

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Sunderman Pools, Inc.
 P.O. Box 387
 Key West, FL
 33041-0387

2. Article Number
 (Transfer from sender)

7003 3110 0003 4758 4532

PS Form 3811, February 2004

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Janice*

- Agent
- Addressee

B. Received by (Printed Name)

CHARREL JANICE

C. Date of Delivery

2/25/14

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

- Certified Mail
- Registered
- Insured Mail
- Express Mail
- Return Receipt for Merchandise*
- C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only, No Insurance Coverage Provided)
 For delivery information visit our website at www.usps.com

758 4532 9524 4758 0000 011E 0007

Bldg Dept (Rgn) USE

Postage	\$ 18
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 648

RECEIVED Here FEB 13 2014

Sent To Sunderman Pools Inc.
 Street, Apt. No. or PO Box No. P.O. Box 387
 City, State, ZIP+4 K.W. FL 33041

PS Form 3800 June 2007 See Reverse for Instructions

102595-02-M-1540

BEFORE THE CONTRACTOR'S EXAMINING BOARD
FOR THE CITY OF KEY WEST, FLORIDA

IN RE:

SUNDERMAN POOLS INC
Robert Sunderman, Qualifier
P.O. Box 387
Key West, FL 33040

CASE NO. 13CEB52
5646 3rd Avenue
Key West, FL

NOTICE OF HEARING

YOU ARE HEREBY NOTIFIED that a hearing regarding your competency as a contractor will take place on Wednesday, March 12th 2014 at 3:00pm at 510 Greene Street, Key West, FL 33040. This hearing will take place in accordance with Section 2-324 of the Code of Ordinances for the City of Key West. There will be an initial hearing pursuant to 2-324(a). If there is a finding by the Board that a prima facie showing of a violation exists, then a second hearing will be conducted *immediately thereafter* in accordance with 2-324(c).

The allegations against you are:

Violation of Code of Ordinance Section 18-161; Liability Insurance required

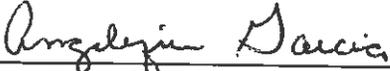
- Please refer to the attached Secretary's Report for the specific factual allegations against you.
- Please bring any witnesses and evidence that you intend on presenting to the Board at the time and place listed herein.

PLEASE GOVERN YOURSELF ACCORDINGLY

Sent via:

Certified Mail #7003110000347584532

This 18th day of February, 2014 by the Secretary for the Contractors Examining Board.



Angelique Garcia
Secretary

Hand served to
Bob Sunderman
2-18-14 8:58 AM
Wael

BEFORE THE CONTRACTOR'S EXAMINING BOARD
FOR THE CITY OF KEY WEST, FLORIDA

IN RE:

SUNDERMAN POOLS INC
Robert Sunderman, Qualifier
P.O. Box 387

CASE NO. 13CEB52
5646 3rd Avenue

Key West, FL 33040

Key West, FL

_____/.
SECRETARY'S REPORT

Contractor:

South Wind Pools
Sunderman Pools Inc.
Robert Sunderman, Qualifier
P.O.Box 387
Key West FL 33040

Code Officer: n/a

Property Address: 5646 3rd Avenue Stock Island

Code Violation(s):

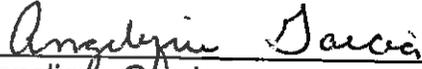
Violation of Code of Ordinance Section 18-161 Liability Insurance required

Prior violations: none

Factual Allegations:

On November 25, 2013 Carolyn Walker received a request for a copy of the liability certificate of insurance for South Winds Pools. The property owner that requested the certificate informed her that the policy had been cancelled. Carolyn confirmed this with Atlantic Pacific insurance.

Signed this 18th day of February, 2014.



Angelique Garcia
Secretary, Contractors' Examining Board

Carolyn Walker

To: Ed
Cc: Ron Wampler
Subject: RE: cert of ins southwind pools

Bob Sunderman has emailed me a few documents, but I am still waiting for a COI.

I also will need to see proof of coverage from July 2013 to the date of the new COI.

I am not an insurance expert; I likely will have to refer this to our risk management dept at some point. If we find that there was not continuous coverage, Mr. Sunderman will be summoned before the Contractor's Examining Board at their next meeting in January.

cw

From: Ed [<mailto:skyfly11@gmail.com>]
Sent: Thursday, December 19, 2013 12:50 PM
To: Carolyn Walker
Subject: Re: cert of ins southwind pools

Carolyn did you find out if there is a new policy out there

On Mon, Nov 25, 2013 at 12:38 PM, Carolyn Walker <cwalker@keywestcity.com> wrote:

Here you are.

Carolyn

--

Ed
843-290-8895

This message is intended only for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited by law. If you have received this communication in error, please notify me immediately.



