

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/2/2024

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 PentaRisk Associates of Georgia P.O. Box 2196 Marietta GA 30061		CONTACT NAME: Robyn Byrd		
		PHONE (A/C, No, Ext): 404-809-2530 FAX (A/C, No): 404-809	9-2531	
		E-MAIL ADDRESS: rbyrd@acrisure.com	-	
		INSURER(S) AFFORDING COVERAGE	NAIC#	
	· · · · · · · · · · · · · · · · · · ·	INSURER A: Liberty Mutual Fire Insurance Company	23035	
Anderson Columbia Co., Inc. P.O. Box 1829 Lake City FL 32056	ANDECOL-02	INSURER B : RSUI Indemnity Company	22314	
		INSURER c : Indemnity National Insurance Company	18468	
		เทรบRER บ : Endurance American Specialty Insurance Company	41718	
		INSURER E: Safety National Casualty Corporation	15105	
		INSURER F:		
COVERAGES	CERTIFICATE NUMBER: 1438608247	REVISION NUMBER:		
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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. ADDL SUBR INSD WVD TYPE OF INSURANCE LIMITS POLICY NUMBER Х COMMERCIAL GENERAL LIABILITY TB2-651-289907-103 5/1/2023 5/1/2024 EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED CLAIMS-MADE | X | OCCUR \$300,000 PREMISES (Ea occurrence) MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$4,000,000 POLICY X PRO- X LOC PRODUCTS - COMP/OP AGG \$4,000,000 OTHER: COMBINED SINGLE LIMIT (Ea accident) \$2,000,000 **AUTOMOBILE LIABILITY** AS2-651-289907-083 5/1/2023 5/1/2024 Х ANY AUTO **BODILY INJURY (Per person)** OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED Х BODILY INJURY (Per accident) \$ AUTOS NON-OWNED AUTOS ONLY PROPERTY DAMAGE (Per accident) Х Х \$ 5/1/2024 5/1/2024 5/1/2024 UMBRELLA LIAB NHA102116 5/1/2023 Х OCCUR EACH OCCURRENCE \$10,000,000 5/1/2023 XS0001222 23 Х **EXCESS LIAB** AGGREGATE \$10,000,000 CLAIMS-MADE ELD30006131202 5/1/2023 DED RETENTION \$ WORKERS COMPENSATION PER SP 4066411 4/1/2024 4/1/2025 AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT \$1,000,000 Ν 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 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Okaloosa Board of County Commissioners is added as additional insured as required by written contract for General Liability and Auto Liability, per attached.

General Liability and Auto Liability evidenced herein are Primary & Non-Contributory to other insurance available to the additional insured as required by written contract, per attached. Waivers of Subrogation for General Liability, Auto Liability and Workers required by written contract, per attached. Excess Liability/Umbrella is following form for genera

CONTRACT: C21-3017-PW Anderson Columbia Co., Inc. Southwest Crestview Rypass

	OUTINGS OF STATES
CERTIFICATE HOLDER	CANCELLAT EXPIRES:02/19/2025
Okaloosa County BCC	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE GANGELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
1759A Old Bethel Road Crestview FL 32536	AUTHORIZED REPRESENTATIVE

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