MIAMI-DADE COUNTY

Carlos A. Gimenez, Mayor

Aviation
Maintenance Department
4200 NW 22 Street, Bldg 3030
Miami, Fl 33159
305-876-8311

miamidade.gov

June 10, 2016

Luis Inclan
Inclan Painting & Waterproofing Corp dba Inclan Construction
12252 SW 128 Street
Miami, FL 33186

CERTIFIED MAIL No: N/A
FACSIMILE: 786-293-7430
TELEPHONE: 786-293-7428

Re: Recommendation for Award for CICC 7040-0/07 Contract - RPQ NO: 10070353
MIA Cargo Bldg. 871 Exterior Painting
5000 NW 56 St. Miami, Fl 33122

Dear Luis Inclan:

In accordance with Sections 2-8.3 and 2-8.4 of the Code of Miami-Dade County and Implementing Order 3-21, this letter serves to notify you and all bidders on this solicitation that your firm has been recommended for award of the referenced Request for Price Quotation (RPQ) based on the bid submitted on Tuesday, May 24, 2016. The value at award is $81,000.00. The contract term is 60 calendar days. The award is contingent upon the submission and approval by the County of the items listed below:

MIA Cargo Bldg. 871 Exterior Painting

1. Copy of required licenses.
2. Executed copies of ISO 14001 affidavits by you, your subcontractors and suppliers.
3. Supplier/Subcontractor Listing Form #SUB 100 Rev.6/12.
4. Certificates of insurance in accordance with the RPQ documents.
5. MDAD identification badges for staff that will be working on the project.

All the above referenced documentation MUST be submitted no later than June 24, 2016.

The preceding Documents are required as outlined within the MCC 7040 Plan. They must be submitted to the Aviation within 10 business days of receipt of this letter. In the event additional insurance is required, it also must be submitted within 10 business days.

Subsequent to the review and approval of the referenced documents, you are required to obtain the necessary permits in the time frame stipulated in the RPQ. Upon obtaining the permit(s), copies must be submitted to the Project Manager prior to commencement of work. No work is to be performed without a permit (if applicable). Following receipt of the permit(s), the Project Manager may schedule a pre-construction conference and issue a Notice to Proceed authorizing the performance of the work.

This letter shall also serve as a reminder that this contract is a Small Business Enterprise – Construction (SBE-Con) 100% set-aside. All construction work must be performed by contractors certified in the accordance Section 10-33.02 of the Code of Miami Dade County. The scope of work must be performed in accordance with the contract terms and conditions, all permits and inspections and in accordance with all applicable Federal, State and local laws, codes and regulations.
Should you have any questions please contact Vivian Forhat-Diaz, Project Manager, at 305-876-8311.

Sincerely,

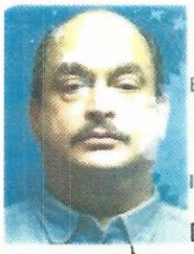
6/10/16

Ralph Cutie
Division Director

CC: Carlos Jose MDAD, Vivian Forhat-Diaz MDAD, Ultimo De Oliveira MDAD, Yuleisy Hernandez MDAD, Brenda Meyer-Perez MDAD, Paul Renderer MDAD, Laurie Johnson ISD, Ruth Castellanos ISD, Marcia Martin ISD, Rene Guerrero ISD, Jeanise Cummings-Labossiere ISD, Chris Agrippa COB, Olga Valverde COB, Everett Painting Co., Inc., Inclan Painting & Waterproofing Corp dba Inclan Construction, Right Way Painting, project file.

