CERTIFICATE OF INSURANCE							DATE	
							January 2, 2024	
BROKER Jones DesLauriers Insurance Management, Inc. JUNES DESLAURIERS 2375 Skymark Avenue, Mississauga, ON , L4W 4Y6 Tel: (416) 259-4625 Fax: (416) 259-7178 A NAVACORD 7100 - 2			This certificate is issued as a matter of information only and con certificate holder. This certificate does not amend, extend or alter the policies below.			- · ·		
INSU	RED				COMPANIES AFFORDING COVERAGE			
				COMPANY A	CFC Underwriting Limited thru Lloyd's			
Crowdriff Inc. 225 King St W., Suite 1200				COMPANY B				
Toronto, ON M5V 3M2				COMPANY C				
				COMPANY D	D			
	RAGES		• •					
term o hereir	to certify that the policies of insurance l or condition of any contract or other doo n is subject to all the terms, exclusions a	ument with respect to nd conditions of such	o which t policies.	his certificate LIMITS SHOV	may be issued or may p VN MAY HAVE BEEN RE	pertain. The insurance affor		
CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (YYYY/MM/DD)		POLICY EXPIRATION DATE (YYYY/MM/DD)	LIMITS		
	COMMERCIAL GENERAL LIABILITY							
						BODILY INJURY & PROPERTY DAMAGE INCLUSIVE LIMITS	\$5,000,000	
[ĺ			GENERAL AGGREGATE		
A	PRODUCTS AND/OR COMPLETED	ESL0439569638	202	3-12-19	2024-12-19	PRODUCTS / COMPLETED OPERATIONS AGGREGATE	\$5,000,000	
	OPERATIONS PERSONAL INJURY					PERSONAL INJURY	\$5,000,000	
						EMPLOYERS' LIABILITY	\$5,000,000	
						TENANTS LEGAL LIABILITY	\$500,000	
						NON-OWNED AUTOMOBILE	\$1,000,000	
	AUTOMOBILE							
}	ALL OWNED AUTOS					THIRD PARTY LIABILITY		
	EXCESS LIABILITY							
						EACH OCCURRENCE		
	OTHER THAN UMBRELLA FORM					AGGREGATE		
	OTHER (SPECIFY)							
A				3-12-19	2024-12-19	LIMIT	\$2,000,000	
							\$2,000,000	
							35,000	
DESCRIPTION OF OPERATIONS/LOCATIONS/SPECIAL CONDITIONS/OTHER: Note: Limits are Stated in Canadian Dollars. Description of Operations: Operations normal to the business of the Insured.								
Okalo	Dosa County BOCC, is here added as itions of the named insured and only	Additional Insured I	but only	with resep				
CERTIFICATE HOLDER					CANCELLATION			
Attn: Fax: Okaloosa County BOCC 5479A Old Bethel Rd. Crestview, FL 32536				Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavour to mail (<u>30.) days</u> written notice to the certificate holder named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives. AUTHORIZED REPRESENTATIVE: Catina Bradshaw Jones DesLauriers Insurance Management, Inc.				
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