

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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 PentaRisk Associates of Georgia P.O. Box 2196 Marietta GA 30061	ŀ	CONTACT NAME: Robyn Byrd PHONE (A/C, No, Ext): 404-809-2530 E-MAIL ADDRESS; rbyrd@acrisure.com				
maneta Greecer		INSURER(S) AFFORDING COVERAGE	NAIC#			
MOCILED	UDEOOL OO	INSURER A: Liberty Mutual Fire Insurance Company INSURER B: RSUI Indemnity Company	23035			
Anderson Columbia Co., Inc. P.O. Box 1829	Ĺ	INSURER c : Indemnity National Insurance Company	18468			
Lake City FL 32056		INSURER D: Endurance American Specialty Insurance Company	41718			
·		INSURER E: Safety National Casualty Corporation	15105			
		INSURER F:				

COVERAGES CERTIFICATE NUMBER: 905573202 REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
А	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR	Y	Y	TB2-651-289907-104	5/1/2024	5/1/2025	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 2,000,000 \$ 300,000
							MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$4,000,000
	POLICY X PRO- X LOC						PRODUCTS - COMP/OP AGG	\$4,000,000
	OTHER:							\$
Α	AUTOMOBILE LIABILITY	Y	Υ	AS2-651-289907-084	5/1/2024	5/1/2025	COMBINED SINGLE LIMIT (Ea accident)	\$2,000,000
	X ANY AUTO			,			BODILY INJURY (Per person)	\$
	X OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	X HIRED X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								\$
B C	UMBRELLA LIAB X OCCUR	Y	Υ	NHA600297	5/1/2024	5/1/2025	EACH OCCURRENCE	\$10,000,000
Ď	X EXCESS LIAB CLAIMS-MADE			XS0001222 24 EXC30000098108	5/1/2024 5/1/2024	5/1/2025 5/1/2025	AGGREGATE	\$10,000,000
	DED RETENTION\$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		Υ	SP 4066411	4/1/2024	4/1/2025	X PER OTH- STATUTE ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE TN	N/A					E.L. EACH ACCIDENT	\$ 1,000,000
	(Mandatory in NH)	"'^					E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						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) Contract # ITB PW 65-20- Southwest Crestview Bypass (Phase V and East-West Connector); The following applies to the General Liability, Auto Liability, and Umbrella/Excess policies where required by written contract with named insured: Okaloosa County Board of County Commissioners is additional insured and a Waiver of Subrogation applies in their favor. The following applies to the Workers Compensation policy: Waiver of Subrogation applies to the above listed additional insureds, where required by written contract with named insured. The additional insured coverage provided is primary and non-contributory, where required by written contract with named insured.

CERTIFICATE HOLDER CANCE SHOUL

> Okaloosa County Board of County Commissioners 5479A Old Bethel Road Crestview FL 32536

CONTRACT: C21-3017-PW Anderson Columbia Co., Inc. Southwest Crestview Bypass EXPIRES:02/19/2025

AUTHORIZED REPRESENTATIVE

THE F ACCOR



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 7/2/2024

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Pen	taRisk Associates of Georgia	CONTACT NAME: Robyn Byrd										
P.O. Box 2196					PHONE (A/C, No, Ext): 404-809-2530 FAX (A/C, No): 404-80					04-809)-2531	
	ietta, GA 30061				E-MAIL ADDRESS: rbyrd@acrisure.com							
Manetta, 07 00001				INSURER(S) AFFORDING COVERAGE						NAIC#		
					INICUIDE			nity Company of	America		25666	
INSL	JRED						veiera iriderrii	iity Company or	Amenda		23000	
	rida Gulf & Atlantic Railroad, LLC				INSURER B:							
	00 Town Center Circle				INSURE							
Вос	ca Raton FL 32468				INSURER D:							
					INSURER E :							
	(ED 4.050				INSURE	RF:						
				E NUMBER: 1390986612	<u>/F_DFF</u>	N IOOUED TO		REVISION NUI			ov penion	
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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS			
LIK	COMMERCIAL GENERAL LIABILITY	INSD	WVD	1 OLIO1 HOMBER		(יייווייין ווייין ווייין (אווייין)	(MIMI/DD/TTTT)	EACH OCCURREN				
	CLAIMS-MADE OCCUR							DAMAGE TO RENT	ED			
	SEATIVIO-IMADE COCOTO							PREMISES (Ea occi		\$		
								MED EXP (Any one PERSONAL & ADV	, ,	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:											
	POLICY PRO- LOC							PRODUCTS - COM				
								PRODUCTS - COM	P/OP AGG			
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE				
	ANY AUTO							(Ea accident) BODILY INJURY (Pe				
	OWNED SCHEDULED							BODILY INJURY (P				
	AUTOS ONLY AUTOS NON-OWNED				•			PROPERTY DAMAG				
-	AUTOS ONLY AUTOS ONLY							(Per accident)				
	UMBRELLA LIAB OCCUB											
-	- CCCOR							EACH OCCURRENCE				
-	OLAIWO-WADL							AGGREGATE	\$			
-	DED RETENTION \$ WORKERS COMPENSATION							PER	OTH-	5		
	AND EMPLOYERS' LIABILITY Y / N							STATUTE	ER			
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDE				
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA I				
	DÉSCRIPTION OF OPERATIONS below			000 4V405004 IND		71110001		E.L. DISEASE - POL	ICY LIMIT S		10.000	
A	Railroad Protective Liability			SPS-1X425964-IND		7/1/2024	1/1/2026	Aggregate Occurence		\$10,00 \$ 5,00		
	CODIDTION OF OREDATIONS											
	SCRIPTION OF OPERATIONS		_									
Con	ntract # ITB PW 65-20- Southwest Crest	view	Вура	ass (Phase V and East-Wes	st Conn	ector)						
Oka	lloosa County Board of County Commis	sione	rs is	additional insured								
	Shahasaa asang asang ashiriloononon in dudinonal modifice											
(21-3017-PW												
CIMITA												
APPTICATE USINED												
CERTIFICATE HOLDER CAN							CANCELLATION					
					SHO	ULD ANY OF	THE ABOVE D	ESCRIBED POLIC	IES BE CA	NCELLI	ED BEFORE	
Okaloosa County Board of County Commissioners					THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
5479A Old Bethel Road Crestview FL 32536												

AUTHORIZED REPRESENTATIVE