



PERFECTLY PURE POOLS, INC. P.O. Box 15678 W. Palm Beach, FL 33416
 P: (561) 436 8050 F: (561) 615 3668 E: Richard@PerfectlyPurePools.com

BID

DATE: 6/16/25

THIS IS NOT A BILL

BID SUBMITTED TO:

Palm Shores at Gables End Assoc, Inc.
 C/O Davenport Property Mgmt
 6620 Lake Worth Rd, Suite F
 Lake Worth, FL 33467

BID NUMBER: 22491

PROJECT TITLE: Renovation

BODY OF WATER: Pool

QTY	UOM	DESCRIPTION	COST	TOTAL
3294	sqft	Plaster floor and walls with Florida Stucco Double Sky Blue Gem Finish. Figure 1	8.38	27,603.71
204	LF	Replace tile on bottom of gutters with Florida Stucco Double Sky Blue Gem Finish. Figure 2	22.15	4,518.60
204	LF	Replace waterline gutter tile. Figure 3	21.29	4,343.16
204	LF	Replace backsplash gutter tile. Figure 4	21.29	4,343.16
204	LF	Replace gutter cap tile. Figure 5	30.04	6,128.16
48	each	Replace tile on steps. Figure 6	9.49	455.52
46	each	Replace tile on floor. Figure 7	13.78	633.88
20	each	Replace backsplash tile depth markers. Figure 8	28.56	571.20
22	each	Replace gutter cup frame and grate. Figure 9	22.87	503.14
3	each	Portable water treatment system to fill the pool	172.50	517.50
12	each	Replace floor return cover Figure 10	11.01	132.12
2	each	Replace main drain cover and frame Figure 11	146.85	293.70
2	each	Replace vacuum port wall fitting and cover. Figure 12	47.91	95.82
6	each	Ladder: Escutcheon 1 piece	24.58	147.48
1	fixed	Permit- TBD	0.00	0.00
		Florida Sales Tax - Palm Beach County	7.00%	0.00

We hereby propose to furnish material and labor - complete in accordance with the above specifications for the sum of **\$50,287.15**. 50% to be paid upon acceptance, 50% upon completion.



All materials are guaranteed to be as specified. All work to be completed in a workmanlike manner according to standard practices. Any alteration or deviation from above specifications involving extra costs will be executed only upon written orders, and will become an extra charge over and above the bid. All agreements contingent upon accidents or delays beyond our control.

The customer will pay all collection fees, court costs, attorney fees, or any other expense required to enforce the terms and conditions of this contract.

Authorized Signature: *Richard Peruch*

ACCEPTANCE OF PROPOSAL

The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.

Name and Title: *Ken Rotku President*

Signature: *Ken Rotku* Date: *6/17/25*

This bid may be withdrawn by us if not accepted within 30 days.



PERFECTLY PURE POOLS, INC. P.O. Box 15678 W. Palm Beach, FL 33416
 P: (561) 436 8050 F: (561) 615 3668 E: Richard@PerfectlyPurePools.com

BID

DATE: 6/16/25

THIS IS NOT A BILL

BID SUBMITTED TO:

Palm Shores at Gables End Assoc, Inc.
 C/O Davenport Property Mgmt
 6620 Lake Worth Rd, Suite F
 Lake Worth, FL 33467

BID NUMBER: 22492

PROJECT TITLE: Renovation

BODY OF WATER: Spa

QTY	UOM	DESCRIPTION	COST	TOTAL
50	LF	Plaster floor and walls with Florida Stucco Double Sky Blue Gem Finish.	68.32	3,416.00
90	each	Replace existing tile on steps.	9.49	854.10
54	LF	Replace waterline tile.	19.85	1,071.90
14	each	Replace return fittings.	7.33	102.62
1	each	Replace main drain cover and frame	146.85	146.85
1	each	Replace 7.5" skimmer weir door.	36.85	36.85
		Florida Sales Tax - Palm Beach County	7.00%	0.00

We hereby propose to furnish material and labor - complete in accordance with the above specifications for the sum of \$5,628.32. 50% to be paid upon acceptance, 50% upon completion.



All materials are guaranteed to be as specified. All work to be completed in a workmanlike manner according to standard practices. Any alteration or deviation from above specifications involving extra costs will be executed only upon written orders, and will become an extra charge over and above the bid. All agreements contingent upon accidents or delays beyond our control.

