Client#: 1009924

ACORD.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 7/22/2022

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

PRODUCER	CONTACT Kathy Harper					
USI Insurance Svcs LLC, CL	PHONE (A/C, No, Ext): 904 450-4702 FAX (A/C, No):					
4600 Touchton Rd	E-MAIL ADDRESS: kathy.harper@usi.com					
Building 100, Suite 275	INSURER(S) AFFORDING COVERAGE	NAIC#				
Jacksonville, FL 32246	INSURER A: Continental Casualty Company	20443				
INSURED	INSURER B : Continental Insurance Company	35289				
Network Cabling Services, Inc. 365 College Drive Ste 101 Middleburg, FL 32068	INSURER C: Technology Insurance Company, Inc.	42376				
	INSURER D: National Fire Insurance Co. of Hartford	20478				
	INSURER E :					
	INCLIDED C					

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.

	EXCLUSIONS AND CONDITIONS OF SOCIET POLICIES. EMINIS SHOWN MAT HAVE BELLY REDUCED ST FAIR CENTRAL							
INSR LTR	TYPE OF INSURANCE	ADDL SI	JBR VD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS	3	
Α	X COMMERCIAL GENERAL LIABILITY		703410640	07/22/2022	07/22/2023	EACH OCCURRENCE	\$1,000,000	
	CLAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000	
	X Blanket Al					MED EXP (Any one person)	\$15,000	
	X Blanket WOS					PERSONAL & ADV INJURY	\$1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:		•			GENERAL AGGREGATE	\$2,000,000	
	POLICY X PRO- JECT LOC			THE STATE OF THE S		PRODUCTS - COMP/OP AGG	\$2,000,000	
	OTHER:						\$	
D	AUTOMOBILE LIABILITY		7034079571	07/22/2022	07/22/2023	COMBINED SINGLE LIMIT (Ea accident)	§1,000,000	
	X ANY AUTO					BODILY INJURY (Per person)	\$	
1	OWNED SCHEDULED AUTOS ONLY AUTOS				·	BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
	X Blanket Al X Blanket WOS						\$	
В	X UMBRELLA LIAB X OCCUR		7034102783	07/22/2022	07/22/2023	EACH OCCURRENCE	\$5,000,000	
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$5,000,000	
	DED X RETENTION \$10,000						\$	
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		TWC4034840	12/23/2021	12/23/2022	X PER OTH-		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT	\$1,000,000	
	(Mandatory in NH)	H, A				E.L. DISEASE - EA EMPLOYEE	\$1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$1,000,000	
Α	Lease/Rent Equip		703410640	07/22/2022	07/22/2023	\$100,000		
Α	Installation Cov		703410640	7/22/2022	07/22/2023	\$300,000		
<u></u>								

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

CONTRACT C18-2659-IT NETWORK CABLING SERVICES, INC. NETWORK CABLING & REPAIRS EXPIRES: 01/31/2023

CERT	いだい	ATE	HOL	DEB.

CANCELLATION

Okaloosa County Information Systems 1250 N Eglin Pkwy, Suite 303 Shalimar, FL 32579 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

5: M Canl

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