



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/26/2021

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 Yates Insurance Agency 2800 Century Parkway NE Suite 300 Atlanta GA 30345	CONTACT NAME: PHONE (A/C, No, Ext): 404-633-4321		FAX (A/C, No): 404-633-1312
	E-MAIL: certs@yatesins.com		
INSURED WILLPOW-01 Williams Power & Signal, LLC 2483 South Highway 16 Carrollton GA 30116	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : Cincinnati Casualty Company		28665
	INSURER B : Bridgefield Casualty Insurance Company		10335
	INSURER C :		
	INSURER D :		
	INSURER E :		

COVERAGES

CERTIFICATE NUMBER: 1726556244

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 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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			ENP0280201	10/28/2021	10/28/2022	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
							MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			EBA0280201	10/28/2021	10/28/2022	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$.n.			ENP0280201	10/28/2021	10/28/2022	EACH OCCURRENCE	\$ 2,000,000
							AGGREGATE	\$
								\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N Y N/A	196-37846	10/28/2021	10/28/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	
							E.L. EACH ACCIDENT	\$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
A	Schedule Equipment			EBA0280201	10/28/2021	10/28/2022	Ded \$500	**See Below
A	Leased/Rented Equipment			ENP0280201	10/28/2021	10/28/2022	Ded \$500	\$150,000
A	Installation Floater			ENP0280201	10/28/2021	10/28/2022	Ded \$1,000/Special	\$300,000

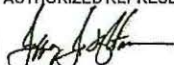
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be att:

Hired Physical Damage - \$125,000 - Ded \$1,000

Subject to policy terms, conditions, forms and exclusions, the insurance coverage's afforde written contract for the certificate holder and/or entities listed below: Blanket Additional Inst operations, Leased/Rented Equipment, Automobile Liability and Umbrella Liability; Blanket Automobile Liability; Blanket Wavier of Subrogation in regards to General Liability, Automol Project Aggregate applies to the General Liability. See Attached...

CONTRACT#: C21-3028-IT
WILLIAMS POWER & SIGNAL, LLC
TELECOMMUNICATIONS MAINT FOR
OKALOOSA COUNTY
EXPIRES: 12/24/2023 W/2 1 YR RENEWALS

CERTIFICATE HOLDER**CANCELLATION**

Okaloosa Board of County Commissioner 101 East James Lee Blvd, Room 108 Crestview FL 32536	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

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ADDITIONAL REMARKS SCHEDULE

AGENCY Yates Insurance Agency		NAMED INSURED Williams Power & Signal, LLC 2483 South Highway 16 Carrollton GA 30116	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
 FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

FORMS:
 GA233 09/17 Contractors' Commercial General Liability Broadened Endorsement
 GA472 09/18 Contractors Additional Insured – Automatic Status and Automatic Waiver of Subrogation When Required In Written Contract, Agreement, Permit or Authorization
 AA288 01/16 CinciPlus Business Auto XC+ Endorsement
 WC000313 04/84 Waiver Of Our Right To Recover From Others Endorsement
 USQ513 05/10 Commercial Umbrella Liability Coverage Part Declarations
 US101UM 12/04 Commercial Umbrella Coverage Form

Entities: Okaloosa Board of County Commissioner, its officers and employees.