



Storm Shutter Application Form

Application Date _____

Unit Owner's Name _____

Unit Number _____

Shutter Location(s) _____

Shutter Specifications _____

Contractor Name _____

Proposed Start Date _____

- \$250 Application Fee
- Drawing or Plan Showing Installation Location(s)
- Contractors Florida License Number _____
- Copy Current Occupation License
- Copy Certificate of Insurance
- Copy Document Naming Association as additionally insured
- Copy Proof of General Liability Insurance
- Copy Proof of Personal Injury insurance
- Copy Proof of Workers Compensation
- Copy Proof of Auto Liability insurance
- Florida Product Approval Number for Proposed Assemblies
- Board Approval acknowledge and agree to the 6-page Storm Shutter Policy,

Signed by (Owner or Owner Representative)

Signed by (Errol by the Sea Representative)