

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 06/18/2024

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

		OGATION IS WAIVED, subject to cate does not confer rights to th						ies may req	uire an endorsement. A	statem	ent on this	
Aon F	Aon Risk Services Northeast, Inc.						CONTACT NAME: PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): (800) 363-0105					
One Liberty Plaza 165 Broadway, Suite 3201 New York NY 10006 USA					E-MAIL ADDRES	S:	_					
					INSURER(S) AFFORDING COVERAGE					NAIC#		
INSUR	ED					INSURER	A: LM Ir	nsurance Co	orporation		33600	
		Wireless, LLC enue of the Americas				INSURER B: Liberty Insurance Corporation					42404	
		k NY 10036 USA				INSURERC: Liberty Mutual Fire Ins Co					23035	
						INSURER D:						
						INSURER E:						
						INSURER	F:					
COVI	ER.	AGES CER	TIFIC	ATE	NUMBER: 5701064610	06		RI	EVISION NUMBER:			
IND	ICA	S TO CERTIFY THAT THE POLICIES TED. NOTWITHSTANDING ANY RE FICATE MAY BE ISSUED OR MAY	QUIR	EMEN	IT, TERM OR CONDITION	OF ANY	CONTRACT	OR OTHER I	DOCUMENT WITH RESPE	CT TO	WHICH THIS	
	CLU	SIONS AND CONDITIONS OF SUCH							/IS. Limits sh	own are	e as requested	
INSR LTR		TYPE OF INSURANCE	ADDI INSD	SUBR				(MM/DD/YYYY)	LIMIT	s		
C	x	COMMERCIAL GENERAL LIABILITY			TB2691550588144		06/30/2024	06/30/2025	EACH OCCURRENCE		\$1,000,000	
		CLAIMS-MADE X OCCUB		l					DAMAGE TO RENTED		\$2,000,000	

INSR LTR		TYPE OF INSURANCE	ADDL S	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
C	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR				ТВ2691550588144	06/30/2024	06/30/2025	EACH OCCURRENCE	\$1,000,000
								DAMAGE TO RENTED PREMISES (Ea occurrence)	\$2,000,000
	Х	XCU Coverage is Included						MED EXP (Any one person)	\$10,000
								PERSONAL & ADV INJURY	\$1,000,000
	GE	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$2,000,000
	Х	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$2,000,000
		OTHER:							
С	AU	TOMOBILE LIABILITY			AS2-691-550588-124 AOS	06/30/2024	06/30/2025	COMBINED SINGLE LIMIT (Ea accident)	\$2,000,000
С	x	ANY AUTO			AS2-691-550588-134	06/30/2024	06/30/2025	BODILY INJURY (Per person)	
	-	OWNED SCHEDULED			NH - Primary			BODILY INJURY (Per accident)	
C		AUTOS ONLY HIRED AUTOS ONLY ONLY AUTOS NON-OWNED AUTOS ONLY			TL2-691-550588-184 NH - Excess	06/30/2024	06/30/2025	PROPERTY DAMAGE (Per accident)	
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	
		DED RETENTION							
Α		DRKERS COMPENSATION AND			WA569D550588094 AOS	06/30/2024	06/30/2025	X PER STATUTE OTH-	
l a	AN	Y PROPRIETOR / PARTNER / EXECUTIVE N	N/A		WC5691550588084	06/30/2024	06/30/2025	E.L. EACH ACCIDENT	\$1,000,000
,	GFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		WI,		WI, MN	, , , , , , , , ,	,,	E.L. DISEASE-EA EMPLOYEE	\$1,000,000
								E.L. DISEASE-POLICY LIMIT	\$1,000,000
<u> </u>	<u> </u>					L	<u> </u>	L	

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

CONTRACT: C07-1535-PUR **VERIZON WIRELESS** WIRELESS COMMUNICATIONS PHONES/SERVICE EXPIRES:08/23/2026

ERTIFICATE HOLDER	CAN

SH EXPINATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

Okaloosa County Purchasing Department 5479A Old Bethel Road Crestview FL 32536 USA

AUTHORIZED REPRESENTATIVE

Aon Rish Services Northeast, Inc.

