

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/13/2023

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.

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).

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PRO	DUCER				NAME:	CONTACT NAME:					
Jeffrey Rendel (AJG)					PHONE (A/C, No. Ext): (561) 746-5027 FAX (A/C, No):						
c/o Arthur J. Gallagher Risk Management Service 250 Tequesta Drive						E-MAIL ADDRESS; ggb.tequesta.certs@ajg.com					
Tequesta, FL 33469							<u> </u>	DING COVERAGE		NAIC#	
						INSURER A : Zurich-American Insurance Company				16535	
INSURED										10000	
Avalon HR, LLC Alt. Emp: Drug Free Workplaces of America, LLC						INSURER B:					
100 S Pace Blvd					INSURER C:						
Pensacola, FL 32502						INSURER D:					
						INSURER E:					
						INSURER F:					
COVERAGES CERTIFICATE NUMBER: 23FL0921058						<del></del>					
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	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
1	COMMERCIAL GENERAL LIABILITY	, wan					,		s		
	CLAIMS-MADE OCCUR	1						DAMAGE TO RENTED	\$		
		)							\$ \$	<del></del>	
									* s		
	GEN'L AGGREGATE LIMIT APPLIES PER:		ļ						\$		
	POLICY PRO- LOC							PRODUCTS - COMPIOP AGG	\$		
	OTHER:								\$		
	AUTOMOBILE LIABILITY				l			COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO	-						BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS ONLY	ł	ľ	1				BODILY INJURY (Per accident)	\$		
	HIRED NON-OWNED AUTOS ONLY					ļ		PROPERTY DAMAGE (Per accident)	\$		
	AOTOS ONET		ļ						 \$		
_	UMBRELLA LIAB OCCUR	i —						EACH OCCURRENCE S	 \$		
	EXCESS LIAB CLAIMS-MADE	ļ				!			* \$		
		1					'		* s		
	DED RETENTION \$ WORKERS COMPENSATION	<del>  -</del>	<del> </del>					X PER OTH-		<del></del> -	
	AND EMPLOYERS' LIABILITY Y/N	}	1	}						4 000 000	
Α	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		WC 47-82-012-03		01/01/2023	01/01/2024		\$	1,000,000	
	(Mandatory in NH)  If yes, describe under		}					E.L. DISEASE - EA EMPLOYEE		1,000,000	
	DÉSCRIPTION OF OPERATIONS below	├	<del> </del>	<del></del>		<u> </u>		E.L. DISEASE - POLICY LIMIT	<u> </u>	1,000,000	
				Location Coverage Perio	od:	01/01/2023	01/01/2024	Client# 11389-FL			
Coverage is provided for only those co-employees of, but not subcontractors to:  DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101 Additional Remarks Schedula may be attached if may provided in a 200 Bayou Blvd Ste 13 Pensacola, FL 32503  CONTRACT: C07-1496-HR  DRUG FREE WORKPLACE, INC.  DRUG TESTING SERVICES  EXPIRES: INDEFINITE											
CEDTIFICATE UOI DED											
CERTIFICATE HOLDER CANCELLATION										<del></del>	
Okaloosa County BBC 302 N. Wilson St., Suite 203 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					
						John					