

## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 01/08/2024

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 be endorsed. If SUBROGATIONIS 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).

	ot confer rights to the certificate h	older	in lieu of	Such endorsemen	t(s).					
	MP PAY AS YOU GO INS SOLUTI	ONS								
	50995 LINDBERGH AVE			PHONE (888 (A/C, No, Ext):						
	ERMORE CA 94551			E-MAIL ADDRESS:						
					RAGE	NAIC#				
				INSURER A: Hartfo	29424					
INSU	RED			INSURER B:						
	PUBLIC GROUP LLC, THE PUBLI	C GR	OUP OF	INSURER C:						
	IFORNIA BOX 50676			INSURER D:						
	NO UT 84605-0676			INSURER E :						
				INSURER F:						
COV	ZERAGES C	ERTIF	ICATE NU	JMBER:						
INI CE TE	IS IS TO CERTIFY THAT THE POLICIE DICATED.NOTWITHSTANDING ANY RE RTIFICATE MAY BE ISSUED OR MA RMS, EXCLUSIONS AND CONDITIONS	EQUIR AY PE B OF S	EMENT, TE RTAIN, TH UCH POLIC	RM OR CONDITION E INSURANCE AFF	OF ANY CONTRA ORDED BY THE MAY HAVE BEEN	CT OR OTHER POLICIES DES REDUCED BY F	DOCUMENT WITH RESP CRIBED HEREIN IS SU	ECT TO WHICH THIS		
INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/Y YYY)	LIMI	тѕ		
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$2,000,000		
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000		
Ī	χ General Liability						MED EXP (Any one person)	\$10,000		
Α		Х		76 SBW BH1048	02/15/2023	02/15/2024	PERSONAL & ADV INJURY	\$2,000,000		
1	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$4,000,000		
	POLICY PRO- JECT X LOC						PRODUCTS - COMP/OP AG	g \$4,000,000		
	OTHER:									
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$2,000,000		
Ī	ANY AUTO						BODILY INJURY (Per person	)		
Α	ALL OWNED SCHEDULED AUTOS AUTOS			76 SBW BH1048	02/15/2023	02/15/2024	BODILY INJURY (Per accide	nt)		
ļ	X HIRED X NON-OWNED AUTOS				:		PROPERTY DAMAGE (Per accident)			
$\dashv$	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$1,000,000		
A	EXCESS LIAB CLAIMS- MADE			76 SBW BH1048	02/15/2023	02/15/2024	AGGREGATE	\$1,000,000		
	DED X RETENTION \$ 10,000									
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER OT STATUTE ER			
	ANY Y/N PROPRIETOR/PARTNER/EXECUTIVE						E.L. EACH ACCIDENT			
	OFFICER/MEMBER EXCLUDED?	N/ A					E.L. DISEASE -EA EMPLOYE	EE		
	(Mandatory in NH)  If yes, describe under  DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMI	т		
	EMPLOYMENT PRACTICES			76 SBW BH1048	02/15/2023	02/15/2024	Each Claim Limit	\$5,000		
	LIABILITY						Aggregate Limit	\$5,000		
	RIPTION OF OPERATIONS / LOCATIONS / VI e usual to the Insured's Operations. /.							08 attached to this		
	TIFICATE HOLDER				CANCELLA					
	oosa County Purchasing Departmen	nt					E DESCRIBED POLICIE			
	ta Mason - Purchasing Manager				BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
	OLD BETHEL RD STVIEW FL 32536			ŀ	AUTHORIZED REPRESENTATIVE					
J. \L\	J				Sugan J.		eda			
					© 1988-2015 ACORD CORPORATION. All rights reserved					
					© 130	10 4001	~ 00141 01441 1014. /	riginta reactived		



