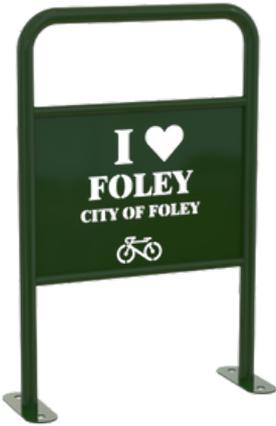
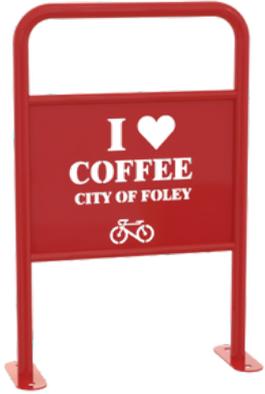
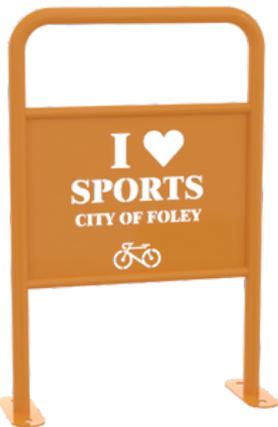
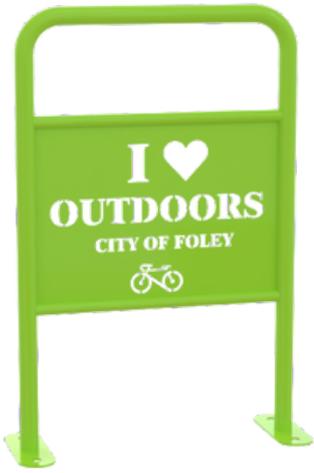


# BIKE RACKS



# BIKE RACKS



## DETAILS

<b>QTY:</b> 18	<b>UNIT:</b> \$1,054.83
<b>TOTAL: \$18,986.94</b>	

**Dimension of Choice: 40" x 39"**

**51" X 40"**

**34" X 48"**

**Description: To create bike racks with designs relative to the surrounding area including a fun, vibrant, and colorful image**

**Explanation of fabrication: The process will include creating a mold for steel to be melted down and shaped and then coated with automotive paint**

**Material: Steel**

**Colors: Optional**

**Care: Not Required**

**Installation: (last page)**

## IMAGES OF PAST WORK





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
02/05/2024

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).

<b>PRODUCER</b> Next First Insurance Agency, Inc. PO Box 60787 Palo Alto, CA 94306	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): (855) 222-5919   FAX (A/C, No): E-MAIL ADDRESS: support@nextinsurance.com
	<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Next Insurance US Company   NAIC # 16285 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
<b>INSURED</b> Ginast Outdoor Wellness 1424 Sumter Lane Melbourne, FL 32904	

COVERAGES      CERTIFICATE NUMBER: 863215965      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 WVD	INSD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
X	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$1,000,000.00
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000.00
							MED EXP (Any one person) \$15,000.00
A				NXT9LFHKWP-00-GL	02/06/2024	02/06/2025	PERSONAL & ADV INJURY \$1,000,000.00
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$2,000,000.00
	<input checked="" type="checkbox"/> POLICY PROJECT LOC						PRODUCTS - COMP/OP AGG \$2,000,000.00
	OTHER:						COMBINED SINGLE LIMIT (Ea accident)
	AUTOMOBILE LIABILITY						BODILY INJURY (Per person)
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per accident)
	<input type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/>					PROPERTY DAMAGE (Per accident)
	<input type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/>					EACH OCCURRENCE
	<input type="checkbox"/> UMBRELLA LIAB	<input type="checkbox"/>					AGGREGATE
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/>					PER STATUTE   OTH-ER
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						E.L EACH ACCIDENTS
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						E.L DISEASE - EA EMPLOYEE
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N N/A						E.L DISEASE - POLICY LIMIT
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						

