



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/10/2021

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 Comegys Insurance Agency One Beach Drive S. E. Ste. 230 Saint Petersburg FL 33701	CONTACT NAME: Jennifer Lynch PHONE (A/C, No, Ext): (727) 521-2100 FAX (A/C, No): (727) 528-0626 E-MAIL ADDRESS: jennifer@comegys.com																					
INSURED AQUA MARKETING & COMMUNICATION 360 CENTRAL AVE Ste 420 SAINT PETERSBURG FL 33701-3836	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A:</td> <td>Maln Street America Protection Ins Co</td> <td>13026</td> </tr> <tr> <td>INSURER B:</td> <td>Old Dominion Insurance Co</td> <td>40231</td> </tr> <tr> <td>INSURER C:</td> <td>United States Liability Insurance Co</td> <td>25895</td> </tr> <tr> <td>INSURER D:</td> <td>Hartford Casualty Insurance Company</td> <td>29424</td> </tr> <tr> <td>INSURER E:</td> <td>Alpha - USLI</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Maln Street America Protection Ins Co	13026	INSURER B:	Old Dominion Insurance Co	40231	INSURER C:	United States Liability Insurance Co	25895	INSURER D:	Hartford Casualty Insurance Company	29424	INSURER E:	Alpha - USLI		INSURER F:		
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COVERAGES **CERTIFICATE NUMBER:** 21/22GL/BAWC/UMB/ **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 SUBR		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
		INSD	WVD					
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			BPG6263N	07/26/2021	07/26/2022	EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	Y	Y				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000
							MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 1,000,000
GENL AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:						LEGRV	\$ 5,000
B	AUTOMOBILE LIABILITY			B1G6263N	10/18/2021	10/18/2022	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
						PIP-Basic	\$ 10,000	
C	<input checked="" type="checkbox"/> UMBRELLA LIAB			XL1595810B	05/08/2021	05/08/2022	EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE	\$ 1,000,000
								\$
	DED RETENTION \$							\$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			21WECAS1032	10/19/2021	10/19/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N					E.L. EACH ACCIDENT	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	N	N/A				E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
E	Cyber Liability			CY2111569B	05/08/2021	05/08/2022	DATA/Security Breach	\$1,000,000
							Data Breach Expense	\$250,000
							Identity Theft	\$50,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

SP1563866E 07/26/2021-07/26/2022 - Professional Liability written through United States Liability Company. Aggregate: \$2,000,000 - Each Claim \$1,000,000 - Retention: \$2,500 The Certificate Holder is included as additional insured per written contract with respect to General Liability. The General Liability policy contains a Waiver of Subrogation in favor of the certificate holder providing the contract is executed prior to any loss as required by written contract. Contract # C19-2782-AP

CONTRACT#: C19-2782-AP
 AQUA MARKETING & COMMUNICAITONS
 MEDIA BUYING, MARKETING, AND ADVERTISING SVS
 FOR OKALOOSA COUNTY AIRPORTS
 EXPIRES: 02/05/2022 W2 YR RENEWAL

CERTIFICATE HOLDER Okaloosa County 5479A Old Bethel Rd Crestview FL 32536	CAN SH THE POLICY PROVISIONS WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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