

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/06/2022

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 Marsh & McLennan Agency LLC P. O. BOX 828 2821 Corporate Park Drive Opelika, AL 36803 | | CONTACT NAME: Melissa C Smith PHONE (A/C, No, Ext): - FAX (A/C, No): 334-745-8785 E-MAIL ADDRESS: Melissa.Smith@MarshMMA.com | | | | | | | | | | | | | | | |
|---|--------|--|--|-------------------------------|--------|---|-------|---|-------|--|-------|------------------------------------|-------|---|-------|-------------|--|
| INSURED Scott Bridge Company, Inc. 2641 Interstate Drive Opelika, AL 36804 | | <table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : American Guarantee and Liability Insura</td> <td>26247</td> </tr> <tr> <td>INSURER B : Starr Indemnity & Liability Company</td> <td>38318</td> </tr> <tr> <td>INSURER C : Great American Insurance Company</td> <td>16691</td> </tr> <tr> <td>INSURER D : XL Specialty Insurance</td> <td>37885</td> </tr> <tr> <td>INSURER E : Steadfast Insurance Company</td> <td>26387</td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table> | | INSURER(S) AFFORDING COVERAGE | NAIC # | INSURER A : American Guarantee and Liability Insura | 26247 | INSURER B : Starr Indemnity & Liability Company | 38318 | INSURER C : Great American Insurance Company | 16691 | INSURER D : XL Specialty Insurance | 37885 | INSURER E : Steadfast Insurance Company | 26387 | INSURER F : | |
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COVERAGES

CERTIFICATE NUMBER:

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 SUBR INSR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|--|---|----------------|-------------------------|-------------------------|--|
| | COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | | | | | EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$ |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ |
| A | <input checked="" type="checkbox"/> UMBRELLA LIAB | <input checked="" type="checkbox"/> OCCUR | AUC595512909 | 02/01/2022 | 02/01/2023 | EACH OCCURRENCE \$5,000,000 |
| B | <input checked="" type="checkbox"/> EXCESS LIAB | <input checked="" type="checkbox"/> CLAIMS-MADE | 1000586192221 | 02/01/2022 | 02/01/2023 | AGGREGATE \$5,000,000 |
| | DED <input type="checkbox"/> RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below | N/A | | | | Aggregate \$25,000 <input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ |
| C | Ocean Marine Poll | | OMH1439865 | 06/01/2022 | 06/01/2023 | \$4,000,000 |
| D | Leased/Rented Eq | | UM0002514MA22A | 06/01/2022 | 06/01/2023 | \$2,000,000 /\$2,500 Ded. |
| E | Poll/Proff Liab. | | EOC595516909 | 06/01/2022 | 06/01/2023 | \$4,000,000 |

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

Re: Contract #C22-3138

Certificate holder is named as additional insured when required by written contract and subject to the limitations and provisions of the policies.

CONTRACT # C22-3138-PW
 SCOTT BRIDGE COMPANY, INC
 COLLEGE ROAD BYPASS BRIDGE REPAIRS
 EXPIRES: 225 DAYS FROM NTP

CERTIFICATE HOLDER

C/

Okaloosa County BCC
 5479A Old Bethel Road
 Crestview, FL 32536

AUTHORIZED REPRESENTATIVE

