

## CERTIFICATE OF LIABILITY INSURANCE

**JCOTTINGHAM** 

DATE (MM/DD/YYYY)

5/10/2022

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 this certificate does not confer rights to the certificate holder in lieu of supproducer  Fisher Brown Bottrell Insurance, Inc.  7522 Front Beach Road, 2nd Floor						CONTACT James Cottingham  PHONE (A/C, No, Ext): (850) 785-7407  FAX (A/C, No): (601) 208-8391																
													ama City Beach, FL 32407				E-MAIL ADDRE	<sub>ss:</sub> jcottingh	am@fbbin	s.com		
																	INSURER(S) AFFORDING COVERAGE					NAIC#
						INSURER A : Great Northern Insurance Company																
Southern National Banks Inc FNBT Bank						INSURER B:																
						INSURER C:																
						INSURER D:																
Fort Walton Beach, FL 32549					INSURE																	
						RF:																
CO	VERAGES CER	TIFIC	CATE	E NUMBER:	REVISION NUMBER:																	
IN C	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUI PER POLI	REMI TAIN, CIES.	ENT, TERM OR CONDITION THE INSURANCE AFFORI LIMITS SHOWN MAY HAVE	N OF A	ANY CONTRAC THE POLICI REDUCED BY I	CT OR OTHER IES DESCRIB PAID CLAIMS	R DOCUMENT WITH RESPE BED HEREIN IS SUBJECT T	CT TO	O WHICH THIS												
INSR LTR		ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s													
Α	X COMMERCIAL GENERAL LIABILITY	IIIOD				(MINITED TO TO TO	<u> </u>	EACH OCCURRENCE	\$	1,000,000												
	CLAIMS-MADE X OCCUR			36048034		5/10/2022	5/10/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000												
								MED EXP (Any one person)	\$	5,000												
								PERSONAL & ADV INJURY	\$	1,000,000												
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000												
	POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000												
	OTHER:								\$													
Α	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000												
	X ANY AUTO			73609118		5/10/2022	5/10/2023	BODILY INJURY (Per person)	\$													
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident)	\$													
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$													
	76.55 51121								\$													
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$													
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$													
	DED RETENTION\$								\$													
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER														
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$													
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$													
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$													
For:	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC ATM at the Okaloosa County Departme cy shown.	LES (# nt of	CORE	0 101, Additional Remarks Schedu ections. Holder is an addit	ional ir	nsured in rega	ards to the ge CT C17-2	eneral liability 2529-COR														
					_																	
						ATM AT C																
					Е	XPIRES:	: 03/03/2	023														
<u> </u>	DIFFCATE LIOLDED				CANIC	SELL ATION																
UE	RTIFICATE HOLDER				CANC	CELLATION																
Okaloosa County Board of County Commissioners 5479A Old Bethel Road Crestview, FL 32536						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.																
						AUTHORIZED REPRESENTATIVE																
						lobs	C. Mit	nden														