

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/29/2022

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).

RODUCER

CONTACT
NAME:

Thompson insurance Group of America, Inc.					PHONE (AIC, No, Ext): (407) 469-2107 (AIC, No): (888) 446-2009					
PO Box 716					E-MAIL ADDRESS: info@thompsoninsgroup.com					
Oakland FL 34760						INSURER(S) AFFORDING COVERAGE			NAIC#	
					INSURE	RA: Ategrity	Specialty In	nsurance Company	16427	
INSURED					INSURE	RB:				
Syotos, LLC					INSURER C:					
6066 Walk Along Way				INSURER D:						
Crestview FL 32536				INSURER E :						
					INSURER F;					
				NUMBER:				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		ADDL INSD	MAD	POLICY NUMBER		(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	Limit		
	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$ 1,000,000	
Α	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000	
		Υ		01-C-PK-Q20061155533		06/11/2022	06/11/2023	MED EXP (Any one person)	\$ 5,000	
								PERSONAL & ADV INJURY	\$ Excluded	
	GEN'L AGGREGATE LIMIT APPLIES PER:				1			GENERAL AGGREGATE	\$ 2,000,000	
	POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	\$ 2,000,000	
	OTHER:								\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
ļ	ANY AUTO							BODILY INJURY (Per person)	\$	
ļ	OWNED X SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
-									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION\$								\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
	(Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
	l									
	l									
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	CLES	ACOR	D 101, Additional Remarks Sched	lule, may	be attached if m	nore space is req	uired)		
Sec	urity Services									
	•									
CONTENT A CITY OLD OFFICE FIRE										
Certificate Holder is also an Additional Insured.						CONTRACT# C18-2725-TDD				
					CA	GA SYOTOS, LLC				
					SECURITY SERVICES FOR ECCC					
Okaloosa County Board of					S EXPIRE S: 08/30/2022 W/1 1 YR RENEWAL					
County Commissioners					T A	III				
5479-A Old Bethel Road					**					
Crestview, FL 32536					AUTHORIZED REPRESENTATIVE / <vxt></vxt>					
						laung homen				