



**ASSURED STORM
PROTECTION**

**Licensing &
Insurance
Information Package**

Contents

1. Florida State General Contractor License
2. DBPR Florida State General Contractor License Page
3. Certificate of General Liability, Auto, and Workers Compensation Insurance
4. Broward County Business Tax Receipt
5. Palm Beach County Business Tax Receipt



Ron DeSantis, Governor

Melanie S. Griffin, Secretary



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD

THE GENERAL CONTRACTOR HEREIN IS CERTIFIED UNDER THE
PROVISIONS OF CHAPTER 489, FLORIDA STATUTES

PETILLI, EUGENE JOHN

ASSURED STORM PROTECTION, LLC
319 SW 13TH AVE
POMPANO BEACH FL 33069

LICENSE NUMBER: CGC1535902

EXPIRATION DATE: AUGUST 31, 2026

Always verify licenses online at MyFloridaLicense.com

ISSUED: 07/22/2024

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.



THE OFFICIAL SITE OF THE FLORIDA DEPARTMENT OF BUSINESS &
PROFESSIONAL REGULATIONDepartment of Business
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LICENSEE DETAILS

4:06:04 PM 10/3/2024

Licensee Information

Name:	PETILLI, EUGENE JOHN (Primary Name) ASSURED STORM PROTECTION, LLC (DBA Name)
Main Address:	1001 E SAMPLE RD SUITE 9E POMPAÑO BEACH Florida 33064
County:	BROWARD
License Location:	319 SW 13TH AVE POMPAÑO BEACH FL 33069
County:	BROWARD

License Information

License Type:	Certified General Contractor
Rank:	Cert General
License Number:	CGC1535902
Status:	Current,Active
Licensure Date:	04/12/2024
Expires:	08/31/2026

Special
Qualifications

Qualification Effective

Construction Business	04/12/2024
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/30/2025

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: Sean Arthur PHONE (A/C, No, Ext): (561) 686-2266 E-MAIL ADDRESS: sean.arthur@bbrown.com FAX (A/C, No): (561) 686-2313	
INSURED Assured Storm Protection LLC 319 Sw 13th Ave Pompano Beach FL 33069		INSURER(S) AFFORDING COVERAGE INSURER A: CM Vantage Specialty Insurance Company INSURER B: Auto-Owners Insurance Company INSURER C: American Builders Insurance Company INSURER D: INSURER E: INSURER F:	
		NAIC # 18988 11240	

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
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC ☐ OTHER:	Y	Y	CMV-PLI-0062321-01	06/07/2025	06/01/2026	EACH OCCURRENCE \$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000						
	MED EXP (Any one person) \$ Excluded						
	PERSONAL & ADV INJURY \$ 1,000,000						
B	☒ AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ HIRED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ NON-OWNED AUTOS ONLY	Y	Y	56-008-442-00	06/01/2025	06/01/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	BODILY INJURY (Per person) \$						
	BODILY INJURY (Per accident) \$						
	PROPERTY DAMAGE (Per accident) \$						
C	☐ UMBRELLA LIAB ☐ EXCESS LIAB ☐ DED ☐ RETENTION \$	N/A	Y	WCV 1000964 01	06/01/2025	06/01/2026	EACH OCCURRENCE \$
	AGGREGATE \$						
	PER STATUTE \$						
	OTH-ER \$						
C	☐ 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	Y	WCV 1000964 01	06/01/2025	06/01/2026	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)

CERTIFICATE HOLDER**CANCELLATION**

Proof of Coverage COI

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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BROWARD COUNTY LOCAL BUSINESS TAX RECEIPT

115 S. Andrews Ave., Rm. A-100, Ft. Lauderdale, FL 33301-1895 – 954-357-4829

VALID OCTOBER 1, 2024 THROUGH SEPTEMBER 30, 2025

Business Name: ASSURED STORM PROTECTION

Receipt #: 180-345282
Business Type: GENERAL CONTRACTOR (GENERAL CONTRACTOR)

Owner Name: EUGENE J PETILLI/QUALIFIER
Business Location: 319 SW 13TH AVE
POMPANO BEACH

Business Opened: 07/18/2024
State/County/Cert/Reg: CGC1535902
Exemption Code:

Business Phone: 954-772-9009

Rooms

Seats

Employees
10

Machines

Professionals

For Vending Business Only						
Number of Machines:				Vending Type:		
Tax Amount	Transfer Fee	NSF Fee	Penalty	Prior Years	Collection Cost	Total Paid
27.00	0.00	0.00	0.00	0.00	0.00	27.00

Receipt Fee 27.00
Packing/Processing/Canning Employees 0.00

THIS RECEIPT MUST BE POSTED CONSPICUOUSLY IN YOUR PLACE OF BUSINESS

THIS BECOMES A TAX RECEIPT

WHEN VALIDATED

This tax is levied for the privilege of doing business within Broward County and is non-regulatory in nature. You must meet all County and/or Municipality planning and zoning requirements. This Business Tax Receipt must be transferred when the business is sold, business name has changed or you have moved the business location. This receipt does not indicate that the business is legal or that it is in compliance with State or local laws and regulations.

Mailing Address:

ASSURED STORM PROTECTION
319 SW 13TH AVE
POMPANO BEACH, FL
33069-3507

Receipt # WWW-23-00273647
Paid 07/22/2024 27.00

2024 - 2025

BROWARD COUNTY LOCAL BUSINESS TAX RECEIPT

115 S. Andrews Ave., Rm. A-100, Ft. Lauderdale, FL 33301-1895 – 954-357-4829

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Signature	For Vending Business Only					
	Number of Machines:			Vending Type:		
Tax Amount	Transfer Fee	NSF Fee	Penalty	Prior Years	Collection Cost	Total Paid
27.00	0.00	0.00	0.00	0.00	0.00	27.00

Receipt # WWW-23-00273647
Paid 07/22/2024 27.00



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****
319 SW 13TH AVE
POMPANO BEACH, FL 33069

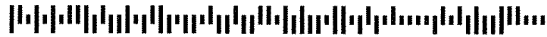
TYPE OF BUSINESS	OWNER	CERTIFICATION #	RECEIPT #/DATE PAID	AMT PAID	BILL #
GENERAL CONTRACTOR	PETILLI EUGENE JOHN	CGC1535902	B24.655272 08/12/2024	\$27.50	B40193549

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



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ASSURED STORM PROTECTION LLC
ASSURED STORM PROTECTION LLC
319 SW 13TH AVE
POMPANO BEACH FL 33069-3507



STATE OF FLORIDA
PALM BEACH COUNTY
2024 / 2025 LOCAL BUSINESS TAX RECEIPT
LBTR Number: 2024167421
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.