

CERTIFICATE OF LIABILITY INSURANCE

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DATE (MM/DD/YYYY) 06/28/2023

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).

| ocitificate does not contenting its to the certificate noise; in he | a or sach chaorsement(s). | | | |
|---|--|----------------------|-------|--|
| PRODUCER | CONTACT NAME: | | | |
| CANNON COCHRAN MANAGEMENT SERVICES, INC. | PHONE (A/C No.Ext): FAX (A/C No.Ext): | | | |
| 17015 NORTH SCOTTSDALE ROAD SCOTTSDALE, AZ 85255 | E-MAIL ADDRESS:certificateteam@ccmsl.com | | | |
| | INSURER(S) | NAIC# | | |
| | INSURER A: ACE American Insura | ance Co. | 22667 | |
| INSURED | INSURER B: Indemnity Insurance | Co. of North America | 43575 | |
| REPUBLIC SERVICES, INC. | INSURER C: Illinois Union Insuran | ce Company | 27960 | |
| 18500 N. ALLIED WAY PHOENIX, AZ 85054 | INSURER D: | | | |
| | INSURER E: | | | |
| | INSURER F: | | | |

COVERAGES

CERTIFICATE NUMBER: 2335707

REVISION NUMBER: 1

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 WVD | POLICY NUMBER | | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|---|---------------------|----------------------------------|------|-------------|--|--------------------------|----------------------------|--|---------------|
| Α | Х | COMMERCIAL GENERAL LIABILITY | | | HDO G47334433 | 06/30/2023 | 06/30/2024 | EACH OCCURRENCE | \$ 5,000,000 |
| | | CLAIMS-MADE X OCCUR | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 5,000,000 |
| | - | | | | | | | MED EXP (Any one person) | |
| | | I'L AGGREGATE LIMIT APPLIES PER: | | | | | | PERSONAL & ADV INJURY | \$ 5,000,000 |
| | GEN | | | | | | | GENERAL AGGREGATE | \$ 30,000,000 |
| | | POLICY PROJECT LOC | | | i | Ì | ' | PRODUCTS -COMP/OP AGG | \$ 20,000,000 |
| | | OTHER: | | | | | | | |
| Α | | OMOBILE LIABILITY ANY AUTO | | | ISA H10735786 | 06/30/2023 | 06/30/2024 | COMBINED SINGLE LIMIT (Ea accident) | \$ 10,000,000 |
| | $\frac{\hat{x}}{x}$ | OWNED AUTOS X SCHEDULED | | | | | İ | BODILY INJURY(Per person) | |
| | | ONLY AUTOS | | | | | | BODILY INJURY (Per accident) | |
| | X | HIRED AUTOS X NON-OWNED ONLY | | | | | | PROPERTY DAMAGE (Per accident) | |
| | | | | | | _ | | | |
| | | UMBRELLA LIAB OCCUR | | | | | l | EACH OCCURRENCE | |
| ĺĺ | | EXCESS LIAB CLAIMS-MADE | | | | | | AGGREGATE | |
| | | DED RETENTION \$ | | | | _ | | | |
| | | RKERS COMPENSATION | N/A | | WLR C50710397 - AOS | 06/30/2023 | 06/30/2024 | X PER OTHER | |
| | | PROPRIETOR/PARTNER/EXECUTIVE | | | WLR C50710324 - OR SCF C5071049A - WI | 06/30/2023 06/30/2023 | 06/30/2024 06/30/2024 | | \$ 3,000,000 |
| | | CER/MEMBER EXCLUDED? | | | WCU C50710555 - OH XS | 06/30/2023 | 06/30/2024 | | \$ 3,000,000 |
| | | s, describe under | | | TNS C66934172 - TX NS/XS | 06/30/2023 | 06/30/2024 | E.L. DISEASE -POLICY LIMIT | \$ 3,000,000 |
| | DĖS | CRIPTION OF OPERATIONS below | | | | | | | |
| | Conf | ractor's Pollution Liability: | | | See page 2 for details | 06/30/2023 | 06/30/2024 | | |
| | | | | | | | | | |
| | | | | | | <u> </u> | | | |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Division Number: 4463 - Named Insured Includes: Allied Services, LLC - Dba: Allied Waste Services of Fort Walton Beach | | | | | | | | | |

