

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/30/2024

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

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PRODUCER MARSH USA LLC. 1560 Sawgrass Corporate Pkwy, Suite 300 Sunrise, FL 33323							CONTACT NAME: FAX (A/C, No, Ext); (A/C, No):				
							E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC #				
CN121229260GAWUC-23-25							INSURER A : American Casualty Company Of Reading, Pa			20427	
INSURED Blue Cross and Blue Shield of Florida,							INSURER B : Continental Insurance Company				
Inc						INSURER C : National Fire Insurance Co Of Hartford				20478	
d/b/a Florida Blue 4800 Deerwood Campus Pkwy						INSURE	15105				
Risk Management DC1-7						INSURER E :					
Jacksonville, FL 32246						INSURER F:					
COVERAGES CERTIFICATE NUMBER: ATL-005207						-005207914-20		REVISION NUMBER: 0			
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 NSR ADDL SUBR							POLICY EFF	POLICY EXP			
INSR LTR		TYPE OF INSURANCE		WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS		
С	X	COMMERCIAL GENERAL LIABILITY			7014966382		07/01/2023	07/01/2024	EACH OCCURRENCE \$	1,000,000	

LIK		TIFE OF INSURANCE	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	3
С	Χ	COMMERCIAL GENERAL LIABILITY			7014966382	07/01/2023	07/01/2024	EACH OCCURRENCE	\$ 1,000,0
		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,0
								MED EXP (Any one person)	\$ 15,0
								PERSONAL & ADV INJURY	\$ 1,000,0
	GEI	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,0
		POLICY PRO- X LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,0
		OTHER:							\$
С	AU	TOMOBILE LIABILITY			7014966284	07/01/2023	07/01/2024	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,0
	X	ANY AUTO				-		BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY AUTOS						BODILY INJURY (Per accident)	\$
		HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
В	Х	UMBRELLA LIAB X OCCUR			7014967998	07/01/2023	07/01/2024	EACH OCCURRENCE	\$ 10,000,0
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$ 10,000,0
		DED X RETENTION \$ 0							\$
Α		RKERS COMPENSATION EMPLOYERS' LIABILITY			7014970447	07/01/2023	07/01/2024	X PER OTH- STATUTE ER	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE TYPE	N/A					E.L. EACH ACCIDENT	\$ 1,000,0
	(Mar	ndatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$ 1,000,0
		s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,0
D	Exce	ess Work Comp (FL only)			SP4066715	07/01/2023	07/01/2024	Statutory Limits	
	SIR	each accident: \$750,000						Excess Employers Liability	1,000,0

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

Okaloosa County is included as an Additional Insured as respects to General Liability, where required by written contract.

Waiver of Subrogation applies in favor of Okaloosa County with respects to General Liability, Auto Liability and Workers Compensation where required by written contract.

	Marsh U.S.A LLC	
	AUTHORIZED REPRESENTATIVE	
5479A Cld Bethel Rd Crestview,, FL 32536		ED IN
Okaloosa County	EXPIRES: 09/30/2023 w/4 1 yr renewals	EFORE
CERTIFICATE HOLDER	BLUE BROSS AND BLUE SHIELD OF FLORIDA, INC. GROUP HEALTH INSURANCE FOR OKALOOS COUNTY	
	CONTRACT: C22-3205-RM	

AGENCY CUSTOMER ID: CN121229260

LOC #: Lauderdale



ADDITIONAL REMARKS SCHEDULE

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AGENCY MARSH USA LLC.		NAMED INSURED Blue Cross and Blue Shield of Florida, Inc	
POLICY NUMBER		d/b/a Florida Blue 4800 Deerwood Campus Pkwy Risk Management DC1-7	
CARRIER	NAIC CODE	Jacksonville, FL 32246	
2		EFFECTIVE DATE:	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Crime-Employee Dishonesty: Policy Number: 107379777

Carrier: Travelers Casualty and Surety Company of America

Effective Date: 02/01/2024 Expiration Date: 02/01/2025 Limit: \$20,000,000

Cyber:

Policy Number: B0509FINPB2450012

Carrier: Lloyds

Effective Date: 0

Effective Date: 02/01/2024 Expiration Date: 02/01/2025 Limit: \$10,000,000 SIR Value: \$2,500,000

Network & Privacy Liability Limit-\$10,000,000

Media Liability Limit-\$10,000,000

Managed Care E&O:

Policy Number: IH-FFP030D

Carrier: Ironshore Specialty Insurance Company

Effective Date: 02/01/2024 Expiration Date: 02/01/2025 Limit: \$10,000,000

ACORD 101 (2008/01)

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