

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 7/5/2023

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).

	DUCER				CONTAC	Marcus I	Manetta	1			
Assured Partners- Southfield, MI 423 N Main St, Suite 100 Royal Oak, MI 48067					PHONE (A/C, No	, Ext): (248) 8	27-5600	FAX (A/C, No)	:		
					E-MAIL ADDRESS:						
						INS	URER(S) AFFOR	RDING COVERAGE		NAIC#	
						INSURER A: Continental Insurance Company					
INSURED Gabriel, Roeder, Smith & Company Holdings, Inc. One Towne Square, Suite 800 Southfield, MI 48076						INSURER B: National Fire Insurance Co of Hartford				20478	
						INSURER C: Travelers Casualty Insurance Co of America					
						INSURER D: Hudson Excess Insurance Company					
						INSURER E:					
				n	NSURE	RF:				<u> </u> _	
CO	VERAGES CER	TIF	CAT	E NUMBER:				REVISION NUMBER:			
IN C	HIS IS TO CERTIFY THAT THE POLICII IDICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	EQU PER	IREM! TAIN,	ENT, TERM OR CONDITION , THE INSURANCE AFFORDE	OF A ED BY	NY CONTRAC THE POLICI	CT OR OTHER ES DESCRIB	R DOCUMENT WITH RESP ED HEREIN IS SUBJECT	ECT TO	WHICH THIS	
NSR LTR	TYPE OF INSURANCE	ADDI	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMI	TS		
A	X COMMERCIAL GENERAL LIABILITY	1					V-11-11-11	EACH OCCURRENCE	s	1,000,000	
	CLAIMS-MADE X OCCUR	x	x	6017079918		6/30/2023	6/30/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	5	1,000,000	
								MED EXP (Any one person)	s	15,000	
								PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:	1						GENERAL AGGREGATE	\$	2,000,000	
	POLICY PROT X LOC				ĺ			PRODUCTS - COMP/OP AGG	\$	2,000,000	
	OTHER:							EBL AGGREGATE	\$	1,000,000	
В	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
	ANY AUTO			BUA6017079904		6/30/2023	6/30/2024	BODILY INJURY (Per person)	\$		
	OWNED AUTOS ONLY SCHEDULED AUTOS		1		ĺ			BODILY INJURY (Per accident)	s		
	X NON-SWILL	ĺ						PROPERTY DAMAGE (Per accident)	\$		
			<u> </u>						\$		
Α	UMBRELLA LIAB X OCCUR				ĺ			EACH OCCURRENCE	\$	5,000,000	
	X EXCESS LIAB CLAIMS-MADE			6017079899	1	6/30/2023	6/30/2024	AGGREGATE	\$	5,000,000	
_	DED X RETENTION\$ 10,000								\$		
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				l	0/00/0000	0/00/0004	X PER OTH-	<u> </u>		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A X	UB-9H841052-23-42-G		6/30/2023	6/30/2024	E.L. EACH ACCIDENT	\$	1,000,000		
	(Mandatory In NH)							E.L. DISEASE - EA EMPLOYER	\$	1,000,000	
_	If yes, describe under DESCRIPTION OF OPERATIONS below		<u> </u>	FFD 44000 40		0/00/0000	0/00/0004	E.L. DISEASE - POLICY LIMIT	\$	1,000,000	
D	Professional Liabili			EEB 11989 12		6/30/2023	6/30/2024	Aggregate		2,000,000	
					Ì	j]		
\ddi Sabi Sabi Sabi Krus \\$2	cription of operations / Locations / Vehici tional Named Insured's: iel, Roeder, Smith & Co. iel, Roeder, Smith & Company Health & iel Roeder Smith & Company Benefits e O'Connor & Ling, Inc. 50,000 per claim retention applies on th ATTACHED ACORD 101	k Wel	ifare (sulting	Consulting, LLC g, LLC	i	CONTR GABRIE	ACT: C1 L, ROED	18-2714-RM PER, SMITH & CO) DMPA	ANY	
						Actuarial Valuation Services					
CEI	RTIFICATE HOLDER				<u> </u>	EXPIRES	3: 08/06/20	023		٦	
Okaloosa County 5479A Old Bethel Road Crestview, FL 32536						THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE					
						1'0					
ACORD 25 (2016/03)						© 1988-2015 ACORD CORPORATION. All rights reserved.					

MMANETTA

LOC #: 1



ADDITIONAL REMARKS SCHEDULE

Page _ 1 _ of _ 1

		···									
AGENCY Assured Partners- Southfield, MI		NAMED INSURED Gabriel, Roeder, Smith & Company Holdings, Inc. One Towne Square, Suite 800 Southfield, MI 48076									
POLICY NUMBER		Southfield, MI 48076									
SEE PAGE 1											
CARRIER	NAIC CODE										
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1									
ADDITIONAL REMARKS											
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACC	ORD FORM,										
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability	ity Insurance										
Description of Operations/Locations/Vehicles: Re: Contract for RFP RM 09-18 Actuarial Valuation Services for Okaloosa County											
Okaloosa County is included as additional insured on the General Liability policy per form #CNA74745XX 01-15 (Additional Insured - Designated Person or Organization) with respects to liability arising out of the activities performed by, or on behalf of the contractor.											
The General Liability policy and Workers' Compensation/Employer's Liability policies include a blanket Waiver of Subrogation when required by written contract or agreement.											
		N Abort makes take the ball Franchist with " to did									