



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
06/30/2022

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

<b>PRODUCER</b> Marsh USA Inc. 1560 Sawgrass Corporate Pkwy, Suite 300 Sunrise, FL 33323  CN121229260--GAWUC-21-23	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: _____	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Blue Cross and Blue Shield of Florida, Inc d/b/a Florida Blue 4800 Deerwood Campus Pkwy Risk Management DC1-7 Jacksonville, FL 32246	<b>INSURER A :</b> American Casualty Company Of Reading, Pa      NAIC # 20427	
	<b>INSURER B :</b> Continental Insurance Company      35289	
	<b>INSURER C :</b> National Fire Insurance Co Of Hartford      20478	
	<b>INSURER D :</b> Safety National Casualty Corp.      15105	
	<b>INSURER E :</b> _____ <b>INSURER F :</b> _____	

**COVERAGES**      **CERTIFICATE NUMBER:** ATL-005207914-15      **REVISION NUMBER:** 0

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 INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
C	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER: _____		7014966382	07/01/2022	07/01/2023	EACH OCCURRENCE	\$ 1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
						MED EXP (Any one person)	\$ 15,000
						PERSONAL & ADV INJURY	\$ 1,000,000
						GENERAL AGGREGATE	\$ 2,000,000
						PRODUCTS - COMP/OP AGG	\$ 2,000,000
							\$
C	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" 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		7014966284	07/01/2022	07/01/2023	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
							\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$0		7014967998	07/01/2022	07/01/2023	EACH OCCURRENCE	\$ 10,000,000
						AGGREGATE	\$ 10,000,000
							\$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A		7014970447	07/01/2022	07/01/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	
						E.L. EACH ACCIDENT	\$ 1,000,000
						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
D	Excess Work Comp (FL only) SIR each accident: \$750,000		SP 4066715	07/01/2022	07/01/2023	Statutory Limits	
						Excess Employers Liability	1,000,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES** (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Okaloosa County is included as an Additional Insured as respects to General Liability, where required by written contract.

Waiver of Subrogation applies in favor of Okaloosa County with respects to General Liability, Auto Liability and Workers Compensation where required by written contract.

**CERTIFICATE HOLDER**  
Okaloosa County  
5479A Old Bethel Rd  
Crestview, FL 32536

**CONTRACT # C20-2944-RM**  
**BLUE CROSS/BLUE SHIELD OF FLORIDA. LLC**  
**GROUP HEALTH INSURANCE**  
**FOR OKALOOSA COUNTY**  
**EXPIRES: 09/30/2022 W/3 ONE YR RENEWALS**

**THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.**

**AUTHORIZED REPRESENTATIVE**  
*Marsh USA Inc.*



**ADDITIONAL REMARKS SCHEDULE**

AGENCY Marsh USA Inc.		NAMED INSURED Blue Cross and Blue Shield of Florida, Inc d/b/a Florida Blue 4800 Deerwood Campus Pkwy Risk Management DC1-7 Jacksonville, FL 32246	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**  
**FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance**

Crime-Employee Dishonesty:

Policy Number: 107379777  
 Carrier: Travelers Casualty and Surety Company of America  
 Effective Date: 02/01/2022  
 Expiration Date: 02/01/2023  
 Limit: \$20,000,000

Cyber:

Policy Number: B0509FINPB2250018  
 Carrier: Lloyds  
 Effective Date: 02/01/2022  
 Expiration Date: 02/01/2023  
 Limit: \$10,000,000  
 SIR Value: \$2,500,000

Network & Privacy Liability Limit-\$10,000,000  
 Tech/Professional Services Liability Limit-\$10,000,000  
 Media Liability Limit-\$10,000,000

Managed Care E&O:

Policy Number: IH-FFP030B  
 Carrier: Ironshore Specialty Insurance Company  
 Effective Date: 02/01/2022  
 Expiration Date: 02/01/2023  
 Limit: \$10,000,000

