| ACORD [®] CERTIFICATE OF LIABILITY INSURANCE | | | | | | | | DATE (MM/DD/YYYY) 12/27/2021 | |
|---|---|---|--|---------------------------|---|----------------------------------|---|---------------------------------|-------|
| 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). | | | | | | | | | |
| PRODUCER CONTACT Linda Smith | | | | | | | | | |
| Arthur J. Gallagher Risk Management Services, Inc. 1050 Crown Pointe Pkwy, Suite 600 | | | | | PHONE [A/C, No. Ext]): FAX 678-393-5228 E-Mail ADDRESS: Inda_smith@ajg.com | | | | |
| | anta GA 30338 | ADDREss: linda_smith@ajg.com | | | | | | | |
| | | INSURER(S) AFFORDING COVERAGE | | | | | NAIC# | | |
| INSU | BED | INSURER A : National Union Fire Insurance Company of Pittsburg INSURER B : AIU Insurance Company | | | | | 19445 19399 | | |
| Co | x Communications, Inc. | INSURER C: | | | | | 10000 | | |
| PO Box 105357 | | | | | INSURER D : | | | | |
| | | | | | INSURER E : | | | | |
| | | | URER F : | | | | | | |
| COVERAGES CERTIFICATE NUMBER: 265515722 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 SI INSD W | VVD POLICY NUMBER | POLICY EFF (MM/DD/YYY) | | POLICY EXP (MM/DD/YYYY) | LIMITS | | |
| A | | | GL3980281 | | 1/1/2022 | 1/1/2023 | EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) | \$4,500 | |
| | X X of \$500,000 | | | | l. | | PREMISES (Ea occurrence) MED EXP (Any one person) | \$4,500,000 \$5,000 | |
| | X SELF INSURED RET | | | | 6 1 1 | | PERSONAL & ADV INJURY | \$4,500.000 | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREGATE | \$ 30,000,000 | |
| | | | | | | | PRODUCTS - COMP/OP AGG | \$6,000 | ,000 |
| | OTHER | <u> </u> | | | | | COMPINED SINCLE LIMIT | \$ | |
| A | | | CA4888803 (AOS) CA4888804 (VA) | | 1/1/2022 | 1/1/2023 1/1/2023 | COMBINED SINGLE LIMIT (Ea accident) | \$10,00 \$ | 0,000 |
| | X ANY AUTO OWNED SCHEDULED | | | | - | | BODILY INJURY (Per person) BODILY INJURY (Per accident | | |
| | AUTOS ONLY AUTOS | | | | | | PROPERTY DAMAGE (Per accident) | \$ | |
| | AUTOS ONLY AUTOS ONLY | | | | | | () of Acolderity | \$ | |
| | UMBRELLA LIAB OCCUR | | | | | | EACH OCCURRENCE | \$ | |
| | EXCESS LIAB CLAIMS-MADE | | | | | | AGGREGATE | \$ | |
| | DED RETENTION \$ | <u> </u> | | | 1/1/2022 | 4 (4 (20.0.2 | X PER OTH- | \$ | |
| BB | AND EMPLOYERS' LIABILITY | | WC065885934 (AOS) WC065885935 (CA) | | 1/1/2022 | 1/1/2023 1/1/2023 1/1/2023 | CLL EACH ACCIDENT | \$1,000 | 000 |
| ê | ANYPROPRIETOR/PARTNER/EXECUTIVE | N/A | WC065885936 (NY) WC065885937 (WI) | | 1/1/2022 | 1/1/2023 | EL. DISEASE - EA EMPLOYE | | · |
| | I yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - POLICY LIMIT | \$ 1,000 | 0,000 |
| | · · · | | | | | | · · · · | | |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) COX COMMUNICATIONS GULF-COAST, LLC | | | | | | | | | |
| CONTRACT # C19-2779-IT | | | | | | | | | |
| COX COMMUNICATIONS | | | | | | | | | FC |
| OKALOOSA CLERK OF COURTS EXPIRES: 1/18/2024 | | | | | | | | | |
| CERTIFICATE HOLDER CANCELLATION | | | | | | | | | |
| | OKALOOSA COUNTY BC COMMISSIONERS 101 E CHESTVIEW FL 32536 | SHC THE ACC AUTHO | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. | | | | | | |
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