



COLLBUR-01

TBURCH

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/12/2022

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 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
Peoples First Insurance Services LLC
1022 W 23rd Street, # 250
Panama City, FL 32405

CONTACT NAME: Daniel M. Oliver

PHONE (A/C, No, Ext): (850) 770-7041

FAX (A/C, No): (850) 770-7126

E-MAIL ADDRESS: daniel.oliver@pfinsurance.com

INSURED
Collection Bureau of Ft Walton
Tommy Cooley Jr.
711 Eglin Parkway
Fort Walton Beach, FL 32547

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: Blackboard Insurance Company

26611

INSURER B: Auto-Owners

18988

INSURER C: Technology Insurance Company

INSURER D: Lloyds of London

A1122J

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.

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	X	X	1ABFPL05131239300	3/15/2022	3/15/2023	EACH OCCURRENCE \$ 2,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 5,000
							MED EXP (Any one person) \$ 4,000,000
							PERSONAL & ADV INJURY \$
							GENERAL AGGREGATE \$
							PRODUCTS - COMP/OP AGG \$
							\$
	GEN'L AGGREGATE LIMIT APPLIES PER:						
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
	OTHER:						
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY						
	<input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	X	X	5302035000	9/15/2021	9/15/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 300,000
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR						EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						\$
C	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N		TWC4006736	9/29/2021	9/29/2022	PER STATUTE <input checked="" type="checkbox"/> OTH-ER \$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	Y	N/A				E.L. EACH ACCIDENT \$ 500,000
							E.L. DISEASE - EA EMPLOYEE \$ 500,000
							E.L. DISEASE - POLICY LIMIT \$ 500,000
D	<input checked="" type="checkbox"/> Professional Liabili			MPL1655091.21	12/1/2021	12/1/2022	OCCURRENCE/AGGREGAT \$ 1,000,000
D	<input checked="" type="checkbox"/> Cyber Liability			MPL2052726.21	9/10/2021	9/10/2022	CYBER CRIME \$ 100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Collection Agency

Certificate holder is listed as additional insured as required by written contract on a primary and non-contributory basis on general liability, auto liability. Waiver of Subrogation applies to General Liability, Auto, & Workers Compensation. Contract #C18-2652-WS

CERTIFICATE HOLDER

Okaloosa County BOCC
5479A Old Bethel Road
Crestview, FL 32536

CONTRACT # C18-2652-WS

COLLECTION BUREAU OF FORT WALTON BEACH, INC.

DBA CREDIT BUSINESS SERVICES, INC.

COLLECTION OF OKALOOSA COUNTY WATER & SEWER

DELINQUENT ACCOUNTS

EXPIRES: 11/26/2022

RE IN

AUTHORIZED REPRESENTATIVE



ADDITIONAL REMARKS SCHEDULE

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AGENCY Peoples First Insurance Services LLC		NAMED INSURED Collection Bureau of Ft Walton Tommy Cooley Jr. 711 Eglin Parkway Fort Walton Beach, FL 32547	
POLICY NUMBER SEE PAGE 1			
CARRIER SEE PAGE 1	NAIC CODE SEE P 1	EFFECTIVE DATE: SEE PAGE 1	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

CYBER COVERAGES

Bricking Cost	\$1,000,000 Agg
Cyber Crime	\$100,000 Agg
Dependent System Failure	\$1,000,000 Agg
Enhanced Privacy Regulation Coverage	\$1,000,000
Reputation Harm	\$1,000,000
System Failure	\$1,000,000
Utility Fraud	\$1,000,000