

## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 09/22/2023

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).											
PRC	DUCER	CONTACT NAME: Dawn Heinemann or Paige Sedey									
Hays Company Inc., a Brown & Brown Company						PHONE (A/C, No, Ext): 612-333-3323 FAX (A/C, No): 612-373-7270					
80	South 8th Street	ADDRESS: eliorcerts@bbrown.com									
Suite 700						INSURER(S) AFFORDING COVERAGE NAIC #					
Minneapolis, MN 55402						INSURER A : SENTRY INS CO				24988	
INSURED						INSURER B: ACE PROP & CAS INS CO				20699	
Elior, Inc DBA Elior North America									28460		
	Summit Food Service, LLC					INSURER D: RSUI IND CO				22314	
101	101 N. Tryon Street, Suite 525					INSURER E :					
Cha	arlotte, NC 28202	INSURER F :									
		REVISION NUMBER:									
		-		E NUMBER: 69693615 RANCE LISTED BELOW HAV	VE BEE	/E 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	X COMMERCIAL GENERAL LIABILITY	х	x	9018840005		09/01/23	09/01/24		2,0	00,000	
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence) \$	1,0	00,000	
								MED EXP (Any one person) \$			
								PERSONAL & ADV INJURY \$			
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$	\$ 4,000,000		
	POLICY PRO- JECT X LOC							PRODUCTS - COMP/OP AGG \$	G \$ 4,000,000		
	OTHER:							\$			
A	AUTOMOBILE LIABILITY X X			9018840003 (AOS)		09/01/23	09/01/24	COMBINED SINGLE LIMIT (Ea accident) \$ 3,000,000		00,000	
A	X ANY AUTO	x	x	9018840004 (MA)		09/01/23	09/01/24				
	OWNED AUTOS ONLY AUTOS							BODILY INJURY (Per accident) \$			
	AUTOS ONLY AUTOS HIRED NON-OWNED AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)			
									\$		
в	X UMBRELLA LIAB X OCCUR	x	x	XEUG71175194006		09/01/23	09/01/24	EACH OCCURRENCE \$	10,	000,000	
	EXCESS LIAB CLAIMS-MADE						\$ 10,000,000				
	DED RETENTION \$								\$		
A	DRKERS COMPENSATION		9018840001 (AOS)		09/01/23 09/01/24		Y PER OTH-				
c	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE		x	9018840001 (AOS) 9018840002 (OR, WI)		09/01/23	09/01/24		1.0	00,000	
	OFFICER/MEMBEREXCLUDED? N A (Mandatory in NH) If yes, describe under		^	9018840002 (OR, WI)			09/01/24	E.L. DISEASE - EA EMPLOYEE \$ 1,000,000			
D	DÉSCRIPTION OF OPERATIONS below Excess Auto Policy NHA10404			NHA10404			09/01/24	Each Occurance 2,000,000			
						09/01/23	,,			,	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	ES (A	COPD	101 Additional Remarks Schodul	la may b	attached if more	enaco is roquir	ad)			
				(1)	.32						
REL Inmate Foodservice - RFP# RFP COR 43-23.											
reasonably required by Okaloosa County are additional insured on a											
general, automobile and umbrella liability policies where required <b>CONTRACT #: C23-3388-COR</b>											
	l conditions. Waiver of subrog		-	-		<sup>iit</sup> SU		OD SERVICES, L			
umbrella flability and workers compensation policies where required											
CERTIFICATE HOLDER CANCE EXPIRATION: 09/30/2026 w(2) 1 yr renewals											
Okaloosa County BCC						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN					
	oratoosa county bee					ACCORDANCE WITH THE POLICY PROVISIONS.					
5479A Old Bethel Road						AUTHORIZED REPRESENTATIVE					
Crestview, FL 32536						all					
		$\overline{\mathcal{D}}$									

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