

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/16/2023

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	CONTACT NAME: Dannelle Carroll		
Madison Insurance Group	PHONE (A/C, No, Ext): 865-482-8128 FAX (A/C, No): 877-299-9849		
800 Oak Ridge Turnpike, Suite B-200	E-Mail ADDRESS: coi@invopeo.com		
Oak Ridge TN 37830	INSURER(S) AFFORDING COVERAGE NAIC #		
	INSURER A : AMERICAN BUILDERS INSURANCE COMPANY 11573		
INSURED 30346	INSURER B :		
INVO PEO of Florida, Inc.	INSURER C :		
800 Oak Ridge Turnpike, Suite A-500			
Oak Ridge TN 37830	INSURER D :		
COVERAGES CERTIFICATE NUMBER: 1819455216	INSURER F : REVISION NUMBER:		
· · · · · · · · · · · · · · · · · · ·	VE 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 SUBR INSD WVD POLICY NUMBER	POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY) LIMITS		
COMMERCIAL GENERAL LIABILITY	EACH OCCURRENCE \$		
CLAIMS-MADE OCCUR	DAMAGE TO RENTED PREMISES (Ea occurrence)		
	MED EXP (Any one person) \$		
	PERSONAL & ADV INJURY \$		
GEN'L AGGREGATE LIMIT APPLIES PER:	GENERAL AGGREGATE \$		
POLICY PRO- JECT LOC	PRODUCTS - COMP/OP AGG \$		
OTHER:	\$		
AUTOMOBILE LIABILITY	COMBINED SINGLE LIMIT (Ea accident) \$		
ANY AUTO	BODILY INJURY (Per person) \$		
	BODILY INJURY (Per accident) \$		
AUTOS ONLY AUTOS HIRED NON-OWNED	PROPERTY DAMAGE (Per accident) \$		
AUTOS ONLY AUTOS ONLY	(rei accident) \$		
UMBRELLA LIAB OCCUR	EACH OCCURRENCE \$		
EXCESS LIAB CLAIMS-MADE	AGGREGATE \$		
DED RETENTION \$	S		
A WORKERS COMPENSATION WCV-0640001-01	4/1/2023 4/1/2024 X PER OTH- ER ER		
	E.L. EACH ACCIDENT \$1,000,000		
OFFICER/MEMBEREXCLUDED?	E.L. DISEASE - EA EMPLOYEE \$1,000,000		
(Mandatory in NH) If yes, describe under			
DÉSÉRIPTION OF OPERATIONS below	E.L. DISEASE - POLICY LIMIT \$1,000,000		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedu Coverage provided for all leased employees but not subcontractors of: INTERN	le, may be attached if more space is required)		
Client effective date: 4/1/2023	ATIONAL SECORT F GUARD SERVICES IN		
Waiver of Subrogation is written contract, while work is performed at or in: FL			
C23-3373-TDD			
INTERNATIONAL SECURITY SERVICES			
Security Services for the DFWBCC			
EXPIRES: 08/31/2026 w/(2) 1 yr renewals			
CERTIFICATE HOLDER CAN EXPIRES: 08/31/2020 w/(2) T yi Tenewais			
Okologog County PCC	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.		
Okaloosa County BCC 302 N. Wilson St CRESTVIEW, FL 32536	AUTHORIZED REPRESENTATIVE		
Elphechtheng			
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(Ed. 4-84)

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

Schedule

In Favor of: Okaloosa County BCC 302 N. Wilson St. -- CRESTVIEW, FL 32536

Client/Project:

Waiver of Subrogation is written contract, while work is performed at or in: FL

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

	Policy No.	Endorsement No.
Insured	WCV-0640001-01	Premium
INTERNATIONAL SECURITY GUARD SERVICES INC		
Insurance Company	Countersigned by	Macl
AMERICAN BUILDERS INSURANCE COMPA	• • •	

WC 00 03 13 (Ed. 4-84)