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PRODUCER CONTACT NAME:														
ECOMP PAY AS YOU GO INS SOLUTIONS								PHONE (888						
76250995								(A/C, No, Ext):						
360 LINDBERGH AVE LIVERMORE CA 94551								E-MAIL ADDRESS:	E-MAIL ADDRESS:					
									INSURER(S) AFFORDING COVERAGE					
								INSURER A: Hartfo	INSURER A: Hartford Casualty Insurance Company					
INSURED								INSURER B:	INSURER B:					
THE PUBLIC GROUP LLC, THE PUBLIC GROUP OF								F INSURER C:	INSURER C:					
CALIFORNIA								INSURER D :	INSURER D:					
PO BOX 50676								INSURER E :						
PROVO UT 84605-0676								INSURER F:						
	<i></i>	14050				FDTIF	IO A T			DEVIC	ION NUMBER.			
		AGES	V TL	1AT TI				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		TYPE O	F INSL	JRANG	CE	ADDL INSR	SUBR	POLICY NUMBER	POLICY NUMBER POLICY EFF POLICY EXP					
LTR		COMMERCIAL GENERAL LIABILITY			LIABILITY	NON	VVVD		(MM/DD/YYYY)	(MM/DD/Y YYY)	EACH OCCURRENC	E	\$2,000,000	
		CLAIMS-N	MADE	X	OCCUR						DAMAGE TO RENTE PREMISES (Ea occur		\$1,000,000	
	X	General Li	abilit	і .y							MED EXP (Any one p		\$10,000	
Α						Х		76 SBW BH1048	02/15/2024	02/15/2025	PERSONAL & ADV II	NJURY	\$2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:				PLIES PER:						GENERAL AGGREG	ATE	\$4,000,000	
		POLICY	PRO-		X LOC						PRODUCTS - COMP	OP AGG	\$4,000,000	
		OTHER:												
	AUTOMOBILE LIABILITY					2.0			COMBINED SINGLE	LIMIT	\$2,000,000			
	_	ANY AUTO									(Ea accident) BODILY INJURY (Pe	r person)		
Α		ALL OWNED SCHEDULED					76 SBW BH1048	02/15/2024	02/15/2025	BODILY INJURY (Pe				
^		AUTOS AUTOS NON-OWNED				70 SDW 5H1U40	02/15/2024	PROPERTY DAMAG						
	X AUTOS		X	AUTO							(Per accident)			
	Χ				OCCUR CLAIMS-						EACH OCCURRENC	E	\$1,000,000	
Α		EXCESS LIAE	CLAIMS-MADE  X RETENTION \$ 10,000					76 SBW BH1048	02/15/2024	02/15/2025	AGGREGATE		\$1,000,000	
		DED X RET			0,000									
		RKERS COMP									PER STATUTE	OTH- ER		
	AN	AND EMPLOYERS' LIABILITY ANY Y/N									E.L. EACH ACCIDEN			
	PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?								E.L. DISEASE -EA EI	MPLOYEE				
	(Ma	(Mandatory in NH)  If yes, describe under  DESCRIPTION OF OPERATIONS below									E.L. DISEASE - POLI			
^		PLOYMEN						70 ODW D114040	00/45/0004	00/45/0005	Each Claim	Limit	\$5,000	
Α		ABILITY						76 SBW BH1048	02/15/2024	02/15/2025	Aggregate L	.imit	\$5,000	
							-	RD 101, Additional Remarks		-				
		sual to the I	nsur	ed's (	Operations.	. Certi	ficate h	older is an additional i	nsured per the Bu	ısiness Liability	Coverage Form	SS0008	attached to this	
polic	_									TION				
CERTIFICATE HOLDER  Okaloosa County Purchasing Department  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED											BE CANCELLED 1			
Okaloosa County Purchasing Department  DeRita Mason - Purchasing Manager									BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED					
		D BETHEL		g							LICY PROVISIONS			
CRE	ST	VIEW FL 32	536						AUTHORIZED REPRESENTATIVE					
									Susan S. Castaneda					
	_													