The customer will pay all collection fees, court costs, attorney fees, or any other expense required to enforce the terms and conditions of this contract.

Authorized Signature *Michael Peruch*

This bid may be withdrawn by us if not accepted within 30 days.

ACCEPTANCE OF PROPOSAL

The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.

Name and Title *Karen Rothbauer President*

Signature *Karen Rothbauer* Date *6/17/25*

**Palm Shores HOA
Pool Resurface Proposal**



Scope of work to be provided.

Replace existing plaster with Florida Stucco Gem Finish Sky Blue:

- Drain to sewer.
- Chip out beneath tiles, around returns, lights and main drains.
- Inspect and remove hollow spots in surface.
- Replace tiles if applicable.
- Replace main drain frame and grate and light ring if applicable.
- Acid wash and neutralize.
- Inspect and repair small cracks beneath tiles, around returns, lights and main drains.
- Apply Bond-Kote.
- Apply Florida Stucco Gem Finish Sky Blue.

Warranty:

Perfectly Pure Pools, Inc. Agrees to provide all labor to perform all repairs on material deemed defective by the manufacturer for a period of (5) years.



ANNE M. GANNON
 CONSTITUTIONAL TAX COLLECTOR
Serving Palm Beach County
 Serving you.

P.O. Box 3353, West Palm Beach, FL 33402-3353
 www.pbctax.com Tel: (561) 355-2264

****LOCATED AT****
 12288 184TH CT N
 JUPITER, FL 33478

TYPE OF BUSINESS	OWNER	CERTIFICATION #	RECEIPT #/DATE PAID	AMT PAID	BILL #
COMMERCIAL POOL/SPA CONTRACTOR	PERSEK RICHARD ANDREW	CPC1457559	B24.666656 08/22/2024	\$27.50	840189766

This document is valid only when receipted by the Tax Collector's Office.



6
7-2551

PERFECTLY PURE POOLS INC
 PERFECTLY PURE POOLS INC
 PO BOX 15678
 WEST PALM BEACH FL 33416-5678



STATE OF FLORIDA
PALM BEACH COUNTY
2024 / 2025 LOCAL BUSINESS TAX RECEIPT
LBTR Number: 2024163120
EXPIRES: 09/30/2025

This receipt **MUST** be conspicuously displayed at the place of business and in such a manner as to be open to the view of the public.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/14/2024

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 have ADDITIONAL INSURED provisions or 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 Arthur J. Gallagher Risk Management Services, LLC 707 Pennsylvania Ave Ste 1300 Altamonte Springs FL 32701	CONTACT NAME: PHONE (A/C, No, Ext): 321-397-3870 FAX (A/C, No): 321-397-3888 E-MAIL ADDRESS: CertRequests@ajg.com	
	INSURER(S) AFFORDING COVERAGE	
INSURED Perfectly Pure Pools, Inc. PO Box 15678 West Palm Beach FL 33416	PERFE25	INSURER A: Amerisure Insurance Company NAIC # 19488
		INSURER B:
		INSURER C:
		INSURER D:
		INSURER E:
		INSURER F:

COVERAGES

CERTIFICATE NUMBER: 816273488

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 <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		GL21264770002	8/12/2024	8/12/2025	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 \$ 2,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	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)

CERTIFICATE HOLDER**CANCELLATION**

Palm Shores At Gables End Homeowners Association, Inc.
 8530 Leeward Passage Circle
 Boynton Beach FL 33436

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

David R. Griffiths



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/03/2025

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 have ADDITIONAL INSURED provisions or 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 Insurance Services, Inc.
1661 Worthington Rd Ste 175

West Palm Beach

FL 33409

CONTACT NAME: Trevor Glisson

PHONE (A/C, No, Ext): (561) 686-2266

FAX (A/C, No): (561) 686-2313

E-MAIL ADDRESS: trevor.glisson@bbrown.com

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: Auto-Owners Insurance Company

18988

INSURER B: FFVA Mutual Insurance Co.

