SCONDRON



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/18/2022

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 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	CONTACT Sherri Condron, CIC, AAI			
Fisher Brown Bottrell Insurance, Inc. 19 West Garden Street	PHONE (A/C, No, Ext): (850) 470-2647 FAX (A/C, No): (601) 2		208-8412	
Suite 300	E-MAIL ADDRESS: scondron@fbbins.com			
Pensacola, FL 32502	INSURER(S) AFFORDING COVERAGE		NAIC #	
	INSURER A: Travelers Property Casualty Compar	ny of America	25674	
INSURED	INSURER B: Phoenix Insurance Company	25623		
Copy Products Company dba CPC Office Technologies	INSURER C:			
P.O. Box 12904	INSURER D:			
Pensacola, FL 32591	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	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. INSR POLICY EFF POLICY EXP							
LTR	TYPE OF INSURANCE	INSD V	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S	
Α	X COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR		ZLP21P26867	5/18/2022	5/18/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000
						MED EXP (Any one person)	\$	10,000
						PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	2,000,000
	POLICY PRO- X LOC					PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:						\$	
В	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO		BA4N218725	5/18/2022	5/18/2023	BODILY INJURY (Per person)	\$	
	OWNED AUTOS ONLY SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
							\$	
Α	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$	4,000,000
	EXCESS LIAB CLAIMS-MADE		CUP6N500462	5/18/2022	5/18/2023	AGGREGATE	\$	4,000,000
	DED X RETENTION \$ 10,000						\$	
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A	UB3P662324	1/1/2022	1/1/2023	E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	1,000,000
l								

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks St Contract # C19-2778-PW

Certificate Holder and others are Additional Insured with regard to General

Subrogation applies in favor of the Certificate Holder and others with regard required by written contract. General Liability and Auto Liability are Primar

Should any of the above described policies be cancelled, non-renewed or n days for non-payment) will be mailed to the Certificate Holder.

CONTRACT: C19-2778-PW CPC OFFICE TECHNOLOGIES MAINTENANCE AGREEMENT OF PRINTERS EXPIRES: 01/31/2023

SEE ATTACHED ACORD 101

CERTIFICATE HOLDER

CANCELLATION

Okaloosa County BCC Purchasing Dept 5479A Old Bethel Rd 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

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LOC #: 1



ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED Copy Products Company dba CPC Office Technologies P.O. Box 12904	
POLICY NUMBER		Pensacola, FL 32591
SEE PAGE 1		
CARRIER	NAIC CODE	
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1

POLICY NUMBER		Pensacola, FL 32591				
SEE PAGE 1						
CARRIER SEE PAGE 1	NAIC CODE SEE P 1	EFFECTIVE DATE: OFFE DA OF 4				
SEE PAGE 1 SEE P 1 EFFECTIVE DATE: SEE PAGE 1 ADDITIONAL REMARKS						
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO AC	ORD FORM					
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liab						
Description of Operations/Locations/Vehicles: Certificate Holder includes respective agents, consultants, servants and employees of the Certificate Holder and all other entities when required by written contract.						