



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/10/2024

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).

PRODUCER Hays Companies, Inc. 1200 North Mayfair Road, Suite 100 Milwaukee, WI 53226	1-414-443-0000	CONTACT NAME: PHONE (A/C, No. Ext): FAX (A/C, No): E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: See Schedule of Insurers INSURER B: HARTFORD FIRE IN CO INSURER C: NATIONAL FIRE & MARINE INS CO INSURER D: HARTFORD ACCIDENT & IND CO INSURER E: TWIN CITY FIRE INS CO CO INSURER F:	NAIC # 19682 20079 22357 29459
INSURED JBT AeroTech Corporation 4074 South 1900 West Roy, UT 84067-4103			

COVERAGES

CERTIFICATE NUMBER: 70393971

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Aviation CGL GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		A1PR000201123AM	11/01/23	04/01/25	EACH OCCURRENCE \$ 15,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 25,000 PERSONAL & ADV INJURY \$ 15,000,000 GENERAL AGGREGATE \$ 15,000,000 PRODUCTS - COMP/OP AGG \$ 15,000,000 AOA-Airside \$ Included
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY			83AB S68003	10/01/23	10/01/24	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			42-UMO-100191-09	04/01/23	04/01/24	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000 \$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		X	83WN S68000	10/01/23	10/01/24	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER
E			X	83WBR S68001	10/01/23	10/01/24	E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 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: ITB AP 38-23 - VPS Replace Passenger Boarding Bridges, B1, B2, and B3 including new PC Air units, water closets, and associated electrical and architectural improvements
 The County of Okaloosa, Destin-Fort Walton Beach Airport, Florida are Additional Insureds on a Primary/Non-Contributory basis as required by written contract. Workers Compensation includes a Waiver of Subrogation when required by written contract. The Umbrella policy provides excess limits over the Automobile and Workers Compensation policies only.

CONTRACT: C23-3375-AP
JBT AEROTECH CORPORATION
VPS REPLACEMENT OF PASSENGER BOARDING BRIDGES
EXPIRES: 553 days from NTP

CERTIFICATE HOLDER

Okaloosa County BCC 5479 A Old Bethel Crestview, FL 32536 USA	AUTHORIZED REPRESENTATIVE <i>Dan J. Sefir</i>	RE IN
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AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

AGENCY Hays Companies, Inc.		NAMED INSURED JBT AeroTech Corporation	
POLICY NUMBER See Schedule Below		EFFECTIVE DATE: November 1, 2023	
CARRIER See Schedule Below	NAIC CODE See Schedule		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
 FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

SECURITY (the "Insurers")

<u>Insurer</u>	<u>Policy Number</u>
Allianz Global Risks US Insurance Co. through Allianz Global Corporate & Specialty ®	A1PR000201123AM NAIC: 35300
National Union Fire Ins Co of Pittsburgh, PA through AIG	PL007741013-13 NAIC: 19445
Underwriters at Lloyds London, London and Certain Insurance Companies through Price Forbes	B0507AS2300278 11/01/2023-11/01/2024
QBE Insurance Corporation through QBE America	100010221 NAIC: 39217
Starr Indemnity Liability Company through Starr Companies	1000189341-03 NAIC: 38318
Old Republic Insurance Group through Old Republic Aerospace	MP00045903 NAIC: 24147
AXA XL, a division of AXA	UA00019286AV23A NAIC: 37885

SEVERAL LIABILITY NOTICE

The subscribing insurers' obligation under contracts of insurance to which they subscribe are several and not joint and are limited solely to the extent of their individual subscriptions. The subscribing insurers are not responsible for the subscription of any co-subscribing insurer who for any reason does not satisfy all or part of its obligations. LSW 1001 (insurance)

In the event of cancellation or adverse material change of the policies by Insurers, Insurers agree that such cancellation or change shall not be effective to the Additional Insured until thirty (30) days after insurance of notice by the Insurers to the certificate holder(s).

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