



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
01/22/2024

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 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).**

<b>PRODUCER</b> MARSH USA, LLC. Two Alliance Center 3560 Lenox Road, Suite 2400 Atlanta, GA 30326 Attn: Atlanta.CertRequest@marsh.com / Fax: 212-948-4321 CN102523290-STND-GAWU-24-25 111918	<b>CONTACT NAME:</b> Brenda Young-Epps <b>PHONE (A/C, No, Ext):</b> (404) 995 3074 <b>E-MAIL ADDRESS:</b> brenda.youngpepps@marsh.com <b>FAX (A/C, No):</b>													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td><b>INSURER A :</b> The Insurance Company of the State of PA</td> <td>19429</td> </tr> <tr> <td><b>INSURER B :</b> AllU Insurance Co</td> <td>19399</td> </tr> <tr> <td><b>INSURER C :</b> Berkshire Hathaway Specialty Insurance Company</td> <td>22276</td> </tr> <tr> <td><b>INSURER D :</b> National Union Fire Ins. Co.</td> <td>19445</td> </tr> <tr> <td><b>INSURER E :</b></td> <td></td> </tr> <tr> <td><b>INSURER F :</b></td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	<b>INSURER A :</b> The Insurance Company of the State of PA	19429	<b>INSURER B :</b> AllU Insurance Co	19399	<b>INSURER C :</b> Berkshire Hathaway Specialty Insurance Company	22276	<b>INSURER D :</b> National Union Fire Ins. Co.	19445	<b>INSURER E :</b>		<b>INSURER F :</b>
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**COVERAGES**      **CERTIFICATE NUMBER:** ATL-005356702-12      **REVISION NUMBER:** 4

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractual Liability applies. GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			9941289	02/01/2024	02/01/2025	EACH OCCURRENCE \$ 3,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 3,000,000 GENERAL AGGREGATE \$ 6,000,000 PRODUCTS - COMP/OP AGG \$ 6,000,000
D	<b>AUTOMOBILE LIABILITY</b>			7620292 (AOS)	02/01/2024	02/01/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000
B	<input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			7620293 (MA)	02/01/2024	02/01/2025	BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 25,000			47-UMO-100146-11	02/01/2024	02/01/2025	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>			080772051 (AOS)	02/01/2024	02/01/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
B	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			080772052 (CA)	02/01/2024	02/01/2025	E.L. EACH ACCIDENT \$ 1,000,000
B				080772053 (WI)	02/01/2024	02/01/2025	E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
D	If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	3332263 (OH)	02/01/2024	02/01/2025	E.L. DISEASE - POLICY LIMIT \$ 1,000,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
 Re: Leased Property, Crestview FL 32539  
 Okaloosa County is included as Additional Insured (except Workers' Compensation) where required by written contract.

**LEASE: L07-0302-PS**  
**HARRIS CORP. (FORMERLY M/A-COM INC.)**  
**RADIO COMMUNICATIONS**  
**EXPIRES: 06/30/2024**

**CERTIFICATE HOLDER**

Okaloosa County  
 5479A Old Bethel Road  
 Crestview, FL 32536

BEFORE  
 REID IN

AUTHORIZED REPRESENTATIVE

*Marsh USA LLC*