

## **Architectural Request**

**Please mail, drop off at our office or Email the completed application  
with all the required, diagrams, licenses, and insurances to**

**PMP**

**75 Vineyards Blvd., Third Floor**

**Naples, FL 34119**

**Ph# 239-353-1992**

**[dena@PMPofswfl.com](mailto:dena@PMPofswfl.com)**

**Please allow up to 20 days for the approval process to be completed.**

**Do not start any portion of the work prior to receiving an email or  
written letter approving the work.**

### **ATTACH THE FOLLOWING:**

**Applications are not complete until all items are received.**

- 1. Completed and Signed Architectural Request Form.**
- 2. Plans and Specs for Project, including color samples.**
- 3. Contractor's Business Licenses and proof of insurance for  
workers comp, liability & Auto.**

**(Insurance instructions attached)**

**PMP will not contact vendors for the necessary documents, this must be  
submitted in one complete package.**



# CERTIFICATE OF LIABILITY INSURANCE

KWPRO-1 OP ID: LD

DATE (MM/DD/YYYY)  
04/24/2015

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  
BROWN & BROWN OF FLORIDA INC  
10 NW 79th Court Suite#200  
Naples, FL 33016-6869  
Fausto Alvarez

CONTACT NAME: Fausto Alvarez  
PHONE (A/C, No, Ext): 305-364-7800 FAX (A/C, No): 305-714-4401  
E-MAIL ADDRESS:

RED TESTICUSTOMER

Note # 1

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: "FCCI Insurance Company"	10178
INSURER B: "FCCI Advantage Insurance Co"	12842
INSURER C: "National Trust Insurance Co."	20141
INSURER D: "Continental Casualty Co"	20443
INSURER E:	
INSURER F:	

**TERMS:** 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.

TYPE OF INSURANCE	ACORD SUBR NO. / W.D.	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXP. DATE (MM/DD/YYYY)	LIMITS
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	<input checked="" type="checkbox"/> X	CPP00084917	06/17/2014	06/17/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ Included Emp Ben. \$ 1,000,000 COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per occurrence) \$
GEN. AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:					
AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRE/AUTOS	<input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	CA00116267	06/17/2014	06/17/2015	
<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB CLAIMS-MADE		UMB00069317	06/17/2014	06/17/2015	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000
DED <input checked="" type="checkbox"/> RETENTION \$ 10,000					
WORKER COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in FL) If Yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y/M <input checked="" type="checkbox"/> N/A	000617	06/17/2014	06/17/2015	PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ 1,000.00 E.L. DISEASE - EA EMPLOYEE \$ 1,000.00 E.L. DISEASE - POLICY LIMIT \$ 1,000.00
Crime		596356933	06/10/2014	06/10/2015	Limits see notes Ded see notes

Note # 2

Note # 3

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

Note # 4

## CERTIFICATE HOLDER

Newcastle Condominium Association  
Property Management Professionals  
75 Vineyards Blvd., Third Floor  
Naples, FL 34119

Note # 5

## 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  
Brown and Brown of Florida, Inc.

**NEWCASTLE CONDOMINIUM ASSOCIATION  
ARCHITECTURAL AND LANDSCAPE REQUEST FOR APPROVAL FORM**

Date: \_\_\_\_\_ Name: \_\_\_\_\_

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

Before submitting any request, please review your neighborhood association documents for current restrictions and the Architectural and Landscape review and approval process. The modifications must first be submitted to the neighborhood association for approval. Notification of approval or non-approval will be provided.

**Please attach the following information where applicable (check all that are enclosed)**

- |  |  |
|--|--|
| <input type="checkbox"/> Sketch, blueprint or plan, including dimensions | <input type="checkbox"/> Copy of Survey and Copy of Permit |
| <input type="checkbox"/> Location of modification on the property        | <input type="checkbox"/> Picture of proposed item          |
| <input type="checkbox"/> Certificate of Insurance and license contractor | <input type="checkbox"/> Color Samples                     |

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Modification Request (Please provide specific detail not included in submitted attachments):

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**Neighborhood Association ARC:** Approved Not Approved Approved w/changes

Explanation/Changes: \_\_\_\_\_

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ARC Signature \_\_\_\_\_

Date: \_\_\_\_\_

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**Please submit all information and documentation to:**

***Property Management Professionals,  
75 Vineyards Blvd., Third Floor  
Naples, FL 34119  
239-353-1992***