



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/31/2023

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 Hays Company Inc., a Brown & Brown Company  80 South 8th Street Suite 700 Minneapolis, MN 55402	1-612-333-3323	CONTACT NAME: Melody Kronbach or Dawn Heinemann PHONE (A/C, No, Ext): 612-333-3323 E-MAIL ADDRESS: Melody.Kronbach@bbrown.com	FAX (A/C, No): 612-373-7270
INSURED Minnesota Life Insurance Company  400 Robert Street North  St. Paul, MN 55101-2098		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A: SENTRY INS A MUT CO	24988
		INSURER B: ALLIED WORLD NATL ASSUR CO	10690
		INSURER C: SENTRY CAS CO	28460
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES CERTIFICATE NUMBER: 69988228 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"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	<input checked="" type="checkbox"/>		9017760003	11/01/23	11/01/24	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 10,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	9017760004 (AOS)	11/01/23	11/01/24	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	0312-5722	11/01/23	11/01/24	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
C	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"/>	<input checked="" type="checkbox"/>	9017760002 (HI, MA, WI)	11/01/23	11/01/24	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
C		<input type="checkbox"/>	<input checked="" type="checkbox"/>	9017760001 (AOS)	11/01/23	11/01/24	E.I. EACH ACCIDENT \$ 1,000,000 E.I. DISEASE - EA EMPLOYEE \$ 1,000,000 E.I. DISEASE - POLICY LIMIT \$ 1,000,000

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

RE: Contract #C22-3211-RM  
Certificate holder is additional insured as respects general, automobile and umbrella liability policies where required by written contract, subject to the policy(s) terms and conditions. Waiver of subrogation applies in favor of the additional insured as respects workers compensation policy where required by written contract, subject to the policy terms and conditions.

CERTIFICATE HOLDER  Okaloosa Board Of County Commissioners  5479A Old Bethel Rd  Crestview, FL 32536  USA	CONTRACT: C22-3211-RM MINNESOTA LIFE INSURANCE COMPANY GROUP LIFE INSURANCE FOR OKALOOSA COUNTY EXPIRES: 09/30/2024  AUTHORIZED REPRESENTATIVE 	RE IN
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# SUPPLEMENT TO CERTIFICATE OF INSURANCE

DATE  
10/31/2023

NAME OF INSURED: Minnesota Life Insurance Company

Named Insured Includes:

Minnesota Mutual Companies, Inc.  
Securian Holding Company  
Robert Street Property Management, Inc.  
Securian Financial Group, Inc.  
Securian Financial Services, Inc.  
Securian Trust Company, NA  
Minnesota Life Insurance Company  
Securian Ventures, Inc.  
Securian Casualty Company  
Securian Asset Management, Inc.  
1800 Reinsurance Company  
Ochs, Inc.  
Lowertown Capital, LLC  
Allied Solutions, LLC  
Securian Life Insurance Company  
Oakleaf Service Corporation  
Securian AAM Holdings, LLC Management, Inc.  
Asset Allocation & Management Company, LLC  
Empyrean Holding Company, Inc.  
Empyrean Benefit Solutions, Inc.  
Empyrean Insurance Services, Inc.  
Spinnaker Holdings, LLC  
Bloom Health Insurance Agency, LLC  
Bloom Health Services, LLC  
Clauson Dealer Services, LLC  
Marketview Properties, LLC  
Marketview Properties II, LLC  
Marketview Properties III, LLC  
Marketview Properties IV, LLC  
Vero, LLC