



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
12/28/2023

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).

PRODUCER Aon Risk Services Central, Inc. Chicago IL Office 200 East Randolph Chicago IL 60601 USA	CONTACT NAME: PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): 800-363-0105 E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
INSURED Baggage Airline Guest Services, Inc. 6751 Forum Drive Suite 200, Orlando, FL 32821 USA	INSURER A: Greenwich Insurance Company	22322
	INSURER B: XL Insurance America Inc	24554
	INSURER C: AIG Specialty Insurance Company	26883
	INSURER D: Navigators Specialty Insurance Company	36056
	INSURER E: Allied World Assurance Company (US) Inc	19489
	INSURER F: Endurance American Insurance Company	10641

Holder Identifier :

COVERAGES CERTIFICATE NUMBER: 570103301554 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. Limits shown are as requested

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 <input checked="" type="checkbox"/> Contractual Liability Included GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			RGE300120907 SIR applies per policy terms & conditions	01/01/2024	01/01/2025	EACH OCCURRENCE \$9,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$2,000,000 MED EXP (Any one person) Excluded PERSONAL & ADV INJURY \$9,000,000 GENERAL AGGREGATE \$15,000,000 PRODUCTS - COMP/OP AGG \$9,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> GKLL \$500,000 SIR			RAD943782007 AOS	01/01/2024	01/01/2025	COMBINED SINGLE LIMIT (Ea accident) \$10,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
C	<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 type="checkbox"/> RETENTION			38178893	01/01/2024	01/01/2025	EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000
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 N	RWD300121007 AOS RWR300121107 RETRO	01/01/2024	01/01/2025	<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

Certificate No : 570103301554

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Okaloosa County Board of County Commissioners only as required per written contract is included as Additional Insured on the above referenced policies except workers' Compensation. A waiver of Subrogation is granted in favor of Okaloosa County Board of County Commissioners on all casualty policies. Insurance charges will include all applicable premiums and costs, as well as retained exposure charges established by the Named Insured. 1/1/2024 - 1/1/2025 Crime & Excess Crime Pol #'s SAA50414480800 & XSC50414490800; \$5,000,000 OCCURRENCE. Crime coverage provides first party coverage against business related crime such as robbery & burglary, employee dishonesty, forgery or alteration, computer fraud, guest property, money orders and counterfeit currency.

CERTIFICATE HOLDER

CANCELLATION

Okaloosa County 5479A Old Bethel Road Crestview FL 32536 USA	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. CONTRACT: C22-3170-AP BAGGAGE AIRLINE GUEST SERVICES, INC. (B.A.G.S.) CONCEIRGE SERVICES AT VPS EXPIRES: 04/05/2025 W/2 (1) ONE YEAR RENEWALS
--	--



ADDITIONAL REMARKS SCHEDULE

AGENCY Aon Risk Services Central, Inc.		NAMED INSURED Baggage Airline Guest Services, Inc.	
POLICY NUMBER See Certificate Number: 570103301554			
CARRIER See Certificate Number: 570103301554	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER G: Illinois Union Insurance Company	27960
INSURER H: Everest Indemnity Insurance Company	10851
INSURER I: Great American Spirit Ins Co	33723
INSURER J: American Guarantee & Liability Ins Co	26247

ADDITIONAL POLICIES If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
	EXCESS LIABILITY							
D				CH24RXSZ03X3YIC \$10M xs \$10M	01/01/2024	01/01/2025	Aggregate	\$10,000,000
E				03126674 \$15M xs \$20M	01/01/2024	01/01/2025	Aggregate	\$15,000,000
F				XSC30000541306 \$15M x \$35M	01/01/2024	01/01/2025	Aggregate	\$15,000,000
G				XANG27921103009 \$10M x \$50M	01/01/2024	01/01/2025	Aggregate	\$10,000,000
H				XC8EX00125241 \$15M xs \$60M	01/01/2024	01/01/2025	Aggregate	\$15,000,000
J				AXF565834104 \$12.5M po \$25M xs \$75M	01/01/2024	01/01/2025	Aggregate	\$12,500,000
I				EXC5202372 \$12.5M po \$25M xs \$75M	01/01/2024	01/01/2025	Aggregate	\$12,500,000
							Each Occurrence	\$12,500,000