

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/20/2023

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

PRODUCER: Marsh & McLennan Agency LLC, 11330 Lakefield Drive, Suite 100, Johns Creek, GA 30097-1508. CONTACT NAME: Kelly Courtney-Hillyer, PHONE: 770-255-0207, FAX: (A/C, No):, E-MAIL ADDRESS: kelly.hillyer@marshmma.com. INSURER(S) AFFORDING COVERAGE: INSURER A: Zurich American Insurance Company (NAIC #: 16535), INSURER B: Great American Insurance Company (NAIC #: 16691), INSURER C, D, E, F.

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.

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL/SUBR INSR, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Rows include Commercial General Liability (GLO292522307), Automobile Liability (BAP292522407), Umbrella Liability (TUU554481820), and Workers Compensation and Employers' Liability (WC292522107, WC292522207).

CONTRACT: C22-3189-FM Thompson Tractor Co., Inc. Annual Maint & Repair of Emergency Generators EXPIRES:06/08/2025 w/2 1 yr renewals

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached)

Certificate holder is included as additional insured for general liability, automobile by written contract to the provisions and limitations of the policies. The general liability, automobile liability will be primary and noncontributory. (GL) Bikt 30 Day NOC: U-GL-1521-A CW 10-12 Blanket (See Attached Descriptions)

CERTIFICATE HOLDER: Okaloosa County BCC, 5479A Old Bethel Road, Crestview, FL 32536. CANCELLATION: 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: Ben Leonard

DESCRIPTIONS (Continued from Page 1)

Notification to Others of Cancellation or Non-Renewal (CA) Bikt 30 Day NOC: U-CA-832-A CW 01-13 Blanket
Notification to Others of Cancellation or Non-Renewal (WC) Bikt 30 Day NOC: WC 99 06 43 01-13 Blanket
Notification to Others of Cancellation or Nonrenewal Endorsement (UM) Bikt NOC: GAI 6011 06-97 Cancellation
- Additional Provisions (Blanket Exception for Additional Insured)

SCHEDULE OF FORMS AND ENDORSEMENTS

Policy Number: WC 2925221-07

Form Number & Edition Date	Form Name
WORKERS COMPENSATION FORMS AND ENDORSEMENTS	
WC 99 06 43	01-13 BLANKET NOTIFICATION TO OTH CANC/NONREN
U-WC-D-314-A	07-94 WORKERS COMPENSATION INFORMATION PAGE
U-WC-320-A	07-94 SCHEDULE OF FORMS AND ENDORSEMENTS
U-GU-406-B	07-15 INSTALLMENT PREMIUM SCHEDULE
WC 99 00 02	10-99 SCHEDULE OF INSURED AND LOCATIONS
U-WC-315-A	07-94 CLASSIFICATION SCHEDULE
WC 00 00 00 C	01-15 INSURANCE POLICY
WC 00 01 06 A	04-92 LONGSHORE/HARBOR WORKERS' COMP COVG ENDT
WC 00 01 09 C	01-15 OUTER CONTINENTAL SHELF LANDS ACT COV
WC 00 02 01 B	01-15 MARITIME COVERAGE ENDT
WC 00 03 01 A	02-89 ALTERNATE EMPLOYER ENDORSEMENT
WC 00 03 03 C	10-04 EMPLOYERS LIABILITY COV ENDT
WC 00 03 11 A	08-91 VOLUNTARY COMPENSATION AND EMPLOYERS COV
WC 00 03 13	04-84 WAIVER OF RIGHTS TO RECOVER FROM OTHERS
WC 00 04 04	04-84 PENDING RATE CHANGE ENDORSEMENT
WC 00 04 06 A	07-95 PREMIUM DISCOUNT ENDT
WC 00 04 14	07-90 NOTIFICATION OF CHANGE IN OWNERSHIP ENDT
WC 00 04 14 A	01-19 90DAY REPORT-NOTIF CHANGE IN OWNERSHIP
WC 00 04 19	01-01 PREMIUM DUE DATE ENDORSEMENT
WC 00 04 21 C	09-08 CATASTROPHE (OTHER THAN CERT ACTS) ENDT
WC 00 04 21 E	01-21 CATASTROPHE (OTHER THAN CERT ACTS) ENDT
WC 00 04 22 B	01-15 TERRORISM RISK PGM REAUTH ACT DISCL ENDT
WC 00 04 22 C	01-21 TERRORISM RISK PGM REAUTH ACT DISCL ENDT
WC 00 04 24	01-17 AUDIT NONCOMPLIANCE CHARGE ENDT
WC 00 04 25	05-17 EXPERIENCE RATING MODIFICATION FCTR REV
WC 00 02 03	04-84 VOLUNTARY COMP MARITIME COVERAGE ENT
WC 99 06 42 A	03-15 WASHINGTON CHANGES
WC 99 06 83	01-15 NORTH DAKOTA CHANGES
WC 10 06 01 C	07-18 GA CANCELLATION NONRENEWAL & CHANGE ENDT
U-WC-402-A	05-03 MODIFICATION OF TIME FOR NOTICE OF CANCL
U-WC-402-B	09-03 MODIFICATION OF TIME FOR NOTICE OF CNCL
WC 99 00 01 A	04-10 WC AND EMPLOYERS LIABILITY IN WITNESS
WC 99 03 02	05-04 FOREIGN VOLUNTARY COMPENSATION
WC 99 06 89	10-02 INTERMEDIATE DEDUCTIBLE ENDORSEMENT
U-WC-332-A	07-94 MODIFICATION OF TIME FOR NOTICE OF CANCELLATION OR NONRENEWAL
U-WC-332-A	07-94 OTHER STATES ENDORSEMENT UWCD 322A (07-94)