Inclan Painting and Waterproofing, Corp.
DBA Inclan Construction

Local Business Tax Receipt and License



CTQB
Construction Trades Qualifying Board
BUSINESS CERTIFICATE OF COMPETENCY

03BS00456

INCLAN PAINTING & WATERPROOFING CORP

D.B.A.:

INCLAN LUIS

Is certified under the provisions of Chapter 10 of Miami-Dade County
VALID FOR CONTRACTING UNTIL 09/30/2016

Local Business Tax Receipt
Miami-Dade County, State of Florida
-THIS IS NOT A BILL - DO NOT PAY

LBT

3781409

BUSINESS NAME/LOCATION
INCLAN PAINTING & WATERPROOFING CORP
12252 SW 128 ST
MIAMI FL 33186

RECEIPT NO.
RENEWAL
3947638

EXPIRES
SEPTEMBER 30, 2016
Must be displayed at place of business
Pursuant to County Code
Chapter 8A – Art. 9 & 10

OWNER
INCLAN PAINTING & WATERPROOFING
Worker(s) 3

SEC. TYPE OF BUSINESS
196 SPECIALTY BUILDING CONTRACTOR
03BS00456

PAYMENT RECEIVED BY TAX COLLECTOR
$75.00 09/30/2015
CREDITCARD–15–052627

This Local Business Tax Receipt only confirms payment of the Local Business Tax. The Receipt is not a license, permit, or a certification of the holder's qualifications, to do business. Holder must comply with any governmental or nongovernmental regulatory laws and requirements which apply to the business.

The RECEIPT NO. above must be displayed on all commercial vehicles – Miami-Dade Code Sec 8a-276.

For more information, visit www.miamidade.gov/taxcollector

11252 S.W 128 Street Miami, FL 33186
INFO@INCLAN PAINTING.NET
O: (786)293-7428
WWW.INCLANPAINTING.NET
F: (786)293-7430
1(877)946-2526

MIAMI-DADE COUNTY

Miami-Dade County
Miami-Dade Aviation Department

MIA MIAMI INTERNATIONAL AIRPORT

Armando Licona
name

Inclan Painting and Waterproofing Corp.
Agency

The participant named above has completed the on-line

ISO 14001 Awareness Training

11/20/15
date

signature

PLEASE ENTER YOUR NAME, AGENCY, DATE OF THE TRAINING, AND SIGNATURE. PRINT TWO COPIES OF THIS CERTIFICATE AND TURN IN ONE COPY TO MDAD CIVIL ENVIRONMENTAL ENGINEERING DIVISION

MIAMI-DADE COUNTY

Miami-Dade County
Miami-Dade Aviation Department

MIA MIAMI INTERNATIONAL AIRPORT

Leandro Arroyo
name

Inclan Painting and Waterproofing Corp
Agency

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MIAMI-DADE COUNTY

Miami-Dade County
Miami-Dade Aviation Department

MIA MIAMI INTERNATIONAL AIRPORT

Mirella Garcia
name

Inclar Painting and Waterproofing Corp.
Agency

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ISO 14001 Awareness Training

Oct. 23, 2015
date

signature

PLEASE ENTER YOUR NAME, AGENCY, DATE OF THE TRAINING, AND SIGNATURE. PRINT TWO COPIES OF THIS CERTIFICATE AND TURN IN ONE COPY TO MDAD CIVIL ENVIRONMENTAL ENGINEERING DIVISION

Miami-Dade County
Miami-Dade Aviation Department

Davis Vasquez
name

Inclan Painting and Waterproofing Corp.
Agency

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MIAMI-DADE COUNTY

Miami-Dade County
Miami-Dade Aviation Department

MIA MIAMI INTERNATIONAL AIRPORT

Luis Arteaga
name

Inclan Painting and Waterproofing Corp.
Agency

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ISO 14001 Awareness Training

11/20/15.
date

Luis Arteaga
signature

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MIAMI-DADE COUNTY

Miami-Dade County
Miami-Dade Aviation Department

MIA MIAMI INTERNATIONAL AIRPORT

Hubert Lezcano
name

Inclan Painting and Waterproofing Corp
Agency

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Miami-Dade County
Miami-Dade Aviation Department

