

## 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).												
CONTACT												
	tes Insurance Agency			-	NAME: PHONE (A/C, No. Ext): 404-633-4321 (A/C, No. Ext): 404-633-1312							
2800 Century Parkway NE						PHONE (A/C, No, Ext): 404-633-4321 E-MAIL ADDREss: certs@yatesins.com						
	te 300 anta GA 30345			ŀ	Disaction control management in the second state of the second sta							
Auc	anta OA 50545				INSURER(S) AFFORDING COVERAGE NAIC #					and a second data and increased		
	575			WILLPOW-01	, , , , , , , , , , , , , , , , , , ,					28665		
WILLPOW-01 Williams Power & Signal, LLC												
2483 South Highway 16						INSURER C :						
Car	rrollton GA 30116			-	INSURE	5299						
				-	INSURER E :							
001		TITIC	ATE NU	IMPED: 1700FE0044	INSURE	RF:		DEVISION NUMBER.				
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		ADDLS	UBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s			
A	X COMMERCIAL GENERAL LIABILITY	INSD W		P0280201		10/28/2021	10/28/2022	EACH OCCURRENCE	s 1.000.	000		
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,00			
								MED EXP (Any one person)	\$ 10,000			
								PERSONAL & ADV INJURY	\$ 1,000.	and the second sec		
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 2,000,000				
	POLICY X PRO- JECT X LOC							PRODUCTS - COMP/OP AGG				
	OTHER:								s			
A	AUTOMOBILE LIABILITY		EB	BA0280201		10/28/2021	10/28/2022	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000			
	X ANY AUTO							BODILY INJURY (Per person)				
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$			
	AUTOS ONLY AUTOS X HIRED X NON-OWNED AUTOS ONLY X AUTOS ONLY							PROPERTY DAMAGE (Per accident)	S			
	AUTOS ONLY AUTOS ONLY								s	terre and the second		
A	X UMBRELLA LIAB X OCCUR	ENP0280201		P0280201		10/28/2021	10/28/2022	EACH OCCURRENCE	\$ 2,000,000			
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	S			
	DED X RETENTIONS_0_								s			
в	WORKERS COMPENSATION	N/A	196	196-37846		10/28/2021	10/28/2022	X PER OTH- STATUTE ER				
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$ 1,000,	000		
	(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE				
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$ 1,000,	000		
AA	Schedule Equipment Leased/Rented Equipment			A0280201		10/28/2021	10/28/2022	Ded \$500 Ded \$500	**See \$150,0	Below		
A	Installation Floater			P0280201 P0280201		10/28/2021 10/28/2021	10/28/2022 10/28/2022	Ded \$1,000/Special	\$300,0			
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (AC	ORD 101,	Additional Remarks Schedule	e, may be							
Hire	ed Physical Damage - \$125,000 - Ded \$	1,000						#: C21-3028-IT				
			luciona	the incurance equators	o'o offo	and a		OWER & SIGNAL,				
writt	ject to policy terms, conditions, forms ar ten contract for the certificate holder and	lor ent	tities list	ted below: Blanket Add	itional I	nsi TEL	ECOMM	UNICATIONS MAIL	NT FO	OR		
ope	rations, Leased/Rented Equipment, Auto omobile Liability; Blanket Wavier of Subr	omobil	le Liabili	ity and Umbrella Liabilit	y; Blan	ket OKA	ALOOSA	COUNTY				
	ject Aggregate applies to the General Lia			ards to General Liabling	y, Auto	EXF	PIRES: 12	2/24/2023 W/2 1 YF	R REI	NEWALS		
	Attached											
CEF	RTIFICATE HOLDER				CANC	ELLATION						
						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE						
				THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.								
	Okaloosa Board of County	Comn	nission	ier								
	101 East James Lee Blvd, Crestview FL 32536	ſ	AUTHOR	AUTHORIZED REPRESENTATIVE								
					A.	1 ste						
					Om	you						
						© 19	88-2015 AC	ORD CORPORATION.	All righ	ts reserved.		