CONTRACT: C18-2662-PW
ALLIED SERVICES, LLC.
DBA REPUBLIC SERVICES

SOLID WASTE FRANCHISE AGREEMENT

EXPIRES:09/30/2024

ED IN

OKALOOSA COUNTY BCC 5479A OLD BETHEL ROAD CRESTVIEW, FL 32536 United States AUTHORIZED REPRESENTATIVE

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CERTIFICATE HOLDER

| AGENCY CUSTOMER ID: | |
|---------------------|--|
| LOC#: | |



ADDITIONAL REMARKS SCHEDULE

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| AGENCY | | NAMED INSURED | |
|------------------------------|-----------|---|--|
| POLICY NUMBER See First Page | | REPUBLIC SERVICES, INC. 18500 N. ALLIED WAY PHOENIX. AZ 85054 | |
| CARRIER See First Page | NAIC CODE | EFFECTIVE DATE: | |

ADDITIONAL REMARKS

CERTIFICATE NUMBER: 2335707

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM.

FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

The following provisions apply when required by written contract. As used below, the term certificate holder also includes any person or organization that the insured has become obliqated to include as a result of an executed contract or agreement.

GENERAL LIABILITY:

Certificate holder is Additional Insured when required by written contract as per Endorsement Form # CG 20 10 07 04 and CG 20 37 07 04 Coverage is primary and non-contributory when required by written contract.

Waiver of Subrogation in favor of the certificate holder is included when required by written contract as per Endorsement # CG 24 04 05 09.

AUTO LIABILITY:

Certificate holder is Additional Insured when required by written contract as per Endorsement # DA-9U74C 03 16. Waiver of Subrogation in favor of the certificate holder is included when required by written contract as per Form # DA-13115a 06 14.

WORKERS COMPENSATION AND EMPLOYERS LIABILITY:

Waiver of Subrogation in favor of the certificate holder is included when required by written contract where allowed by state law.

Stop gap coverage for ND and WA is covered under policy no. WLR C50710397 and stop gap coverage for OH is covered under policy no. WCU C50710555 as noted on page 1 of this certificate.

TEXAS EXCESS INDEMNITY AND EMPLOYERS LIABILITY:

Insured is a registered non-subscriber to the Texas Workers Compensation Act. Insured has filed an approved Indemnity Plan with the Texas Department of Insurance which offers an alternative in benefits to employees rather than the traditional Workers Compensation Insurance in Texas. The excess policy (#TNS C66934172) shown on this certificate provides excess Indemnity and Employers Liability coverage for the approved Indemnity Plan.

Contractual Liability is included in the General Liability and Automobile Liability coverage forms. The General Liability and Automobile Liability policies do not contain endorsements excluding Contractual Liability.

Separation of Insured (Cross Liability) coverage is provided to the Additional Insured, when required by written contract, per the Conditions of the Commercial General Liability Coverage form and the Automobile Liability Coverage form.

Contractor's Pollution Liability Details of Cover:

Steadfast Insurance Company (Zurich) (NAIC # 26387) - Policy No. PEC 0792830-00 - \$25MM -- 06/30/23 - 06/30/24

Applicable to Contractor's Pollution Liability Coverage Parts Only:

\$25,000,000 - Damage Limit for Each Occurrence, Claim or Pollution Condition

\$25,000,000 - Claims Expense Limit for Each Claim

\$25,000,000 - General Aggregate Limit

\$25,000,000 - Claims Expense Aggregate Limit

Applicable to Professional Liability Coverage Parts Only:

\$25,000,000 - Damage Limit for Each Claim or Wrongful Act

\$25,000,000 - Claims Expense Limit for Each Claim

\$25,000,000 - General Aggregate Limit

Additional Insured includes: Okaloosa County BCC, when required by written contract.