Neil Mendez
name

Indar Painting and Waterproofing Corp.
Agency

The participant named above has completed the on-line

ISO 14001 Awareness Training

11/20/15
date

Neil Mendez
signature

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MIAMI-DADE COUNTY

Miami-Dade County
Miami-Dade Aviation Department

MIA MIAMI INTERNATIONAL AIRPORT

Alberto Hernandez
name

Indian Painting and Waterproofing Corp.
Agency

The participant named above has completed the on-line

ISO 14001 Awareness Training

11/20/15
date

signature

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MIAMI-DADE COUNTY

Miami-Dade County
Miami-Dade Aviation Department

MIA MIAMI INTERNATIONAL AIRPORT

Cristian Vargas
name

Inclan Painting and Waterproofing Corp.
Agency

The participant named above has completed the on-line

ISO 14001 Awareness Training

11/20/15
date

signature

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MIAMI-DADE COUNTY

Miami-Dade County
Miami-Dade Aviation Department

MIA MIAMI INTERNATIONAL AIRPORT

Ileana Inclan
name

Inclan Painting and Waterproofing Corp.
Agency

The participant named above has completed the on-line

ISO 14001 Awareness Training

11/20/15
date

signature

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MIAMI-DADE COUNTY

Miami-Dade County
Miami-Dade Aviation Department

MIA MIAMI INTERNATIONAL AIRPORT

Luis Inclan
name

Inclan Painting and Waterproofing Corp.
Agency

The participant named above has completed the on-line

ISO 14001 Awareness Training

11/20/16
date

signature

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MIAMI-DADE COUNTY

Miami-Dade County
Miami-Dade Aviation Department

MIA MIAMI INTERNATIONAL AIRPORT

Yudit Fonseca
name

Inclan Painting and Waterproofing Corp.
Agency

The participant named above has completed the on-line

ISO 14001 Awareness Training

OCTOBER 23, 2015
date

signature

PLEASE ENTER YOUR NAME, AGENCY, DATE OF THE TRAINING, AND SIGNATURE. PRINT TWO COPIES OF THIS CERTIFICATE AND TURN IN ONE COPY TO MDAD CIVIL ENVIRONMENTAL ENGINEERING DIVISION

MIAMI-DADE COUNTY

Miami-Dade County
Miami-Dade Aviation Department

MIAMI INTERNATIONAL AIRPORT

Rebeca Ferreira
name

Inclan Painting and Waterproofing Corp.
Agency

The participant named above has completed the on-line

ISO 14001 Awareness Training

Oct. 23, 2015
date

Rebeca Ferreira
signature

PLEASE ENTER YOUR NAME, AGENCY, DATE OF THE TRAINING, AND SIGNATURE. PRINT TWO COPIES OF THIS CERTIFICATE AND TURN IN ONE COPY TO MDAD CIVIL ENVIRONMENTAL ENGINEERING DIVISION

ISD Form 7 - SUBCONTRACTOR/SUPPLIER LISTING

(Miami-Dade County Code Sections 2-8.1, 2-8.8 and 10-34)

Firm Name of Prime Contractor/Respondent Induan Painting, Corp FEIN # 65-0580105

Project/Contract Number MIA Cargo Bldg. 871 RPQ: 10070353

In accordance with Sections 2-8.1, 2-8.8 and 10.34 of the Miami-Dade County Code, this form must be submitted as a condition of award by all bidders/respondents on County contracts for purchase of supplies, materials or services, including professional services which involve expenditures of $100,000 or more, and all bidders/respondents on County or Public Health Trust construction contracts which involve expenditures of $100,000 or more. The bidder/respondent who is awarded this bid/contract shall not change or substitute first tier subcontractors or direct suppliers or the portions of the contract work to be performed or materials to be supplied from those identified, except upon written approval of the County. The bidder/respondent should enter the word "NONE" under the appropriate heading of this form if no subcontractors or suppliers will be used on the contract and sign the form below.

