



JIMMY PATRONIS
CHIEF FINANCIAL OFFICER

**STATE OF FLORIDA
DEPARTMENT OF FINANCIAL SERVICES
DIVISION OF WORKERS' COMPENSATION**

**** CERTIFICATE OF ELECTION TO BE EXEMPT FROM FLORIDA WORKERS' COMPENSATION LAW ****

CONSTRUCTION INDUSTRY EXEMPTION

This certifies that the individual listed below has elected to be exempt from Florida Workers' Compensation law.

EFFECTIVE DATE: 5/13/2022

EXPIRATION DATE: 5/13/2024

PERSON: SHAUN A CHAMBERS

EMAIL: SCHAMBERS@CBRSPROJECTS.COM

FEIN: 472365416

BUSINESS NAME AND ADDRESS:

CHAMBERS BUILDING & RENOVATION SERVICES

2349 NW 34TH TERR

POMPANO BEACH, FL 33066

SCOPE OF BUSINESS OR TRADE:

CONSTRUCTION, RENOVATION

IMPORTANT: Pursuant to subsection 440.05(14), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter. Pursuant to subsection 440.05(12), F.S., Certificates of election to be exempt issued under subsection (3) shall apply only to the corporate officer named on the notice of election to be exempt and apply only within the scope of the business or trade listed on the notice of election to be exempt. Pursuant to subsection 440.05(13), F.S., notices of election to be exempt and certificates of election to be exempt shall be subject to revocation if, at any time after the filing of the notice or the issuance of the certificate, the person named on the notice or certificate no longer meets the requirements of this section for issuance of a certificate. The department shall revoke a certificate at any time for failure of the person named on the certificate to meet the requirements of this section.



RICK SCOTT, GOVERNOR

JONATHAN ZACHEM, SECRETARY



**STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD**

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

CHAMBERS, SHAUN A

CHAMBERS BUILDING & RENOVATION SERVICES
2349 NW 34TH TERRACE COCONUT CREEK FL 33066

LICENSE NUMBER: 16B000526

EXPIRATION DATE: AUGUST 31, 2022



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)
02/23/2023

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 Next First Insurance Agency, Inc. PO Box 60787 Palo Alto, CA 94306	CONTACT NAME:	
	PHONE (A/C, No, Ext): (855) 222-5919	FAX (A/C, No):
INSURED Chambers Building & Renovation Services 2349 NW 34th Ter Coconut Creek, FL 33066	E-MAIL ADDRESS: support@nextinsurance.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: State National Insurance Company, Inc.	
	INSURER B:	
	INSURER C:	
	INSURER D:	
INSURER E:		
INSURER F:		

NAIC #
12831

COVERAGES

CERTIFICATE NUMBER: 300361988

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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			NXTCQ7YDVT-01-GL	02/23/2023	02/23/2024	EACH OCCURRENCE \$1,000,000.00
			DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000.00				
			MED EXP (Any one person) \$15,000.00				
			PERSONAL & ADV INJURY \$1,000,000.00				
						GENERAL AGGREGATE \$2,000,000.00	
						PRODUCTS - COMP/OP AGG \$2,000,000.00	
							\$
	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) \$
							\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> 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	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
							E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Contractors Errors and Omissions			NXTCQ7YDVT-01-GL	02/23/2023	02/23/2024	Each Occurrence: \$25,000.00 Aggregate: \$50,000.00

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

Proof of Insurance.

CERTIFICATE HOLDER

Chambers Building & Renovation Services
2349 NW 34th Ter
Coconut Creek, FL 33066

LIVE CERTIFICATE



[Click or scan to view](#)

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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Detail by Entity Name

Florida Limited Liability Company

CHAMBERS BUILDING & RENOVATION SERVICES LLC

Filing Information

Document Number	L14000178935
FEI/EIN Number	47-2365416
Date Filed	11/18/2014
Effective Date	11/18/2014
State	FL
Status	ACTIVE
Last Event	REINSTATEMENT
Event Date Filed	10/03/2023

