

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/06/2023

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 any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER USI Insurance Services, LLC 6001 Broken Sound Parkway Suite 320 Boca Raton, FL 33487		CONTACT NAME: Michele N Poysell PHONE (A/C, No, Ext): - FAX (A/C, No): E-MAIL ADDRESS: Michele.Poysell@usi.com															
INSURED AshBritt, Inc 565 East Hillsboro Blvd Deerfield Beach, FL 33441		<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Starr Surplus Lines Insurance Company</td> <td>13604</td> </tr> <tr> <td>INSURER B : Federal Insurance Company</td> <td>20281</td> </tr> <tr> <td>INSURER C : Progressive Express Insurance Company</td> <td>10193</td> </tr> <tr> <td>INSURER D : Starr Indemnity and Liability Company</td> <td>38318</td> </tr> <tr> <td>INSURER E : Praetorian Insurance Company</td> <td>37257</td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Starr Surplus Lines Insurance Company	13604	INSURER B : Federal Insurance Company	20281	INSURER C : Progressive Express Insurance Company	10193	INSURER D : Starr Indemnity and Liability Company	38318	INSURER E : Praetorian Insurance Company	37257	INSURER F :	
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COVERAGES

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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 INSR 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 <input checked="" type="checkbox"/> BI/PD Ded:20000 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	X	X	1000065645231	05/22/2023	05/22/2024	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
C	AUTOMOBILE LIABILITY	X	X	961562738	09/13/2022	09/13/2023	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000
D	<input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	X	X	1000685988221	09/12/2022	09/12/2023	BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS-MADE DED RETENTIONS	X	X	1000336529231	05/22/2023	05/22/2024	EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000 \$
E	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		X	QWC4001875	06/06/2023	06/06/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
B	Inland Marine			6639855EUC	05/22/2023	05/22/2024	See Below
A	Professional Liab	X		1000065645231	05/22/2023	05/22/2024	\$1,000,000
A	Pollution Liab			1000065645231	05/22/2023	05/22/2024	\$1,000,000

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

General Liability, Professional Liability include additional insured, primary & non-contributory and waiver of subrogation. Auto includes additional insured and waiver of subrogation. Workers Compensation includes waiver of subrogation. Inland Marine equipment coverage - leased/rented equipment \$500,000. 10 day notice of cancellation for non-payment;30 days for all other

RE: Contract #C22-3225-PW

CONTRACT # C22-3225-PW

ASHBRITT, INC

EMERGENCY DEBRIS REMOVAL/

EMERGENCY SERVICES

EXPIRES: 12/31/2025 W / (2)- 1 YR RENEWELS

CERTIFICATE HOLDER

CAN

Okaloosa County
 1250 N. Eglin Parkway, Suite 100
 Shalimar, FL 32579

SHI
 THI
 AC

AUTHORIZED REPRESENTATIVE