

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/08/2021

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).

TWO ALI	EK JSA, INC. JANCE CENTER JOX ROAD, SUITE 2400				NAME: PHONE							
ATLANTA, GA 30326						É-MAIL ADDRESS:				1		
					INSURER(S) AFFORDING COVERAGE					NAIC#		
	4897-EO/C-GAWU-21-22				INSURER A: The Charter Oak Fire Insurance Co.					25615 25623		
INSURED Superion, LLC, a CentralSquare Company						INSURER B : Phoenix Insurance Company						
1000 Business Center Drive						INSURER C: Travelers Property Casualty Company Of America						
Lake Mar	y, FL 32746				INSURER D: Travelers Casualty And Surety Company					19038		
					INSURER E : Columbia Casualty Company					31127		
					INSURER F:							
COVERAGES CERTIFICATE NUMBER:					ATL	ATL-005306218-05 REVISION NUMBER: 3						
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. INST. ADDI_ISUBR POLICY EFF POLICY EXP												
INSR LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S			
A X	COMMERCIAL GENERAL LIABILITY	X		630-6S758660-COF-21		08/31/2021	08/31/2022	EACH OCCURRENCE	\$	1,000,000		
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$			
								MED EXP (Any one person)	\$	15,000		
								PERSONAL & ADV INJURY	\$	1,000,000		
GEN'L AGGREGATE LIMIT APPLIES PER:								GENERAL AGGREGATE	\$	2,000,000		
X	980.							PRODUCTS - COMP/OP AGG	\$	2,000,000		
l ĥ	POLICY JECT LOC OTHER:							PROBUCTS - COMPJOP AGG	\$	Licotion		
B AUTOMOBILE LIABILITY				BA-6S783539-21-I3-G		08/31/2021	08/31/2022	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000		
ANY AUTO								BODILY INJURY (Per person)	\$			
	OWNED SCHEDULED			-				BODILY INJURY (Per accident)	\$			
X	AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY					·		PROPERTY DAMAGE	\$			
<u> </u>	AUTOS ONLY AUTOS ONLY							(Per accident)	\$			
c x	UMBRELLA LIAB OCCUP			CUP-6S801390-21-I3		08/31/2021	08/31/2022		···	10,000,000		
-				001 0001000 2110		00/31/2021	00/0 //2022	EACH OCCURRENCE	\$	10,000,000		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	10,000,000		
DED X RETENTION \$ 10,000 D WORKERS COMPENSATION				UB-6S783668-21-13-G		08/31/2021	08/31/2022	V PER I OTH-	\$			
AND EMPLOYERS' LIABILITY Y / N				00-00700000-21-10-0		GO/O I/EOE I	OGIO II ZOZZ	X PER STATUTE ER		4 000 000		
ANYPROPRIETOR/PARTNER/EXECUTIVE N								E.L. EACH ACCIDENT	\$	1,000,000		
(Mandatory in NH) If yes, describe under								E.L. DISEASE - EA EMPLOYEE	\$	1,000,000		
DESCRIPTION OF OPERATIONS below								E.L. DISEASE - POLICY LIMIT	\$	1,000,000		
E E&O/Cyber				652031687		08/31/2021	08/31/2022	Limit		5,000,000		
								SIR		1,000,000		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Re: Contract # C89-0067-WS Okaloosa County Board of County Commissioners or BOCC is included as additional insured where required by written contract with respect to General and Auto Liability.												
1						CONTRACT # C89-0067-WS						
			SUPERION, LLC									
L	MACHINE !		SOFTWARE LIC/SERVICE MOD 810/V5R2									
CERTI	FICATE HOLDER		CAN	EXPIF	RES: 11/3	0/2024		٦				
Okaloosa County Board of County Commissioners or BOCC 5479A Old Bethel Road Crestview, FL 32536						SHG						
						John White						

AGENCY CUSTOMER ID: CN130114897

LOC #: Atlanta



ADDITIONAL REMARKS SCHEDULE

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7,555,770,77		THE COLLEGE	٠ _				
AGENCY MARSH USA, INC.	NAMED INSURED Superion, LLC, a CentralSquare Company						
POLICY NUMBER	Superion, LLC, a CentralSquare Company 1000 Business Center Drive Lake Mary,FL 32746						
CARRIER	NAIC CODE						
		EFFECTIVE DATE:					
ADDITIONAL REMARKS							
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACC	RD FORM,						
FORM NUMBER: 25 FORM TITLE: Certificate of Lie	ibility insural	nce					
Excess E&O/Cyber:							
Carrier: Certain Underwriters at Lloyds, London							
Policy Number: ACX1007921							
Effective Date: 08/31/2021 Expiration Date: 08/31/2022							
Limit: \$5M x \$5M							
				٠			