Principal Address

5379 Lyons rd
1790
COCONUT CREEK, FL 33073

Changed: 03/20/2022

Mailing Address

2349 Nw 34th Terr
COCONUT CREEK, FL 33066

Changed: 04/30/2016

Registered Agent Name & Address

CHAMBERS, SHAUN A
2349 Nw 34th Terr
COCONUT CREEK, FL 33066

Name Changed: 10/01/2018

Address Changed: 04/30/2016

Authorized Person(s) Detail

Name & Address

Title President

Chambers, Shaun Anthony
2349 Nw 34th Terr
COCONUT CREEK, FL 33066

Title Manager

Chambers, Tammoye
2349 Nw 34th Terr
Coconut Creek, FL 33066

Annual Reports

Report Year	Filed Date
2022	03/20/2022
2022	06/23/2022
2023	10/03/2023

Document Images

10/03/2023 -- REINSTATEMENT	View image in PDF format
06/23/2022 -- AMENDED ANNUAL REPORT	View image in PDF format
03/20/2022 -- ANNUAL REPORT	View image in PDF format
10/02/2021 -- REINSTATEMENT	View image in PDF format
03/16/2020 -- ANNUAL REPORT	View image in PDF format
04/02/2019 -- ANNUAL REPORT	View image in PDF format
10/01/2018 -- REINSTATEMENT	View image in PDF format
05/02/2017 -- ANNUAL REPORT	View image in PDF format
09/19/2016 -- LC Name Change	View image in PDF format
04/30/2016 -- ANNUAL REPORT	View image in PDF format
05/04/2015 -- ANNUAL REPORT	View image in PDF format
11/18/2014 -- Florida Limited Liability	View image in PDF format





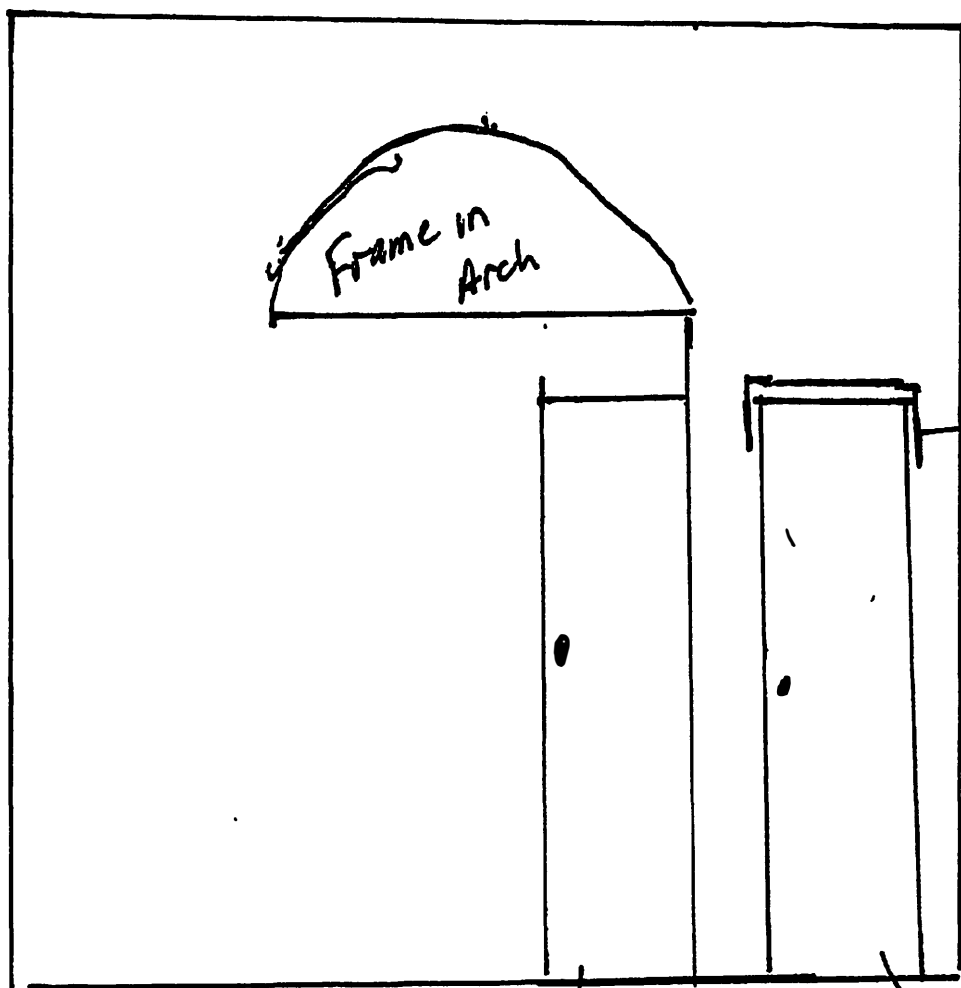












1/2" Steel

if you want