

# ProCoast Coastal Home Services

ESTIMATE

EST0116



John Maegerle

DATE

**Business Number** 302-381-2746

03/25/2023

16928 kansas ct lewes del. 19958

TOTAL

3023812746

USD \$546.00

Joey@procoast.net

TO

**Cheikanm**

☎ +16106396035

| DESCRIPTION  | RATE     | QTY | AMOUNT   |
|--|----------|-----|----------|
| 1 sq Dutch lap siding  | \$160.00 | 1   | \$160.00 |
| Flashing tape  | \$35.00  | 1   | \$35.00  |
| <b>Siding, house wrap and flashing</b>   | \$65.00  | 4   | \$260.00 |
| Remove existing siding, house wrap and flashing. Inspect windows. Back caulk nailing flange. Apply adhesive house wrap waterproofing membrane. Apply flashing tape. Install aprx 1 square of siding to match existing. |          |     |          |

|   |                     |
|---|---------------------|
| <b>SUBTOTAL</b>                           | \$455.00            |
| <b>PROFIT OVERHEAD AND WARRANTY (20%)</b> | \$91.00             |
| <b>TOTAL</b>                              | <b>USD \$546.00</b> |

## References

Ryan Reed-Atlantic Millwork owner#302-228-1471

Tomas Goslin-Multiple renovations#610-613-1083

Kent Scholsh-#302-542-4217

Dr Albert French-Commercial office renovation#302-379-2555

**STATE OF DELAWARE**  
 Department of Finance  
 Division of Revenue  
 ACTIVE BUSINESS LICENSE  
 2022700550

**EFFECTIVE** 01/01/2023 - 12/31/2023

**ISSUED TO**  
 JOHN MAGGIOLE  
 PROCOAST COASTAL HOME SERVICES  
 22753 MAGNOLIA DR N  
 LEWES DE 19958-5655


**LOCATION**  
 PROCOAST COASTAL HOME SERVICES  
 22753 MAGNOLIA DR N  
 LEWES, DE 19958-5655

**TRADE, BUSINESS, OR PROFESSIONAL ACTIVITY**  
 GENERAL SERVICES

ISSUED: 01/28/2023  
 FEE PAID: \$75.00

is lawfully licensed to practice, conduct, or engage in the occupation or business activity indicated above in accordance with the license application duly filed pursuant to Title 30, Delaware Code.

POST CONSPICUOUSLY - NOT TRANSFERABLE



2023

**ACORD** **CERTIFICATE OF LIABILITY INSURANCE** 15799022

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 AWAKE, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE(S) OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policyholder 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 favor of any endorsement(s).

|  |  |
|--|--|
| <b>PRODUCER</b><br>PROCO ADVANTAGE AGCY<br>P.O. BOX 439054<br>HIGHLAND HEIGHTS, OH 45112 | <b>AGENT</b><br>Progressive RCP Service Team<br>P.O. BOX 1000 430 7000<br>Spartanburg, SC 29583-1000 |
| <b>INSURED</b><br>John Maggiole<br>276 BOTTEN LN<br>LEWES, DE 19958 1950                 | <b>INSURER</b><br>AMERICAN United Fire and Marine Insurance Co.<br>11770 117                         |

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

THIS IS TO CERTIFY THAT THE POLICIES OR PROGRAMS LISTED BELOW HAVE BEEN GRANTED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. THIS FIRST LISTING AND REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR ANY THEREOF, 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.

| TYPE OF INSURANCE            | INS. CLASS                                | POLICY NUMBER | INSURER       | AMOUNT | COVERAGE  |
|------------------------------|---|---------------|---------------|--------|-----------|
| COMMERCIAL GENERAL LIABILITY | CLAIM MADE                                |               |               |        | 1,000,000 |
|                              | <input checked="" type="checkbox"/> OCCUR |               |               |        | 1,000,000 |
| A X Businessowners Policy    | PERSONAL AUTO                             | M N           | PERSONAL AUTO | 50,000 | 50,000    |
|                              | PERSONAL AUTO                             |               |               |        | 50,000    |
| X HOMEOWNERS LIABILITY       | PERSONAL AUTO                             |               |               |        | 50,000    |
|                              | PERSONAL AUTO                             |               |               |        | 50,000    |
| MEDICAL EXPENSE              | PERSONAL AUTO                             |               |               |        | 50,000    |
|                              | PERSONAL AUTO                             |               |               |        | 50,000    |
| UMBRELLA LIAB                | PERSONAL AUTO                             |               |               |        | 1,000,000 |
|                              | PERSONAL AUTO                             |               |               |        | 1,000,000 |

**CERTIFICATE HOLDER**  
 JOHN MAGGIOLE  
 276 BOTTEN LN  
 LEWES, DE 19958 1950

**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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