AGENCY CUSTOMER ID: 570000027366

LOC #:



ADDITIONAL REMARKS SCHEDULE

Page _ of _

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AGEN	oy Risk Services Northe	east, Inc.				dinsured rizon Wirele	ss, LLC		
	YNUMBER Certificate Number:	57010646	1006		1 `				
CARRI	ER			NAIC CODE	EEEE	CTIVE DATE:			
	Certificate Number:	3/010646.	1006]	5117E 5/11E.			
THIS	THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM, FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance								
	INSURER(S) A	AFFORDII	NG C	OVERAGE		NAIC#	•		
INSU	IRER								
INSU	VRER								
INSU	RER								
INSU	RER								
AD	DITIONAL POLICIES			w does not include limit for policy limits.	inforn	nation, refer to	the correspond	ing policy on the	ACORD
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIM	IITS
	WORKERS COMPENSATION								
		N/A		WA769D550588074		06/30/2024	06 /20 /2025		
В		I N/A		MA MA		06/30/2024	06/30/2023		



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DATE(MM/DD/YYYY) 06/18/2024

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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		CONTACT NAME:						
Aon Risk Services Northeast, New York NY Office	inc.	PHONE (A/C. No. Ext):	(866) 283-7122	FAX (A/C. No.): (800)	363-0105			
One Liberty Plaza 165 Broadway, Suite 3201		E-MAIL ADDRESS:						
New York NY 10006 USA			NAIC#					
INSURED		INSURER A:	LM Insurance Corpor	ation	33600			
Verizon Communications Inc.		INSURER B: Liberty Insurance Corporation			42404			
1095 Avenue of the Americas New York NY 10036 USA		INSURER C:	NSURER C: Liberty Mutual Fire Ins Co					
		INSURER D:						
		INSURER E:						
		INSURER F:						
COVERAGES	CERTIFICATE NUMBER: 57010643976		REVISI	ON 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.

Limits shown are as requeste Limits shown are as requested

INSR LTR		TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S		
С	Х	COMMERCIAL GENERAL LIABILITY			TB2691550588144	06/30/2024	06/30/2025	EACH OCCURRENCE	\$1,000,000		
		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000		
	Х	Standard Contractual Liability						MED EXP (Any one person)	\$10,000		
	Х	XCU Coverage is Included						PERSONAL & ADV INJURY	\$1,000,000		
	GE	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$1,000,000		
	Х	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$1,000,000		
		OTHER:									
	AU	TOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)			
		ANY AUTO						BODILY INJURY (Per person)			
		OWNED SCHEDULED						BODILY INJURY (Per accident)			
		AUTOS ONLY HIRED AUTOS NON-OWNED						PROPERTY DAMAGE			
		ONLY AUTOS ONLY						(Per accident)			
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE			
								AGGREGATE			
								710011207112			
		DED RETENTION				06/20/2024	06 (20 (2025				
Α		ORKERS COMPENSATION AND IPLOYERS' LIABILITY		1	WA569D550588094 AOS	06/30/2024	06/30/2025	X PER STATUTE OTH-			
A	AN	Y PROPRIETOR / PARTNER / EXECUTIVE	N/A	1	WC5691550588084	06/30/2024	06/30/2025	E.L. EACH ACCIDENT	\$1,000,000		
	A OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A		WI, MN	, ,	, , , , , , , , , , , , , , , , , , , ,	E.L. DISEASE-EA EMPLOYEE	\$1,000,000		
								E.L. DISEASE-POLICY LIMIT	\$1,000,000		
				<u> </u>							
DESC	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)										

RE: Contract No. NG125054, Site Name: Destin - Fort Walton Beach Airport, Site Address: 1701 State Road 85 North, Eglin AFB, FL 32542, Location Code: 274867. Okaloosa County BOCC is included as Additional Insured with respect to the General Liability policy.

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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

Okaloosa County BOCC 302 Wilson Street, Suite 301 Crestview FL 32536 USA

AUTHORIZED REPRESENTATIVE

Son Rish Services Northeast, Inc.

AGENCY CUSTOMER ID: 570000027366

LOC #:



ADDITIONAL REMARKS SCHEDULE

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AGEN	_{CY} Risk Services North	east, Inc				MEDINSURED Prizon Commun	ications In	C.		
	YNUMBER Certificate Number:	57010643	9767							
CARRI	ER Certificate Number:	57010643	9767		NAIC CODE EFF	ECTIVE DATE:				
	DITIONAL REMARKS	3,0100.3								
	THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM, FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance									
	INSURER(S)	AFFORDI	NG C	OVERAG	E	NAIC#				
INSU	TRER									
INSU	TRER									
INSU	RER									
INSU	RER									
AD	DITIONAL POLICIES			w does not in for policy li		rmation, refer to	the correspond	ing policy on the	ACORD	
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLI	CY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIM	IITS	
	WORKERS COMPENSATION									
В		N/A		WA769D5505	88074	06/30/2024	06/30/2025			
				MA		00/ 30/ 2024	00/30/2023			
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