

C

DATE (MM/DD/YYYY) \*\*\*\*

PAULA

### CERTIFICATE OF LIABILITY INSURANCE

										11.	/16/2021
C E	HIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMAT BELOW. THIS CERTIFICATE OF INS REPRESENTATIVE OR PRODUCER, AI	IVEL SUR/	Y OI ANCE	R NEGATIVELY AMEND, E DOES NOT CONSTITU	, EXTE	ND OR AL	TER THE CO	OVERAGE AFF	ORDED I	вү тн	E POLICIES
H	MPORTANT: If the certificate holde SUBROGATION IS WAIVED, subjection subjection is certificate does not confer rights t	ct to	the	terms and conditions of	the po	licy, certain	policies may				
PRODUCER Slingluff United Insurance 568 South Oates St. P. O. Box 6947				CONTACT NAME: PHONE (A/C, No, Ext): (334) 792-5101 E-MAIL ADDRESS:							
Dot	han, AL 36302-6947				ADDRESS: INSURER(S) AFFORDING COVERAGE						NAIC #
					INSURER A : OWNERS						32700
เทรเ	JRED				INSURE	кв:Auto O	wners Insu	rance			18988
Poly, Inc.						INSURER C :					
	P.O. Box 837 Dothan, AL 36302		INSURE	RD:							
					INSURER E :						
					INSURE	RF:					I
T	VERAGES CER HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY R	ES O	F INS				TO THE INSU		VE FOR T		
C E	ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	Per Poli	TAIN, CIES.	THE INSURANCE AFFORI	DED BY	' THE POLIC REDUCED BY	ES DESCRIB PAID CLAIMS.	ED HEREIN IS S			
NSR		INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	3	
	COMMERCIAL GENERAL LIABILITY							EACH OCCURREN		\$	
	CLAIMS-MADE OCCUR							DAMAGE TO REN PREMISES (Ea oc	1	\$	
								MED EXP (Any one		\$ \$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							PERSONAL & ADV	in the second	<u>s</u>	
	POLICY PRO- LOC							PRODUCTS - COM	1	\$	
	OTHER:									ş	
Α								COMBINED SINGL (Ea accident)	ELIMIT	\$	1,000,000
	X ANY AUTO	х		49-299338-00		11/1/2021	11/1/2022	BODILY INJURY (F	er person)	\$	
	OWNED SCHEDULED AUTOS							BODILY INJURY (B	Per accident)	\$	
	HIRED AUTOS ONLY AUTOS ONLY							PROPERTY DAMA (Per accident)	GE	\$	
	UMBRELLA LIAB OCCUR							EACH OCCURREN	ICE	\$\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION \$							- NOOTHEORINE		\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDE		\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. DISEASE - EA	EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below		ļ	40.00000.04		441410004	441410000	E.L. DISEASE - PC		\$	4 000 000
В	Bus Auto Florida	Х		49-299338-01		11/1/2021	11/1/2022	CSL			1,000,000
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICI	.ES (/	ACORD	) 101, Additional Remarks Schedu	le, may b	e attached if mor	e space is requir	ed)	1		
Con	tract #C19-2768-WS										
)kal	loosa County is listed as additional insu	ired	as res	spects Business Auto Poli	cy and	Form #58504	•				
CEI					CANC	ELLATION					
					вно	ULD ANY OF	THE ABOVE D	ESCRIBED POLI	CIES BE CA		ED BEFORE
	ESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Ren ontract #C19-2768-WS caloosa County is listed as additional insured as respects Business ERTIFICATE HOLDER Okaloosa County 5479A Old Bethel Road				THE	EXPIRATIO	N DATE TH	EREOF, NOTIC			
5479A Old Bethel Road					ACCORDANCE WITH THE POLICY PROVISIONS.						
	Crestview, FL 32536										

ACORD 25	CONTRACT # C19-2768-WS POLY, INC. ENF. SVS FOR HWY 90 E WS MAIN EXTENSION EXPIRES: 01/01/2022 W/ 1 YR RENEWALS
	EXPIRES: 01/01/2022 W/ 1 YR RENEWALS

HORIZED REPRESENTATIVE Kan E Page

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58504 (1-15)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## DESIGNATED INSURED FOR COVERED AUTOS LIABILITY COVERAGE - BLANKET COVERAGE

This endorsement modifies insurance provided under the following:

COMMERCIAL AUTO POLICY

**SECTION II - COVERED AUTOS LIABILITY COVER-AGE** is amended. The following provision is added. Any person or organization is an **insured** for Covered Autos Liability Coverage, but only to the extent that person or organization qualifies as an **insured** under SECTION II - COVERED AUTOS LIABILITY COVER-AGE, A. COVERAGE, 1. Who Is An Insured.