CERTIFICATE OF LIABILITY INSURANCE

SUNDE-1 OP ID: CH

DATE (MM/DD/YYYY)
12/20/2013

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 Atlantic Pacific-Key West 1010 Kennedy Dr, Suite 203 Key West, FL 33040 Richard Horan	CONTACT NAME: PHONE (A/C, No, Ext): 305-294-7696 FAX (A/C, No): 305-294-7383 E-MAIL ADDRESS: chernandez@apins.com	
	INSURER(S) AFFORDING COVERAGE	
INSURED Sunderman Pools Inc dba South Wind Pools 2429 Fogarty Ave Key West, FL 33040	INSURER A: North Pointe Insurance Co.	NAIC # 27740
	INSURER B:	
	INSURER C:	
	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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		CTR00139MS	12/20/2013	12/20/2014	EACH OCCURRENCE \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					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"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER City of Key West PO Box 1409 Key West, FL 33040	CITYKW1	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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COMMERCIAL INSURANCE APPLICATION

OP ID: CH

DATE (MM/DD/YYYY)
12/17/2013

APPLICANT INFORMATION SECTION

AGENCY Atlantic Pacific-Key West 1010 Kennedy Dr, Suite 203 Key West, FL 33040 Richard Horan		CARRIER North Pointe Insurance Co.		NAIC CODE 27740
CONTACT NAME Richard Horan PHONE (A/C No, Ext): 305-294-7696 FAX (A/C No): 305-294-7383 E-MAIL ADDRESS: CODE: SUB CODE:		UNDERWRITER: POLICIES OR PROGRAM REQUESTED		UNDERWRITER OFFICE: POLICY NUMBER 2094122330
INDICATE SECTIONS ATTACHED <input type="checkbox"/> ACCIDENTS RELEVABLE <input type="checkbox"/> VALUABLE PAPERS <input type="checkbox"/> BOILER & MACHINERY <input checked="" type="checkbox"/> BUSINESS AUTO <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CRIMINAL/SOLLEAGUE'S CRIME <input type="checkbox"/> DEALERS <input type="checkbox"/> DRIVER INFO SCHEDULE		<input type="checkbox"/> ELECTRONIC DATA PROC <input type="checkbox"/> EQUIPMENT FLEET/R <input type="checkbox"/> GARAGE AND DEALERS <input type="checkbox"/> GLASS AND LIGN <input type="checkbox"/> INSTALLATION/UNDERWRITING <input type="checkbox"/> OPEN CASES <input type="checkbox"/> PROPERTY <input type="checkbox"/> TRANSPORTATION (TRUCKS, TRAILERS, RIGS)		<input type="checkbox"/> TRUCKERS/MOTOR CARRIER <input type="checkbox"/> UMBRELLA <input type="checkbox"/> VEHICLE BUSINESS <input type="checkbox"/> WORKERS COMPENSATION <input type="checkbox"/> YACHT

STATUS OF TRANSACTION				PACKAGE POLICY INFORMATION			
<input checked="" type="checkbox"/> QUOTE	<input type="checkbox"/> ISSUE POLICY	<input type="checkbox"/> RENEW	<input type="checkbox"/> OTHER	ENTER THE INFORMATION WHEN COMMENCE DATES AND TERMS APPLY TO SEVERAL LINES OR FOR MULTIPLE POLICIES			
<input type="checkbox"/> CHANGE	<input type="checkbox"/> DATE	<input type="checkbox"/> TIME	<input checked="" type="checkbox"/> NO	PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN
<input type="checkbox"/> CANCEL		12:01	<input type="checkbox"/> YES	12/17/13	12/17/14	AGENCY BILL	PACKAGE POLICY PREMIUM \$

APPLICANT INFORMATION NAME (First Named Insured & Other Named Insureds) Sunderman Pools Inc dba Southwind Pools		MAILING ADDRESS INCL ZIP+4 (of First Named Insured) 2429 Fogarty Ave Key West, FL 33040	
FED OR SOC SEC # (of First Named Insured) 260486500	PHONE (A/C No, Ext): 305-294-7665	WEBSITE ADDRESS(ES):	
<input type="checkbox"/> INDIVIDUAL <input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> CHARTERED CORPORATION <input type="checkbox"/> LIMITED LIABILITY COMPANY <input type="checkbox"/> OTHER	<input type="checkbox"/> NO MEMBERS AND MANAGERS <input type="checkbox"/> CR BUREAU NAME: <input type="checkbox"/> ID NUMBER:	DATE BUS STARTED
INSPECTION CONTACT: Heather or Bob PHONE (A/C No, Ext): 305-294-7665 E-MAIL ADDRESS:		ACCOUNTING RECORDS CONTACT: PHONE (A/C No, Ext): E-MAIL ADDRESS:	

