

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/29/2023

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.

lf	IPORTANT: If the certificate holder is a SUBROGATION IS WAIVED, subject to is certificate does not confer rights to	the	terms	and conditions of the po	licy, ce	rtain policies							
PROI	DUCER	CONTACT Kristen Cork											
Brown & Brown Insurance Agency of Virginia, Inc.						PHONE (A/C, No, Ext): (703) 361-3191 FAX (A/C, No): (703) 361-5							
11220 Assett Loop, Suite 304						E-MAIL ADDRESS: Kristen.Cork@bbrown.com							
• ·						INSURER(S) AFFORDING COVERAGE NAIC #							
Manassas VA 20109						INSURER A: Great Northern Insurance Company					20303		
INSURED						INSURER B: Federal Insurance Company					20281		
United Service Organizations Inc, DBA: USO						INSURER C: Chubb National Insurance Company					10052		
2111 Wilson Blvd. #1200						INSURER D:							
2111 1110011 5114. 11 1200													
Arlington VA 22201					INSURER E:								
<u> </u>			ATE	NUMBER: 23-24 Domest	INSURER F:								
		TETIOOT TOMOLIC											
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													
	ERTIFICATE MAY BE ISSUED OR MAY PERTA							UBJECT TO ALL TH	HE TERMS,				
	(CLUSIONS AND CONDITIONS OF SUCH PO				KEDUC			Γ					
INSR LTR		INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS		0,000		
								EACH OCCURRENCE DAMAGE TO RENTE		~ ~ ~			
	CLAIMS-MADE X OCCUR	İ						PREMISES (Ea occu	rrence)				
١.			1				07/01/2024	MED EXP (Any one p	person)				
Α		Y		3606-9859		07/01/2023		PERSONAL & ADV II	NJURY	\$ 2,000,000			
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG	ATE	\$ 4,000,000			
l	POLICY PRO- LOC							PRODUCTS - COMP		Ψ	0,000		
	OTHER:									\$			
	AUTOMOBILE LIABILITY	Y						COMBINED SINGLE (Ea accident)	LIMIT	MIT \$ 1,000,000			
	X ANY AUTO							BODILY INJURY (Per	r person)	person) \$			
Α	OWNED SCHEDULED AUTOS		7362-8781		07/01/202	07/01/2023	07/01/2024	BODILY INJURY (Per		\$			
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	E	\$			
								HiredCar Physic	al Dam	\$ Inclu	ıded		
	➤ UMBRELLA LIAB OCCUR							EACH OCCURRENC	Œ	\$ 30,000,000			
В	EXCESS LIAB CLAIMS-MADE			93649340		07/01/2023	07/01/2024	AGGREGATE		\$ 30,000,000			
	DED X RETENTION \$ 0									\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						➤ PER STATUTE	OTH- ER				
С			7183-3405			07/01/2023	07/01/2024	E.L. EACH ACCIDEN		\$ 1,000,000			
١				7 100-3-400		0770172023	0770172024	E.L. DISEASE - EA E	MPLOYEE	\$ 1,000,000			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	ICY LIMIT	\$ 1,000,000			
									1				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)													
RE:Destin - Ft. Walton Beach Airport (VPS) required by an insured written contract and only as per the applicable attached forms: Okaloosa County BCC is													
an additional insured for general liability for both ongoing and completed operations on a primary and non contributory basis and additional insured for													
automobile liability on a primary and non contributory basis.													
					(CONTRACT:L17-0454-AP							
CFF	RTIFICATE HOLDER	United Services Organizations (USO)											
THE STATE STATE OF THE STATE OF													
1		USO Sponsored Military Lounge											
						EXPIRES:09/30/2026							
Okaloosa County BCC													
1701 State Road 85 North						AUTHORIZED REPRESENTATIVE							
Eglin AFB FL 32542						W. Strachan							

Liability Insurance

Endorsement

Policy Period July 1, 2023 to July 1, 2024

Effective Date July 1, 2023

Policy Number 3606-9859

Insured United Service Organizations, Inc.

Name of Company Great Northern Insurance Company

Date Issued

This Endorsement applies to the following forms:

Under Who Is An Insured, the following provision is added.

Who Is An Insured

Additional Insured -Scheduled Person Or Organization Persons or organizations shown in the Schedule are **insureds**; but they are **insureds** only if you are obligated pursuant to a contract or agreement to provide them with such insurance as is afforded by this policy.

However, the person or organization is an **insured** only:

- if and then only to the extent the person or organization is described in the Schedule;
- to the extent such contract or agreement requires the person or organization to be afforded status as an **insured**;
- for activities that did not occur, in whole or in part, before the execution of the contract or agreement; and
- with respect to damages, loss, cost or expense for injury or damage to which this insurance applies.

No person or organization is an **insured** under this provision:

• that is more specifically identified under any other provision of the Who Is An Insured section (regardless of any limitation applicable thereto).

Who Is An Insured

Additional Insured Scheduled Person
Or Organization
(continued)

• with respect to any assumption of liability (of another person or organization) by them in a contract or agreement. This limitation does not apply to the liability for damages, loss, cost or expense for injury or damage, to which this insurance applies, that the person or organization would have in the absence of such contract or agreement.

Under Conditions, the following provision is added to the condition titled Other Insurance.

Conditions

Other Insurance -Primary, Noncontributory Insurance -Scheduled Person Or Organization If you are obligated, pursuant to a contract or agreement, to provide the person or organization shown in the Schedule with primary insurance such as is afforded by this policy, then in such case this insurance is primary and we will not seek contribution from insurance available to such person or organization.

Schedule

Persons or organizations that you are obligated, pursuant to a contract or agreement, to provide with such insurance as is afforded by this policy.

All other terms and conditions remain unchanged.

Authorized Representative

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PRIMARY AND NON-CONTRIBUTORY LIABILITY INSURANCE

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Named Insured: UNITED SERVICE ORGANIZATIONS, INC. DBA USO

Endorsement Effective Date: 07/01/2022

SCHEDULE

Name(s) Of Person(s) Or Organization(s):

PERSONS OR ORGANIZATIONS THAT YOU ARE OBLIGATED,

PURSUANT TO

A CONTRACT OR AGREEMENT BETWEEN YOU AND SUCH PERSON OR

ORGANIZATION, TO PROVIDE PRIMARY AND NON-CONTRIBUTORY INSURANCE."

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The following is added to Item 5. – "Other Insurance" of Item B. – "General Conditions" under Section IV – "Business Auto Conditions":

e. Regardless of the provisions of Paragraph 5.a. through d. above, for any liability arising out of the ownership, maintenance, use, rental, lease, loan, hire or borrowing by an "insured" of a covered "auto" for which an "insured" is contractually obligated to provide primary insurance coverage to a client, this Coverage Form will be primary and non-contributory with respect to the Persons or Organizations in the schedule, regardless of the availability or existence of other collectible insurance under any other Coverage Form or policy that applies on a primary basis.

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