



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/18/2023

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).

<b>PRODUCER</b> Cobbs, Allen & Hall, Inc. 115 Office Park Drive Birmingham AL 35223  License#: 79319 BROWMOR-02	<b>CONTACT NAME:</b> Lisa Shearon <b>PHONE (A/C, No. Ext):</b> 205-414-8100 <b>E-MAIL ADDRESS:</b> Lshearon@cobbssallen.com	<b>FAX (A/C, No):</b> 205-414-8105
	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A :</b> Continental Ins Co	<b>NAIC #</b> 35289
	<b>INSURER B :</b> Alabama Self-Insured WC Fund	5502
	<b>INSURER C :</b> Midwest Emp Casualty Co	23612
	<b>INSURER D :</b> American Longshore Mutual	
	<b>INSURER E :</b> Colony Insurance Company	39993
	<b>INSURER F :</b>	

**COVERAGES**      **CERTIFICATE NUMBER:** 837402891      **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 LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	7015480055	10/1/2022	10/1/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 OTHER: \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	7015480041	10/1/2022	10/1/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ OTHER: \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		Y	7015480069	10/1/2022	10/1/2023	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 OTHER: \$
B C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N	101445 P101487AL2023 - Morrow Water Technologies PTAL129001	1/1/2023 1/1/2023 1/1/2023	1/1/2024 1/1/2024 1/1/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D E	USL&H Coverage Pollution Liability-Clms Made - \$5,000 Pollution Ded			ALMA-110222-035359-01 CPLUS305537	1/1/2023 10/1/2022	1/1/2024 10/1/2023	EL Limits Occurrence Limit 1,000,000 Aggregate Limit 2,000,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES** (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 RE: Maintenance & Emergency Repair of Okaloosa County Water Supply Wells, Water Booster Pump Stations, Wastewater Effluent Pump Stations & Stormwater Pump Stations; Owner and Engineer, and any individuals or entities identified in the Supplementary Conditions; including the respective officers, directors, members, partners, employees, agents, consultants and subcontractors of each shall be additional insured to general liability and auto liability coverages on a primary and non-contributory basis where required by written contract. Waiver of subrogation shall apply in favor of additional insured as respects general liability, auto liability and work comp coverages where required by written contract and allowable by law. Excess liability coverage is follow form of underlying coverages subject to policy terms and conditions. General liability policy provides contractual liability coverage subject to policy terms and conditions.

CONTRACT: C23-3360-WS  
 MORROW WATER TECHNOLOGIES, INC.  
 MAINTENANCE & EMERGENCY REPAIR OF OKALOOSA COUNTY WATER WELLS, WATER BOOSTER PUMP STATIONS, WASTEWATER EFFLUENT PUMP STATIONS & STOREWATER PUMP STATIONS  
 EXPIRATION: 07/18/2026 W/2 (1) YR RENEWALS

**CERTIFICATE HOLDER****CANC**

Okaloosa County Board of County Commissioners  
 1250 N. Eglin Parkway  
 Shalimar FL 32579

SHO THE ACC  
 AUTHORIZED REPRESENTATIVE

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