

						COPYPRO-01				SCONDRON	
ACORD' CERTIFICATE OF LIA						BILITY INSURANCE				DATE (MM/DD/YYYY)	
—						12/22/2023					
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).										
	ODUCER	0011		CONTACT Sherri Condron, CIC, AAI							
Fisher Brown Bottrell Insurance, Inc. 19 West Garden Street					PHONE (AJC, No, Ext): (850) 470-2647 FAX (AJC, No):(601) 208-8412						
Suite 300 Pensacola, FL 32502					Email Ender En						
					INSURER(S) AFFORDING COVERAGE					NAIC #	
INSURED					INSURER B : Phoenix Insurance Company				25623		
Copy Products Company dba CPC Office Technologies					INSURER C :						
P.O. Box 12904 Pensacola, FL 32591				INSURER D :							
relisacola, re 32391					INSURER E :						
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 CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	requi ' Per I Poli	IREMI TAIN, CIES.	ENT, TERM OR CONDITION THE INSURANCE AFFORI LIMITS SHOWN MAY HAVE	N OF A	NY CONTRAC THE POLIC REDUCED BY	CT OR OTHEF IES DESCRIB PAID CLAIMS	R DOCUMENT WITH RESP	ECT TO	WHICH THIS	
		ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	rs	1 000 000	
A				71 00400007		F/40/0000	F/40/0004	EACH OCCURRENCE	\$	1,000,000 300,000	
				ZLP21P26867		5/18/2023	5/18/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	10,000	
		•						MED EXP (Any one person) PERSONAL & ADV INJURY	\$\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
								PRODUCTS - COMP/OP AGG	\$	2,000,000	
Ļ	OTHER:							COMBINED SINGLE LIMIT	\$	1,000,000	
E				BA4N218725		5/18/2023	5/18/2024	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
	X ANY AUTO OWNED AUTOS ONLY SCHEDULED			DA4N210723		5/10/2023	5/10/2024	BODILY INJURY (Per person) BODILY INJURY (Per accident)	\$\$		
	X HIRED AUTOS ONLY X AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
								Florida PIP	\$	10,000	
A						E140/0000	E14010004	EACH OCCURRENCE	\$	4,000,000	
	EXCESS LIAB CLAIMS-MAD			CUP6N500462		5/18/2023	5/18/2024	AGGREGATE	\$	4,000,000	
E		1						X PER OTH- STATUTE ER	\$		
		11		UB3P662324		1/1/2024	1/1/2025	E.L. EACH ACCIDENT	s	1,000,000	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (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	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Certificate Holder and others are Additional Insured with regard to General Liability, Auto Liability and Umbrella when required by written contract. A Waiver of Subrogation applies in favor of the Certificate Holder and others with regard to General Liability, Auto Liability, Workers Compensation and Umbrella when required by written contract. General Liability and Auto Liability are Primary and ' CONTRACT: C19-2778-PW CPC Office Technologies											
L		_ Maintenance Agreement on Printers									
င	ERTIFICATE HOLDER	_ [′] EXPIRES:01/31/2024 —									
Okaloosa County Board of Commissioners Okaloosa County Purchasing Dept 602-C North Pearl St						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
Crestview, FL 32536					AUTHORIZED REPRESENTATIVE						

ACORD 25 (2016/03)

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