A	CORD	ERTIFICATE OF LIABILITY INSURA						OUTNAT-01		JCOTTINGHAM DATE (MM/DD/YYYY) 5/10/2023		
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).												
	DUCER		CONTACT Nely Luna									
Fisher Brown Bottrell Insurance, Inc. 7522 Front Beach Road, 2nd Floor						PHONE (A/C, No, Ext): (850) 785-7407 FAX (A/C, No):(601) 208-8391						
	ama City Beach, FL 32407				E-MAIL ADDRESS: nluna@fbbins.com							
					INSURER(S) AFFORDING COVERAGE						NAIC #	
						INSURER A : Great Northern Insurance Company					20303	
INSURED Southern National Banks Inc						INSURER B : Federal Insurance Company					20303	
	FNBT Bank				INSURER C : INSURER D :							
	PO Drawer 1327 Fort Walton Beach, FL 32549	a			INSURER D :							
		-			INSURER F :							
_		ENUMBER:	REVISION NUMBER:									
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PE INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.											WHICH THIS	
		ADDL SUBR INSD WVD POLICY NUMBER			DEEN	POLICY EFF (MM/DD/YYYY)			LIMITS			
A	X COMMERCIAL GENERAL LIABILITY		VVVD					EACH OCCURRENC		\$	1,000,000	
	CLAIMS-MADE X OCCUR			36048034		5/10/2023	5/10/2024	DAMAGE TO RENTE PREMISES (Ea occu	D rrence)	\$	1,000,000	
								MED EXP (Any one p	erson)	\$	5,000	
								PERSONAL & ADV I	NJURY	\$	1,000,000 2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG		\$	2,000,000	
	POLICY PRO- JECT LOC							PRODUCTS - COMP	IOP AGG	\$ \$	_,,	
в	AUTOMOBILE LIABILITY			73609118		5/10/2023	5/10/2024	COMBINED SINGLE (Ea accident)	LIMIT	\$	1,000,000	
	ANY AUTO							BODILY INJURY (Per	r person)	\$		
	OWNED AUTOS ONLY X SCHEDULED AUTOS							BODILY INJURY (Per		\$		
	HIRED AUTOS ONLY AUTOS ONLY							PROPERTY DAMAG (Per accident)	E	\$		
-										\$		
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE							EACH OCCURRENC	E	\$		
	DED RETENTION \$							AGGREGATE		\$		
-	WORKERS COMPENSATION							PER STATUTE	OTH- ER	Ψ		
	AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDEN		\$		
(Mandatory In NH)								E.L. DISEASE - EA E	MPLOYEE	\$		
If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. DISEASE - POLI	CY LIMIT	\$		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)												
General Certificate. Certificate holder is additional insured.												
			CONTRACT C17-2529-COR									
	RTIFICATE HOLDER	FNBT.COM BANK										
						ATM AT CORRECTIONS						
						EXPIRES: EXPIRES: 03/03/2024						
Okaloosa County Board of County Commissioners						$\mathbf{L}_{\mathbf{M}} \mathbf{H} \mathbf{L}_{\mathbf{D}}, \mathbf{L}_{\mathbf{M}} \mathbf{H} \mathbf{L}_{\mathbf{D}}, \mathbf{U}_{\mathbf{D}} \mathbf{U}_{\mathbf{D}} \mathbf{U}_{\mathbf{D}} \mathbf{U}_{\mathbf{D}} \mathbf{U}_{\mathbf{D}}$						
	5479A Old Bethel Road Crestview, FL 32536											
						AUTHORIZED REPRESENTATIVE						
						Polit C. M. Jundan						
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