10385

INSURER C:

INSURER D:

INSURER E:

INSURER F:

INSURED

Perfectly Pure Pools, Inc.
P.O. Box 15678

West Palm Beach

FL 33416

COVERAGES

CERTIFICATE NUMBER: 25-26 MASTER COI

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 <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE	\$
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
							GENERAL AGGREGATE	\$
							PRODUCTS - COMP/OP AGG	\$
								\$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			47-655058-01	08/12/2024	08/12/2025	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
							PIP-Basic	\$ 10,000
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED: RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WC840-0035625-2025A	04/12/2025	04/12/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	
							E.L. EACH ACCIDENT	\$ 500,000
							E.L. DISEASE - EA EMPLOYEE	\$ 500,000
							E.L. DISEASE - POLICY LIMIT	\$ 500,000
A	Installation Floater			72655058	08/12/2024	08/12/2025	Limit of Insurance	\$90,000

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

CERTIFICATE HOLDER

Palm Shores at Gables End Homeowners Association, Inc.
8530 Leeward Passage Circle

Boynton Beach

FL 33436

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



PERFECTLY PURE POOLS, INC. P.O. Box 15678 W. Palm Beach, FL 33416
 P: (561) 436 8050 F: (561) 615 3668 E: Richard@PerfectlyPurePools.com

BID

DATE: 5/23/25

THIS IS NOT A BILL

BID SUBMITTED TO:

Palm Shores at Gables End Assoc, Inc.
 C/O Davenport Property Mgmt
 6620 Lake Worth Rd, Suite F
 Lake Worth, FL 33467

BID NUMBER: 22406

PROJECT TITLE: Renovation Startup

BODY OF WATER: Pool

QTY	UOM	DESCRIPTION	COST	TOTAL
1	fixed	Evaluate and start-up pool in accordance with the National Plasterers Council recommendations through day 5.	1,900.00	1,900.00

We hereby propose to furnish material and labor - complete in accordance with the above specifications for the sum of **\$1,900.00** 50% to be paid upon acceptance, 50% upon completion.



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The customer will pay all collection fees, court costs, attorney fees, or any other expense required to enforce the terms and conditions of this contract.

Authorized Signature *Richard Persek*

ACCEPTANCE OF PROPOSAL

The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.

Name and Title *Tara Rodgers, LCAM*

Signature *Tara Rodgers* Date *6/17/25*

This bid may be withdrawn by us if not accepted within 30 days.

Ron DeSantis, Governor



Melanie S. Griffin, Secretary



**STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

CONSTRUCTION INDUSTRY LICENSING BOARD

THE RESIDENTIAL POOL/SPA CONTRACTOR HEREIN IS CERTIFIED UNDER THE
PROVISIONS OF CHAPTER 489, FLORIDA STATUTES



MARSH, HAROLD EDWARD

ALL WAYS POOLS LLC
5275 SE HARROLD TERR
STUART FL 34997

LICENSE NUMBER: CPC1457097

EXPIRATION DATE: AUGUST 31, 2026

Always verify licenses online at MyFloridaLicense.com



ISSUED: 06/19/2024

Do not alter this document in any form.

This is your license. It is unlawful for anyone other than the licensee to use this document.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/12/2025

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PRODUCER SkySail Insurance Group P.O. Box 2437 West Palm Beach FL 33402		CONTACT NAME: Cecilia Pincov PHONE (A/C, No, Ext): (561) 557-7917 FAX (A/C, No): (561) 812-2745 E-MAIL ADDRESS: cecilia.pincov@skysailins.com	
INSURED All Ways Pools LLC 5275 SE Harrold Terrace Stuart FL 34997		INSURER(S) AFFORDING COVERAGE INSURER A: Atlantic Casualty Insurance Company INSURER B: Ascendant Commercial Insurance, Inc. INSURER C: Normandy Insurance Company INSURER D: INSURER E: INSURER F:	

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

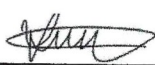
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			L4040001400	07/26/2025	07/26/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY			CA-67586-1	07/10/2025	07/10/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 100,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Medical Payments \$ 2,000
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	NHFL0134622025	06/21/2025	06/21/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> 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

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

All Ways Pools LLC (Harold Marsh) #CPC1457097 is covered under these Workers Comp, Commercial Auto, and General Liability policies

Harold Marsh Licence # CPC 1457097

CERTIFICATE HOLDER Perfectly Pure Pools, Inc. PO Box 15678 West Palm Beach FL 33416	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 
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