JLEIBOLD



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/21/2023

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). CONTACT Connie Mormak PHONE (A/C, No, Ext): (850) 243-8112 Oakbridge Insurance Agency FAX (A/C, No): (850) 664-5627 29 B Miracle Strip Parkway SW Fort Walton Beach, FL 32548 E-MAIL ADDRESS: cmormak@oakbridgeinsurance.com INSURER(S) AFFORDING COVERAGE NAIC# INSURER A: Alliance of Nonprofits for Insurance 018622 INSURED INSURER B: INSURER C: Panhandle Animal Welfare Society, Inc. 752 Lovejoy Rd. NW INSURER D Fort Walton Beach, FL 32548 INSURER E: INSURER F: COVERAGES **CERTIFICATE NUMBER: 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. ADDL SUBR INSD WVD TYPE OF INSURANCE POLICY NUMBER LIMITS COMMERCIAL GENERAL LIABILITY 1,000,000 EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) 500,000 CLAIMS-MADE X OCCUR 2023-57095 11/15/2023 11/15/2024 χ 20.000 MED EXP (Any one person) 1,000,000 PERSONAL & ADV INJURY 3,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE 3,000,000 PRO-JECT POLICY PRODUCTS - COMP/OP AGG Hired/Non-Owned Included OTHER: COMBINED SINGLE LIMIT 1,000,000 AUTOMOBILE LIABILITY ANY AUTO 2023-57095 11/15/2023 11/15/2024 BODILY INJURY (Per person) SCHEDULED AUTOS OWNED AUTOS ONLY Х BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) NON-OWNED AUTOS ONLY HIRED AUTOS ONLY 5,000,000 Α Х UMBRELLA LIAB OCCUR EACH OCCURRENCE 2023-57095-UMB 11/15/2023 11/15/2024 EXCESS LIAB CLAIMS-MADE AGGREGATE RETENTION \$ DED PER STATUTE WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
The certificate holder below is hereby listed as Additional Insured with respects to the general liability and automobile policies. A waiver of subrogation applies in favor of the certificate holder. A 30-day notice of cancellation applies with the exception of a 10-day notice of cancellation for non-payment.; CONTRACT: C23-3351-PS PANHANDLE ANIMAL WELFARE SOCIETY, INC. **CERTIFICATE HOLDER** ANIMAL CONTROL SERVICES EXPIRES: 08/31/2025 w/1 1 yr renewal FORE ED IN **Okaloosa County Board of County Commissioners** 5479A Old Bethel Rd. Crestview, FL 32536 AUTHORIZED REPRESENTATIVE Mry Mounal