Client#: 1078608 COLLEWAT

## ACORD.

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/05/2024

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	CONTACT NAME:				
USI Insurance Services, LLC	PHONE FAX (A/C, No, Ext): (A/C, No):				
2502 N Rocky Point Drive	E-MAIL ADDRESS: TeamAECertificate@usi.com				
Suite 400	INSURER(S) AFFORDING COVERAGE				
Tampa, FL 33607	INSURER A: Phoenix Insurance Company	25623			
INSURED	INSURER B: Travelers Property Cas. Co. of America 25				
Collective Water Resources, LLC	INSURER C: Travelers Casualty and Surety Company	19038			
250 S Australian Ave., Suite 1110	INSURER D : XL Specialty Insurance Company	37885			
West Palm Beach, FL 33401	INSURER E:				
	INSURER F:				

COVERA	AGES	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.

	EXCEDICING AND CONDITIONS OF SOCIET POLICES. LIMITS SHOWN WAT HAVE BEEN REDOCED BY FAIR CEANING.								
INSR LTR		TYPE OF INSURANCE	ADDL INSR	WVD	POLICY NUMBER	(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
Α	X	COMMERCIAL GENERAL LIABILITY	X	Х	6601E450858	02/05/2024	02/05/2025	EACH OCCURRENCE	\$2,000,000
ł		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000
1								MED EXP (Any one person)	\$10,000
1						1		PERSONAL & ADV INJURY	\$2,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:					[	GENERAL AGGREGATE	\$4,000,000
1		POLICY X PRO-						PRODUCTS - COMP/OP AGG	\$4,000,000
		OTHER:							\$
Α	AUT	OMOBILE LIABILITY	X	X	6601E450858	02/05/2024	02/05/2025	COMBINED SINGLE LIMIT (Ea accident)	<sub>\$</sub> 2,000,000
		ANY AUTO				1		BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
i	<u> x</u>	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
В	X	UMBRELLA LIAB X OCCUR	X	X	CUP8K397499	02/05/2024	02/05/2025	EACH OCCURRENCE	\$1,000,000
1		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$1,000,000
		DED X RETENTION \$10000							\$
C	1	RKERS COMPENSATION EMPLOYERS' LIABILITY Y/N		X	UB0K318377	02/05/2024	02/05/2025	X PER : OTH- STATUTE ER	
1	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$1,000,000
	(Ma	ndatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$1,000,000
	DES	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$1,000,000
D	Pro	ofessional		X	DPS5018173	09/21/2023	09/21/2024	\$2,000,000 per claim	1
1	Lia	bility						\$2,000,000 anni agg	r.

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

Professional Liability coverage is written on a claims-made basis.

RE: Contract #C23-3345-PW.

CONTRACT: C23-3345-PW
Collective Water Resources, LLC
Watershed Master Plan
EXPIRES:09/30/2026 w/renewals

CERTIFICATE HOLDER	CANCELLATION
Okaloosa County BCC 5479A Old Bethel Road Crestview, FL 32536	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE
	Au -

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