



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
**05/26/2022**

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).

PRODUCER <b>Fortis Insurance Partners</b> 9300 Wade Blvd, Suite 101 Frisco, TX 75035 License #: 1502298	CONTACT NAME: <b>Cathy Mendoza</b>	
	PHONE (A/C, No., Ext): <b>(214)423-3120</b> FAX (A/C, No.): <b>(214)423-2243</b> E-MAIL ADDRESS: <b>cmendoza@fortisinsurancepartners.com</b>	
INSURED <b>JBI Ltd</b> <b>DBA Justice Benefits, Inc</b> 1711 E Belt Line Rd Coppell, TX 75019	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: <b>Nationwide Mutual Ins Co</b>	<b>23787</b>
	INSURER B: <b>Travelers Casualty Insurance Co. Of America</b>	<b>19046</b>
	INSURER C: <b>Travelers Property &amp; Casualty Co. of America</b>	<b>25674</b>
	INSURER D: <b>Philadelphia Indemnity Insurance Company</b>	
	INSURER E:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: 00000427-7910931 REVISION NUMBER: 61

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 INSD 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		ACPCG013077209313	06/01/2022	06/01/2023	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>100,000</b> MED EXP (Any one person) \$ <b>5,000</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b> Cyber Liability \$ <b>10,000,000</b>
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		BA0N781220	06/01/2022	06/01/2023	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Hired Non Owned \$ <b>1000000</b>
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ <b>5,000</b>		ACPCU013077209313	06/01/2022	06/01/2023	EACH OCCURRENCE \$ <b>5,000,000</b> AGGREGATE \$ <b>5,000,000</b>
C	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 <input checked="" type="checkbox"/> Y <input type="checkbox"/> N/A	UB1J124863	06/01/2022	06/01/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ <b>1,000,000</b> E.L. DISEASE - EA EMPLOYEE \$ <b>1,000,000</b> E.L. DISEASE - POLICY LIMIT \$ <b>1,000,000</b>
D	Errors & Omissions EPLI		PHSD1680037	12/28/2021	12/28/2022	10K Retention Deductible <b>250,000</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
The general liability policy includes a blanket automatic additional insured endorsement that provides additional insured status to the certificate holder only when there is a written contract/agreement between the named insured and the certificate holder that requires such status.

CERTIFICATE HOLDER	C/	CONTRACT # C21-3052-COR JUSTICE BENEFITS, INC. (JBI) SCAPP GRANT SERVICES EXPIRES: 03/11/2023 W /AUTO YRLY RNWLS
Okaloosa Board of County Commissioners 5479A Old Bethel Rd Crestview, FL 32536		AUTHORIZED REPRESENTATIVE  (CBM)