PREMISES INFORMATION		ACORD 823 attached for additional premises							
LOC #	BLD #	STREET, CITY, COUNTY, STATE, ZIP+4	CITY LIMITS		INTEREST	YR BUILT	# EMPLOYEES	ANNUAL REVENUES	% OCCUPIED
1	1	2429 Fogarty Ave Key West FL 33040 Monroe	<input checked="" type="checkbox"/> INSIDE	<input checked="" type="checkbox"/> OWNER					100
			<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT					
			<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER					
			<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT					
			<input type="checkbox"/> INSIDE	<input type="checkbox"/> OWNER					
			<input type="checkbox"/> OUTSIDE	<input type="checkbox"/> TENANT					

NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS BY PREMISE(S)	
1	1 Swimming pool contractor

12/17/13



CERTIFICATE OF LIABILITY INSURANCE

SUNDE-1

OP ID: CH

DATE (MM/DD/YYYY)

03/25/2013

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PRODUCER Atlantic Pacific-Key West 1010 Kennedy Dr, Suite 203 Key West, FL 33040 Richard Horan		Phone: 305-294-7696 Fax: 305-294-7383	CONTACT NAME: PHONE (A/C, No. Ext): E-MAIL ADDRESS:	FAX (A/C, No):
INSURED Sunderman Pools Inc dba South Wind Pools 2429 Fogarty Ave Key West, FL 33040		INSURER(S) AFFORDING COVERAGE		NAIC # 27740
		INSURER A: North Pointe Insurance Co.		
		INSURER B:		
		INSURER C:		
		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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <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"/> PROJE <input type="checkbox"/> LOC			2094122330	03/22/2013	03/22/2014	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 100,000 MED E/P (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPO AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Per accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$			2094124006	03/22/2013	03/22/2014	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY AND PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below.		N/A				WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

Cancelled

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

CERTIFICATE HOLDER**CANCELLATION**

CITYKW1

City of Key West
 PO Box 1409
 Key West, FL 33040

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

[Signature]

Business: 21443 SOUTH WIND POOLS (POOL)

Type information and options, press Enter.
2=Change 4=Delete 5=Display

Opt	Title	Name	Address 1
-	OWNER	SUNDERMAN POOLS INC	
-	QUALIFIER	SUNDERMAN, ROBERT	

F3=Exit F6=Add F12=Cancel F13=View 2 F16=Names history
F21=User Defaults

Bottom

Type information, press Enter.

Last activity:

Business control 21443

Updated: 03/06/14 by KEYWKGP

Business name & address

Mailing address

SOUTH WIND POOLS (POOL)

POB 387

5646 3RD AVE

KEY WEST

FL 33041

KEY WEST

FL 33040

License number : 14 00026455

Appl, issue, expir 93013 93013 93014

License status (F4) AC ACTIVE

Classification (F4) 12B08 CONTRACTOR - CERT COMMERCIAL POOL/SPA

Exemption (F4)

License comments

License restrictions

Gross receipts

Reprint this license . N Y=Yes, N=No

Additional charges . . N Y=Yes, N=No

Extra requirements . . N * Y=Yes, N=No

Miscellaneous . . N Y=Yes, N=No

Sub codes N Y=Yes, N=No

More...

F3=Exit F5=Code description

F9=Applicant/Qualifier

F10=Business maintenance

F12=Cancel

F24=More keys

Licensee Details

Licensee Information

Name: **SUNDERMAN, ROBERT EDWARD (Primary Name)**

SOUTH WIND POOLS (DBA Name)

Main Address: **2429 FOGARTY AVENUE
KEY WEST Florida 33040**

County: **MONROE**

License Mailing:

LicenseLocation: **2429 FOGARTY AVENUE
KEY WEST FL 33040**

County: **MONROE**



License Information

License Type: **Certified Pool/Spa Contractor**

Rank: **Cert Pool**

License Number: **CPC1458196**

Status: **Current,Active**

Licensure Date: **11/07/2011**

Expires: **08/31/2014**

Special Qualifications	Qualification Effective
Commercial Pool/Spa Contractor	11/07/2011
Construction Business	11/07/2011

Types of Work Licensee Can Perform

Commercial Pool/Spa Contractor

This contractor can build or repair any swimming pool or spa, both public and private. This contractor's scope of work includes the installation and repair of equipment, work on interior finishes, the installation of package pool heaters, the installation of perimeter and filter piping, and the construction of equipment rooms or housing for pool/spa equipment. This contractor cannot make direct connections to water or sewer lines.

Water treatment and cleaning that does not require the installation, construction, replacement, or modification of equipment does not require a license. Filters may be changed without a license.

[View Related License Information](#)

[View License Complaint](#)