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

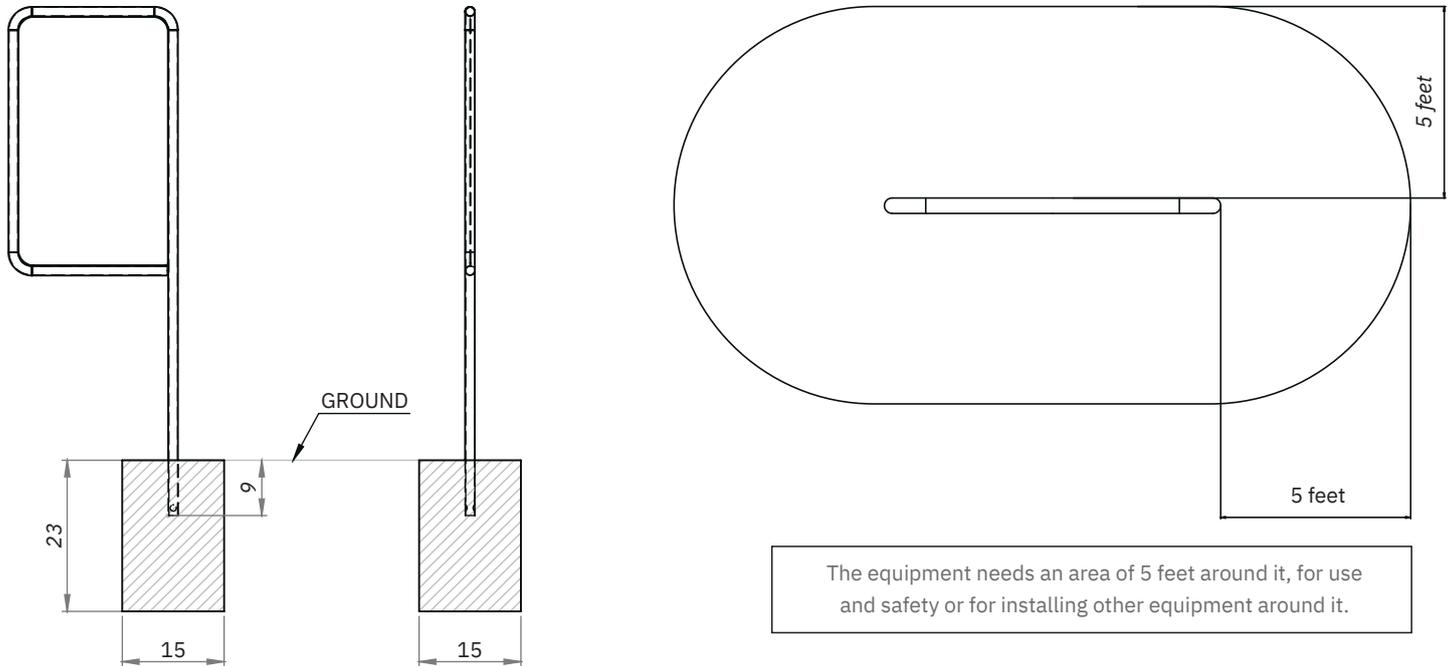
Proof of Insurance.

CERTIFICATE HOLDER      CANCELLATION

Ginast Outdoor Wellness 1424 Sumter Lane Melbourne, FL 32904	<b>LIVE CERTIFICATE</b>  <a href="#">Click or scan to view</a>	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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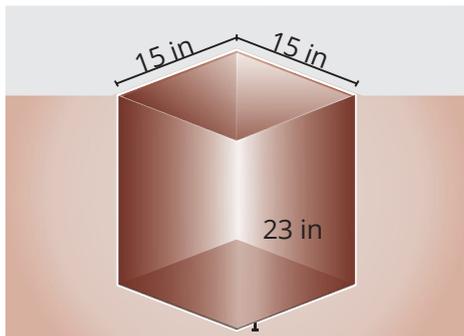
## Product: Small Vertical Plate



### EQUIPMENT INSTALLATION

Before installation, analyze the location of the equipment area and the existence of soil contamination. The presence of chemical agents and loose material, such as debris and sharp objects, must be observed. We recommend installing the sign at the leisure area's limits, ensuring everyone can see the information. Do not install in basements, garages, or hidden from the public.

#### STEP 01



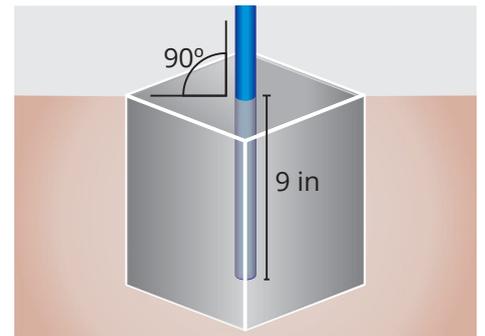
Make a hole in the following specification: 23 inches deep with 15x15 inches in diameter.

#### STEP 02



Fill the hole with the specified concrete; the foundation needs to be on the level and with a lean surface to receive the equipment; respect the instruction of the cement to dry it out. Check the correct amount with the engineer responsible for the work or installation.

#### STEP 03



Install the board while the concrete is still fresh. Support the board with a piece of wood protecting it at 90 degrees level, and use a level for better installation. The sign needs to be at the height of 71 inches.

#### STEP 04

After the concrete has cured, remember to remove the wooden support; The plate needs an area of 59 inches around it to install other equipment around it.