; or
  - (2) Who is named as an additional insured under this policy on a certificate of insurance.
- b. The written contract, written agreement, or certificate of insurance must:
  - (1) Require additional insured status for a time period during the term of this policy; and
  - (2) Be executed prior to the "bodily injury", "property damage", or "personal and advertising injury" leading to a claim under this policy.
- c. If, however:
  - (1) "Your work" began under a letter of intent or work order; and
  - (2) The letter of intent or work order led to a written contract or written agreement within 30 days of beginning such work; and
  - (3) Your customer's customary contracts require persons or organizations to be named as additional insureds;

we will provide additional insured status as specified in this endorsement.
2. The insurance provided under this endorsement is limited as follows:
  - a. That person or organization is an additional insured only with respect to liability caused, in whole or in part, by:
    - (1) Premises you:
      - (a) Own;
      - (b) Rent;
      - (c) Lease; or
      - (d) Occupy;
    - (2) Ongoing operations performed by you or on your behalf. Ongoing operations does not apply to "bodily injury" or "property damage" occurring after:

- (a) All work to be performed by you or on your behalf for the additional insured(s) at the site of the covered operations is complete, including related materials, parts or equipment (other than service, maintenance or repairs); or
  - (b) That portion of "your work" out of which the injury or damage arises is put to its intended use by any person or organization other than another contractor working for a principal as a part of the same project.
- (3) Completed operations coverage, but only if:
- (a) The written contract, written agreement, or certificate of insurance requires completed operations coverage or "your work" coverage; and
  - (b) This coverage part provides coverage for "bodily injury" or "property damage" included within the "products-completed operations hazard".

However, the insurance afforded to such additional insured only applies to the extent permitted by law.

**b. If the written contract, written agreement, or certificate of insurance:**

- (1) Requires "arising out of" language; or
- (2) Requires you to provide additional insured coverage to that person or organization by the use of either or both of the following:
  - (a) Additional Insured – Owners, Lessees or Contractors – Scheduled Person Or Organization endorsement CG 20 10 10 01; or
  - (b) Additional Insured – Owners, Lessees or Contractors – Completed Operations endorsement CG 20 37 10 01;

then the phrase "caused, in whole or in part, by" in paragraph 2.a. above is replaced by "arising out of".

**c. If the written contract, written agreement, or certificate of insurance requires you to provide additional insured coverage to that person or organization by the use of:**

- (1) Additional Insured – Owners, Lessees or Contractors – Scheduled Person Or Organization endorsement CG 20 10 07 04 or CG 20 10 04 13; or
- (2) Additional Insured – Owners, Lessees or Contractors – Completed Operations endorsement CG 20 37 07 04 or CG 20 37 04 13; or
- (3) Both those endorsements with either of those edition dates; or
- (4) Either or both of the following:
  - (a) Additional Insured – Owners, Lessees or Contractors – Scheduled Person Or Organization endorsement CG 20 10 without an edition date specified; or
  - (b) Additional Insured – Owners, Lessees or Contractors – Completed Operations endorsement CG 20 37 without an edition date specified;

then paragraph 2.a. above applies.

- d.** Premises, as respects paragraph 2.a.(1) above, include common or public areas about such premises if so required in the written contract or written agreement.
- e.** Additional insured status provided under paragraphs 2.a.(1)(b) or 2.a.(1)(c) above does not extend beyond the end of a premises lease or rental agreement.
- f.** The limits of insurance that apply to the additional insured are the least of those specified in the:
  - (1) Written contract;
  - (2) Written agreement;
  - (3) Certificate of insurance; or
  - (4) Declarations of this policy.

The limits of insurance are inclusive of and not in addition to the limits of insurance shown in the Declarations.

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- g. The insurance provided to the additional insured does not apply to "bodily injury", "property damage", or "personal and advertising injury" arising out of an architect's, engineer's, or surveyor's rendering of, or failure to render, any professional services, including but not limited to:

(1) The preparing, approving, or failing to prepare or approve:

- (a) Maps;
- (b) Drawings;
- (c) Opinions;
- (d) Reports;
- (e) Surveys;
- (f) Change orders;
- (g) Design specifications; and

(2) Supervisory, inspection, or engineering services.

- h. **SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS**, paragraph 4. **Other Insurance** is deleted and replaced with the following:

**4. Other Insurance.**

Coverage provided by this endorsement is excess over any other valid and collectible insurance available to the additional insured whether:

- a. Primary;
- b. Excess;
- c. Contingent; or
- d. On any other basis;

but if the written contract, written agreement, or certificate of insurance requires primary and non-contributory coverage, this insurance will be primary and non-contributory relative to other insurance available to the additional insured which covers that person or organization as a Named Insured, and we will not share with that other insurance.

- i. If the written contract, written agreement, or certificate of insurance as outlined above requires additional insured status by use of CG 20 10 11 85, then the coverage provided under this CG 70 48 endorsement does not apply except for paragraph **2.h. Other Insurance**. Additional insured status is limited to that provided by CG 20 10 11 85 shown below and paragraph **2.h. Other Insurance** shown above.

**ADDITIONAL INSURED - OWNERS, LESSEES OR  
CONTRACTORS (FORM B)**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

**SCHEDULE**

**Name of Person or Organization:** Blanket Where Required by Written Contract, Agreement, or Certificate of Insurance that the terms of CG 20 10 11 85 apply

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising out of "your work" for that insured by or for you.

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- j. The insurance provided by this endorsement does not apply to any premises or work for which the person or organization is specifically listed as an additional insured on another endorsement attached to this policy.

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DRIVER LICENSE



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TODD ARTHUR SACHSE  
8577 HENDRIE BLVD  
HUNTINGTON WOODS, MI 48070-1617

Sex M

Hgt 509

Eyes BRO

Lic Type O

End NONE

Restrictions NONE



DD: 0063670728142

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