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AGENCY CUSTOMER ID: WILLPOW-01

LOC #: \_\_\_\_\_

## ACORD

ADDITIONAL REMARKS SCHEDULE

6A233 09117 Contractors <sup>7</sup> Commercial General Liability Broadencel Endorgement 6A720 09117 Contractors Additional Insued – Automatic Status of Automatic Valver of Subrogation When Required in Written Contract, Agreement, Permit or AA288 09117 Contractors Additional Insued – Automatic Valver of Subrogation When Required in Written Contract, Agreement, Permit or AA288 09110 Commercial United Liability Coverage Part Declarations US0130 49102 Commercial United Ecoverage Form Entities: Okalosea Board of County Commissioner, its officers and employees.	ADDITIONAL		RKS SCHEDULE Page 1 of 1
CARRIER         Mile Code           ADDITIONAL REMARKS         FFREWRE DATE:           THS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM, KORN NUMBER:         2           FORM TTLE:         CERTIFICATE OF LUABILITY INSURANCE           FORM:         Sub ONT Commercial Commercial Commercial Contract, Agreement, Permit or Automation           GM238 0017 Commercial Commercial Contract, Agreement, Permit or Automation         Sub ont Automatic Volver of Subrogation When Required in Witten Contract, Agreement, Permit or Automation           GM238 0017 Commercial Contract, Coverage Part Declarations         USIG 51 04 0244           USIG 51 04/1024         Coverage Part Declarations           USIG 51 04/1024         Coverage Part Declarations           USIG 51 04 1024         Coverage Part Declarations           USIG 51 04/1024         Coverage Part Declarations           USIG 51 04 1024         Coverage Part Declarations           USIG 51 04 1024         Coverage Part Declarations           USIG 51 04 1024         Coverage Part Declarations           USIG 104 1024         Coverage Part Declarations           USIG 104 1024         Coverage Part Declarations	Yates Insurance Agency		NAMED INSURED Williams Power & Signal, LLC 2483 South Highway 16
DDITIONAL REMARKS  THIS ADDITIONAL REMARKS  THIS ADDITIONAL REMARKS  FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE  FORM:      Commercial General Liability Broodened Endorsement     Mathematics     Section     Secti	POLICY NUMBER		Carrollton GA 30116
ADDITIONAL REMARKS THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM, FORM NUBBER: 2	CARRIER	NAIC CODE	-
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,         FORM NUMBER:       26       FORM TTTLE: CERTIFICATE OF LIABILITY INSURANCE         GA233 0/17 Contractors       Commercial Great Liability Broadword Endosement.         GA233 0/17 Contractors       Contractors       Contractors         GA233 0/17 Contractors       Contractors       Contractors       Agreement, Permit or         Autobracion       Contractors       Contractors       Agreement, Permit or         Visiou Visiou Contractors       University Contractors       Contractors       Agreement, Permit or         Visiou Visiou Contractors       University Contractors       Contractors       Contractors       Contractors         US030 30510 Contractors       University Contractors       Contractors       Contractors       Contractors         US030 2010 Contractors       University Contractors       Contractors       Contractors       Contractors         US030 2010 Contractors			EFFECTIVE DATE:
FORM NUMBER:         2         FORM TITLE:         CERNIFICATE OF LUBBILITY INSURANCE			
FORMS: GA330 09/17 Contractors Commercial General Liability Broadened Endorsement ACC 2001 10 Conception and an used – Automatic Status and Automatic Valver of Subrogation Wren Required in Writen Contract, Agreement, Permit or ACC 2001 10 Contractors Mathines Auto XC+ Endorsement ACC 2001 10 Commercial Unbella Liability Coverage Part Deckrations USI01/UM 1004 Commercial Unbella Coverage Part Deckrations Entities: Okaloosa Boerd of County Commissioner, its officers and employees.			
6A233 0917 Contractors <sup>®</sup> Commercial General Liability Broadence Endorsement GA72 09176 Contractors Additional Insued – Automatic Status and Automatic Valvor of Subrogation When Required in Written Contract, Agreement, Permit or AV280 0170 Content University Contractors Permit Contractors Indorsement USOS13 0910 Commercial University Coverage Part Deckarations USOS13 0910 Commercial University Coverage Part Deckarations Entities: Okaloosa Board of County Commissioner, its officers and employees.	FORM NUMBER: FORM TITLE: CERTIFICATE OF		ISURANCE
	AA288 01/16 CinciPlus Business Auto XC+ Endorsement WC000313 04/84 Waiver Of Our Right To Recover From Others Er USQ513 05/10 Commercial Umbrella Liability Coverage Part Decla US101UM 12/04 Commercial Umbrella Coverage Form	ndorsement irations	t Vaiver of Subrogation When Required In Written Contract, Agreement, Permit or
CORD 101 (2008/01)	y contraction of the states of	employees.	
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