All other policy terms and conditions apply.

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58583 (1-15)

#### THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

# WAIVER OF OUR RIGHT TO RECOVER PAYMENTS (WAIVER OF SUBROGATION) - BLANKET

This endorsement modifies insurance provided under the following:

COMMERCIAL AUTO POLICY

SECTION V CONDITIONS, A. LOSS CONDITIONS is amended. 5. Our Right to Recover Payments is deleted and replaced by the following condition.

5. Our Right to Recover Payments If we make a payment under this policy and the person to or for whom payment is made has a right to recover damages from another, we will be entitled to that right. That person shall do everything necessary to transfer that right to us and do nothing to prejudice it. However, we waive our right to recover payments made for bodily injury or property damage:

- a. Covered by the policy; and
- b. Arising out of the operation of autos covered by the policy, in accordance with the terms and conditions of a written contract between you and such person or entity

only if such rights have been waived by the written contract prior to the accident or loss which caused the bodily injury or property damage.

All other policy terms and conditions apply.

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## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 11/09/2021

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 CONTACT Jackie Murk										
RSC Insurance Brokerage, Inc.	PHONE [A/C, No, Ext): [A/C, No]:									
109 Columbiana Road				E-MAIL ADDRESS: jmurk@risk-strategies.com						
Birmingham	INSURER A. Traveler	NAIC #								
INSURED			AL 35209	T		25666 25674				
Poly, Inc.				INSURER B: Travelers Property Casualty Company of America				25674		
Polyenvironmental Corporation		INSURER C : The Travelers indemnity Company INSURER D : XL Specialty Insurance Company				37885				
P.O. Box 837								37003		
Dothan			AL 36302							
COVERAGES CEF	TIFIC	ATE		INSURER F :		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 TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT				
	1					EACH OCCURRENCE DAMAGE TO RENTED	s 1,00			
CLAIMS-MADE CLAIMS-MADE						PREMISES (Ea occurrence)	4	0,000		
A	Y		6806H40680A	11/01/2021	11/01/2022	MED EXP (Any one person)	\$ 5,00			
	'		0000114000074	1110 1/2021	11/01/2022	PERSONAL & ADV INJURY	\$ 1,00			
GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	Ψ.	0,000		
						PRODUCTS - COMP/OP AGG	÷ •	0,000		
OTHER:					-	COMBINED SINGLE LIMIT	\$			
						(Ea accident)	\$			
OWNED SCHEDULED						BODILY INJURY (Per person)	\$			
AUTOS ONLY AUTOS HIRED NON-OWNED						BODILY INJURY (Per accident) PROPERTY DAMAGE	\$			
AUTOS ONLY AUTOS ONLY						(Per accident)	\$			
							\$			
			CUP4C228788	11/01/2021	11/01/2022	EACH OCCURRENCE	\$ 5,000	-		
1 CLAIMS-MADE	{		001 40220100	11/01/2021	11/01/2022	AGGREGATE	\$ 5,000	000		
DED RETENTION \$ 10,000 WORKERS COMPENSATION							\$			
AND EMPLOYERS' LIABILITY Y / N						X PER STATUTE OTH- ER	<u>د</u> 1,000	000		
C ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A	Y   I	UB7J652799	11/01/2021	11/01/2022	E.L. EACH ACCIDENT	\$ 1,000 \$ 1,000			
(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	1.000			
DÉSCRIPTION OF OPERATIONS below						E.L, DISEASE - POLICY LIMIT	\$ 1,000	,,000		
D Professional Liability			DPR9985481	11/01/2021	11/01/2022	Each Claim	\$5.00	0,000		
				THO BEOL	1110112022	Aggregate		0,000		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICL	L S (AC	ORD 1	01. Additional Remarks Schedule	may be attached if more so	(hariunar al ace	nggrogute	φ0,00			
Re: Contract #C19-2768-WS.										
Okaloosa County and Okaloosa County Board	of Con	nmissi	oners are included as an Add	itional Insured as resp	ects the Gener	al Liability. Waiver of				
Subrogation applies to Workers' Compensation. These provisions must be required by and acce	ntari h	v the i	insured in written contract or	argement						
These previouslashe made be required by and adde	00000	y 010 1	andurou in whiten contract of a	agreement.						
CERTIFICATE HOLDER				CANCELLATION						
				VANUELLATION		. <u></u>		I		
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE										
THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN										
Okaloosa County				ACCORDANCE WITH THE POLICY PROVISIONS.						
5479A Old Bethel Road		ł	AUTHORIZED REPRESEN	TATIVE	······································					
Crestview FL 32536 FC Jum Typhing Try										
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