CERTIFICATE OF LIABILITY INSURANCE								DATE (MM/DD/YYYY) 10/14/2022	
HOI AFF ISS	S CERTIFICATE IS ISSUED A .DER. THIS CERTIFICATE DO ORDED BY THE POLICIES BE UING INSURER(S), AUTHORIZE	DES I LOW. D REI	NOT A THIS (PRESE	AFFIRMATIVELY OR CERTIFICATE OF INSUNTATIVE OR PRODUC	NEGATIVELY JRANCE DOES ER, AND THE	AMEND, EXT NOT CONST CERTIFICATE	END OR ALTER TH ITUTE A CONTRACT E HOLDER.	E COVERAGE BETWEEN THE	
sub not	ORTANT: If the certificate hold ject to the terms and condition confer rights to the certificate h	s of t	he pol	licy, certain policies m	ay require an				
RODU				CONTACT NAME:					
'AYC '6210	HEX INSURANCE AGENCY INC 755								
	ENNETH DR STE 110				(A/C, No, Ext): (A/C, No):				
ROCH	IESTER NY 14623			E-MAIL ADDRESS:	INSURER(S) AFFORDING COVERAGE				
							RAGE	00914	
					INSURER A: Hartford Fire and Its P&C Affiliates				
ISURE				INSURER B :	INSURER B :				
	FINANCIAL SERVICES INC			INSURER C :	INSURER C :				
	EPORT DR STE 302 EN ISLAND NY 10311-1004			INSURER D :	INSURER D :				
11731				INSURER E :	INSURER E :				
				INSURER F :					
:OVF	RAGES C	ERTI	FICATE	E NUMBER:		REVIS	ION NUMBER:		
					LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR				
CER	CATED.NOTWITHSTANDING ANY R TIFICATE MAY BE ISSUED OR M MS, EXCLUSIONS AND CONDITIONS	AY PE	RTAIN,	THE INSURANCE AFFC	RDED BY THE	POLICIES DES	CRIBED HEREIN IS SUB		
VSR	TYPE OF INSURANCE	ADDL INSR	SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/Y YYY)	LIMIT	S	
.TR	COMMERCIAL GENERAL LIABILITY	INSK			(MM/DD/YYYY)		EACH OCCURRENCE		
	CLAIMS-MADE OCCUR						DAMAGE TO RENTED		
\vdash							PREMISES (Ea occurrence) MED EXP (Any one person)		
							PERSONAL & ADV INJURY		
							GENERAL AGGREGATE		
-	EN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	<u> </u>	
-								,	
	UTOMOBILE LIABILITY						COMBINED SINGLE LIMIT		
\vdash	ANY AUTO						(Ea accident) BODILY INJURY (Per person)		
-	ALL OWNED SCHEDULED						BODILY INJURY (Per acciden		
-	AUTOS AUTOS HIRED NON-OWNED						PROPERTY DAMAGE	ψ	
	AUTOS AUTOS						(Per accident)		
-	UMBRELLA LIAB OCCUR						EACH OCCURRENCE		
	EXCESS LIAB CLAIMS-						AGGREGATE		
	MADE								
,	DED RETENTION \$						Y PER OTH	4-	
A	ND EMPLOYERS' LIABILITY						X STATUTE		
A O	NY Y/N ROPRIETOR/PARTNER/EXECUTIVE				06/00/00/00	06/23/2023	E.L. EACH ACCIDENT	\$1,000,000	
	FFICER/MEMBER EXCLUDED?	N/ A	X	76 WBG AT0NCG	06/23/2022	00/20/2023	E.L. DISEASE -EA EMPLOYE	e \$1,000,00	
i i	Aandatory in NH) yes, describe under						E.L. DISEASE - POLICY LIMIT	\$1,000,00	
\dashv	ESCRIPTION OF OPERATIONS below		[
hose	PTION OF OPERATIONS / LOCATIONS / V usual to the Insured's Operations	Waiv	er of S	ubrogation applies in fav		-		Recover from	
	Endorsement WC000313 attache	50 LO [ais poli	wy.	/				
	IFICATE HOLDER osa County BCC				CONTRACT: C19-2820-PS				
	OLD BETHEL RD				RTR FINANCIAL SERVICES, INC.				
	TVIEW FL 32536				EMS COLLECTION SERVICES				
				EXPIRES: 09/30/2023 W/1 (1) YR RENEWAL					
					j		, _ _,		



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

 Policy Number: 76 WBG AT0NCG
 Endorsement Number: 5

 Effective Date: 10/05/22
 Effective hour is the same as stated on the Information Page of the policy.

 Named Insured and Address:
 R T R FINANCIAL SERVICES INC

 2 TELEPORT DR
 STATEN ISLAND NY 10311

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

SCHEDULE

Any person or organization for whom you are required by contract or agreement to obtain this waiver from us. Endorsement is not applicable in KY, NH, NJ or for any MO construction risk

Countersigned by

Authorized Representative



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SCHEDULE

Okaloosa County Board of County Commissioners 5479A Old Bethel Rd Crestview, FL 32536

Countersigned by _____

Authorized Representative