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

Schedule

ALL PERSONS AND/OR ORGANIZATIONS THAT ARE REQUIRED BY WRITTEN CONTRACT OR AGREEMENT WITH THE INSURED, EXECUTED PRIOR TO THE ACCIDENT OR LOSS, THAT WAIVER OF SUBROGATION BE PROVIDED UNDER THIS POLICY FOR WORK PERFORMED BY YOU FOR THAT PERSON AND/OR ORGANIZATION

Form Number & Edition Date	Form Name
FORMS AND ENDORSEMENTS	
U-WC-D-314-A	07-94 WORKERS COMPENSATION INFORMATION PAGE
WC 99 03 02	05-04 FOREIGN VOLUNTARY COMPENSATION
U-WC-315-A	07-94 CLASSIFICATION SCHEDULE
WC 00 00 00 C	01-15 INSURANCE POLICY
WC 00 01 06 A	04-92 LONGSHORE/HARBOR WORKERS' COMP COVG ENDT
WC 00 02 01 B	01-15 MARITIME COVERAGE ENDT
WC 00 03 01 A	02-89 ALTERNATE EMPLOYER ENDORSEMENT
WC 00 03 03 C	10-04 EMPLOYERS LIABILITY COV ENDT
WC 00 04 04	04-84 PENDING RATE CHANGE ENDORSEMENT
WC 00 04 14	07-90 NOTIFICATION OF CHANGE IN OWNERSHIP ENDT
WC 00 04 14 A	01-19 90DAY REPORT-NOTIF CHANGE IN OWNERSHIP
WC 00 04 21 C	09-08 CATASTROPHE (OTHER THAN CERT ACTS) ENDT
WC 00 04 21 D	01-15 CATASTROPHE (OTHER THAN CERT ACTS) ENDT
WC 00 04 22 B	01-15 TERRORISM RISK PGM REAUTH ACT DISCL ENDT
WC 99 00 02	10-99 SCHEDULE OF INSUREDS AND LOCATIONS
WC 00 03 13	04-84 WAIVER OF RIGHTS TO RECOVER FROM OTHERS
U-WC-332-A	07-94 BLANKET NOTIFICATION TO OTHERS OF CANCELLATION ENDORSEMENT
U-WC-320-A	07-94 SCHEDULE OF FORMS AND ENDORSEMENTS
U-GU-406-B	07-15 INSTALLMENT PREMIUM SCHEDULE
WC 00 03 11 A	08-91 VOLUNTARY COMPENSATION AND EMPLOYERS COV
WC 00 01 09 C	01-15 OUTER CONTINENTAL SHELF LANDS ACT COV
WC 00 02 03	04-84 VOLUNTARY COMP MARITIME COVERAGE ENT
WC 00 04 06 A	07-95 PREMIUM DISCOUNT ENDT
WC 09 03 03	08-05 FL EMPLOYERS LIAB COV. ENDT
WC 09 04 03 C	01-21 FL TERRORISM RISK INS PROGRAM REAUTH ACT
WC 09 06 06	10-98 FL EMPLOYMENT AND WAGE INFO. REL. ENDT.
WC 49 03 01	07-92 WY AMENDATORY ENDORSEMENT
WC 99 00 01 A FL	08-16 WC AND EMPLOYERS LIABILITY IN WITNESS-FL
WC 99 06 42 A	03-15 WASHINGTON CHANGES
WC 99 06 83	01-15 NORTH DAKOTA CHANGES
WC 09 04 02 A	05-17 FL EXPERIENCE RATING MODIFICATION FTR
WC 09 04 07	07-13 FL NON-COOPERATION W/ PREMIUM AUDIT ENDT
U-WC-402-B	09-03 MODIFICATION OF TIME FOR NOTICE OF CNCL
WC 00 04 19	01-01 PREMIUM DUE DATE ENDORSEMENT

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

Schedule

ALL PERSONS AND/OR ORGANIZATIONS THAT ARE REQUIRED BY WRITTEN CONTRACT OR AGREEMENT WITH THE INSURED, EXECUTED PRIOR TO THE ACCIDENT OR LOSS, THAT WAIVER OF SUBROGATION BE PROVIDED UNDER THIS POLICY FOR WORK PERFORMED BY YOU FOR THAT PERSON AND/OR ORGANIZATION