AC	ODD ®
AC	ORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/04/2023

THIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMAT BELOW. THIS CERTIFICATE OF INS REPRESENTATIVE OR PRODUCER, A	IVELY O	OR NEGATIVELY AMEND, CE DOES NOT CONSTITU	EXTEND OR ALT	FER THE CO	VERAGE AFFORDED B	е но У тні	E POLICIES
IMPORTANT: If the certificate holder If SUBROGATION IS WAIVED, subject	is an Al to the	DDITIONAL INSURED, the p terms and conditions of th	ne policy, certain p	olicies may	NAL INSURED provision require an endorsement	sorb . As	e endorsed. tatement on
this certificate does not confer rights	the ce	ertificate holder in lieu of s					
PRODUCER MARSH USA LLC.			NAME: Geer	nn Missi	EAY		
400 West Market Street, Suite 700			PHONE 866-966-4664 FAX (A/C, No): 212-948-0804				
Louisville, KY 40202 Attn: Louisville.certrequest@marsh.com			E-MAIL ADDRESS: Louisville.CertRequest@marsh.com				
Attri, Louisville.certrequest@fflarsfl.coffl			INSURER(S) AFFORDING COVERAGE				NAIC #
CN101863513-DAA-GAWUE-23-24 2823	Browne	SO 2022	INSURER A : Mitsui Sumitomo Insurance USA Inc				22551
INSURED Daikin Applied Americas Inc.			INSURER B : Sentry Casualty Company				28460
Daikin Applied Americas Inc. dba Daikin Applied		INSURER C : Sentry Insurance Company				24988	
13600 Industrial Park Boulevard Minneapolis, MN 55441			INSURER D : Travelers	Casualty and Sur	ety Company of America		31194
			INSURER E :				
			INSURER F :				
COVERAGES CEF	TIFICA	TE NUMBER:	CLE-006439458-15		REVISION NUMBER: 5		
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RI CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH INSR LTR TYPE OF INSURANCE	EQUIREN PERTAIN POLICIE	MENT, TERM OR CONDITION N, THE INSURANCE AFFORD S. LIMITS SHOWN MAY HAVE BR	OF ANY CONTRAC	T OR OTHER ES DESCRIBE PAID CLAIMS	DOCUMENT WITH RESPEC	D ALL	WHICH THIS
A X COMMERCIAL GENERAL LIABILITY	INSD W	GL 2122557	04/01/2023	04/01/2024	EACH OCCURRENCE	\$	1,000,000
CLAIMS-MADE X OCCUR		(subject to self-insured retentions			DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
		for various perils covered)			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 X PRO- X LOC					PRODUCTS - COMP/OP AGG	\$	2,000,000
					FRODUCTS - COMF/OF AGG	\$	2,000,000
A AUTOMOBILE LIABILITY		BVR8406442 (AOS)	04/01/2023	04/01/2024	COMBINED SINGLE LIMIT	\$	2,000,000
					(Ea accident) BODILY INJURY (Per person)	\$	2,000,000
A V OWNED SCHEDULED		BVM8803074 (MA)	04/01/2023	04/01/2024	BODILY INJURY (Per accident)	\$	
AUTOS ONLY AUTOS					PROPERTY DAMAGE	\$	
AUTOS ONLY AUTOS ONLY					(Per accident)	\$	
		UMB5700287	04/01/2023	04/01/2024			19,000,000
			04/01/2023	04/01/2024	EACH OCCURRENCE	\$	19,000,000
OLANIO-MADE					AGGREGATE	\$	13,000,000
B WORKERS COMPENSATION		90-20216-002 (Daikin Ded.)	04/01/2023	04/01/2024	X PER OTH- STATUTE ER	\$	
AND EMPLOYERS' LIABILITY Y / N		90-20216-003 (Daikin Retro)	04/01/2023	04/01/2024			1,000,000
OFFICER/MEMBER EXCLUDED?	N/A				E.L. EACH ACCIDENT	\$	1,000,000
(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE		1,000,000
		100000105	0.1/0.1/0.000	0.1/0.1/0.001	E.L. DISEASE - POLICY LIMIT	\$	
D Manufacturers E&O		106892185	04/01/2023	04/01/2024	Limit		5,000,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	ES (ACC	PD 101 Additional Pamarka Sakadul	le may be attached if		ed)		
Okaloosa County Board of County Commissioners is/are i						owed by	law. This
insurance is primary and non-contributory over any existin				,			
applicable where required by written contract and allowed	by law.						
			CONTRA	CT#. 01	0.0004 534		
			-		9-2824-FM		
CERTIFICATE HOLDER			DAIKIN A				
Okaloosa County Board of County			CHILLER	R MAINT	ENANCE		
Commissioners			EXPIRES 07/30/2024				
5479 Old Bethel Road Crestview, FL 32536							
	AUTHORIZED REPRESENTATIVE of Marsh USA LLC						
						~	
L					John e de		
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ACORD 25 (2016/03)

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AGENCY CUSTOMER ID: CN101863513

LOC #: Louisville

AGENCY		NAMED INSURED	
MARSH USA LLC.		Daikin Applied Americas Inc. dba Daikin Applied 13600 Industrial Park Boulevard	
POLICY NUMBER		Minneapolis, MN 55441	
CARRIER	NAIC CODE		
ADDITIONAL REMARKS	l	EFFECTIVE DATE:	
THIS ADDITIONAL REMARKS FORM IS A SC	HEDULE TO ACORD FORM	1	
FORM NUMBER:25 FORM TITLE:	Certificate of Liability Insu	rance	8
The Manufacturers E&O policy is subject to self-insured retent	ions for various perils covered.		