In accordance with Ordinance No. 11-90, an entity contracting with the County shall report the race, gender and ethnic origin of the owners and employees of all first tier subcontractors/suppliers. In the event that the successful bidder demonstrates to the County prior to award that the race, gender, and ethnic information is not reasonably available at that time, the successful bidder shall be obligated to exercise diligent efforts to obtain that information and provide the same to the County not later than ten (10) days after it becomes available and, in any event, prior to final payment under the contract.

(Please duplicate this form if additional space is needed.)

Business Name and Address of First Tier Subcontractor/ Sub-consultant	Principal Owner	Scope of Work to be Performed by Subcontractor/ Sub-consultant	Principal Owner (Enter the number of male and female owners by race/ethnicity)								Employee(s) (Enter the number of male and female employees and the number of employees by race/ethnicity)							
			Gender		Race/Ethnicity						Gender		Race/Ethnicity					
			M	F	White	Black	Hispanic	Asian/Pacific Islander	Native American/Native Alaskan	Other	M	F	White	Black	Hispanic	Asian/Pacific Islander	Native American/Native Alaskan	Other
N/A																		

Business Name and Address of First Tier Direct Supplier	Principal Owner	Supplies/Materials/ Services to be Provided by Supplier	Principal Owner (Enter the number of male and female owners by race/ethnicity)								Employee(s) (Enter the number of male and female employees and the number of employees by race/ethnicity)							
			Gender		Race/Ethnicity						Gender		Race/Ethnicity					
			M	F	White	Black	Hispanic	Asian/Pacific Islander	Native American/Native Alaskan	Other	M	F	White	Black	Hispanic	Asian/Pacific Islander	Native American/Native Alaskan	Other
Sherwin Williams	Sergio Gil	Paint/supplies	3	1			4				3	1			4			
The Paint Spot	Juan C. Enriquez	Paint/supplies	3				3				3	3	2	4				

☑ Mark here if race, gender and ethnicity information is not available and will be provided at a later date. This data may be submitted to Contracting/User department or on-line to the Small Business Development Division of the Regulatory and Economic Resources Department at http://new.miamidade.gov/business/business-development.asp.

I certify that the representations contained in this Subcontractor/Supplier listing are to the best of my knowledge true and accurate.

Signature of Bidder/Respondent

Luis Inuan
Print Name

President
Print Title

6/13/16
Date

SUB 100 Rev. 6/12

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 06/13/2016

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).

PRODUCER
Bouchard Insurance for WBS
P.O.Box 6090
Clearwater, FL 33758-6090

CONTACT NAME:
PHONE (A/C, No, Ext): (866) 293-3600 ext. 623 **FAX (A/C, No):**
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : American Zurich Insurance Company	40142
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Workforce Business Services, Inc. Alt. Emp: Inclan Painting & Waterproofing Corp
1401 Manatee Ave. West Ste 600
Bradenton, FL 34205-6708

COVERAGES **CERTIFICATE NUMBER:** 15FL079889401 **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	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$
	☐ CLAIMS-MADE ☐ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	☐ POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	$
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	☐ ANY AUTO						BODILY INJURY (Per person)	$
	☐ ALL OWNED AUTOS ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	☐ HIRED AUTOS ☐ NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
	☐ UMBRELLA LIAB ☐ OCCUR						EACH OCCURRENCE	$
	☐ EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE	$
	☐ DED ☐ RETENTION $							$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		WC 90-00-818-05	12/31/2015	12/31/2016	X PER STATUTE ☐ OTH-ER	
							E.L. EACH ACCIDENT	$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000
				Location Coverage Period:	12/31/2015	12/31/2016	**Client#** 054334	

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

Coverage is provided for only those co-employees of, but not subcontractors to:
Inclan Painting & Waterproofing Corp
12252 SW 128 Street
Miami, FL 33186

Miami Dade County Fire Stations

CERTIFICATE HOLDER

Miami Dade County
111 NW 1st Street
Miami, FL 33128

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

© 1988-2014 ACORD CORPORATION. All rights reserved.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 05/24/2016

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).