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

BLANKET ADDITIONAL INSURED – PRIMARY AND NON-CONTRIBUTORY WITH OTHER INSURANCE

This endorsement modifies insurance provided under the following: BUSINESS AUTO COVERAGE FORM

PROVISIONS

1. The following is added to Paragraph A.1.c., Who Is An Insured, of SECTION II - LIABILITY COVERAGE:

This includes any person or organization who you are required under a written contract or agreement between you and that person or organization, that is signed by you before the "bodily injury" or "property damage" occurs and that is in effect during the policy period, to name as an additional insured for Liability Coverage, but only for damages to which this insurance applies and only to the extent of that person's or organization's liability for the conduct of another "insured".

2. The following is added to Paragraph B.5., Other Insurance of SECTION IV - BUSINESS AUTO CONDITIONS:

Regardless of the provisions of paragraph a. and paragraph d. of this part 5. Other Insurance, this insurance is primary to and non-contributory with applicable other insurance under which an additional insured person or organization is the first named insured when the written contract or agreement between you and that person or organization, that is signed by you before the "bodily injury" or "property damage" occurs and that is in effect during the policy period, requires this insurance to be primary and non-contributory.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

BLANKET ADDITIONAL INSURED

(Includes Products-Completed Operations If Required By Contract)

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

PROVISIONS

The following is added to SECTION II – WHO IS AN INSURED:

Any person or organization that you agree in a written contract or agreement to include as an additional insured on this Coverage Part is an insured, but only:

- a. With respect to liability for "bodity injury" or "property damage" that occurs, or for "personal injury" caused by an offense that is committed, subsequent to the signing of that contract or agreement and while that part of the contract or agreement is in effect; and
- b. If, and only to the extent that, such injury or damage is caused by acts or omissions of you or your subcontractor in the performance of "your work" to which the written contract or agreement applies. Such person or organization does not qualify as an additional insured with respect to the independent acts or omissions of such person or organization.

The insurance provided to such additional insured is subject to the following provisions:

- a. If the Limits of Insurance of this Coverage Part shown in the Declarations exceed the minimum limits required by the written contract or agreement, the insurance provided to the additional insured will be limited to such minimum required limits. For the purposes of determining whether this limitation applies, the minimum limits required by the written contract or agreement will be considered to include the minimum limits of any Umbrella or Excess liability coverage required for the additional insured by that written contract or agreement. This provision will not increase the limits of insurance described in Section III Limits Of Insurance.
- b. The insurance provided to such additional insured does not apply to:

- (1) Any "bodily injury", "property damage" or "personal injury" arising out of the providing, or failure to provide, any professional architectural, engineering or surveying services, including:
 - (a) The preparing, approving, or failing to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders or change orders, or the preparing, approving, or failing to prepare or approve, drawings and specifications; and
 - **(b)** Supervisory, inspection, architectural or engineering activities.
- (2) Any "bodily injury" or "property damage" caused by "your work" and included in the "products-completed operations hazard" unless the written contract or agreement specifically requires you to provide such coverage for that additional insured during the policy period.
- c. The additional insured must comply with the following duties:
 - (1) Give us written notice as soon as practicable of an "occurrence" or an offense which may result in a claim. To the extent possible, such notice should include:
 - (a) How, when and where the "occurrence" or offense took place;
 - (b) The names and addresses of any injured persons and witnesses; and
 - (c) The nature and location of any injury or damage arising out of the "occurrence" or offense.
 - (2) If a claim is made or "suit" is brought against the additional insured:

COMMERCIAL GENERAL LIABILITY

- (a) Immediately record the specifics of the claim or "suit" and the date received; and
- (b) Notify us as soon as practicable and see to it that we receive written notice of the claim or "suit" as soon as practicable.
- (3) Immediately send us copies of all legal papers received in connection with the claim or "suit", cooperate with us in the investigation or settlement of the claim or defense against the "suit", and otherwise comply with all policy conditions.
- (4) Tender the defense and indemnity of any claim or "suit" to any provider of other insurance which would cover such additional insured for a loss we cover. However, this condition does not affect whether the insurance provided to such additional insured is primary to other insurance available to such additional insured which covers that person or organization as a named insured as described in Paragraph 4., Other insurance, of Section IV Commercial General Liability Conditions.