PRODUCER

First Commercial Insurance Agency
P.O. Box 295
Cassadaga FL 32706

CONTACT NAME: Tony Cannizzaro
PHONE (A/C, No, Ext): (386) 775-1781 **FAX (A/C, No):** (386) 775-3666
E-MAIL ADDRESS: insuranceguy@cfl.rr.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : AXIS SURPLUS INSURANCE COMPANY	26620
INSURER B : PROGRESSIVE EXPRESS INSURANCE COMPAN	10193
INSURER C : COMMERCE & INDUSTRY INSURANCE COMPAN	19410
INSURER D :	
INSURER E :	
INSURER F :	

INSURED

Inclan Painting and Waterproofing Corp
12252 SW 128th Street
Miami FL 33186-5419

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC OTHER:	X		FLGLN02462AX	03/24/2016	03/24/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000.00 $ 50,000.00 $ 5,000.00 $ 1,000,000.00 $ 2,000,000.00 $ 2,000,000.00
B	AUTOMOBILE LIABILITY [X] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [ ] HIRED AUTOS [ ] NON-OWNED AUTOS			02237379-3	05/30/2016	05/30/2017	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000.00 $ $ $
C	[ ] UMBRELLA LIAB [X] OCCUR [X] EXCESS LIAB [ ] CLAIMS-MADE DED [ ] RETENTION $			EBU018256629	03/24/2016	03/24/2017	EACH OCCURRENCE AGGREGATE	$ 5,000,000.00 $ 5,000,000.00
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N [ ] (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					[ ] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ $ $

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

MIAMI DADE COUNTY IS NAMED ADDITIONAL INSURED WITH RESPECT TO THE GENERAL LIABILITY POLICY.

CERTIFICATE HOLDER

Miami Dade County -
111 NW 1st Street
Suite 2340
Miami FL 33128

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

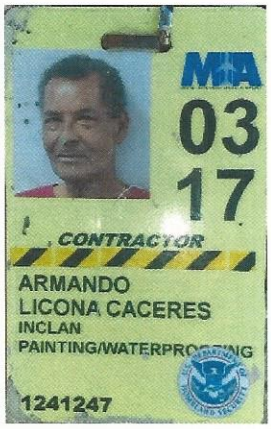
Anthony Cannizzaro

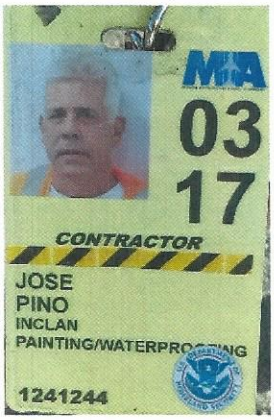
© 1988-2014 ACORD CORPORATION. All rights reserved.

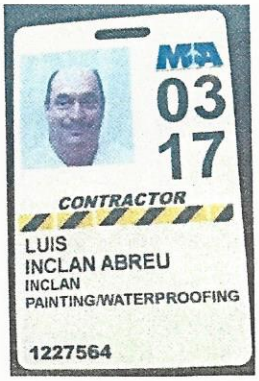
Inclan Painting and Waterproofing, Corp

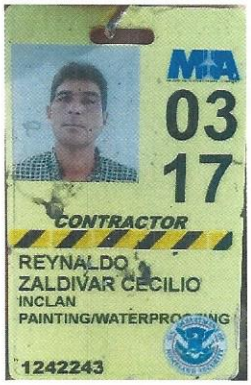
Serving Florida since 1995

MDAD BADGES









12252 SW 128 Street Miami, FL 33126
Office: (786)293-7428 Fax: (786)293-7430
INFO@ INCLANPAINTING.NET
Www.Inclanpainting.net